Your Training Counts

Trainee experiences of Clinical Learning Environments in Ireland 2014-2016

Comhairle na nDochtúirí Leighis
Medical Council

FOREWORD

Your Training Counts (YTC) is the Medical Council's annual National Trainee Experience Survey. Commenced in 2014, the findings from the survey over the past three years have highlighted a number of areas of concern, and identified opportunities for significant improvement in the quality of training experiences and outcomes for trainees. Addressing these concerns is not only having a positive impact on the quality of medical training in Ireland, but will also fundamentally improve patient outcomes and the wider health service.

The Medical Council is actively working to ensure that the findings of the annual surveys are addressed, initially by identifying areas for improvement, but ultimately by providing leadership and working in partnership with key stakeholders to drive real improvements on the ground in the education and training system.

With three years of cumulative data since the survey first ran in 2014, it is a timely opportunity to assess the impact on trainee experiences of the remedial actions which have been taken to address earlier findings. In doing so, we have identified areas where the survey is having a positive impact – trainee experiences are improving, which appears to be having an encouraging influence on the number of doctors intending to remain in Ireland following completion of training; and highlighted areas where efforts need to be concentrated over the coming years. In assessing the data, we must take into account the fact that changes in medical education and training can take time, sometimes several years, to filter through the system, before tangible improvements are felt 'on the ground'.

Professor Freddie Wood
President

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Chief Executive

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SUMMARY

The annual *Your Training Counts* national survey of trainee experiences has been monitoring trainee views on the quality of clinical learning environments (CLEs) and other aspects of postgraduate medical education and training in Ireland since its launch in 2014. Over the life of the survey, trainees have reported statistically significant improvements in the overall quality of CLEs.

In particular, trainees have reported significantly improved scores over the last three years in:

- Formal education;
- Feedback;
- Coaching and assessment;
- Work being adapted to trainees' competence;
- Supervision;
- Role of patient handover;
- Teamwork;
- Peer collaboration.

Attitudinally, the number of trainees who do not see themselves staying in Ireland for their long-term future has significantly decreased, from 21% in 2014 to 14% in 2016. Continuous improvements in trainee experiences may positively affect retention of doctors within the Irish health system.

Over the last three years, the survey has also identified and determined areas requiring improvement, such as consistency in learning experiences across all training sites and programmes, trainee feedback, preparation for transition to the next stage in a trainee's professional development, consistency in induction and orientation procedures, bullying and undermining of trainees in post, and supporting trainees with health or wellbeing issues. This information has helped to determine corrective actions required in practice, such as:

- Improved educational governance;
- Prioritisation of hospitals, where trainees' experiences are typically rated lower than in GP practices and mental health services;
- Better preparation of undergraduate students for intern training;
- Development of better-quality, competency-based intern training;
- Mandatory, certified induction and orientation at training sites;
- Clarity of trainee roles, responsibilities and training objectives;
- Provision of feedback on trainee performance; and
- Tackling bullying and undermining behaviours by addressing the health service culture as a whole.

The first survey in 2014 established an evidence base. Now in its third year, coupled with increased

stakeholder engagement, the evidence gathered is informing policy and strategy development for medical education and training across Ireland. Emerging patterns contained in this report indicate that this is effecting tangible change for trainees. By identifying strengths in the system, we can drive improvements by replicating successes in current poorly-performing areas. We will soon add to this evidence base by developing a Trainer Survey to run concurrently with future surveys of trainees, which will explore issues such as protected time for training, and how trainers are supported by training bodies.

Your Training Counts D-RECT scores informed the development of a programme of prioritised clinical training site inspections by the Medical Council, which commenced in 2017. The Medical Council is engaging with stakeholders to enhance this data, which is currently the main source of information available to monitor performance in clinical training sites.

Survey results have informed further investigation into intern training in Ireland, culminating in the development of a set of defined competencies or "Entrustable Professional Activities", due to be piloted shortly.

Another major development is the establishment of a national Medical Intern Board. Due to have its inaugural meeting in autumn 2017, this Board will be responsible for the overall governance of intern training. The survey results have also prompted further research aimed at identifying supports needed to ensure safer transitions of doctors entering into the Irish healthcare system. These supports are currently being developed in consultation with other key stakeholders. The issue of bullying and undermining of trainees has also been highlighted by the survey findings and further research will be undertaken to identify the nature of the behaviours to which trainees are referring, with a view to targeting these behaviours appropriately.

The survey has helped to identify opportunities for strengthening Medical Council standards and guidelines; and strengthening collaboration with all bodies involved in medical education and training in Ireland, so as to continually improve trainee experiences and outcomes. *Your Training Counts* data has also informed initiatives undertaken by other organisations, such as the Doctor Emigration Project (RCSI)(1); a study into the frequency and nature of adverse events (RCPI)(2); responses to address bullying and undermining of trainees (Forum of Postgraduate Training Bodies, HSE NDTP, Irish Medical Organisation) and the health and wellbeing of doctors (HSE); submission to the Public Sector Pay Commission (IMO); and the "Challenges and Priorities in Irish Clinical Learning Environments" study (UCC School of Medicine).

The Council sees this annual survey as a means of ensuring its work in medical education and training is appropriate, evidence-based and in line with emerging needs. *Your Training Counts* will continue to support us and our key stakeholders in driving quality improvements in medical education and training for the foreseeable future.

ABOUT THE MEDICAL COUNCIL

Through the regulation of doctors, the Medical Council enhances patient safety in Ireland. In operation since 1979, the Medical Council is an independent statutory organisation, charged with fostering and ensuring good medical practice. It ensures high standards of education, training and practice among doctors, and acts in the public interest at all times. The Medical Council is noteworthy among medical regulators worldwide in having a non-medical majority. It comprises of 13 non-medical members and 12 medical members, and has a staff of approximately 70.

The Medical Council's role focuses on four areas:

Maintaining the Register of Doctors

The Medical Council reviews the qualifications and good standing of all doctors and makes decisions about who can enter the Register of medical practitioners. In December 2014, approximately 19,000 doctors were registered, allowing them to practise medicine in Ireland. This figure had risen to over 21,000 by December 2016.

Safeguarding Education Quality for Doctors

The Medical Council is responsible for setting and monitoring standards for education and training throughout the professional life of a doctor: undergraduate medical education, intern training, postgraduate training and lifelong learning. It can take action to safeguard quality where standards are not met.

Setting Standards for Doctors' Practice

The Medical Council is the independent body responsible for setting the standards for doctors on matters related to professional conduct and ethics. These standards are the basis of good professional practice and ensure a strong and effective patient-doctor relationship.

Responding to Concerns about Doctors

Where a patient, their family, employer, team member or any other person has a concern about a doctors' practice, the Medical Council can investigate a complaint. When necessary, it can take appropriate action following its investigation to safeguard the public and support the doctor in maintaining good practice. Through its work across these four areas, the Medical Council provides leadership to doctors in enhancing good professional practice in the interests of patient safety. You can find out more about the Medical Council at www.medicalcouncil.ie

WHY "*YOUR TRAINING COUNTS*"?

While the Medical Council is well-known for its role in responding to concerns about doctors, it is also responsible for safeguarding the quality of doctors' education, training and lifelong learning in Ireland. The Medical Council ensures that medical education and training programmes, the bodies that deliver them, and clinical sites where learning takes place are fit-for-purpose. It has the power to hold educational and training bodies, and the management of clinical sites accountable, to ensure that the medical education and training they deliver is designed and delivered to standards defined by the Medical Council. You can read more about standards for medical education and training on our website here: http://www.medicalcouncil.ie/Education/. *Your Training Counts* - the annual National Trainee Experience Survey - aims to support the continuing improvement of the quality of postgraduate medical training in Ireland. Specifically, the objectives of *Your Training Counts* are to:

- Monitor trainee views on the quality of clinical learning environments in Ireland;
- Monitor trainee views on other aspects of postgraduate medical education and training, including preparedness for transitions, retention and career plans, health and wellbeing, and trainee perceptions of safety at clinical sites;
- Inform the role of the Medical Council in safeguarding the quality of medical education and training through identifying opportunities for strengthening standards and guidance, and through focussing on our quality assessment role; and
- Inform dialogue and collaboration between all individuals and bodies involved in medical education and training in Ireland so as to continually improve the experience and outcomes of trainees in Ireland.

METHODOLOGY

To ensure comparability and enable us to track changes in indicators, we replicated the previous methodology for *Your Training Counts* in 2016. You can read more on our website about the original design and development of *Your Training Counts* in our consultation report (3) and more about the first National Trainee Experience Survey (4) in 2014.

In 2016, *Your Training Counts* collected feedback from over 800 doctors in training. The survey was hosted online (5th May to 18th August 2016) and trainees were sent reminders to participate over the 15-week survey window.

The Dutch Residency Educational Climate Test (D-RECT) (5) was used to collect trainee experiences of clinical learning environments. D-RECT contains 50 questions which, when added together, provide a rating for clinical learning environments on a scale of 50 – 250 (with higher scores indicating higher quality learning environments). For each attribute, trainee views are measured on a scale of 1-5 (with higher scores indicating better trainee experiences of that attribute of clinical learning environments).

To complement D-RECT almost 60 additional questions on induction and orientation, bullying and harassment, professionalism, wellbeing, health and quality of life, and career intentions were included in *Your Training Counts*. In general, questions were repeated from 2015 so that we could track changes over the last three years.

More information about the methodology we used to assess the data is provided in the **Appendix** at the end of this document.

RESPONSE RATE FOR YOUR TRAINING COUNTS 2016

828 doctors participated in the *Your Training Counts* 2016 survey, although not all questions were answered by all participants. This represents a response rate of 24% (resulting in a margin of error of ±3% for national level statistics).

Trainee population demographics were reasonably well-represented in the sample (see **Table 1**), meaning we can generalise the results at a national level.

Table 1: About the trainee population and respondents to YTC 2016

CHARACTERISTIC	TRAINEE POPULATION 2016	YTC RESPONDENTS 2016
Age (mean)	30.56 years	31.4 years
Males	45.9%	46%
Females	54.1%	54%
Graduates of Irish medical schools	86.2%	81.6%
Graduates of other medical schools	13.8%	18.4%
Interns	12.6%	16.5%
Trainee Specialists	87.4%	83.5%

TOWARDS IMPROVEMENT – CHANGES IN YTC RESULTS 2014-2016

While 828 participants took part in the survey, 701 participants completed enough of the survey to generate full D-RECT scores, representing a 15.3% level of attrition. These scores and their subscales were examined (below) to identify any changes over the last three years.

KEY INDICATORS (and scoring range)		2014	2015	2016
THE CLINICAL LEARNING ENVIRONMENT				
1	Overall quality of clinical learning environments (50-250)	170.8	172.4	175.7*
2	Feedback (1-5)	2.64	2.70	2.81*
3	Coaching and assessment (1-5)	3.22	3.24	3.33*
4	Professional relations between consultants (1-5)	3.23	3.25	3.29
5	Role of the educational supervisor (1-5)	3.26	3.29	3.35
6	Role of Patient handover (1-5)	3.29	3.36	3.41*
7	Work being adapted to trainees' competence (1-5)	3.40	3.42	3.50*
8	Formal education (1-5)	3.46	3.44	3.56*
9	Supervision (1-5)	3.64	3.66	3.76*
10	Consultant's role (1-5)	3.78	3.78	3.83
11	Teamwork (1-5)	3.83	3.90	3.98*
12	Peer collaboration (1-5)	3.87	3.95	3.94*
BULLYING AND UNDERMINING BEHAVIOURS				
13	% of trainees who felt bullied or harassed in their training post	34%	35%	36%
INDUCTION AND ORIENTATION				
14	% of trainees who received all the information they needed about their workplace when they started work	53%	50%	52%
15	% who had their role and responsibilities explained to them in their unit or department at the start of their post	66%	66%	68%
16	% of trainees who sat down with their educational supervisor and discussed educational objectives for their post	52%	51%	54%

KEY INDICATORS (and scoring range)		2014	2015	2016
PREPAREDNESS FOR TRANSITIONS				
17	% who felt medical school prepared them well for their intern year	48%	53%	51%
18	% completing HST programmes who felt prepared for their next role	87%	83%	84%
TRAINEE SAFETY				
19	% of all trainees who did not feel physically safe at their clinical site	6.0%	6.3%	4.2%
RETENTION				
20	% of trainees who do not see themselves staying in Ireland for their long-term future	21%	20%	14%*
HEALTH AND WELLBEING				
21	% of trainees with "Good" or better health	88%	82%*	86%
22	% of trainees with "Good" or better quality of life	62%	64%	70%*
23	% of trainees with a potentially "clinically relevant" wellbeing issue during training	21%	19%	21%
24	% of trainees who felt the need for support with a wellbeing issue when on training	29%	29%	31%
25	% of trainees who felt a need for support who then accessed support	14%	14%	19%

*statistically significant change

Importantly, in this time, the overall quality of clinical learning environments scores **reported show statistically significant gains, indicating that trainees have perceived and scored the quality of their learning environment more highly over the past three years.** Eight of the eleven D-RECT subscales have seen statistically significant gains, including feedback, coaching and assessment, role of patient handover, work being adapted to trainees' competence, formal education, supervision, teamwork and peer collaboration. The three scales where improvements were not statistically significant relate to those in positions of authority within the clinical learning environment. These include professional relations between consultants, the role of the educational supervisor and the consultant's role in the training environment.

A very positive finding from this study is that the perceived overall quality of learning environments is improving, indicating that changes made over this time appear to be impacting positively on the trainee experience.

Another statistically significant improvement over the past three years is the rise in the number of trainees reporting "good" or better quality of life. In 2016, there was a reported 5% increase among those who needed support and subsequently accessed it. While this was not found to be significant over three years, it is a positive and important finding. Hopefully we will continue to see

improvements in trainee supports and a significant increase in the number of trainees availing of those supports, both personally and in their learning environments, into the future.

The RCSI Brain Drain to Brain Gain project (1) has recently shown high rates of emigration, with 6.4% of doctors leaving the Register last year for reasons including emigration. However, over the past three years there has been a statistically significant decrease in the percentage of trainees reporting that they do not see themselves staying in Ireland for their long-term future, indicating that trainees are more likely to remain in Ireland following completion of training. This is a significant change in attitude and it will be imperative to support this in the learning and workplace environment to further improve the retention of trainees in the Irish context.

TOWARDS IMPROVEMENT - CHANGES IN D-RECT SCORES 2014-2016

BY GENDER

TOTAL SCORE FOR D-RECT							
	2014		2015		2016		Significant D-RECT score change since 2014?
Gender	N	Mean score	N	Mean score	N	Mean score	
Female	740	170.4	431	173.5	365	174.4	-
Male	580	171.2	363	171.0	336	177.2	↑

Over the past three years, the D-RECT score for male trainees has improved significantly, reflecting a perceived improvement in the learning environment. This is a welcome development and one that can hopefully be extended to female participants through appropriate supports.

BY STAGE OF TRAINING

Total score for D-RECT							
	2014		2015		2016		Significant change since 2014?
Stage of Training	N	Mean	N	Mean	N	Mean	
Intern training	212	152.3	220	151.6	122	154.9	-
Basic Specialist Training	363	168.5	193	174.9	179	172.7	-
General Practice training	245	170.4	108	178.3	99	180.9	↑
Run through Training	52	173.5	48	176.2	70	178.6	-
Higher Specialist Training	373	180.6	206	186.2	225	186.2	↑
Registrar Training	73	184.1	16	196.0	3	186.0	-
Other training	2	198.9	3	185.2	3	168.9	-
Total	**1320**	**170.7**	**794**	**172.4**	**701**	**175.7**	↑

When analysing by stage of training, overall there was a statistically significant improvement in D-RECT scores since 2014. Statistically significant improvements were also noted for those in Higher Specialist Training, who also recorded the highest level of D-RECT scores in 2016; and for those in General Practice Training, who recorded a mean score of 180.9 in 2016, representing an increase of over 10 points on their 2014 score. This reflects a broadly improving picture regarding clinical training environments in postgraduate medical trainees in Ireland over the past three years.

BY REGION OF BASIC MEDICAL QUALIFICATION

TOTAL SCORE FOR D-RECT							
	2014		2015		2016		Significant change since 2014?
Region of BMQ	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**	
Graduate of an Irish medical school	1042	167.9	667	169.1	568	172.5	↑
Graduate of an International medical school	278	181.4	127	189.4	133	189.5	-

DIRECT OR GRADUATE ENTRY

TOTAL SCORE FOR D-RECT							
	2014		2015		2016		Significant change since 2014?
Entry route to profession	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**	
Direct entry	887	169.3	556	170.3	459	174.4	↑
Graduate entry	149	159.4	108	163.1	108	164.2	-

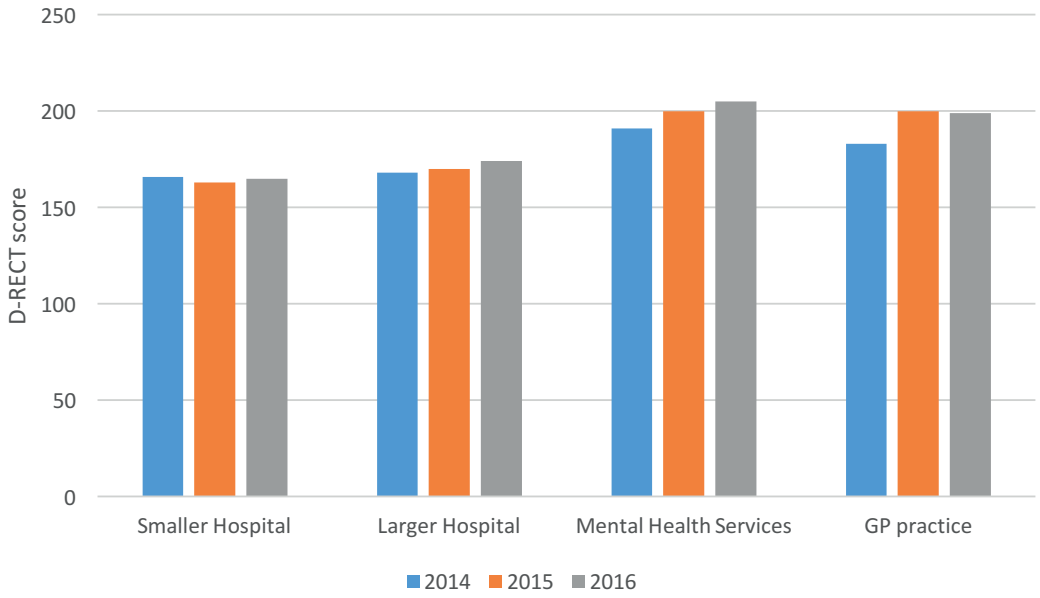
In the above tables, it is clear that graduates of Irish and International medical schools, in both direct entry or graduate entry medical programmes all had year-on-year improvements in overall D-RECT scores. These were found to be statistically significant for trainees who were Irish graduates and those who completed direct entry basic medical qualifications.

BY POSTGRADUATE TRAINING BODY

Total score for D-RECT							
	2014		2015		2016		Significant change since 2014?
Overseeing Training Body	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**	
Intern Training Network	230	153.4	226	153.0	135	155.9	-
Royal College of Surgeons in Ireland	185	173.5	129	180.1	125	177.2	-
College of Anaesthetists of Ireland	108	178.3	65	180.0	60	179.1	-
College of Psychiatry of Ireland	82	192.9	62	200.1	66	202.9	-
Faculty of Occupational Medicine	*Not displayed due to low participation*						-
Faculty of Paediatrics	73	170.0	41	179.9	32	176.6	-
Faculty of Pathology	12	195.6	5	192.6	6	176.1	-
Faculty of Public Health Medicine	*Not displayed due to low participation*						-
Faculty of Radiologists	28	187.7	9	194.3	17	195.2	-
Institute of Obstetrics and Gynaecologists	52	173.2	22	170.0	26	167.3	-
Irish College of General Practitioners	246	170.7	108	179.2	99	181.5	↑
Irish College of Ophthalmologists	19	175.0	7	181.3	6	179.3	-
Royal College of Physicians in Ireland (ICHMT)	273	170.2	118	170.8	123	173.5	-
Other	9	169.8	-	-	4	167.4	-
Total	**1320**	**170.7**	**794**	**172.4**	**701**	**175.7**	↑

In line with the statistically significant improvement noted for those undertaking General Practice Training, recording an improved score of 180.9 in 2016 (see earlier scores by Stage of Training), when scores were analysed by postgraduate training body, trainees of the Irish College of General Practitioners gave statistically significant improving scores over the last three years. This reflects a broadly improving picture of views regarding clinical training environments in postgraduate medical trainees in Ireland over the past three years, especially in the general practice context.

BY CLINICAL SETTING



There were significant differences in D-RECT scores from trainees located in different types of learning environments. Trainees in smaller (M=165) and larger hospitals (M=174) reported significantly lower D-RECT scores than trainees in GP practices (M=199) and mental health services (M=205), (χ^2 (4,701) = 78.75, $p < 0.001$).

FOCUS ON PATIENT HANDOVER

Patient Handover (sometimes referred to as "clinical handover") refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. Patient handover has a substantial established relationship with clinical error and outcome, delayed treatment and patient safety (6, 7) The survey data shows a statistically significant improvement in D-RECT scores on the role of patient handover, in line with the improvements in overall D-RECT scores on the quality of clinical learning environments. The D-RECT subscale for the role of patient handover is made up of scores across four different questions regarding this domain. In order to understand this change further and examine where this has primarily occurred, the scores attributed by trainees in each area were examined further. Descriptive statistical results are outlined below.

Your Training Counts 2014-2016

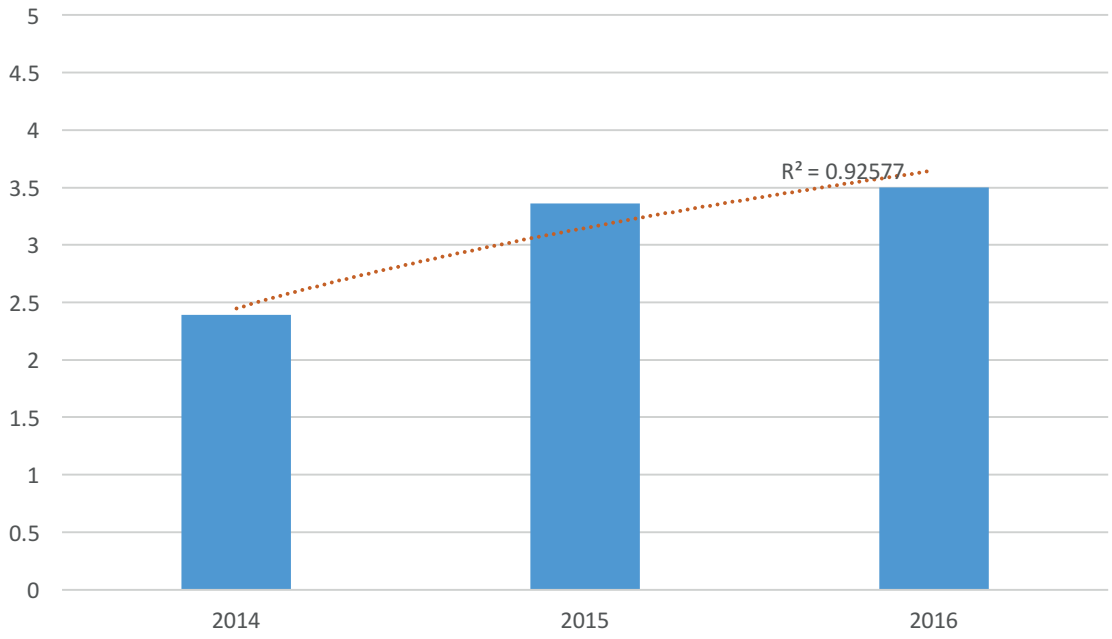
The below data describes demonstrated change from 2014-2016 in the D-RECT patient handover subscale and individual item scores.

MEAN D-RECT SCORES AND MEAN PATIENT HANDOVER SUBSCALE SCORES 2014-2016:

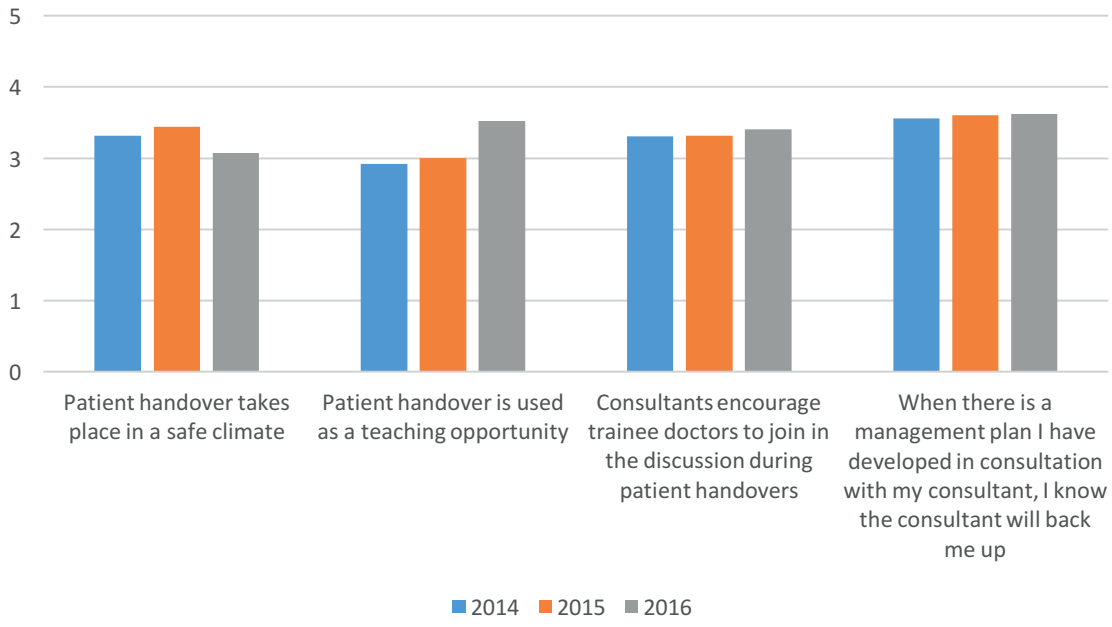
D-RECT Domain	2014 mean scores	2015 mean scores	2016 mean scores
Role of Patient handover (1-5)	3.29	3.36	3.41*
Overall quality of clinical learning environments (50-250)	170.8	172.4	175.7*

**both domains experienced a positive, statistically significant change over these three years*

MEAN D-RECT PATIENT HANDOVER SUBSCALE SCORES 2014-2016:



D-RECT PATIENT HANDOVER SUBSCALE INDIVIDUAL ITEM MEAN SCORES 2014-2016:



It can be seen from the data that there has been particular growth in the use of patient handover as a teaching opportunity, reflecting a positive change in clinical teaching practice over the past three years, as experienced by trainees.

WHAT HAVE WE LEARNED?

We now know what is working well

There are a number of areas where clinical training sites appear to be consistently performing well and/or, in some cases, showing demonstrable progress in how trainees rate their experiences. Surveys to date have shown a statistically significant improvement in how trainees rate the overall quality of clinical learning environments.

Contribution of clinical teachers

The contribution of clinical teachers remains positively recognised. Trainees are benefiting from **steady improvements** in formal education, supervision, coaching and assessment.

Teamwork and peer collaboration

Teamwork and peer collaboration in clinical learning environments have consistently scored highly and **continue to steadily improve**. Trainees confirm that work is being adapted to their competence and report positive developments in patient handover.

Trainee safety and quality of care

The majority of trainees **feel physically safe at their clinical site** and rated the quality of care being provided to patients at the site highly. Over two thirds of respondents would recommend their site as a place for patients to receive care. However, some clinical sites offer better opportunities than others for trainees to work and learn.

Postgraduate training programmes and bodies

There has been an emphatic **improvement in overall scores** from general practice and higher specialist trainees, with the Irish College of General Practitioners also showing a substantial upward trend. However, trainees appear to have better experiences in some postgraduate training programmes than in others.

Retention

There has been a **significant decrease** since the inaugural survey in the number of trainees who do not see themselves staying in Ireland for their long-term future, though, this could be attributable to external factors, such as a general improvement in Ireland's economic outlook. **Continuous improvements** in trainee experiences of medical education and training in Ireland will, however, undoubtedly **make a positive impact on the retention of doctors** within the system.

We also know where we need to focus our attention

Consistency

The variation in learning experiences at clinical sites and on training programmes has shown worrying trends over the term of the survey, with around a quarter of trainees scoring their overall experiences very poorly; and around the same proportion scoring them reasonably highly. Graduates of Irish medical schools have rated their overall internship and/or postgraduate training experiences more poorly than graduates of international medical schools; and those who began their basic medical degree as a graduate entrant have rated their training more poorly than direct entry students. Intern trainees, especially in surgical training posts, and, consequently, trainees under the age of 25, rated the quality of learning environments significantly lower than all other trainees; and, while trainee experiences showed improvements for males over the lifetime of the survey, this was not replicated for females. Smaller hospitals are rated lowest for trainee experiences, but larger hospitals have also fared significantly worse than GP practices or mental health services. Hospitals will need to consider how they might replicate or substitute the positive aspects of these other, more highly-rated clinical learning environments.

Preparedness for transition

Safer transitions to the next stage in a doctors' professional development are clearly required. Only half of trainees felt their previous medical education and training prepared them well for the intern year, whereas a large majority of HST (Higher Specialist Training) trainees felt prepared for their next role.

Induction and orientation

Scores consistently indicate that a substantial number of trainees do not receive any, or any proper, induction and/or orientation. It appears induction is not always offered, or trainees are unable to attend due to work demands. When provided, induction does not always guarantee that trainees receive all the information they need about their workplace, such as explaining their role and responsibilities. This is especially true for intern trainees. Educational supervisors do not always discuss the educational objectives of a post with their trainees. Induction and orientation have a significant impact on a trainee's overall perception of the quality of a learning environment.

Feedback

Feedback is an essential part of effective learning as it provides trainees with clear guidance on how to improve, yet it has been the lowest ranking attribute of clinical learning environments consistently, year on year. While a significant upward trend was demonstrated over the last three years, this needs to be built upon further.

Bullying and undermining

One third of trainees report being bullied or undermined in post and over half of trainees had

witnessed someone else being bullied or undermined and harassed in post. Undermining behaviour towards trainees is reportedly more prevalent in doctors, mainly consultants and GPs; or nurses/midwives - although in the latter cases this was more prevalent among interns. Trends show that interns in general are more likely to be bullied, undermined, or harassed in post, particularly in surgical or medical training posts; and/or trainees in smaller and larger hospitals (as opposed to GP practices or mental health services). With trends indicating that trainees are most likely to be bullied by a trainee at the next level/grade up from their own, this indicates that bullying is endemic throughout the system.

Health and Wellbeing

During each annual survey, one fifth of trainees reported that they had a potentially "clinically relevant" wellbeing issue during training and almost one third of trainees report that they felt the need for support with a wellbeing issue during training. However, only a fraction of those who felt the need for support with a wellbeing issue actually accessed support, although this figure rose from 14% to 19% over the life of the survey.

The results of the surveys have had an impact on other stakeholders in the field of medical education. For example, following publication of the 2014 *Your Training Counts* report, Prof Frank Murray of the Royal College of Physicians of Ireland responded to the results, commenting that it was "Of concern … that over 30 per cent of doctors in training reported feeling bullied or undermined while carrying out their duties." He stated that, while the source of bullying wasn't identified, "this is something we will explore further."

The RCPI also operates the Physician Wellbeing Programme, which reminds doctors of the importance of caring for themselves (8). The Practitioners Health Matters Programme, a programme that provides care and support for health professionals who may have mental health issue, refers to the survey while speaking about levels of stress among health practitioners.

ACTION POINTS

Now that we know where we need to focus our attention, what can be done to improve trainee experiences?

- **Educational governance at clinical training sites must be prioritised, in order to achieve greater consistency in delivery of quality training.**
- **Hospitals were rated significantly lower as a training environment and must therefore be prioritised over GP practices and mental health services, when addressing identified areas for improvement** (9)
- **With only half of participating medical graduates feeling prepared for intern training, further attention must be paid to preparing students at undergraduate level for clinical procedures, administrative tasks and the physical, emotional and mental demands of the intern year.**
- **Given that interns rated learning environments lower than all other trainees, improvements in the quality of intern training must be prioritised; particular attention should be given to intern training posts in surgery and medicine – why are they scoring significantly lower than other specialty areas?**
- **The Medical Council, with the support of the Health Service Executive, Irish medical schools, the Intern Training Network and Postgraduate Training Bodies, must drive the development of a competency-based Entrustable Professional Activities (EPA) training and assessment model, which will better prepare interns for the next stage in their career.**
- **Scores show significant inconsistencies in the provision and quality of induction and orientation, which should be mandatory and certified for all trainees at all clinical training sites.**
- **Hospital training sites must improve the quality of their induction programmes, particularly for interns. GP practices and mental health services appear to be better at induction and orientation. How can this be replicated across all clinical training sites?**
- **Roles and responsibilities need to be clearly explained to trainees. All educational supervisors should also discuss and record educational objectives with all of their trainees.**
- **Trainee feedback (the lowest ranking attribute of clinical learning environments) must always be provided and the quality significantly improved.**
- **Bullying and undermining behaviours must be tackled by addressing the health service culture as a whole.**

TOWARDS IMPROVEMENT – RESPONDING TO YTC FINDINGS

The Medical Council has led the way in responding to findings from the *Your Training Counts* survey since the results of the first survey in 2014 were published. In 2015, Medical Council President, Professor Freddie Wood, presented at the Irish Medical Careers Fair on *Your Training Counts: How the voice of trainees can help shape medical education and training.*

The Council's survey and annual Education Symposia have, in consultation with key stakeholder organisations, informed the below activities:

Establishing an evidence base and monitoring progress

Now that the survey has been established and patterns and indicators are starting to emerge, it is imperative that we continue to survey trainees annually, responding positively to findings and mapping progress over time.

In response to participant feedback, continual improvements are being made to the survey through technological enhancements, to enrich participants' experience. While the survey is running, every available opportunity is used to promote participation.

We have increased our collaboration with other key stakeholders to encourage trainee participation and incentivised participants by making a charitable donation per participant. Engagement with our Student and Trainee Consultative Panel continues, as we seek to better understand the issues they face. Development of our strategy and policies for education and training are informed by such engagements. We will continue to engage with stakeholders and monitor patterns in both high- and low-performing areas, so that policy and strategy can remain learner-centred, relevant and effective.

Appreciating strengths and sharing lessons for good practice

Your Training Counts offers the opportunity to better understand what is working well, where and for whom. This valuable data has provided an opportunity to learn from what clinical sites and training programmes are doing well. By scratching at the surface to find out why certain areas score more highly than others, we aim to discover how these successes can be replicated in current areas of poor performance.

We support shared learning and enhancement of good practice by analysing key themes, areas of good practice and emerging areas of interest from this survey and other monitoring mechanisms, disseminating these findings to key stakeholders and driving improvements as a result.

Valuing clinical trainers

Consultants, GPs and other clinical trainers face multiple competing demands in the delivery of increasingly busy clinical services. It is essential that they be supported in maintaining the critical skills needed as trainers, mentors and role models.

We will continue to advocate for protected time for training. In order to better understand how trainers can be supported in this critical role, we meet trainers as a matter of course during all accreditation visits and offer them the opportunity to provide a frank and open account of the supports they receive and challenges they face.

We are also developing an annual Trainer Survey, to run concurrently with future surveys of trainees, which will provide an even fuller picture of the state of intern and postgraduate medical training in Ireland. Further research into faculty development is also planned as part of our five-year Education, Training and Professional Development (ETPD) Strategy (10).

Addressing variation and ensuring reliability through educational governance

Our survey has highlighted that variations and inconsistencies in trainee experiences are systemic. The Medical Council has highlighted the need for organisational commitment and leadership in order to effectively address these issue, by strengthening educational governance at clinical sites and adopting an integrated approach across corporate areas with responsibility for the safety and quality of clinical care; and management of the learning environment.

The Medical Council works with the HSE NDTP to ensure that the training sites they propose to the Medical Council have robust and effective systems and processes in place to quality control the clinical learning environment. Relationships with other key stakeholders are also maintained, especially the postgraduate training bodies.

A programme of Medical Council regional visits to clinical training sites has been agreed and commenced in 2017. These visits present an opportunity to probe and analyse the provision of training, including current governance systems, in each HSE Hospital Group and to make recommendations for improvement.

As part of our Education, Training and Professional Development Strategy 2015-2020 (10), we are committed to developing a more coherent approach to outcomes across the professional lives of doctors. The development of a research framework will enable us to better understand medical education and training in Ireland and support informed decision-making. In the meantime, we will continue to monitor performance in clinical training sites by all reasonable means available to us.

Getting early experience right for interns

A key finding from *Your Training Counts* is that interns, in particular, are a vulnerable group, reporting a number of issues of great concern. Significant further research has been conducted by and on behalf of the Medical Council to review intern training in Ireland (9-14) A key step in developing a more consistent, better-quality experience for interns is the formation of the Medical Intern Board, bringing together the key players responsible for delivering, funding and quality assuring the intern year.

The Medical Council has engaged with the HSE National Doctor Training and Planning Unit, Intern Network Executive and Irish Medical Schools Council to drive forward the development of the Board. A primary role of the Board will be to develop a competency-based curriculum and assessment methodology, applicable to all intern trainees, regardless of where they train. Driven and supported

by the Medical Council, a set of 'Entrustable Professional Activities' (EPAs) has been developed and it is hoped to begin piloting these in the coming months. This new, highly-structured approach to the intern training programme will assist medical schools in designing curricula that ensure medical students are adequately prepared for intern training. The Medical Council will continue to advocate for development of so-called 'softer skills' at all stages of medical education and training, to help trainees effectively manage the stresses and challenges they face.

A 'Safestart' project has also been initiated, to address the needs of interns and all other new entrants to the Irish healthcare system (15). The aim is to support this vulnerable group of doctors by providing a number of useful and relevant supports, such as educational tools, which introduce the new entrant to the Irish healthcare system and explore areas of need, such as legal, ethical and cultural aspects of medical practice in the Irish context, which have been identified through further research.

Building good places to work, to learn and to care

The main concern with regard to the quality of the working and learning environment for trainees that emerged from surveys to date has been the high level of bullying and/or undermining experienced by trainees. We have shared bullying and undermining data with each postgraduate training body and through national and international conferences, to raise awareness of the issue. To assess the full extent of this issue, we will seek to gain an understanding of the types of behaviours which trainees identify as 'bullying' and 'undermining'. By uncovering the nature of these behaviours, the issue can be more accurately and effectively addressed.

Partnership with other organisations

We have provided the Doctor Emigration Project Team at the Royal College of Surgeons in Ireland with data from YTC to support them with their Health Research Board funded project designed to explore medical graduate retention in Ireland.

We shared anonymised data with the Royal College of Physicians of Ireland which informed their retrospective record review study into the frequency and nature of adverse events in Irish hospitals (2).

We have engaged with the Forum of Postgraduate Training Bodies and the Health Service Executive, requesting that the issue of bullying and undermining be addressed. Both organisations are developing plans to respond to the issue.

The Medical Council has also been invited by the Irish Medical Organisation to join a taskforce with the Health Service Executive to address bullying and undermining. This survey has been the driving force behind key players addressing the general wellbeing and health of doctors in practice, as this can be a contributing factor to bullying and undermining behaviours. Our Trainer Survey will also include questions about health and wellbeing.

Our research also informed the Irish Medical Organisation's Submission to the Public Sector Pay Commission, and was also detailed in 'Challenges and Priorities in Irish Clinical Learning Environments', a study carried out by University College Cork School of Medicine Medical Education Unit.

The Council sees this annual survey as a means of ensuring its work in medical education and training is collaborative, appropriate, evidence-based and in line with emerging needs. There is clear evidence that the survey has already made its mark in a relatively short period of time and will continue to provide trainees with a voice, supporting the Medical Council and our key stakeholders in driving quality improvements in medical education and training for the benefit of trainees, trainers and patients into the future.

ACKNOWLEDGEMENTS

Your Training Counts (YTC) has, to date, been designed, managed and analysed by Simon O'Hare, Research, Monitoring and Evaluation Manager. We would like to offer Simon huge thanks for his tireless efforts in ensuring the success of the annual survey. Simon is on secondment to the Health Service Executive for the next two years and the Council is currently in the process of seeking a replacement during his period of secondment. A team of people here at the Medical Council have contributed to YTC and their assistance is gratefully acknowledged: Grainne Behan for ICT/survey development, Janet O'Farrell and Úna O'Rourke for report development, Michelle Navan and Chloe Ryder for proof reading, and Eleanor Newman and the Communications Team for guidance and launching the report. Thank you all.

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- Carol Thrush, Professor in Surgery and GMC, University of Arkansas for Medical Sciences, for allowing us to replicate the 'Learning Environment for Professionalism' survey in *Your Training Counts*.

The Medical Council continues to enjoy collaboration with Professor Ruairí Brugha, Dr Niamh Humphries and the Doctor Emigration Project Team at the Royal College of Surgeons in Ireland, supporting them with their Health Research Board funded project designed to explore medical graduate retention in Ireland (which uses data from *Your Training Counts* as a source of information).

Finally, we are grateful to the 828 trainees across Ireland who took part in *Your Training Counts* in 2016. Each trainee who participated took time to share information on their training experience and without their contribution *Your Training Counts* would not be a success. We are incredibly thankful to everyone who took part and to those who promoted participation in the survey on our behalf.

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15 Further information is available on our website at: https://www.medicalcouncil.ie/News-and-Publications/News/2015/Items/New-Research-to-Improve-Induction-for-Doctors-.html

APPENDIX

MORE ABOUT METHODOLOGY

As with the last two studies, in terms of statistical procedures, all those reported were conducted with an alpha level of 0.05. The dataset contained a mix of continuous and categorical variables and these were, in general, handled in those formats. The distribution of continuous data was examined and parametric or non-parametric procedures were used as appropriate. In the cases of some categorical data, aggregation of levels was undertaken where this enabled easier communication of findings (for example, in some analysis, 5-point Likert scales of agreement were re-coded into 2 or 3 level categories).

Hypothesis testing was conducted to examine relationships between variables. Bivariate correlation tests were conducted to examine relationships between continuous variables, with Pearson correlation coefficients being reported. When examining relationships between categorical variables and continuous variables, independent t-Tests and one-way ANOVAs were used. Appropriate equality of variance and post-hoc tests were applied to describe how variables interacted with each other. Chi-squared tests were used to examine relationships between categorical/ordinal variables. For 2x2 tables Continuity Correction values were reported, for larger tables, Pearson Chi-Square values were reported. Where hypothesis testing was conducted, the report contains reference to the type of test, number of respondents, the degree of freedom, the test statistic and the p-value. Comparison with 2014 and 2015 data is included in this report – using the appropriate tests as described above to show if any year on year change was statistically significant or not.

You can find out even more about the methodology we use to assess the data in our 2015 Survey Report on our website (9).

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