



# Your Training Counts

An investigation of Trainee wellbeing and their experiences of clinical learning environments in Ireland 2017

Summary Document

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Comhairle na nDoctúirí Leighis  
Medical Council

# About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 nonmedical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.



# Acknowledgements

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Finally, we would like to thank the 759 trainee specialists and interns across Ireland who took part in *Your Training Counts* in 2017; without their contribution *Your Training Counts* could not succeed and we are extremely grateful to everyone who took part.

# Glossary: Abbreviations & acronyms

ARAF	Annual Retention Application Form
BMQ	Basic Medical Qualification
EWTD	European Working Time Directive
HSE	Health Service Executive
IMG	International Medical Graduate
IMGTI	International Medical Graduate Training Initiative
MPA	Medical Practitioners Act
NCHD	Non-Consultant Hospital Doctor
PGTB	Post Graduate Training Body
RCPI	Royal College of Physicians in Ireland
RCSI	Royal College of Surgeons in Ireland
RMP	Registered Medical Practitioner
SDHS	Short Depression and Happiness Scale
WHO	World Health Organisation
YTC	Your Training Counts

# Introduction

*Your Training Counts (YTC)* is the Medical Council's annual National Trainee Experience Survey. The purpose of the survey is fourfold. Firstly, the results of the survey are used to monitor trainee views on the quality of clinical learning environments. The survey is also used to monitor trainee specialists' opinions on other aspects of postgraduate medical education such as preparedness for transitions, retention and career plans, health and wellbeing, and trainee perceptions of safety at clinical sites. Thirdly, YTC informs the Medical Council in identifying opportunities for strengthening standards and guidance, allowing the Council to focus on its quality assessment responsibilities. Finally, the results of YTC are leveraged to inform dialogue and future collaboration between the individuals and organisations involved in medical education and training in Ireland, with a view to continually improving trainee experiences and outcomes.

In 2017, Your Training Counts collected feedback from over 750 doctors in training. The survey was hosted online (30<sup>th</sup> June 2017 to 30<sup>th</sup> November 2017) and trainee specialists were sent reminders to participate across the survey window. While this represents a low response rate, in line with that obtained in 2016, demographics of respondents and specialist trainees at retention 2017 broadly mirrored each other.

# Results

## Learning Environments

The quality of clinical learning environments were more highly rated by trainees in GP sites and Mental Health training sites than hospital training sites in 2017, consistent with previous findings. Learning from good practice in these sites is important to shape training developments and improvements in practice. Interns are scoring most poorly in their perceptions of their clinical learning environments. This must be addressed to improve training quality and service retention concerns as a priority for this young pool of doctors in their formative experience of clinical practice, for the future of the Irish health service.

## Working time

Over one third (33.5%) of YTC 2017 respondents reported working 60 hours or more in a typical week. A good or better than good self-perceived quality of life was lowest among those who worked more than 59 hours per week, with over half (56.6%) of respondents reporting a quality of life that was good or better. Contrastingly, a higher percentage of those who worked less than 40 hours per week reported a quality of life that was good or better (82.6%). More than half (56.6%) of those working more than 59 hours a week had been directly or indirectly involved in an adverse event in the previous twelve months. In contrast, respondents who worked 40-59 hours a week, were involved in proportionately less adverse events (24.1%).

## Self-rated general health

Encouragingly, nine out of ten trainee specialists felt physically safe in the hospital environment, and this is a trend which has remained consistent since 2014. The percentage of trainee specialists reporting a quality of life that is good or better has risen by nearly 10% from 61.9% in 2014 to 70% in 2016 and 2017.

A higher percentage of males (32.3%) reported a quality of life that was less than good compared to their female counterparts (28.7%). Additionally, the closer an individual was to presenting with mental health quality that might benefit from additional supports and the lower their self-rated general health, the greater their chances of reporting a lower quality of life.

Age, gender, SDHS score, self-rated general health and hours worked per week were significant predictors of self-rated quality of life. Older respondents were more likely to report a quality of life that was less than good, with 43.8% of those aged between 45 and 54 reporting

health that was less than good. The closer a trainee specialist doctor was to presenting with mental health status that might benefit from additional supports, and the lower their self-perceived quality of life, the higher the chances were that they would report lower self-rated general health.

### Mental Health

Overall, the majority of trainee specialists (76.9%) enjoyed good mental wellbeing. Just under half (47.8%) of respondents reported a score on the SDHS that indicated the presence of a mental health issue which may benefit from additional support were involved in an adverse event in the previous twelve months. It was observed that self-rated quality of life and self-rated general health were significant predictors of a score on the SDHS which indicated the presence of a mental health issue that may benefit from additional support.

### Bullying

Over forty percent of respondents to YTC 2017 reported that they had experienced bullying and harassment in their post. Since YTC began in 2014, reported bullying among trainee respondents has increased by over six percent. Of note, there has been a concurrent reduction in participation rates in the study during this time. This trend may indicate that the incidence of bullying is increasing, that awareness and/or perception of bullying behaviour in training is more acute, or that participants who agree to complete the survey are more likely to perceive bullying behaviour. These figures do, however, reflect lived experiences noted in published Medical Council [reports](#) into inspections of clinical training sites in the South/South West and Saolta hospital groups. These detail allegations of bullying being observed by interns that went unchallenged by other members of a multidisciplinary team, and further allegations of bullying against a consultant.

Doctors represented 58% of perceived perpetrators of bullying behaviour, while nurses and midwives represented just under one third of perceived bullying perpetrators (30%), as reported by respondents. Just under half (48.5%) of trainee respondents to YTC 2017 reported experiencing undermining behaviour from a consultant or GP. In addition, 19.3% reported that being undermined by a consultant or GP was something that occurred on a monthly or more regular basis. Over half (56.2%) of respondents reported witnessing a colleague being the victim of bullying or harassment. In 2017, just under 70% (68.9%) of respondents who reported being bullied and harassed did not divulge the incident(s) to an authority figure.

Over forty per cent of respondents (41%) who were bullied were also involved in an adverse event while 18.5% of those who were not bullied were involved in an adverse event.

Doctors in GP Practice training reported significantly lower instances of bullying than in hospital settings. No trainee specialists in GP Practice reported frequent bullying, with three quarters not experiencing bullying at all and 14.9% reporting infrequent bullying.

### Adverse Events

In 2017, just under one third (30.4%) of YTC respondents were involved in an adverse event in the previous twelve months, either directly or indirectly. Encouragingly, the percentage of respondents reporting being involved in adverse events in 2017 was 3% lower than the previous year, while the percentage of respondents who reported direct involvement in adverse events was also down by 3%.

Younger trainee specialists were significantly more likely to be involved in an adverse event than their older colleagues. A higher percentage of male respondents (34.4%) were involved in an adverse event than their female counterparts (27.3%).

Just under half (47.8%) of respondents who had an SDHS score suggesting mental health quality that might benefit from additional supports were involved in an adverse event. For those who did not meet this score threshold, 29.9% were involved in an adverse event. Trainee specialists who reported being bullied were more likely to be involved in adverse event than those who were not bullied. Those who worked longer hours were also more likely to have been involved in an adverse event than those who worked less hours.

### Accessing supports

The results of YTC 2017 suggest that for trainee specialists, barriers exist in relation to accessing the support services available for staff in the health system. Less than half (43.5%) of those trainee specialists who were involved in an adverse event believed that confidential support services were available at their training site/hospital if they needed them. 40.6% of respondents agreed that their clinical line manager provided meaningful and sustained support after the occurrence of an adverse event. Similarly, just 40.5% of trainee specialists felt adequately supported by the training site/hospital and its structures after the event. For 59% of trainee specialists involved in an adverse event, family and friends were the main source of support afterwards.

Nearly a third (29.9%) of respondents involved in an adverse event found it difficult to practice immediately after the event. For 43.4% of respondents, memories of what happened during the adverse event troubled them for a long period of time following the event. One quarter (25.3%) of trainee specialists agreed that they had left or contemplated leaving the speciality in which they were working after the adverse event, while 22.1% of trainee specialists contemplated leaving medicine altogether following the adverse event. This emphasises importance and need for effective, evidence-based supports for trainees in challenging circumstances.

### Migration intentions

The number of doctors on the Trainee Specialist division of the register who expressed a desire to leave Ireland and practice medicine has steadily declined, falling from 21.3% in 2014 to 14% in 2017. In addition, those wishing to remain in Ireland has increased year on year, from 54% in 2014 to 67.2% in 2017. The proportion of trainee specialists who reported considering practicing medicine abroad because they found their work environment too stressful also declined substantially from 67.4% in 2016, to 29.7% in 2017. However, over half (57.8%) of trainee specialists flagged a lack of support from their employers as a motivating factor in their desire to practice medicine outside of Ireland.

Almost two thirds (65.9%) of trainee specialists considered practicing medicine abroad because they felt their working hours in Ireland were too long, and this was the main predictor of wishing to emigrate. Just under four in five (79.6%) of trainee specialists agreed that the prospect of a better work-life balance was central to their considering practicing medicine outside of Ireland.

The results of YTC suggest that doctors feel safe in their workplace, the general health of trainee specialists is good and their self-reported quality of life is similarly positive and improving year on year. Ireland's education and training of doctors is internationally recognised, and Irish trainees hope to work primarily in Ireland in their future career. However, in practice, retaining this pool of highly qualified Irish-trained doctors is proving challenging. Trainee doctors in Ireland have a healthy desire for a balanced approach to living and working - supporting them to do this can only bolster patient safety, the training experience, trainee specialist wellbeing and ultimately retention.

# YOUR TRAINING COUNTS 2017 REPORT IN NUMBERS



76.9%

Majority of trainee specialists reported enjoying good mental wellbeing



33.5%

Reported working 60 hours or more a week



40.9%

The percentage of trainees who reported instances of bullying

Percentage of trainee specialists reporting a good or better quality of life

70%



Number of trainee specialists felt physically safe in the hospital environment

9/10



30.4%

Number of YTC respondents involved in an adverse event in the past 12 months

Alleged perpetrators of perceived bullying behaviour

58%

Doctors



30%

Nurse/  
Midwives

Percentage of trainee specialists wishing to remain in Ireland



67.2%

41%



of those who were bullied reported involvement in an adverse event

# Recommendations

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- Systemic, meaningful change for both doctors and patients will not be truly felt without challenging current models and cultural structures in healthcare, through the vision and action of Sláintecare reform.
- Long-pursued amendments to the Medical Practitioners Act 2007 will improve equality within the system for international medical graduates in NCHD non-training service roles, impacting directly on the accessibility of formal training for those who have completed their basic medical training in contexts outside of the Irish system.
- To address EWTD and consequent wellbeing concerns, examination and consideration of the potentiality of a well-supported permanent doctor grade in the health service, in the context of extensive workforce change to include an emphasis on consultant delivered care, to replace the short-term contractual nature of non-training posts may effect significant change in the system.
- To match international practice and move to a stronger model of healthcare delivery, training and leadership, a move to more consultant-delivered care must be put in place. These consultants, acting as trainers, should be on the specialist division of the register.
- Innovative approaches to bolstering doctor wellbeing, adopted in other countries, must be assessed and explored for use in an Irish context to facilitate culture change, with a view to improving training quality and retention. Appropriate solutions must be both identified and implemented.
- Truly supporting all doctors to self-care, reflect and access supports to bolster their wellbeing and that of trainees, in the context of a challenging system, can only serve to support doctor and patient safety and is mutually beneficial to all stakeholders in the Irish health service.



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