



**BMA**

# Understanding trends among current doctors in training



British Medical Association  
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## Key findings:

### Career breaks

- More than half of junior doctors report taking time out of training.
- Uncertainty over choice of career specialty, a desire to travel for personal interest, and concerns about personal health and wellbeing are major drivers of breaks in training.
- Doctors expressed satisfaction at their decision to interrupt training, especially those who felt they needed to step off the 'treadmill' of working day to day in a stressful NHS and decide on their future medical career.
- Breaks in clinical training are most common among females, supporting findings from the BMA's recent [Cohort Study](#).
- Male and female reasons for a break are different: males are more likely to take a deanery approved out of programme break (OOP), to work in a non-training post either in the UK or overseas, work as a locum or travel; females were more likely to take a break for maternity leave, whereas only tiny numbers of males had done so for paternity.
- Three-quarters of doctors who worked overseas on a break chose Australia or New Zealand as their destination.

### Less than full time training

- Less than full time (LTFT) training is mostly pursued by females and those caring for dependents but there is a smaller group without caring responsibilities for whom maintaining their LTFT status is important.
- Overall, LTFT trainees report being able to work the proportion of time they want. Concerningly however, the majority of LTFT trainees see their decision to work as such as being seen negatively by those responsible for their training.

### Future career

- Enthusiasm for working in the NHS is subdued, though highest among females and LTFT doctors and lowest in males and emergency medicine trainees.
- Current doctors in training are making decisions about their future career shaped by a desire for autonomy over their work-life balance and independence.
- These decisions are sensitive to pressures on the healthcare system, with workload and staffing levels major factors in choice of future career, and this survey suggests general practice is especially unattractive to the current cohort of junior doctors.
- These findings have significance for flexibility of training and qualified NHS posts, and medical workforce planning.

## Background

There has been much debate about the motivations of current doctors in training and suggestions that they are making different choices to their predecessors. This includes a trend to take a break from their clinical training, train less than full time (LTFT) and their attitudes towards an NHS career. For breaks in training especially, not enough is known about the motivations of doctors who interrupt their training, where they go, what they choose to do or how they perceive their careers to be affected.

In Autumn 2017, the BMA carried out a major UK-wide survey of doctors in training to better understand these issues which have relevance to contemporary medical careers and workforce planning.

## Who responded to the survey?

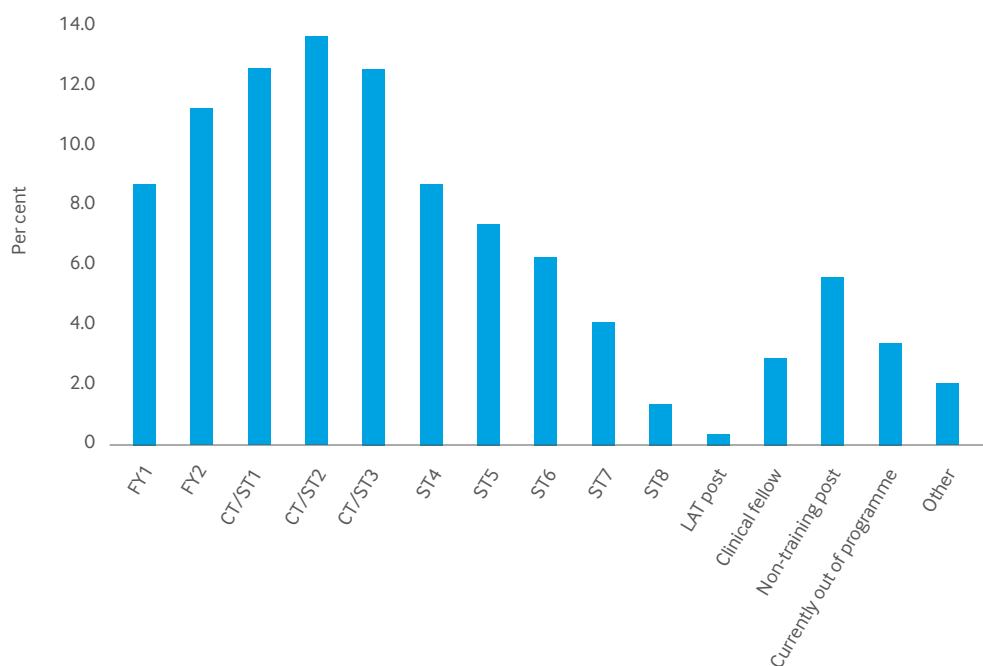
The survey received 2,164 responses from all types of doctors in training.

The survey was slightly over represented by doctors in training who are female (63%) compared to recent estimates by the [GMC](#). This small difference has not impacted on the overall findings. Understanding how representative the survey is of the number of doctors in training who take a break is difficult without comparative data.

Male and female respondents' average age was almost identical (30.6 versus 30.8 years).

We are confident that this survey, which combined pre-populated options and opportunities for respondents to answer in their own words, describes in detail the range of views to taking a break in clinical training.

**Figure 1 – Respondents' current grade**



Note: LAT post is a locum appointment for training (LAT) post, a locum post with elements which are recognised as providing educational opportunities.

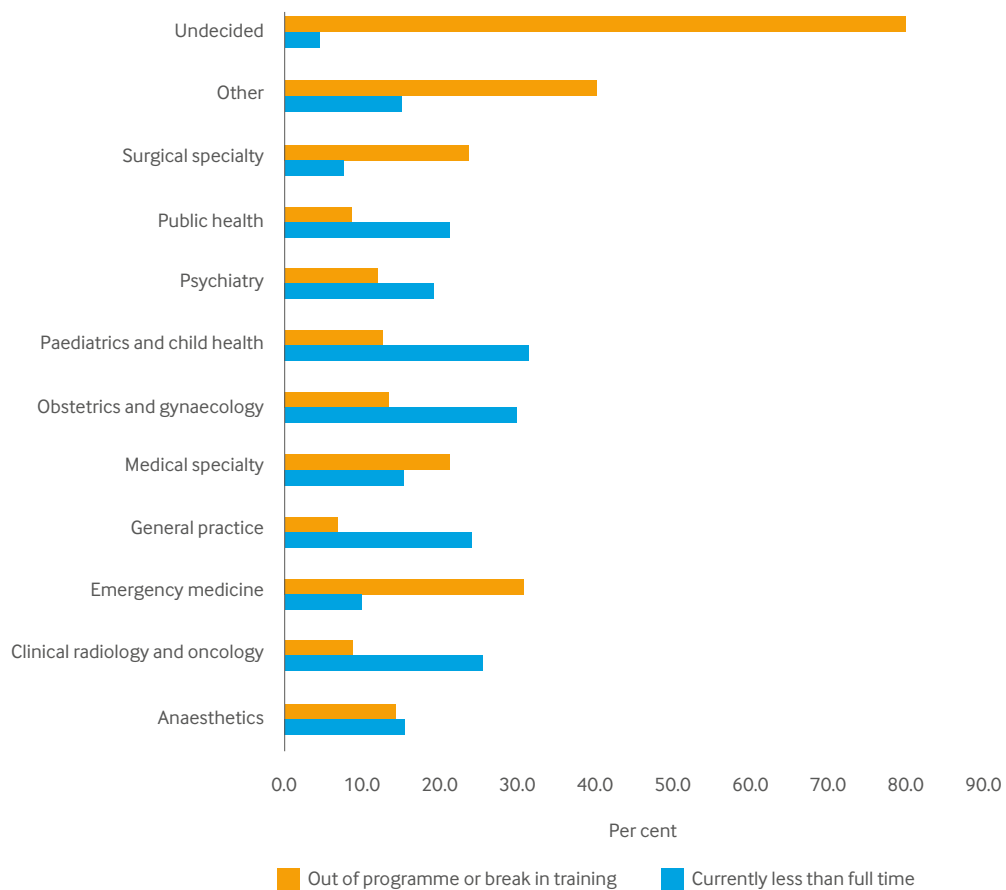
## What specialties were respondents working in?

The largest groups of respondents to the survey by specialty were those in a medical specialty (18%), general practice (14%), paediatrics (12%) and anaesthetics (10%).

Females were most likely to be training in paediatrics, obstetrics and gynaecology, and general practice; males in anaesthetics or surgery.

Respondents who were on an out of programme break (OOP) were mostly likely to be undecided about their specialty (80%), training in an 'other' specialty (40%) or emergency medicine (31%). Respondents in paediatrics and child health (31%) and obstetrics and gynaecology (30%) were relatively more likely to report training LTFT.

**Figure 2 – Proportions of doctors in training who are currently on an 'Out of Programme' break in training by given specialty**



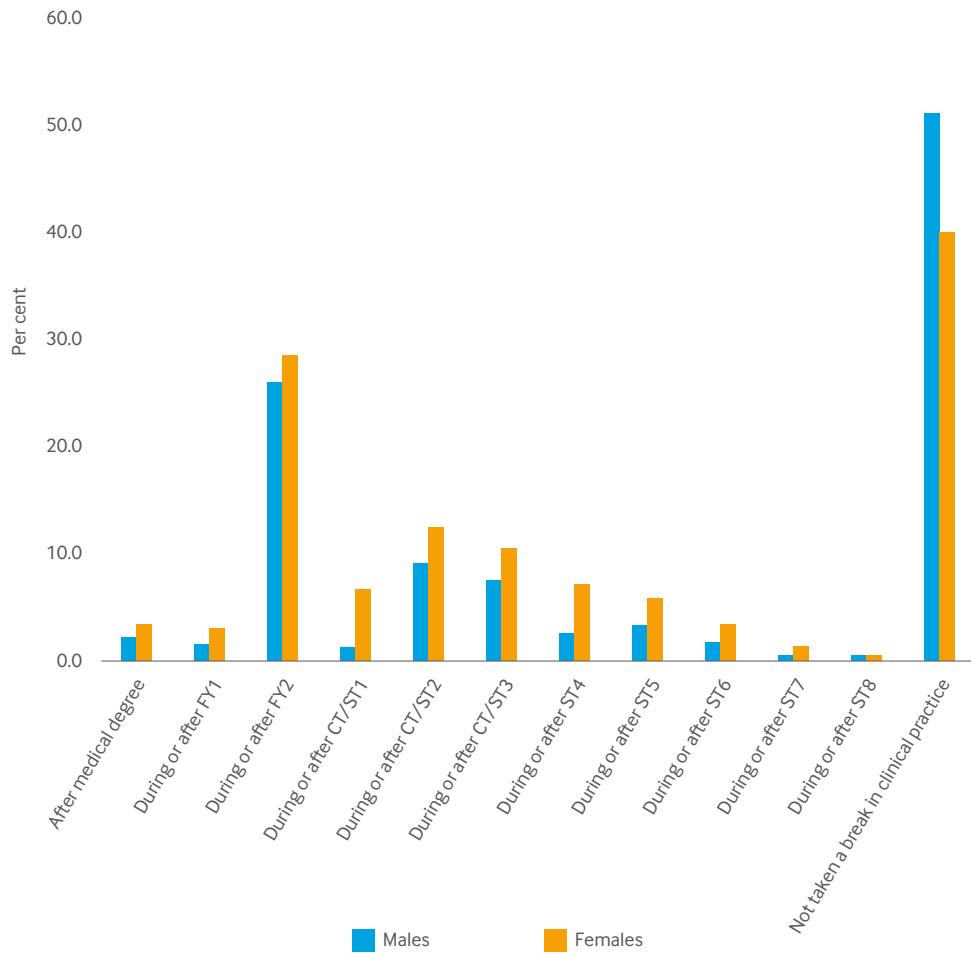
## What proportion of doctors in training have taken a break in their clinical training?

More than half of all survey respondents (56%) had taken one or more breaks in their clinical training.

Respondents **undecided** on their specialty, or training in **emergency medicine** were most likely to have taken a break at the end of their FY2 stage; the increasingly popular 'FY3 year'.

More females (60%) reported having a break in training than males (49%) and were more likely to have taken a break at most stages after their medical degree (figure 3).

**Figure 3 – Proportions of males and females taking breaks by stage of training**

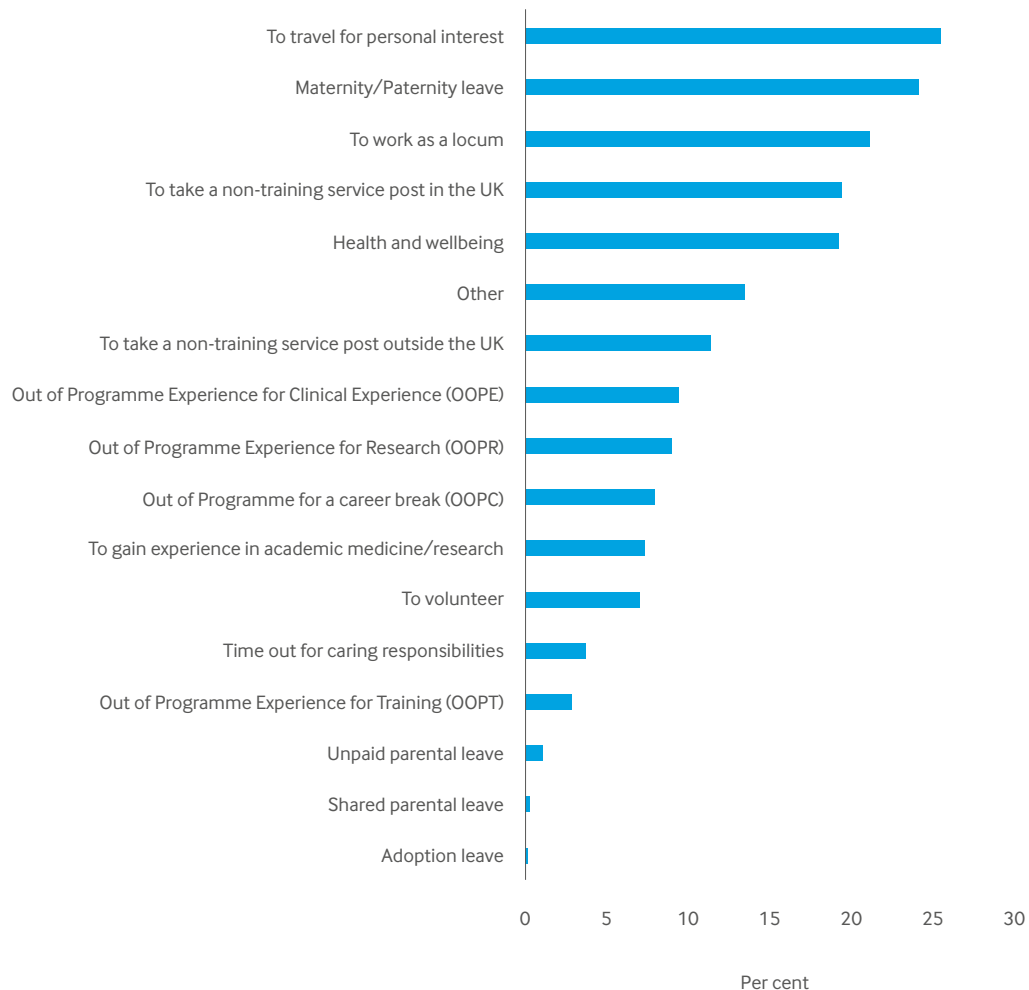


## Why choose to take a break in clinical training?

The most popular reasons given for a break was to travel (26%), maternity/paternity leave (24%), to work as a locum (21%), to take a non-training post in the UK (19%) and respondents' health and wellbeing (19%).

'Other' reasons for breaks included: to teach/take an academic role or study, for personal/health/relationship reasons, to consider career and specialty choice, needing a physical break and being dissatisfied with the educational content of training.

**Figure 4 – Reasons for most recent break in clinical training**



Note: Multiple response question

## Do males and females do the same things during a break in training?

Our survey suggests male and female choices are different.

Males were more likely to be on a deanery approved out of programme break (OOP), to have opted to work in a non-training service post either in the UK (males 23% versus females 18%) or overseas (males 14% versus females 10%), work as a locum (males 27% versus females 18%) or to travel (males 30% versus females 24%).

Females were overwhelmingly more likely to have taken a break for maternity leave (35%) than males (2%) were for paternity.

## Do the reasons given for taking a break relate to choice of specialty?

Respondents who were undecided on their specialty (48%) or training in emergency medicine (42%) were most likely to take a break in their clinical training to travel.

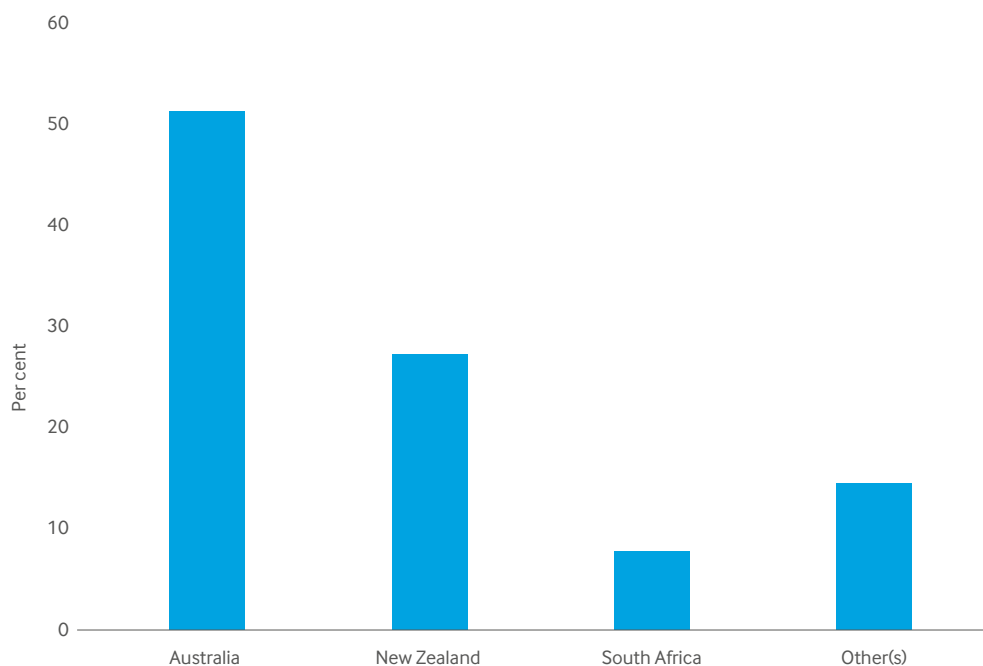
Undecided (48%) and doctors training in emergency medicine (36%) were also most likely to say they had taken a break to work as a locum. Trainees in paediatrics (43%) and general practice (33%) were most likely to report taking a break for maternity/paternity leave, although this reflects that more females were also training in these specialties.

Doctors undecided on their specialty (31%) and training in general practice (28%) were most likely to take a break in training for their health and wellbeing.

## Some doctors elect to work in non-training posts outside the UK, but where do they go to?

Of those respondents who were working (or had worked) in a non-training post outside the UK during a break, over three-quarters had chosen Australia or New Zealand as their destination.

**Figure 5 – Destination countries for UK doctors taking a break in clinical training (to work in a non-training service post overseas)**

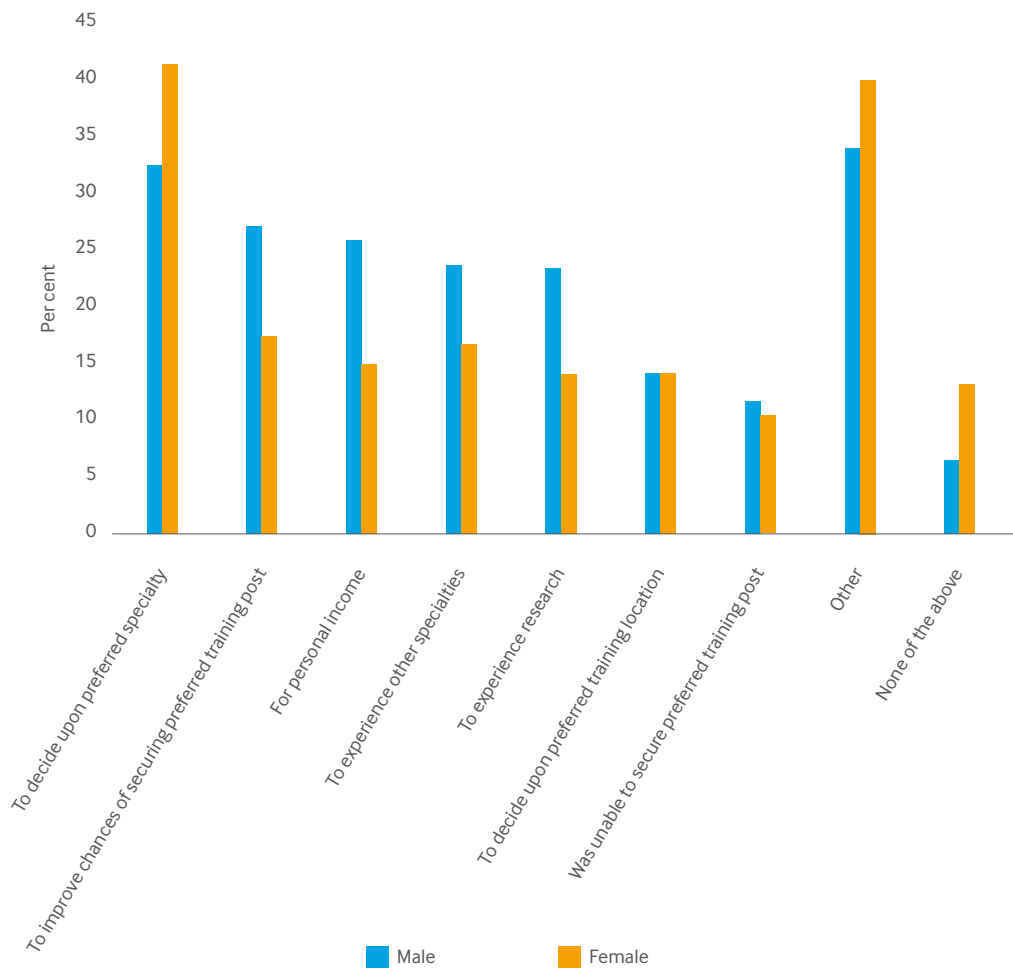


## What is driving more doctors in training to take a break?

Females (41%) were more likely to take a break to decide upon their preferred specialty compared to males (32%). Males were more likely to be motivated by their personal income (26% versus 15%), improving their chances of securing a preferred training post (27% versus 17%), to experience research (23% versus 14%) or experience other specialties (24% versus 17%).

Among 'other' responses, many doctors said they wanted to fulfil wider interests, travel and experience working in another country and that they needed a break from the "treadmill" of training or risk "burnout".

**Figure 6 – Motivations for taking a break in clinical training by gender**



Note: Multiple choice question

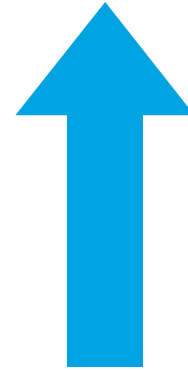


## What is the impact of a break in clinical training?

A clear majority of doctors in training reflected very positively upon their reasons for interrupting their clinical training. More than eight in 10 doctors felt taking a break supported their decision on choice of specialty.

**Table 1 – Impact of a break in clinical training upon respondents' motivations**

Motivation	Proportion who said break had 'mostly beneficial' impact (%)
For personal income	92%
To experience research	90%
Other*	90%
To experience other specialties	85%
To decide upon preferred specialty	83%
To improve chances of securing preferred training post	81%
To decide upon preferred training location	75%



\*Other includes wishing to pursue a wider range of interests, to experience travel/working in another country, needing a break from training to avoid "burnout".

Note: Respondents could answer that their break in training was mostly beneficial, neutral or mostly detrimental in relation to their motivation. Only responses for mostly beneficial are shown as these were the clear majority.

## Less than full time training

### What proportion of males and females were training LTFT?

The survey is slightly over representative of LTFT doctors in training (15%) compared with the latest [GMC training survey](#). However, this is useful when describing issues of importance to LTFT doctors.

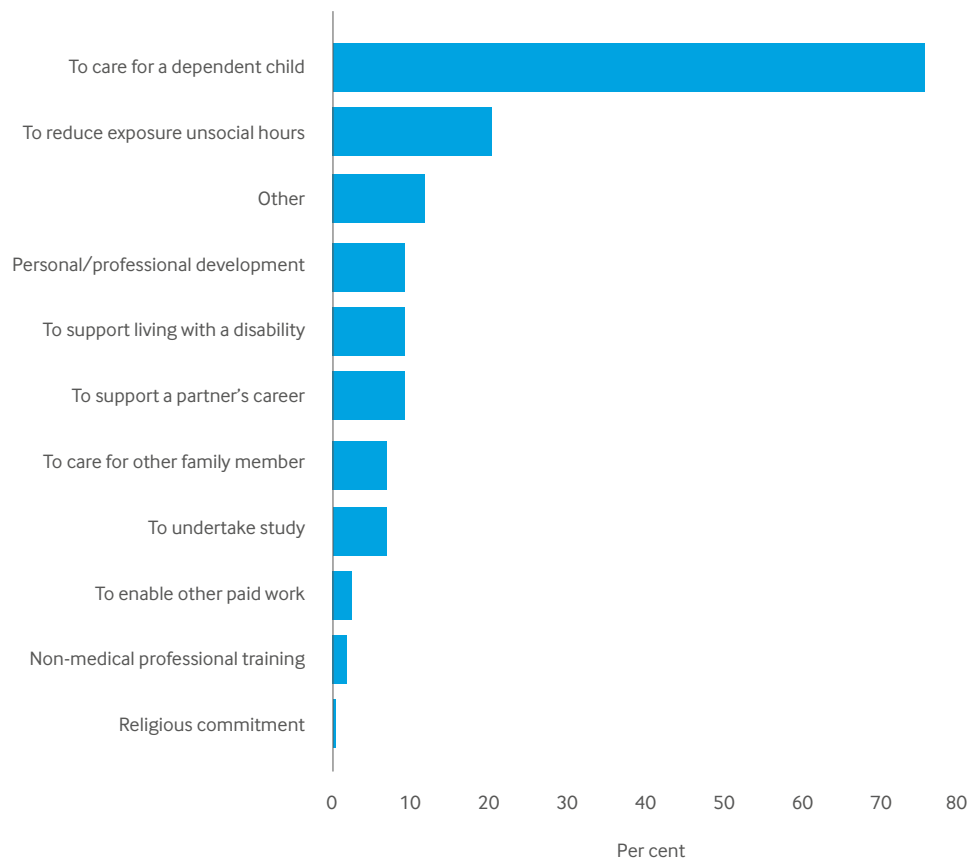
Less than one in 20 male respondents (4%) were training less than full time compared to one in five females (21%).

## Why do doctors train LTFT?

Doctors who train LTFT are far more likely to have caring responsibilities. More than eight in 10 doctors (83%) training LTFT told us they had caring responsibilities compared to just 16% of those in full time training.

Three-quarters of all doctors said that they trained LTFT to care for a child and these doctors were more likely to be female (79%) than male (48%). A proportion of respondents training LTFT for reasons of ill health provided 'other' responses.

**Figure 7 – Reasons for training LTFT**

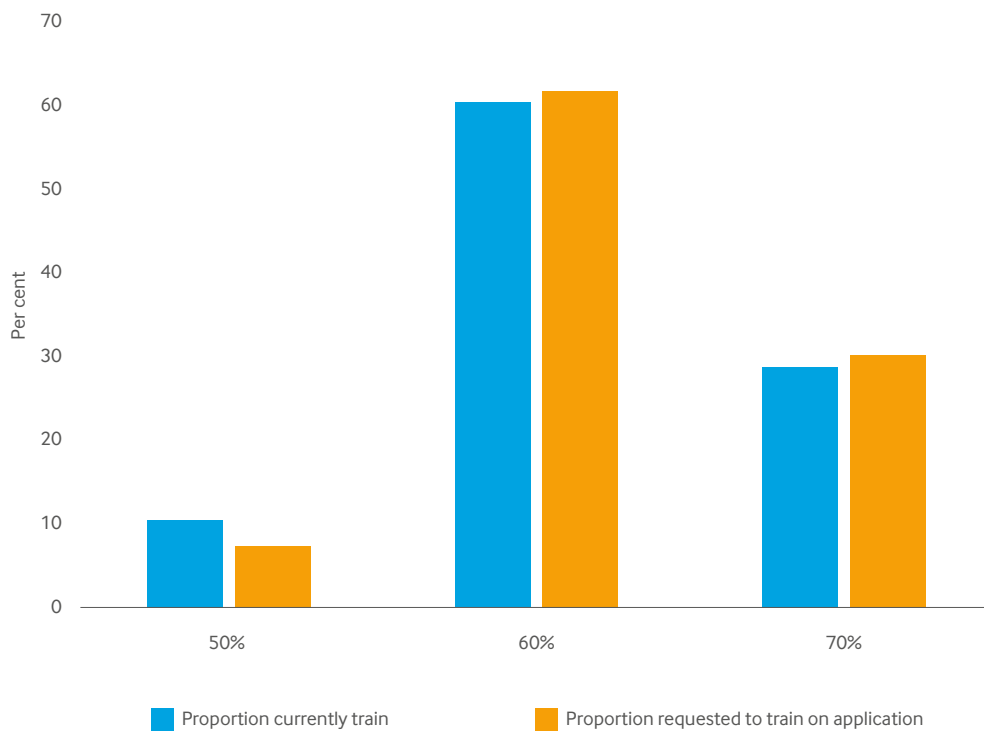


Note: Multiple response question

## Do LTFT doctors train at their preferred % of full time equivalent (FTE)?

Doctors in LTFT training typically train either 50%, 60% or 80% of full time equivalent (FTE). The survey shows that the majority of LTFT respondents (85%) could train at the proportion of time they requested to when they applied to their Deanery/Local Education Training Board (LETB). However, this survey does not report on individual circumstances, such as where LTFT training may be difficult to obtain.

**Figure 8 – Full time equivalent (FTE) training: current percentage FTE and percentage requested to train**



## Would LTFT doctors in training wish to train an alternative proportion of their time?

Most doctors training LTFT would prefer to continue to train at their existing proportion of FTE and this tendency is increased if they have no caring responsibilities (75%) or they are male (70%).

This survey suggests that, although not the largest groups in LTFT training, a significant proportion of doctors that do not fit the stereotypical profile of a LTFT doctor (female with caring responsibilities) are committed to training (and potentially working) to this pattern longer term.

## Is the atmosphere for LTFT training an encouraging one?

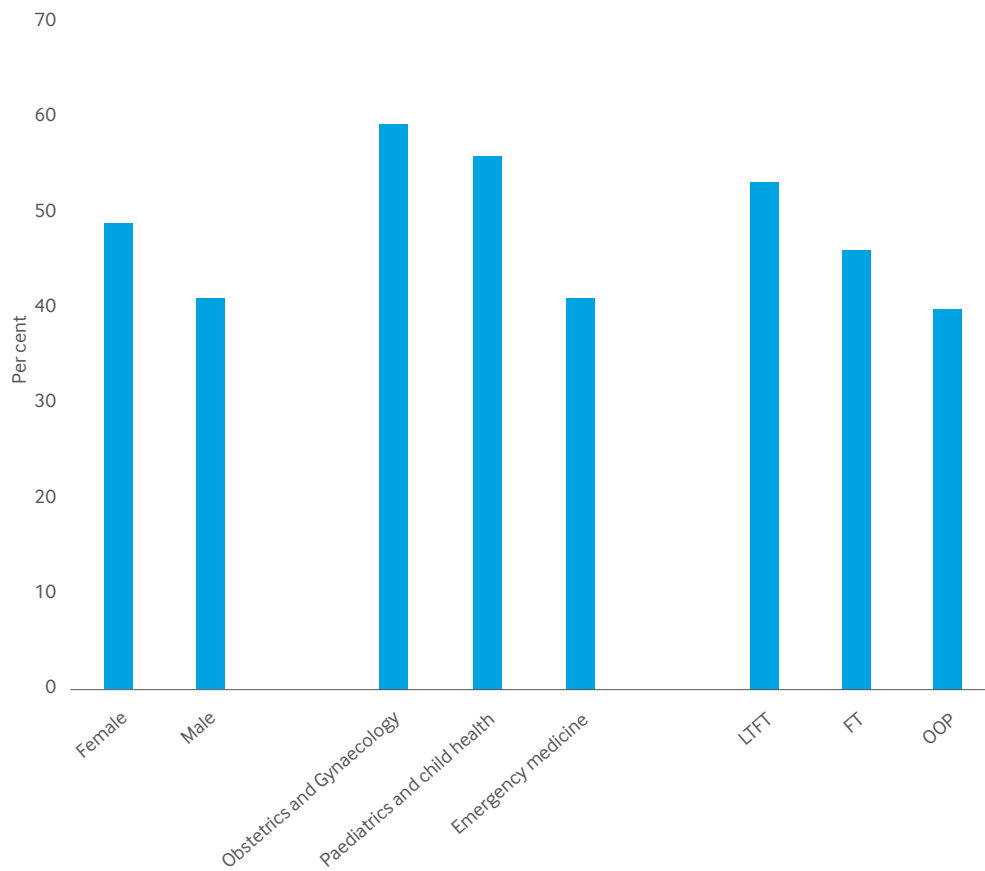
Besides support from many of their peers, most LTFT respondents felt that other groups relevant to the NHS (clinical and non-clinical managers, NHS employers, higher education institutions) strongly discouraged the choice of LTFT training.

## Working in the NHS

Overall, enthusiasm for working in the NHS on completion of training was low key. Enthusiasm varied with respondents' gender, specialty, pattern of work and being currently out of programme (OOP).

Respondents were most likely to say they were enthusiastic if they were female, training in obstetrics and gynaecology or paediatrics (least enthusiastic: emergency medicine) or training LTFT.

**Figure 9 – Proportion of respondents describing their attitude to working in the NHS as 'enthusiastic'**



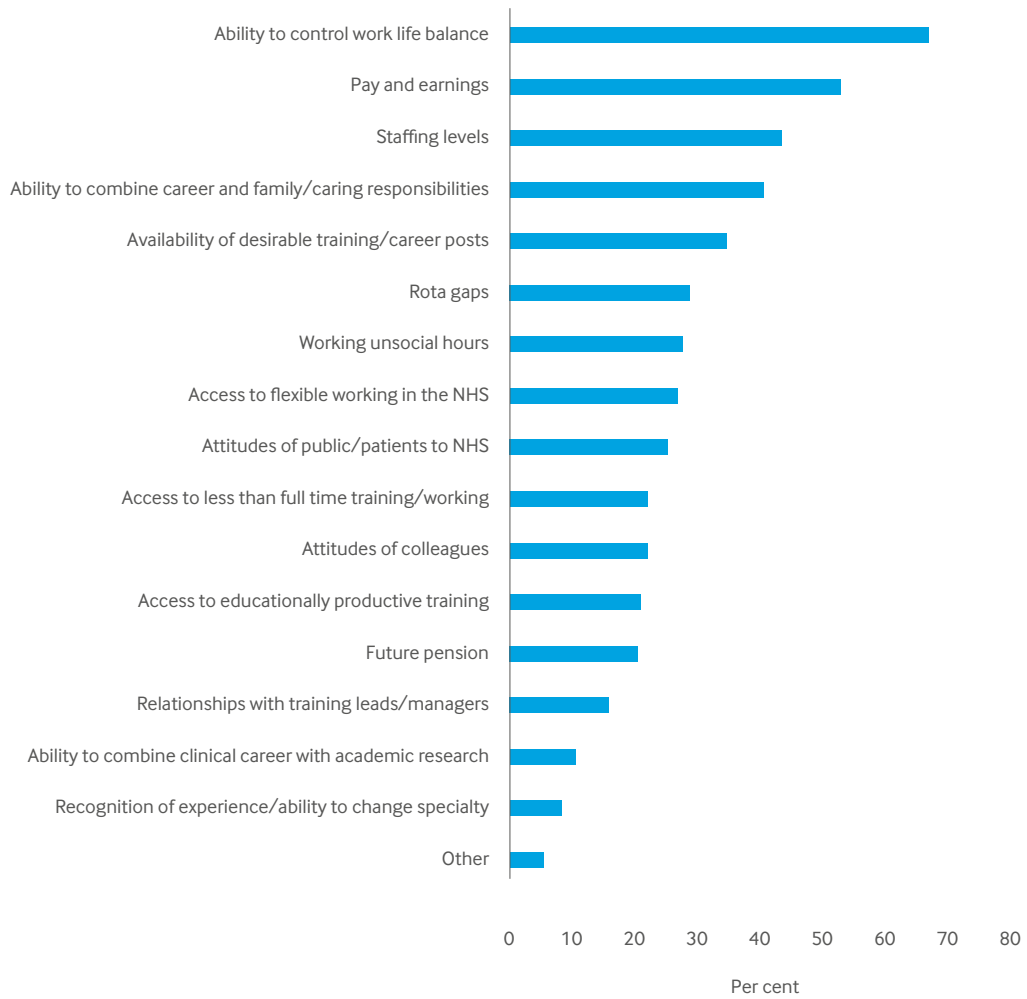
Note: LTFT=less than full time, FT=full time, OOP=Out of Programme

## What influences the decision for a career in the NHS?

The survey gives clear messages on the factors shaping doctors’ outlook to working in the NHS after training. Work-life balance, earnings, NHS staffing levels and the ability to combine career with family are strong influences on a future NHS career for all current doctors in training.

Female and LTFT doctors in training were somewhat less influenced by financial considerations and more concerned by balancing career and family.

**Figure 10 – Factors most likely to influence the decision to work in the NHS on completion of training**



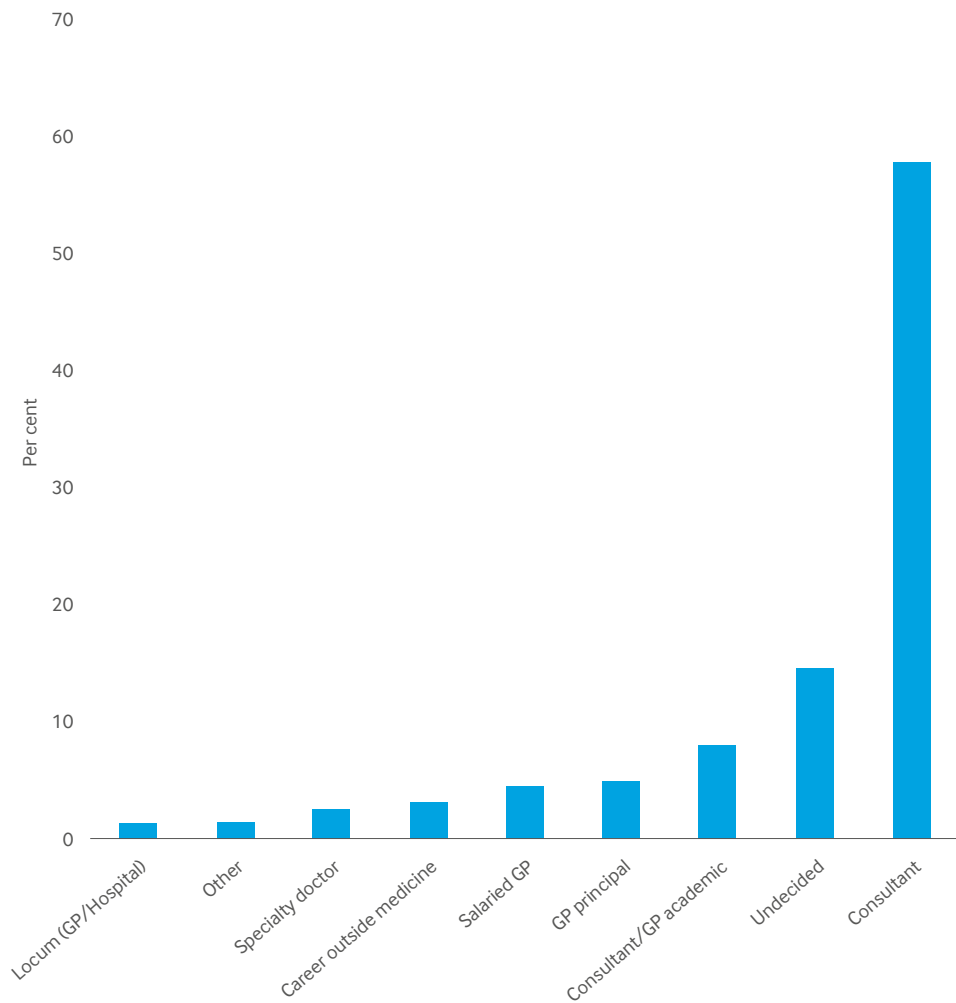
Note: Multiple response question

## What are the ultimate career goals of current doctors in training?

The proportion of doctors in training whose ultimate career goal is consultant appears to be high, and those whose goal is a GP principal is somewhat low. This may reflect the respondent sample for this survey but it does mirror a [lack of attractiveness of general practice to current doctors in training](#) and the trend for the [hospital specialist workforce to grow more quickly](#).

Females and those in foundation training were more likely to be undecided on their career goal, factors which are associated with taking a break in training, as this survey has shown.

**Figure 11 – Ultimate career goal of doctors in training**



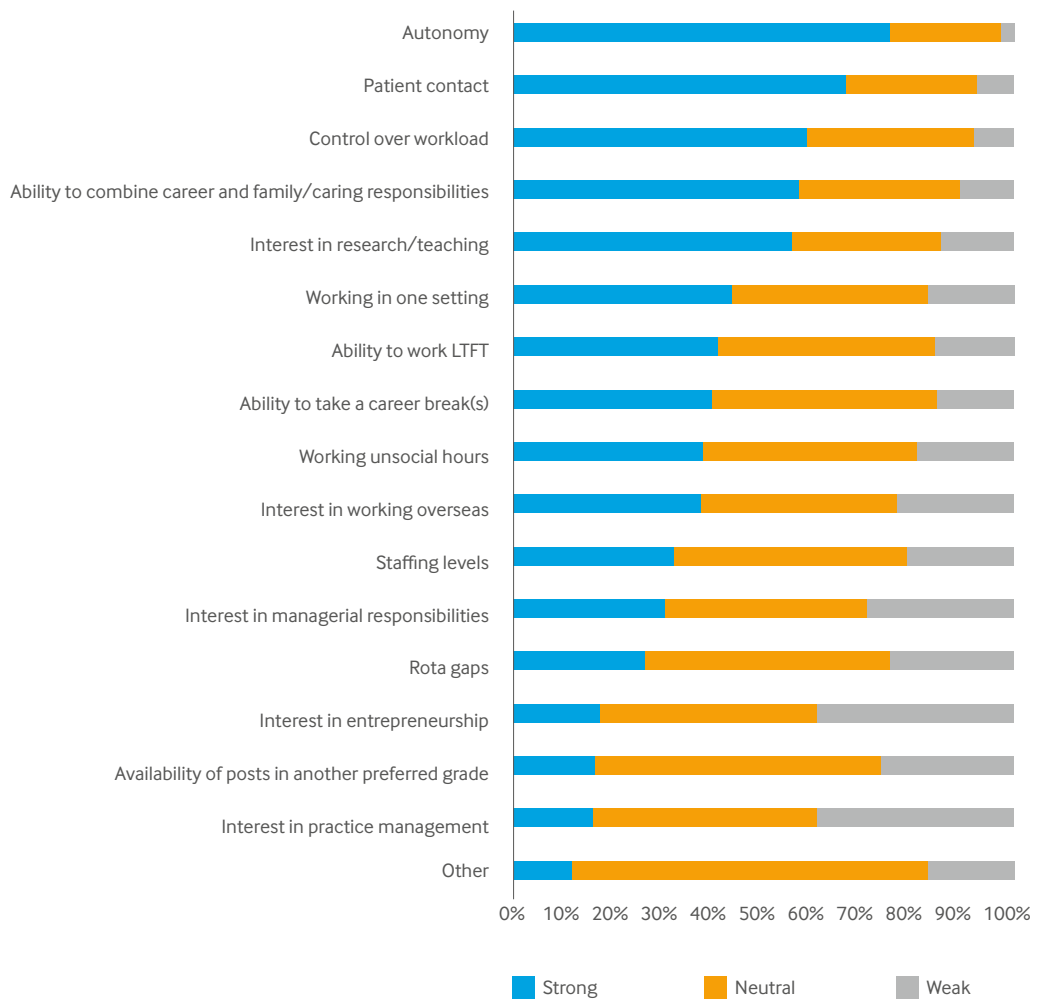
## What influences the choice of ultimate career goal?

In addition to the value they invest in patient contact, current doctors in training are strongly influenced by factors which increase their self-determination and enable them to balance career with their personal life.

By career goal, respondents aiming to work in general practice were more likely to be influenced by the ability to work LTFT, combine career with family, working in one setting and having control over workload and unsocial hours.

Female doctors in training were more likely than males to say that the ability to work LTFT was a strong influence on their choice of career goal. Males were more likely to be influenced by an interest in working overseas, a finding which supports [BMA research into the decisions of doctors training from 2006-2016](#).

**Figure 12 – The influential factors in choice of ultimate career goal**



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