

A survey of Northern Ireland doctors in training



Executive summary

A survey of 379 (22% of total) doctors in training (junior doctors) was carried out in Northern Ireland in late 2017. Respondents were 55% female and 44% male.

- Over half reported that they regularly worked more than their rostered hours, working on average an additional 4.6 hours per week
- Almost two-thirds stated they had poor work-life balance in their current role
- Over a third of respondents reported low morale
- 43% reported having long term gaps in their rota and 63% stated these were filled by a locum
- Almost 40% said they had difficulty taking study leave due to rota gaps and workload
- Only 20% received their most recent rota with at least six weeks' notice, while 64% said they received their rota with less than six weeks' notice and 15% received it after starting rotation
- 41% said they did not know the number of breaks they were entitled to during working hours
- Half said they always get to take their breaks with service provision and administration tasks preventing others from taking their breaks
- One in five respondents were unable to take their full allocation of leave in the last year
- 40% said they would not recommend Northern Ireland as a place to undertake medical training
- 43% said they had made definite plans to come off the traditional training pathway including becoming a locum, working overseas and working less than full time
- Almost 50% indicated that they did not have sufficient time in work to complete work-based assessments and 75% said they did not have enough time in work to complete their e-portfolios

1. Introduction and methodology

In late 2017, the Northern Ireland junior doctors committee (NIJDC) undertook a survey of doctors in training (junior doctors) working in Northern Ireland.

Doctors in training make up 45% of the Northern Ireland medical workforce, its largest single group. They work in all trusts and across all specialities providing care and treatment and at the same time are undertaking medical training.

The survey was designed to identify the key issues currently being faced by doctors in training across Northern Ireland.

The survey was carried out using an online platform to design, develop and disseminate the survey.

Questions were developed by the members of the BMA Northern Ireland junior doctors committee and included a mix of closed questions, rank order and text box responses.

On 31st of October 2017, the survey was distributed via email to junior doctors currently undertaking training in Northern Ireland. The survey was live for six weeks, running throughout November and December 2017.

The survey comprised 27 questions, in three sections focusing on:

- Working hours
- Working conditions and morale
- Training

Concluding questions asked for intentions regarding future career plans and work life balance.

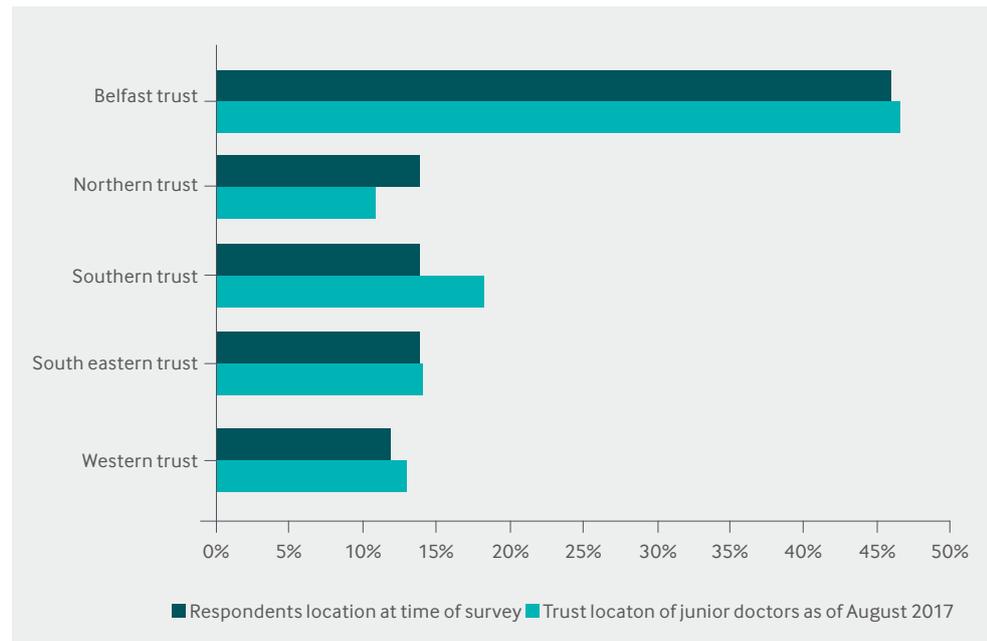
2. Demographics of results

The survey received 379 responses, a 22% response rate.

Respondents were largely representative of the numbers of doctors in training in trusts across Northern Ireland, with a slight overrepresentation from the Southern trust and underrepresentation from the Northern trust.¹

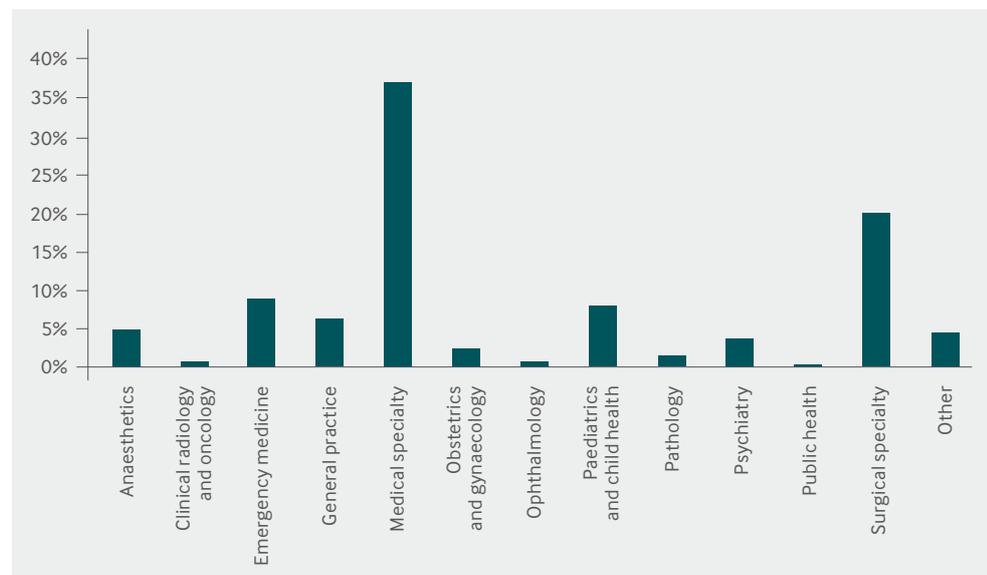
Respondents were 55% female and 44% male. Northern Ireland Department of Health figures state 58% of doctors in training are female and 42% are male.²

Chart 1: Trust location of respondents and location of junior doctors



Responses were also received from across a range of specialties and grades:

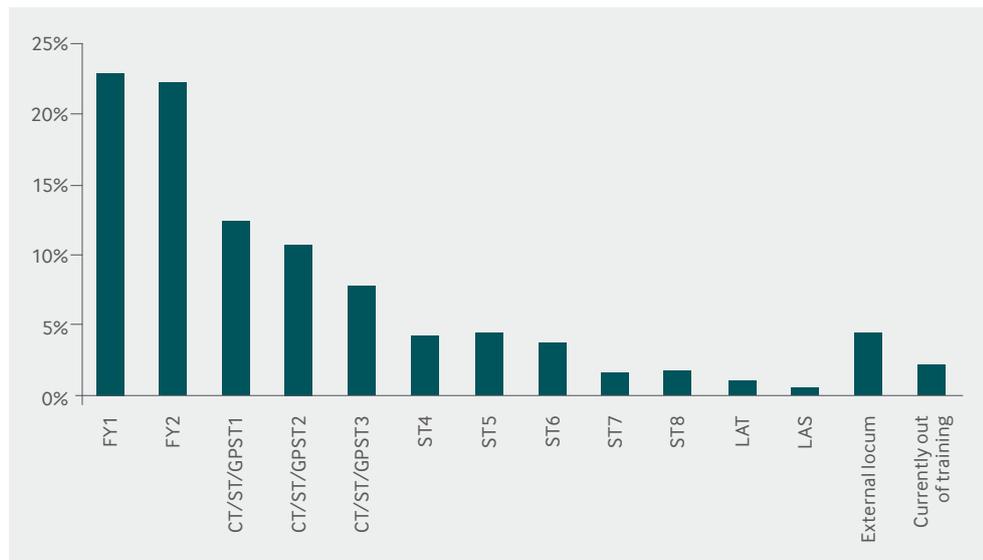
Chart 2: Current specialty of respondents



The highest percentage of respondents were currently in the group Medical Specialty, with the second highest percentage of respondents in Surgical Specialty.

¹ NIMDTA (2017) 'Overall vacancies'

² DoHNI (2017) 'Northern Ireland Health and Social Care Workforce Census March 2017'

Chart 3: Current grade of respondents

The highest percentage of respondents were currently in Foundation Year 1 and Foundation Year 2.

3. Results

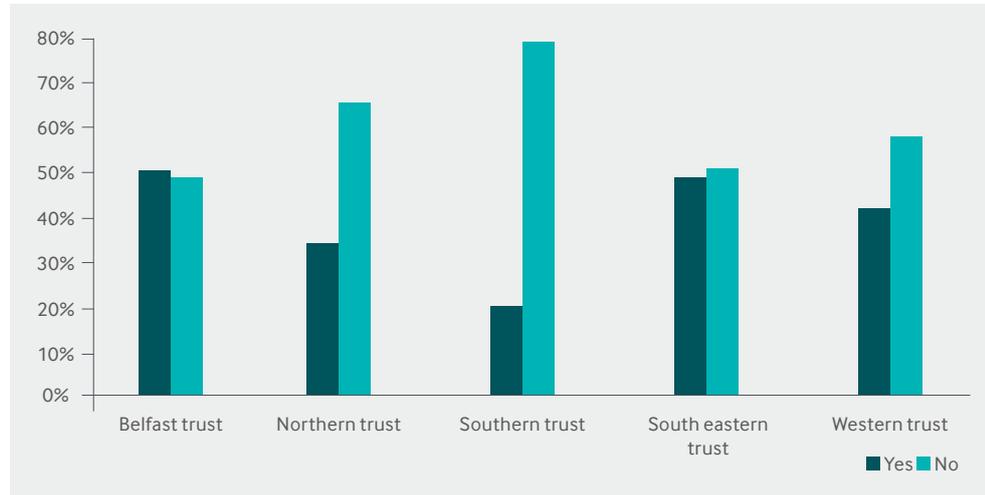
- 3.1 Work-life balance and morale
- 3.2 Working additional hours
- 3.3 Rota gaps
- 3.4 Ability to take breaks
- 3.5 Ability to attend training
- 3.6 E-portfolios and work-based assessments
- 3.7 Annual leave
- 3.8 Rotas
- 3.9 Rota monitoring
- 3.10 Pressure from senior colleagues

3.1 Work life balance and morale

Overall, 58.6% of respondents stated they do not have a good work-life balance in their current post.

The chart below sets out respondents reporting their work-life balance by trust:

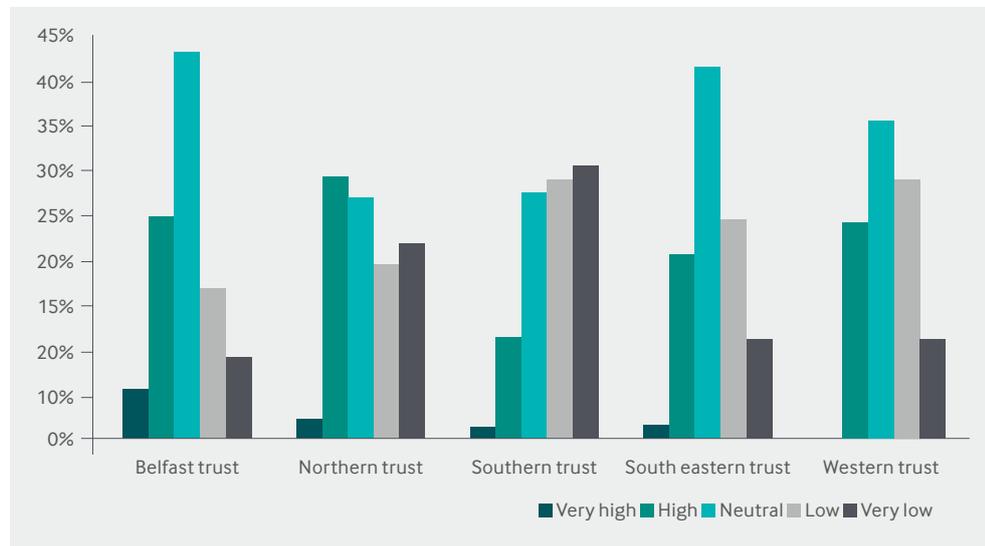
Chart 4: Respondents who report a good work-life balance in work, by trust



Findings were divided on morale levels. 36.4% of respondents stated that their morale was either 'low' or 'very low' and 25.8% indicated their morale was high. 37.7% gave a neutral response to this question.

Across trusts levels of morale vary:

Chart 5: Junior doctors level of morale in work

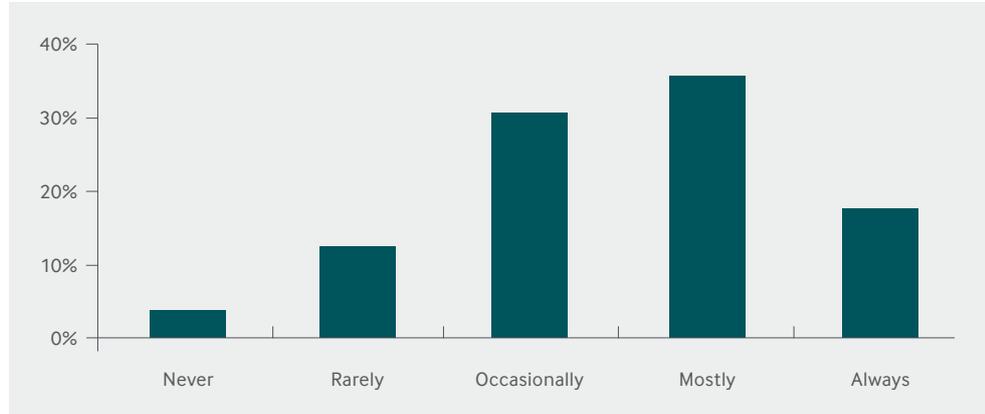


By specialty, the lowest levels of morale were reported by those in emergency medicine (49%) and psychiatry (46.7%).

3.2 Working additional hours

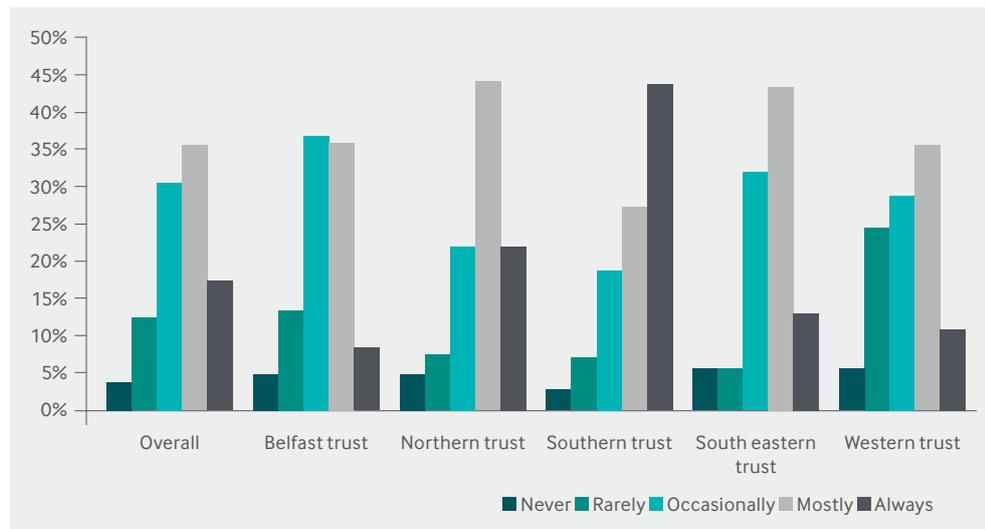
Over half (53%) of respondents stated that they 'mostly' or 'always' work beyond their rostered hours in the average week.

Chart 6: How many times respondents work beyond their rostered hours in the average week



The results vary across trusts as seen in the chart below:

Chart 7: How many times respondents work beyond their rostered hours in the average week – by trust





Rostered hours refer to working hours as defined by the paper rota template

Respondents were also asked how many additional hours they work in the average week. The average response was an additional 4.6 hours worked by respondents per week.

The average additional hours worked in each trust were:

- Western trust: 3.5 hours per week
- Belfast trust: 4.2 hours per week
- South eastern trust: 4.2 hours per week
- Northern trust: 5.6 hours per week
- Southern trust: 6 hours per week

3.3 Rota gaps

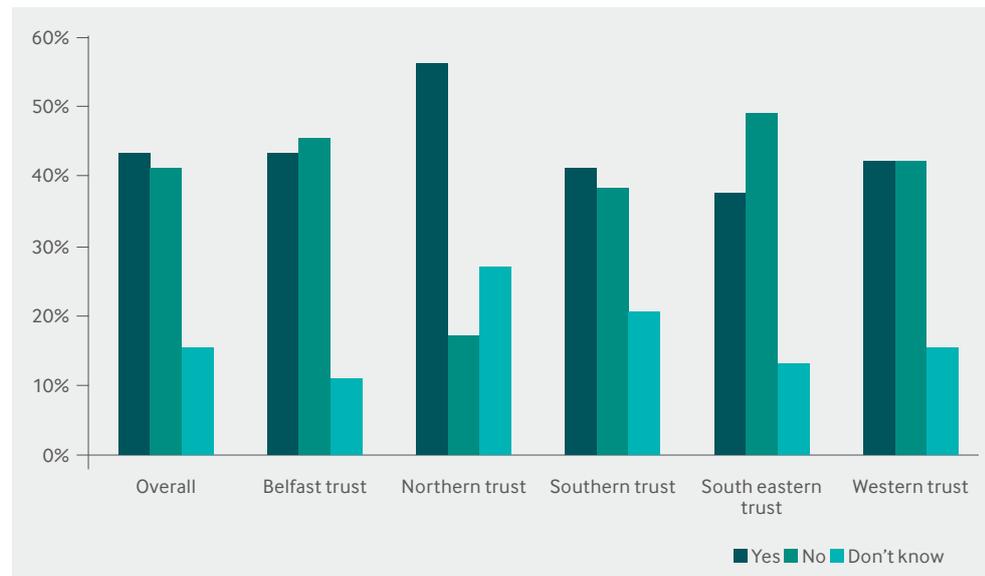
When asked if they currently have long-term rota gaps or unfilled lines in the rota:

- 43.1% of respondents stated there are long term gaps or unfilled lines in their rota
- 41.3% of respondents stated that there no long-term gaps or unfilled lines in their rota
- 15.6% of respondents did not know if there were gaps in their rota

In emergency medicine almost 56% of respondents stated their view that there are either long-term gaps or unfilled lines in their rota. This was the only specialty where over half of respondents noted long-term gaps or unfilled lines.

Again, there is variation across trusts, as visible in the chart below:

Chart 8: Are there long-term gaps or unfilled lines in respondent's rota – by trust



60.7% of respondents said rota gaps were filled by a locum and 28.2% stated they were filled internally.



Rota gaps and unfilled lines refer to vacant shifts or posts on the rota

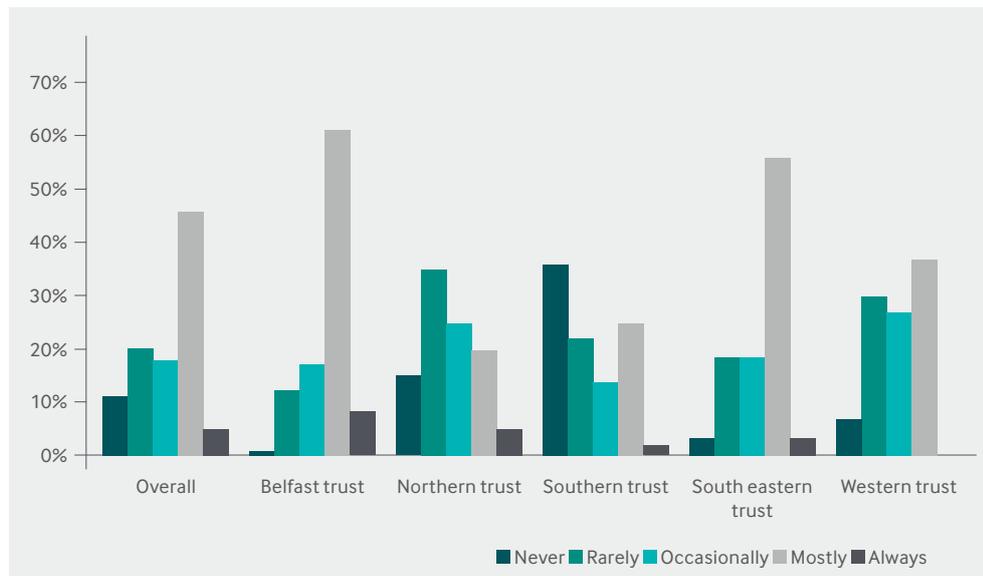
3.4 Ability to take breaks

Respondents were asked if they are aware of the number of breaks they are entitled to during their working hours. 58.5% responded yes, with 41.5% stating that they are not aware of the number of breaks they are entitled to during their working hours.

Almost half of respondents who were aware of the breaks they were entitled to reported that they only 'rarely' or 'occasionally' get to take all their breaks during working hours.

The percentage of junior doctors who reported being able to take all their breaks differs depending on the trust in which they are working:

Chart 9: How often respondents are able to take the breaks to which they are entitled during working hours – by trust



A natural break is a 30 minute continuous break after approximately four hours continuous working duty; achieved within the 5th hour at the latest.

Rest is applicable to:

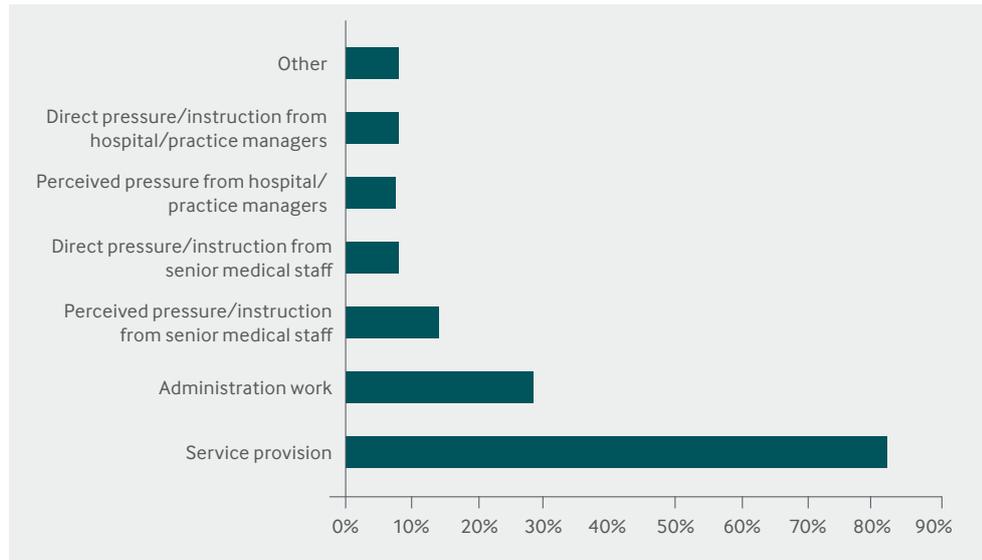
On call rota – at least eight hours' rest during a period of 32 hours on duty, principally within the on call period.

Partial shift – at least one quarter of the out of hours duty period.

24 hour partial shift – at least six hours' rest during the whole of each duty period.

The most frequently reported reasons for not getting to take all entitled breaks were having to provide a service and carrying out administration work.

Chart 10: Why respondents are unable to take all the breaks to which they are entitled during work hours. Respondents could select up to three reasons.



Respondents were also asked if they agreed or disagreed with the statement 'I have adequate time for rest between consecutive shifts.' 'Adequate' was not defined by the survey, leaving responses to this question to the respondents' perception.

- 47.2% responded that they either 'agreed' or 'strongly agreed' with this statement
- 12.7% neither agreed nor disagreed
- 40.1% responded that they either 'disagreed' or 'strongly disagreed' with this statement

3.5 Ability to attend training

Respondents were asked about their ability to attend lunchtime/departmental training.

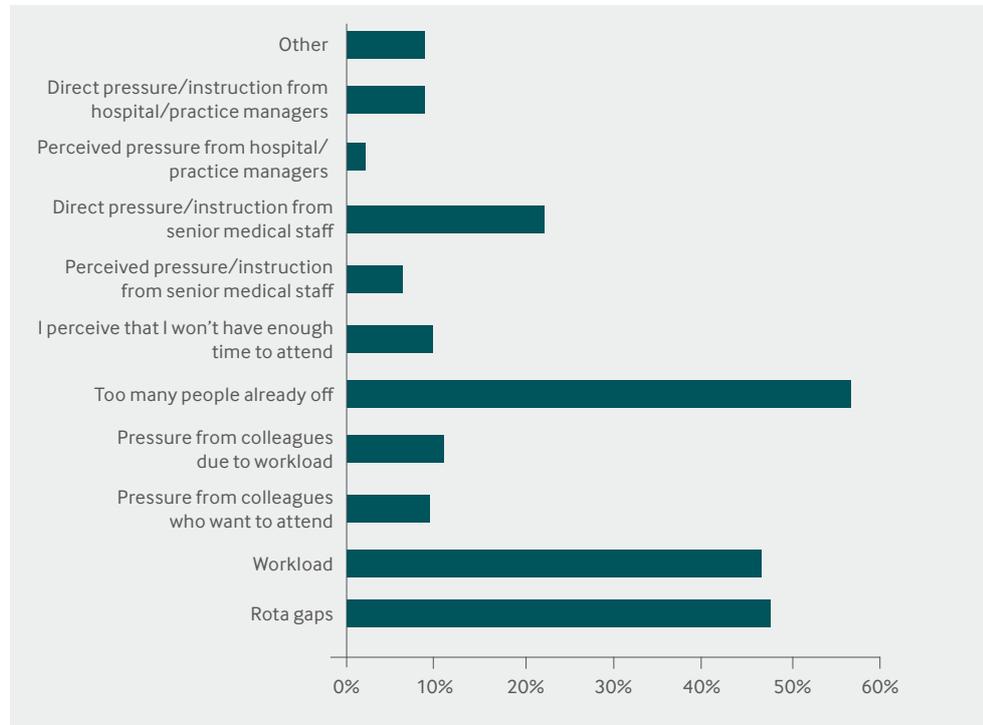
- 46.3% of respondents indicated that they did not find it easy to attend this training
- 33.2% of respondents indicated that they did find it easy to attend this training
- 20.5% gave a neutral response

Respondents were also asked if they had difficulty taking their training/study leave.

- 39.5% stated yes
- 60.5% stated no

Those respondents who said they had difficulty taking training/study leave were asked why, responses are included in the table below;

Chart 11: Reasons why respondents have difficulty taking training/study leave. Respondents could select up to three options.



FY1s are entitled to reasonable time for study leave
FY2s and Specialty registrars/Specialist registrars are entitled to 30 days study leave per year

3.6 E-portfolios and work-based assessments

Respondents were asked about their ability to complete e-portfolios and work based assessments during their working hours.

Almost 50% of respondents indicated that they did not have sufficient time in work to complete work-based assessments.

Almost 75% reported they did not have enough time in work to complete their e-portfolios.

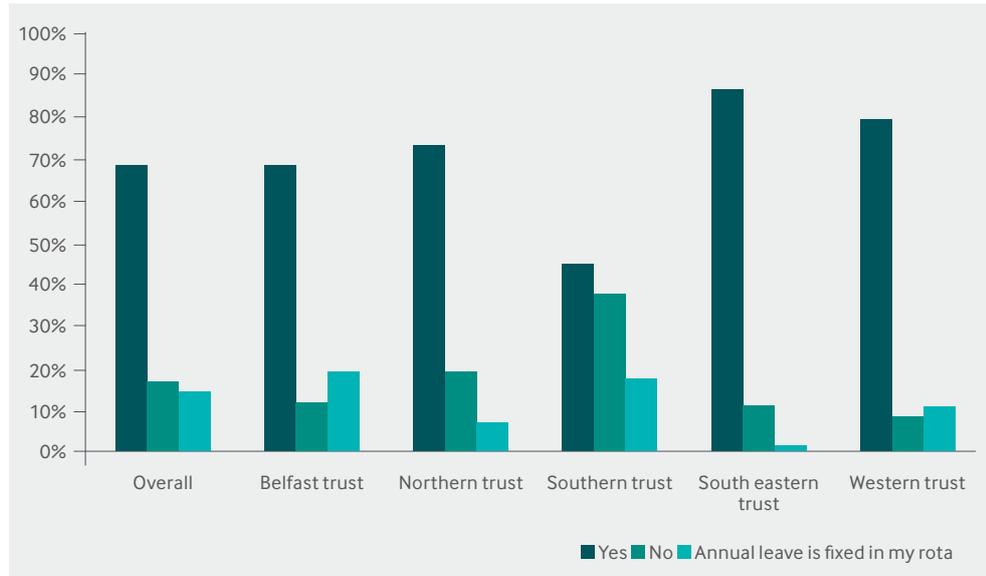
3.7 Annual leave

One in five respondents to this survey were unable to take their full allocation of leave in the last year.

Written responses within the survey indicated that problems securing annual leave are a motivating factor for some doctors in training planning to become a locum in the next 12 months.

Employers require a minimum of six weeks' notice in relation to leave requests. 17% of respondents told us that even with giving six weeks' notice they have not been able to get their annual leave approved.

Chart 12: Respondents ability to take annual leave when requested with six weeks' notice



15% of respondents to this survey stated that they are on a rota which utilizes fixed leave. They were asked if they preferred this system, with 85.5% of respondents stating that they did not prefer fixed leave.



Fixed leave is when periods of annual leave are factored into the rota template

'Having more control over working hours and leave' was most frequently identified as an important issue for doctors in training. This was prioritized from a list including pay, increasing training time and limiting working hours.

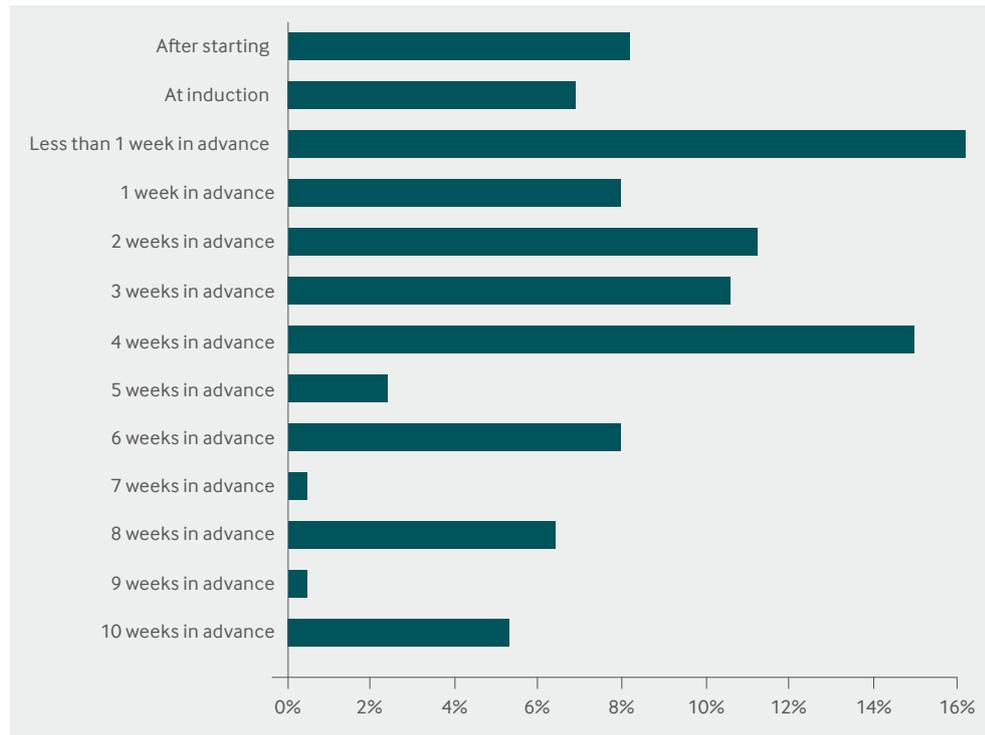
3.8 Rotas

Results indicated that the majority of doctors in training are not receiving their rotas with the minimum six weeks' notice as set out in the Code of Practice, the ideal being eight weeks' notice.³

Just 1 in 5 (20.7%) of survey respondents received their most recent rota with at least six weeks' notice. Comparably 64.1% of respondents said they received their rota with less than six weeks' notice but before their induction.

15.1% of respondents received their rota either at induction or after starting their rotation.

³ Code of Practice Provision of Information for Postgraduate Medical Training

Chart 13: How far in advance respondents received their most recent rota

Across trusts there was a large variation in when doctors in training received their rotas with six weeks' notice or more:

- In Belfast trust 30% of respondents received their rotas with at least of six weeks' notice
- In Western trust 22.3% of respondents received their rotas with at least six weeks' notice
- In South Eastern trust 17.2% of respondents received their rota with at least six weeks' notice
- In Southern and Northern trusts just 7% of respondents received their rota with six weeks' notice

A large variation in the number of rotas being received with six weeks' notice amongst specialties was also reported:

89% in anaesthetics; 16.9% in surgical specialties; 14.6% in emergency medicine; 13% in psychiatry; 13.5% in medical specialties.

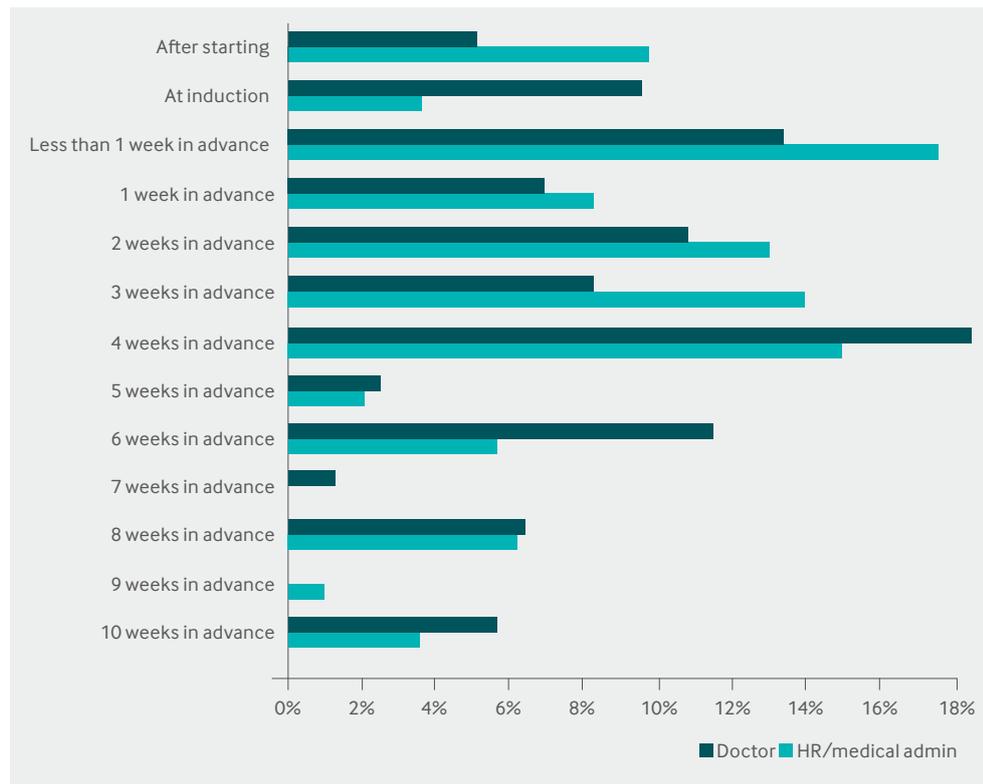
Results indicated that foundation year doctors (FY1 and FY2) were less likely to receive their rotas within the required timeframe than other trainees. Only 12.5% of FY1 doctors and only 9.6% of FY2 doctors who responded received their rota with six weeks' notice.

Respondents were also asked who they received their rota from, a doctor or HR/medical admin:

- 52.4% received their rota from HR/medical admin
- 42.4% received their rota from a doctor
- 5.1% received their rota from 'other'

Where rotas came from a doctor there was an increase in the number of doctors in training who received their rotas with the six weeks' notice:

- Rotas from doctors were received within the minimum notice for 24.9% of respondents
- Rotas from HR/medical admin were received within the minimum notice for 16.5% of respondents

Chart 14: When respondents received their most recent rota by who it was received from

3.9 Rota monitoring

The survey indicated that doctors in training lack information on the rota monitoring process. Further, 37% of respondents find it 'difficult' or 'very difficult' to understand rota monitoring.

The vast majority of respondents to this survey have taken part in the rota monitoring process, with 41.6% unsatisfied with the outcome of the process.

Additionally, over half of respondents (52.3%) who have taken part in a rota monitoring exercise did not have the results shared with them within the required 15 working days.

3.10 Pressure from senior colleagues

Respondents stated that they experience both direct and perceived pressure from managers and senior staff.

- 24% of respondents indicated that perceived or direct pressure from senior staff or managers played a part in their inability to take all the breaks to which they were entitled
- A similar number (20.1%) reported that problems relating to the ability to book annual leave were due to perceived or direct pressure from senior staff or managers
- 20% of respondents indicated that perceived or direct pressure from senior staff or managers played a part in their inability to take study or training leave

4. Concluding questions

40.1% of respondents stated that they would not recommend Northern Ireland as a place to undertake junior doctor training.

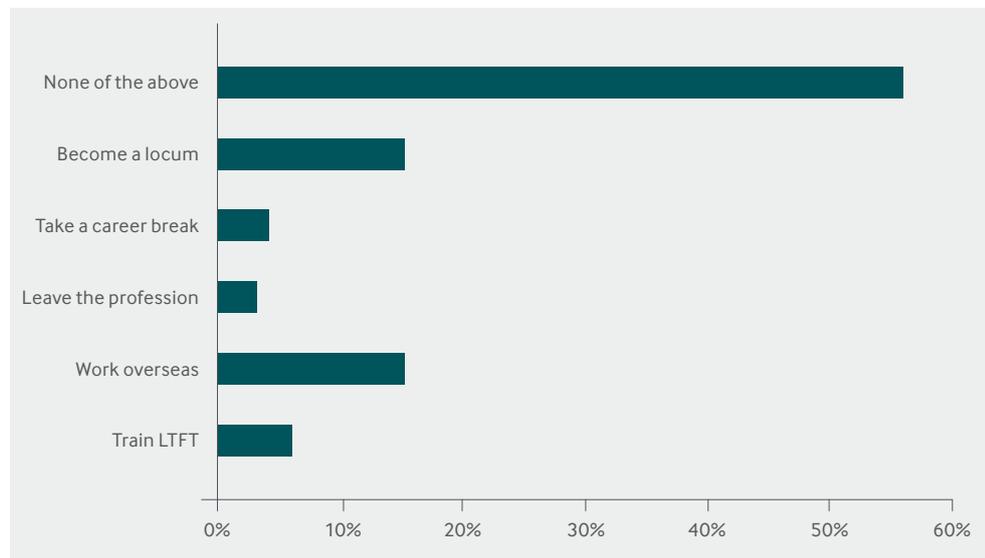
In response to a qualitative question the most frequently stated reasons for not recommending Northern Ireland as a place to train as a doctor were:

- Poor work life balance
- Additional hours worked on top of scheduled hours
- Posts focused on service provision rather than training opportunities

Finally, respondents were asked what definite career plans they had made in the last 12 months. Responses included:

- 15.3% plan to become a locum
- 15.3% plan to work overseas
- 6% plan to train less than full-time
- 4.1% plan to take a career break
- 3.3% plan to leave the profession

Chart 15: Respondents definite career plans made in the last 12 months.



Respondents were given a list of issues important to junior doctors and asked to pick the most important to them. Respondents could choose up to three options.

The three chosen most frequently were:

- Having more control over working hours and leave
- Having dedicated training time
- Financial help with professional and exam fees

Full results are in the chart below:

Chart 16: Most important issues to respondents. Respondents could select up to three responses



5. Conclusion

These survey findings provide compelling evidence to support the anecdotal feedback that BMA has heard from many members about the issues facing doctors in training in Northern Ireland.

Many of these issues are related to the systems within which doctors currently work, coupled with the shortage of doctors available in hospital settings. Decreasing numbers of doctors choosing to enter specialty training in Northern Ireland has added to this pressure, and contributed in part to a doubling of spend on locum doctors since 2011.

Many of the issues highlighted in the survey impact on the ability of doctors in training to control their working lives, including when they can take leave and breaks.

Actions could be taken by the Department of Health and by Health and Social Care Trusts which may encourage doctors to stay in their training posts, improve morale and make Northern Ireland a more attractive place to take up or continue training.

These include:

- Implementation of minimum standards as set out in the 2004 Code of Practice and demonstrating a clear commitment to valuing trainees by implementing and monitoring initiatives aimed at improving their working lives.
- Providing a commitment to good quality training in Northern Ireland by ensuring all trainees can access their full entitlement to study leave and that all appropriate expenses are fully reimbursed.
- Ensuring a consistently high-quality training experience for junior doctors, regardless of where they are in Northern Ireland. This would include satisfactory rota management and clear communication about work schedules within agreed timescales, with employers' adherence to these being effectively monitored.
- The introduction of a central forum where issues that affect the working lives of doctors in training can be raised and discussed, with commitments from employers and policy makers that these will be addressed and continuously improved upon.
- A comprehensive strategy and set of actions, including addressing the issues raised by this survey, to ensure that Northern Ireland is attractive place for doctors in training to live and work.
- The implementation of a full single lead employer model for all doctors in training. This would remove the numerous problems presented by the frequent changes in employer.
- Effective medical workforce planning to have the right number of doctors for the population of Northern Ireland.

BMA

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