

Medical Training

# Career Progression of Queen’s University Belfast Graduates after Completion of Foundation Programme Training

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## INTRODUCTION

In the United Kingdom (U.K.), all medical graduates are required to enrol in a two-year Foundation Programme. The Foundation Programme is designed to allow newly qualified doctors to gain experience and acquire skills in a range of different specialities under supervision.<sup>1</sup> After completion of the Foundation Programme, doctors can choose to enter speciality training. The speciality training takes 3 to 8 years depending on the chosen speciality and time spent out-of-programme e.g. to complete research for a higher degree, to enter management/leadership training or to seek overseas clinical experience. Since 2006, the General Medical Council (GMC) conducts a national survey for trainees undertaking a GMC approved training post. This aims to monitor medical education and training across the U.K.<sup>2</sup> Data regarding career progression of junior doctors and their destination are included as part of the survey and available online since 2012.

There is a decreasing trend in the number of junior doctors entering speciality training immediately after completion of the Foundation Programme.<sup>3</sup> In 2018, only 37.7% of foundation year two doctors (FY2s) went directly into specialty training, a year-on-year reduction from 67% in 2012, 64% in 2013, 59% in 2014, 52% in 2015, 50.4% in 2016, 42.6% in 2017.<sup>4</sup> This gap in training can be attributed to several factors including indecisiveness, highly competitive nature of the process and opportunities outside the U.K. or medical field.<sup>5</sup> In this paper, we aimed to evaluate the destination of Queen’s University of Belfast (QUB) graduates at the transitional point between FY2 doctors and speciality training and whether there are any differences when compared to other U.K. medical school graduates.

## METHOD

The progression reports from 2012 to 2018, which are sub-parts of the national training surveys reports, were obtained from the GMC website.<sup>2</sup> We further examined these reports and extracted the data on career progression of FY2 doctors linked to their medical schools. The report illustrated the recruitment of speciality/core training for doctors completing their two-year foundation training programme. Further shortlisting was made to include trainees obtained their primary medical qualification from QUB.

Comparisons were made between QUB graduates and other U.K. medical school graduates in a) number of graduates making an application to speciality training immediately after completion of foundation programme, b) proportion of FY2 doctors entering directly into speciality training after successfully obtaining an offer from any core/speciality training programme (data specific for QUB graduates only available after 2016) and c) number of graduates making an application to core/speciality training in the seven specialities with the highest number of posts available nationally (Core Medical Training, Core Surgical Training, General Practice, Clinical Radiology, Obstetrics & Gynaecology, Core Anaesthetics Training and Paediatrics )

## RESULTS

Year	Number of Foundation Year 2 doctors	
	Queen’s University Belfast	National
2012	196	6,831
2013	258	6,977
2014	236	6,949
2015	240	7,304
2016	263	7,226
2017	240	7,220
2018	250	7,075

Table 1: The number of FY2s participated in the GMC National Training Survey each year

The number of medical graduates who completed the survey is shown in Table 1. The number of graduates completing the survey varied each year, ranging from 6,831 to 7,304 (nationally) and from 196 to 263 (QUB).

### a) Number of graduates making an application to core/speciality training

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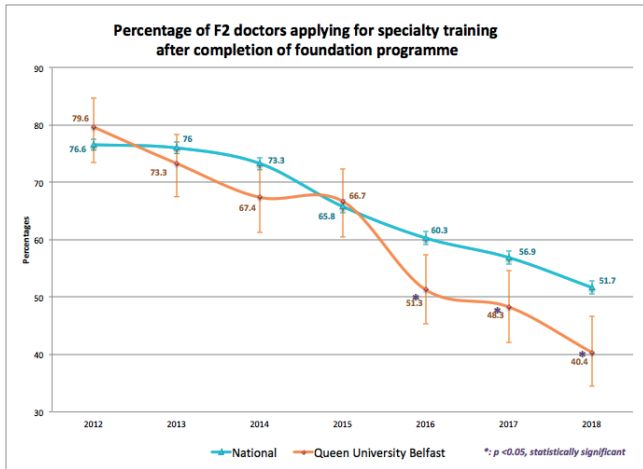


Figure 1: Number of speciality training applications by FY2 doctors graduating from QUB and across the United Kingdom from 2012 to 2018

The percentage of FY2 doctors making an application for core/speciality training programme (C/STP) upon completion of UK Foundation Programme training has significantly decreased from 76.6% in 2012 to 51.7% in 2018. The downward trend is illustrated in Figure 1. This trend is even more marked for FY2 doctors who were QUB graduates with fewer direct applications for C/STP directly than the national

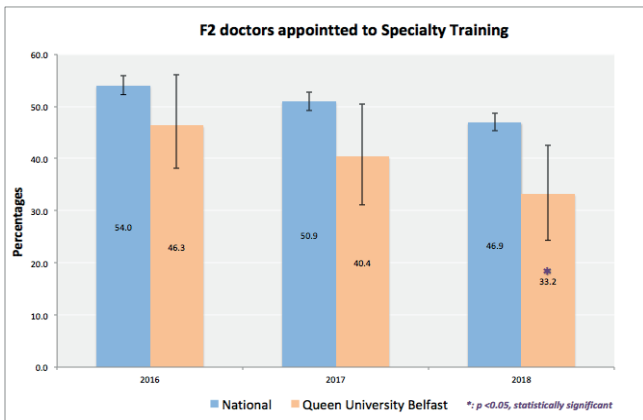


Figure 2: The percentage of FY2 doctors appointed to Specialty Training from 2016 to 2018

level since 2016.

b) The proportion of FY2 doctors entering directly into core/speciality training

The percentage of FY2 doctors entering directly into C/STP was lower than the percentage of FY2 doctors who made applications for C/STP. Results from 2016 to 2018 are shown in Figure 2. There has been a reduction in the proportion of UK FY2 doctors entering directly into a C/STP from 54% in 2016 to 46.9% in 2018. The percentage of FY2 doctors who were QUB graduates entering directly into C/STP has been lower than the national percentage since 2016.

c) Number of FY2 doctors making an application to core/speciality training

In terms of specific speciality application, similar trends were

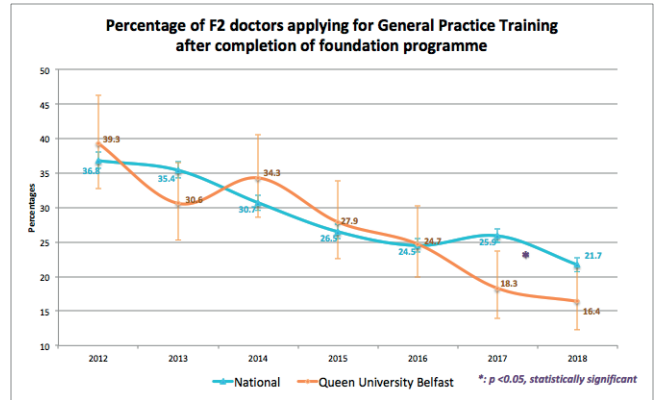


Figure 3: Percentage of FY2 doctors applying for General Practice Training after completion of Foundation Programme training, from 2012 to 2018

shown. There was a national reduction in the percentage of FY2 doctors who were applying for C/STP from 2012 to

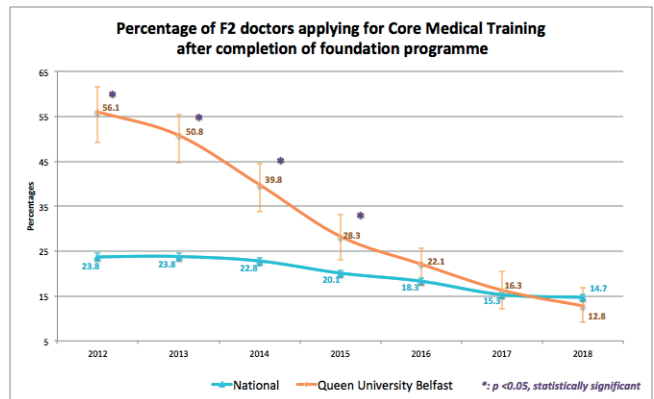


Figure 4: Percentage of FY2 doctors applying for Core Medical Training after completion of Foundation Programme training, from 2012 to 2018

2018. This was seen across the seven specialities we analysed (except for Clinical Radiology). Nationally, General Practice Training received the largest proportion of applications by FY2 doctors, but also showed the most significant reduction in the proportion of applicants from 36.8% in 2012 to 21.7% in 2018 (Figure 3).

At a national level, since 2012, the percentage of FY2 doctors

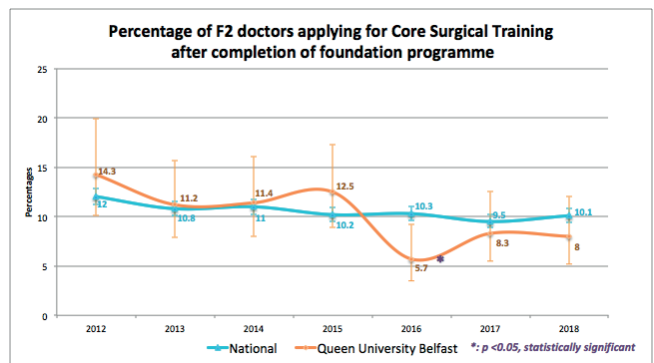


Figure 5: Percentage of FY2 doctors applying for Core Surgical Training after completion of Foundation Programme, from 2012 to 2018



applying for Core Medical Training (CMT) has declined gradually every year from 23.8% in 2012 to 14.8% in 2018 (Figure 4). Of interest, from 2012 to 2015, the percentage of FY2 doctors who were QUB graduates applying for CMT was higher than the national percentage.

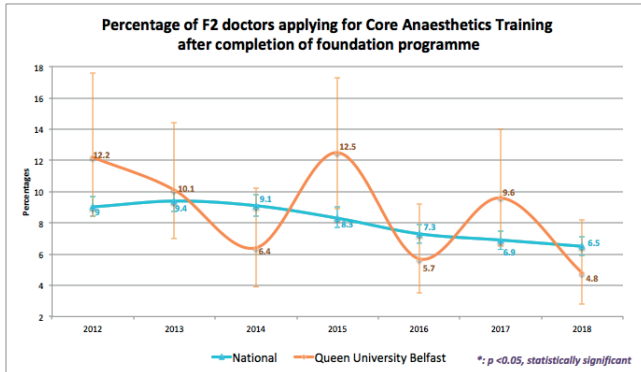


Figure 6: Percentage of FY2 doctors applying for Core Anaesthetics Training after completion of Foundation Programme training

Nationally, Core Surgical Training (CST) has had a consistent proportion of applications from FY2 doctors, approximately

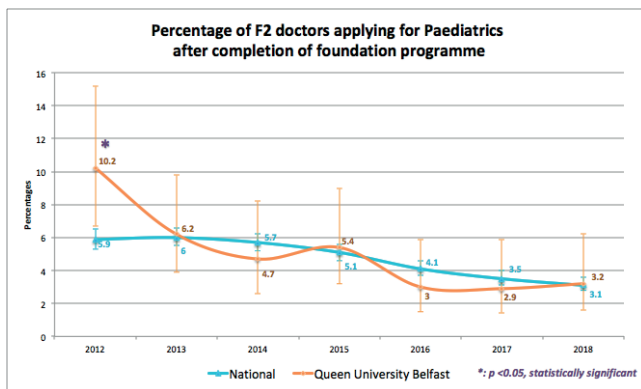


Figure 7: Percentage of FY2 doctors applying for Paediatrics after completion of Foundation Programme training

10% (Figure 5), from 2012 to 2018. The proportion of QUB graduates applying for CST at FY2 stage also displayed a

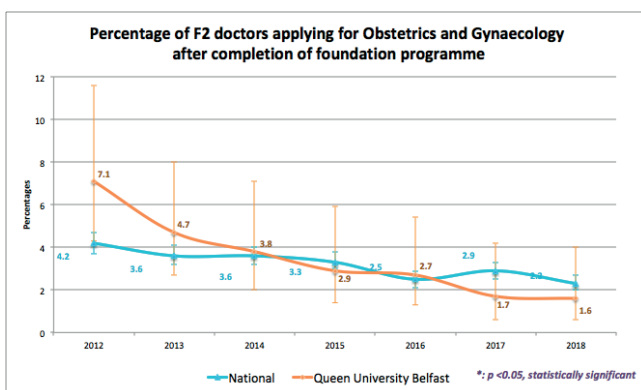


Figure 8: Percentage of FY2 doctors applying for Obstetrics & Gynaecology after completion of the Foundation Programme

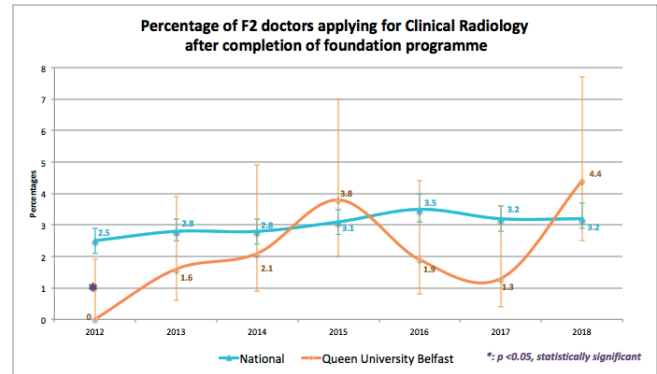


Figure 9: Percentage of FY2 doctors applying for Clinical Radiology after completion of Foundation Programme training, from 2012 to 2018

stable trend around 10 % despite a dip into 5.7% in 2016. The proportion of national FY2 doctors applying for Core Anaesthetics Training (CAT) also decreased from 9% in 2012 to 6.5% in 2018. The percentage of FY2 doctors who were QUB graduates applying for CAT also displayed a declining trend over the same period (Figure 6). No differences are noted in the applications to Paediatrics and Obstetrics & Gynaecology training which are shown in Figures 7 and 8.

The only exception is Clinical Radiology in which an overall increase is seen in the percentage of FY2 doctors making an application. Similar trends are noted in both national and QUB graduates. Details are shown in Figure 9.

## DISCUSSION

The GMC National Training Surveys (NTS) have been conducted annually since 2006, and all doctors undertaking GMC approved training posts are invited to complete the survey. More than 75,000 doctors completed the surveys in 2019 across the United Kingdom.<sup>6</sup> The surveys evaluate both trainees' and trainers' satisfaction, and results are available online. The progression reports are part of the NTS and are designed to evaluate trainees' progression from both undergraduate (Primary Medical Qualification) and postgraduate (Training body).

The NHS is facing pressure in sustaining the medical workforce across the healthcare service. Moreover, it also requires ensuring the equitable distribution of trainees across all specialities and geographic locations based on workforce planning.<sup>7</sup> The individual career preferences of junior doctors and the supply of training places are directly responsive to the service needs.<sup>8</sup> An oversubscription in some specialities can prolong the time doctors spend in training due to increased competition for these posts. Conversely, there will still be a future shortage of practitioners in less-popular specialities.

The difficulty of delivering high-quality patient care within the NHS, partially due to underfunding, has contributed to doctors holding an increasingly negative view on the role of junior doctors in the NHS.<sup>9</sup> This negative view has manifested itself in the form of many FY2 doctors either leaving the U.K. or not going into core or speciality training directly

after completing their Foundation Programme training. In a 40-year long series of surveys, it was found that the desire of UK-trained junior doctors to remain in U.K. medical practice was unprecedentedly low in 2015.<sup>8</sup>

The number of FY2 doctors deciding to work outside the U.K. has varied from year to year. A similar trend is seen in QUB graduates with 15.2% and 25.2% decided to work outside the U.K. in 2016 and 2018 respectively.<sup>4,10</sup> Among the popular destinations for U.K. graduates to work after completion of Foundation Programme training are Australia and New Zealand. Sharma et al conducted a cross-sectional survey in 2012 and found that UK-trained doctors who left the U.K. to work in New Zealand had “higher job satisfaction than their UK-based contemporaries” and cited a preferable lifestyle in New Zealand as the predominant factor influencing their decision not to return to the U.K.<sup>9</sup> More recently, in 2015, it was found that FY2 doctors had reasons for leaving the U.K. specific to the challenges of their current roles, such as career decision making, exposure to workplace bullying, and difficulties in raising concerns.<sup>11</sup> Factors contributing to the negative view on the role of junior doctors at this time were difficulty in attending training due to workload (with additional pressure from the European Working Time Regulation), family life, and job seeking.<sup>12</sup>

A break in training can be viewed as a positive initiative.<sup>13,14</sup> Approximate 6-7% of QUB graduates decided to take a career break after Foundation Programme training.<sup>4,6,10</sup> At this critical point of career-decision-making between FY2 and Core/speciality training year one, a “gap year” provides junior doctors opportunities to consider their future options before committing to one speciality carefully. This “gap year” may allow trainees opportunities to acquire more skills, consolidate their existing skills and polish their applications to make them more competitive for CT1/ST1 posts. However, despite the benefits to the individual, the time-out makes workforce planning extremely challenging for the NHS. The progression reports also highlighted that 90% of FY2 doctors had made applications to core/speciality training within 4 years of completing Foundation Programme training. The number of FY2 doctors deemed appointable and entering core/speciality will be lower.<sup>2</sup> In addition to temporal breaks in training, there is a worrying exodus of junior doctors from the NHS to either practice abroad or work in other professions.<sup>7</sup>

There are several limitations to our study. First, the reason for trainees not entering the core/speciality training is not evaluated. Instead, we focused on revealing the trend of trainees applying/entering core/speciality training. Further studies are required to evaluate QUB graduates’ career of choice and factors affecting their career progression. Moreover, we did not evaluate trainees’ satisfaction in various specialities. Trainees satisfaction are linked to job performance and associated with a lower incidence of burn out. Several small studies concluded that Northern Ireland trainees felt well supported and supervised.<sup>15,16</sup>

## CONCLUSION

Our data suggested that QUB graduates were less likely to apply directly to speciality/core training after completion of the Foundation Programme when compared with other medical graduates in Great Britain. This trend seems likely to continue. Further work is needed to encourage more medical graduates from Queen’s University Belfast (and other U.K. universities) to apply for core/speciality training after completion of the Foundation Programme.

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