

## SPECIALTY TRAINEE SURVEY REPORT 2020

### Introduction:

In November 2020 the British Thoracic Society (BTS) conducted a survey of trainee members. The intention was to gather data on:

- Trainee demographics
- Trainee intentions regarding their future career
- Information on sub-specialty choices
- Working patterns, including Less Than Full Time (LTFT)/flexible modes of working
- Experience of support during the consultant recruitment process

### Method:

The survey was developed by trainee members of the BTS Workforce and Service Development Committee (BTS WSDC) and comments were sought from the BTS Trainee Advisory Group (BTS STAG). BTS had 715 Specialty trainee members in November 2020, at various stages of training. All were emailed inviting them to complete the survey.

The survey was conducted over a four week period from the beginning of November to the beginning December 2020. A reminder was sent out.

No question was mandatory. For some questions it was possible to check more than one answer.

The initial results were presented to the open meeting of the BTS STAG in December 2020.

### Response rate:

**144** trainees responded, a response rate of 20%. BTS has surveyed Specialty trainee members in the past, but this survey returned the highest response rate.

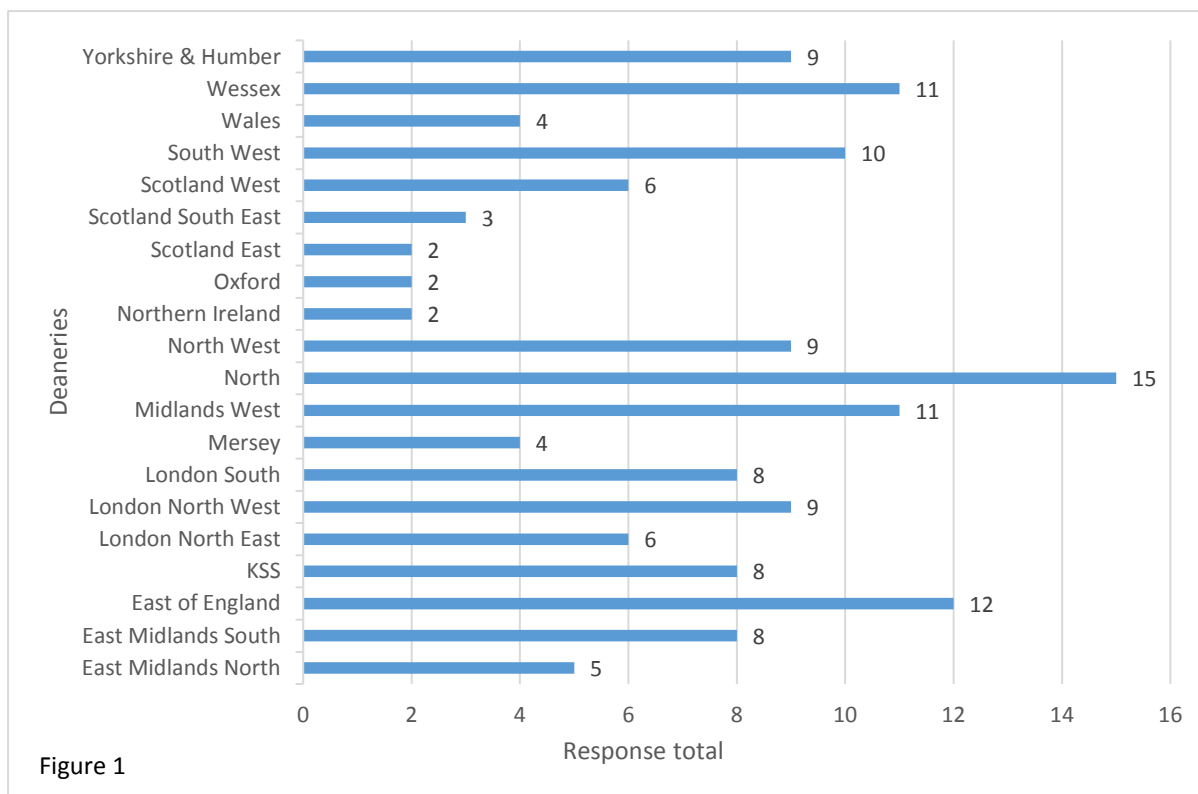
74 respondents (51%) identified as male.

67 respondents (47%) identified as female.

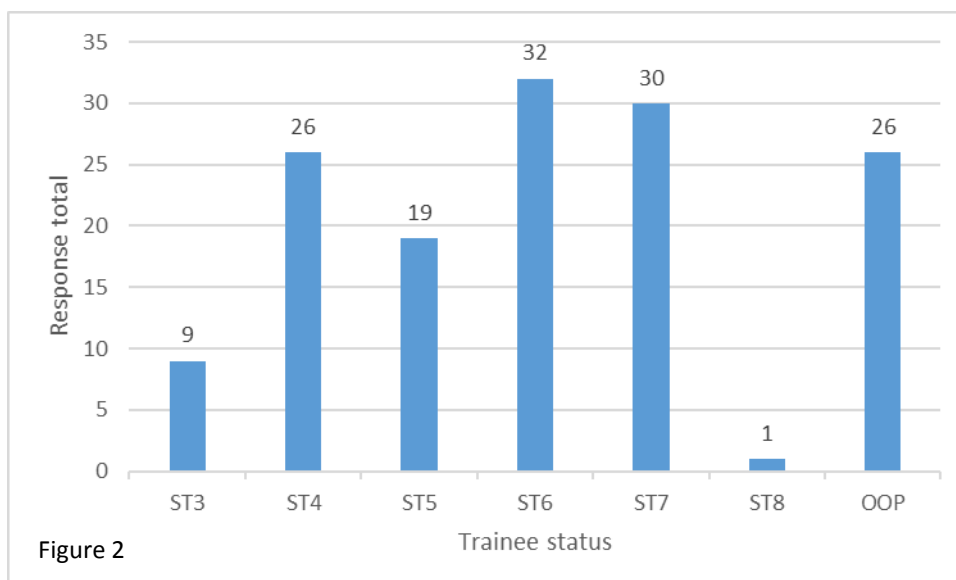
2 respondents preferred not to say.

1 respondent left this question blank.

Responses were received from the majority of the deaneries (figure 1):



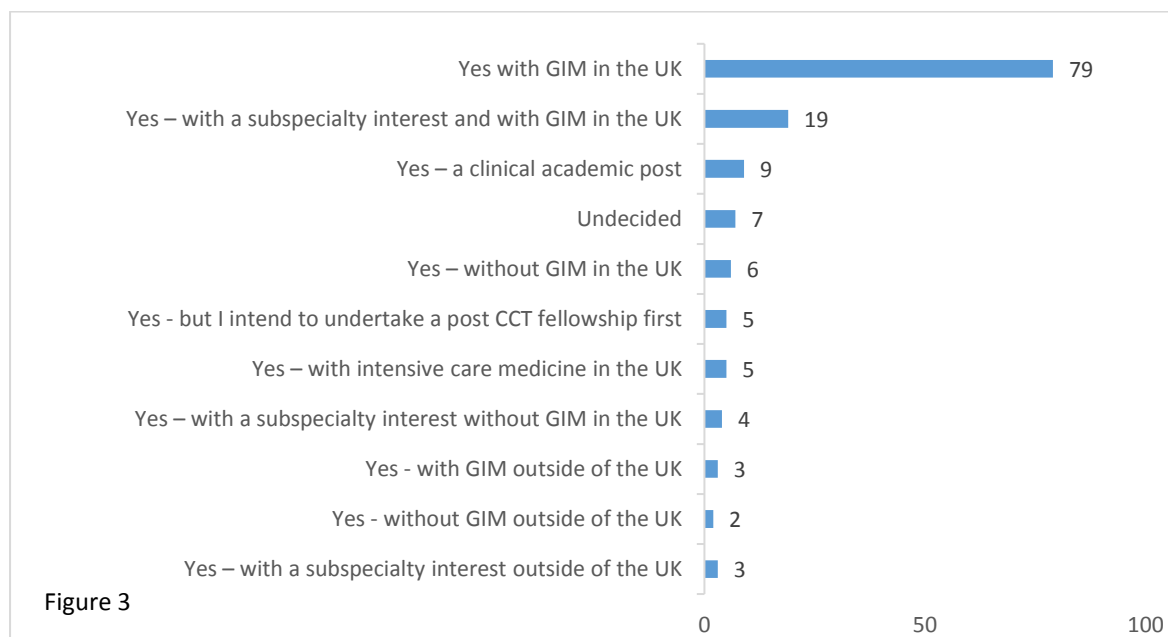
Responses were also received from trainees at each Specialty stage (figure 2). BTS has a slightly smaller proportion of members who are ST3, and the survey questions may not have felt as relevant to this cohort.



### Planning for a consultant post

A key aim of the survey was to gain information on the number of trainees who were planning to apply for a consultant post within the UK, remain in respiratory medicine, and/or continue with GIM work

142 completed this question (figure 3) and the majority (79, 56%) of respondents do plan to apply for a consultant job within the specialty.

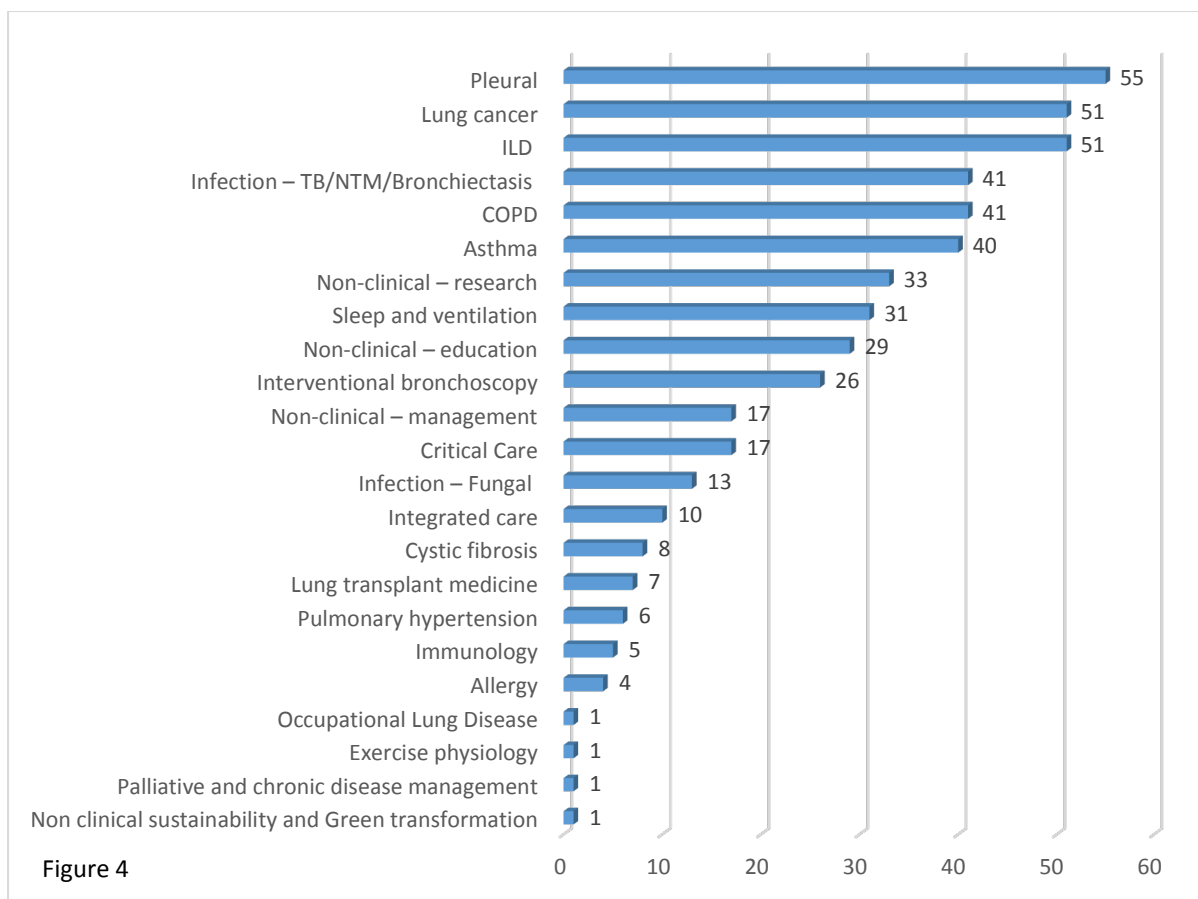


No respondents reported an intention to:

- Apply for a consultant job outside of Respiratory Medicine
- apply for another medical job (e.g. Critical Care, Acute Medicine) in the UK
- apply for another medical job (e.g. Critical Care, Acute Medicine) outside of the UK
- leave clinical practice but remain within healthcare (e.g. research, teaching)
- leave medicine completely (e.g. Finance)
- take time out

### Sub-specialty interests

144 respondents provided information on the sub-specialty areas that were of most interest (figure 4). Respondents were able to select more than one option and it was clear that trainees have a wide range of sub-specialty interests.

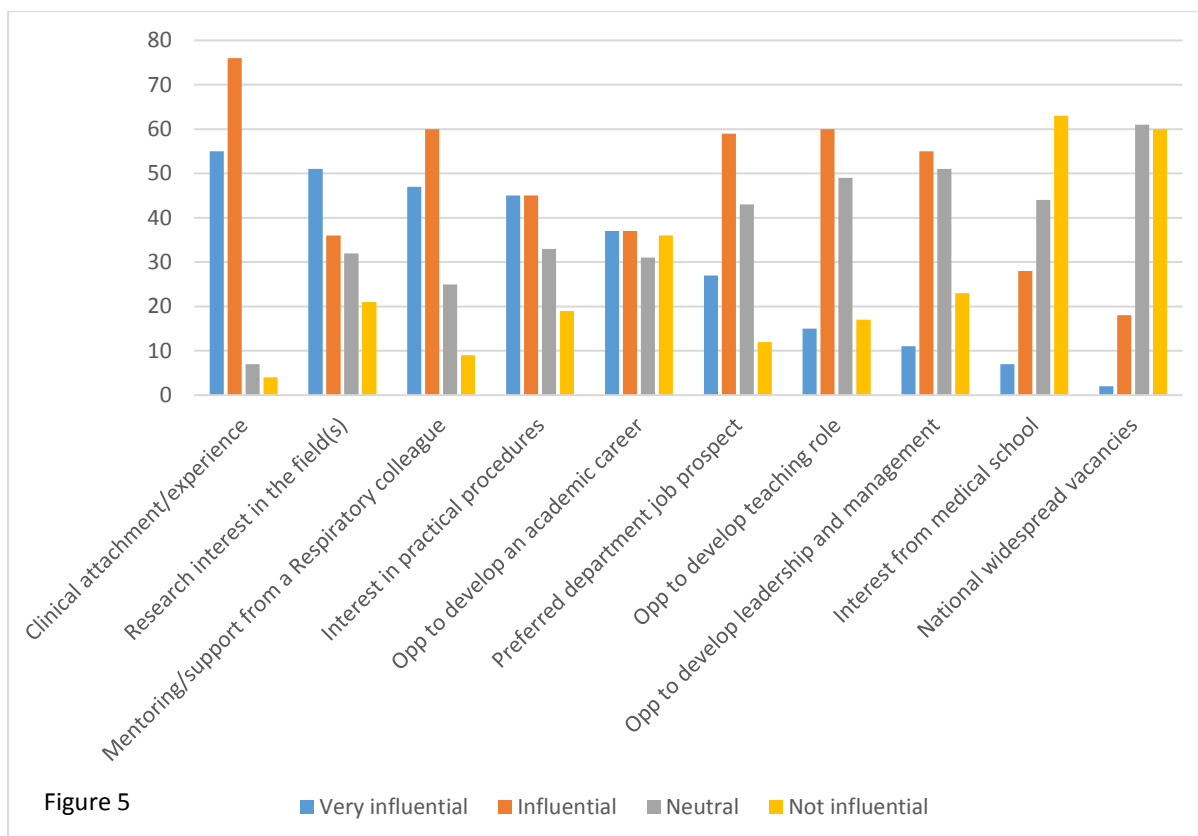


When choosing a sub-specialty a large number of influences will play a part and trainees were asked to rank each factor across four domains from ‘very influential’ to ‘not influential’ (figure 5). 142 respondents provided an insight into the factors that had drawn them to a particular area of respiratory medicine.

When combining “very influential” and “influential”, the following factors were most significant:

- Clinical attachment/experience (131/142, 92%)
- Mentoring/support from a respiratory colleague (107/141, 76%)
- Interest in practical procedures (90/142, 63%)
- Research interest in the field(s) (87/140, 62%)

Interest from medical school and national widespread vacancies were least influential.



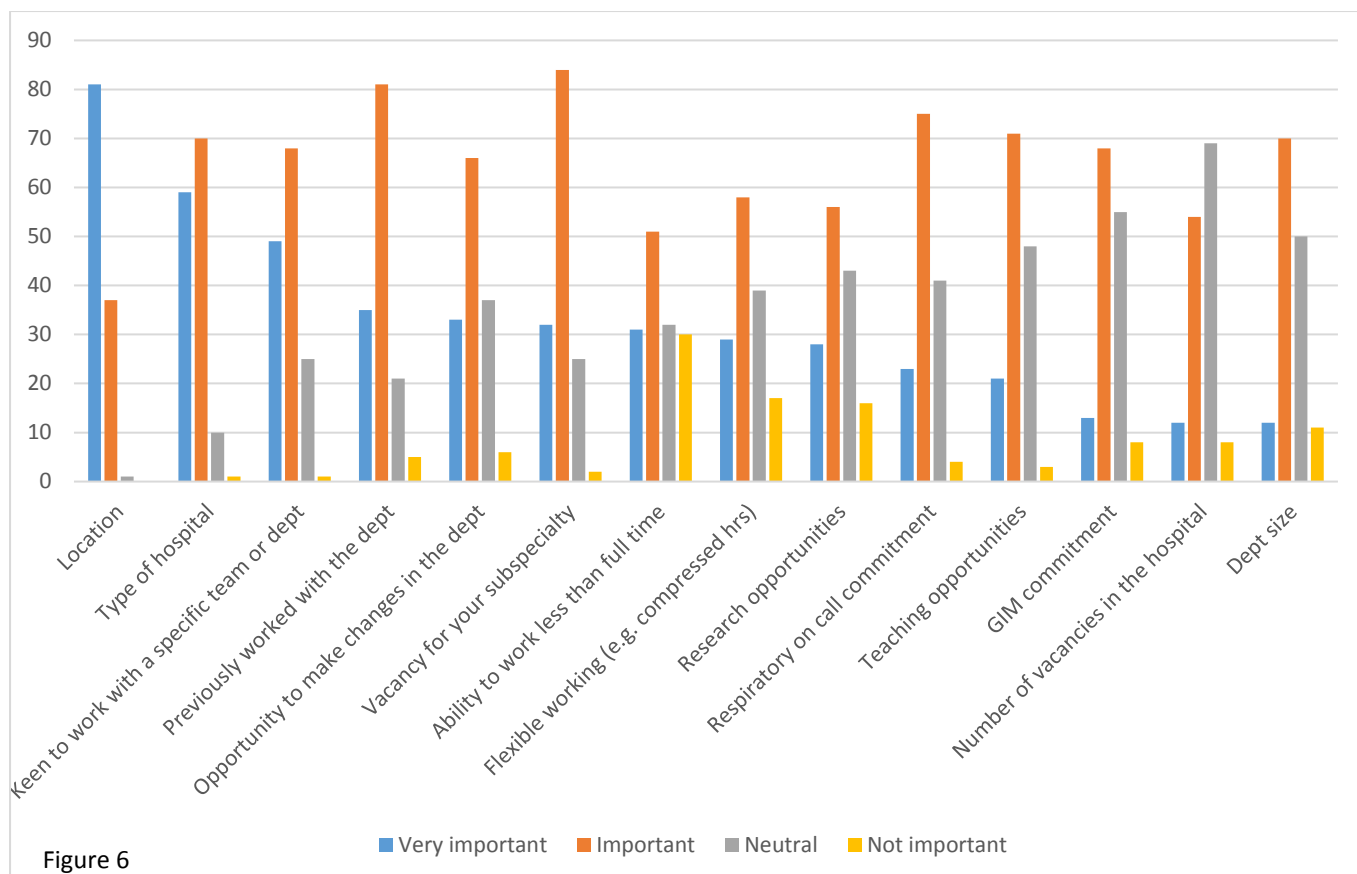
## Attracting trainees

### Important factors

A number of NHS Trusts have consultant vacancies and respondents were asked how important a range of factors were when considering a consultant post (figure 6).

Combining the “very important” and “important” options, the top five considerations were:

- Type of hospital (129/141, 91%)
- Location (118/119, 99%)
- Keen to work with a specific team or department (117/143, 82%)
- Previously worked with the department (116/142, 82%)
- Vacancy for your subspecialty (116/143, 81%)



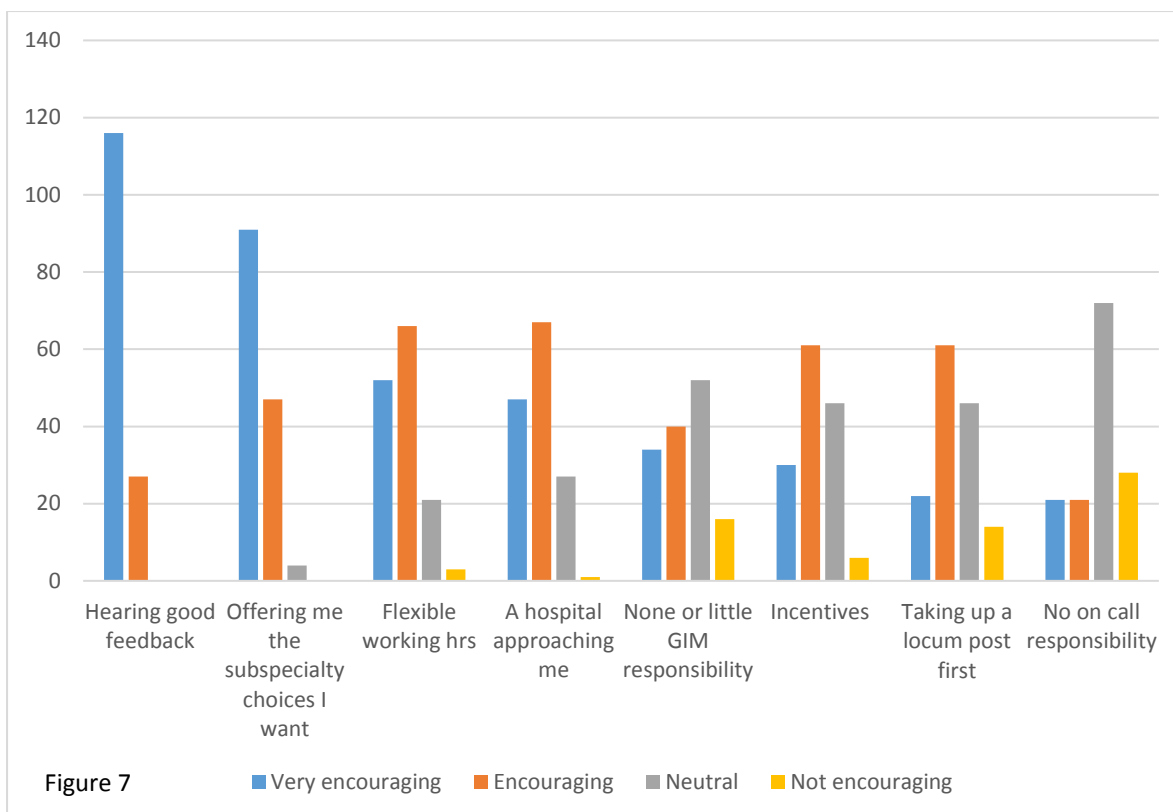
*N.B. When reading this graph please note that the data for “Location” was drawn from a smaller number of respondents n=119).*

### Encouraging factors

There were various considerations that appear to influence the respondents when they consider applying to a certain hospital (figure 7), but hearing good feedback from previous and current employees was the most encouraging factor for this group of trainees (116/143, 81%).

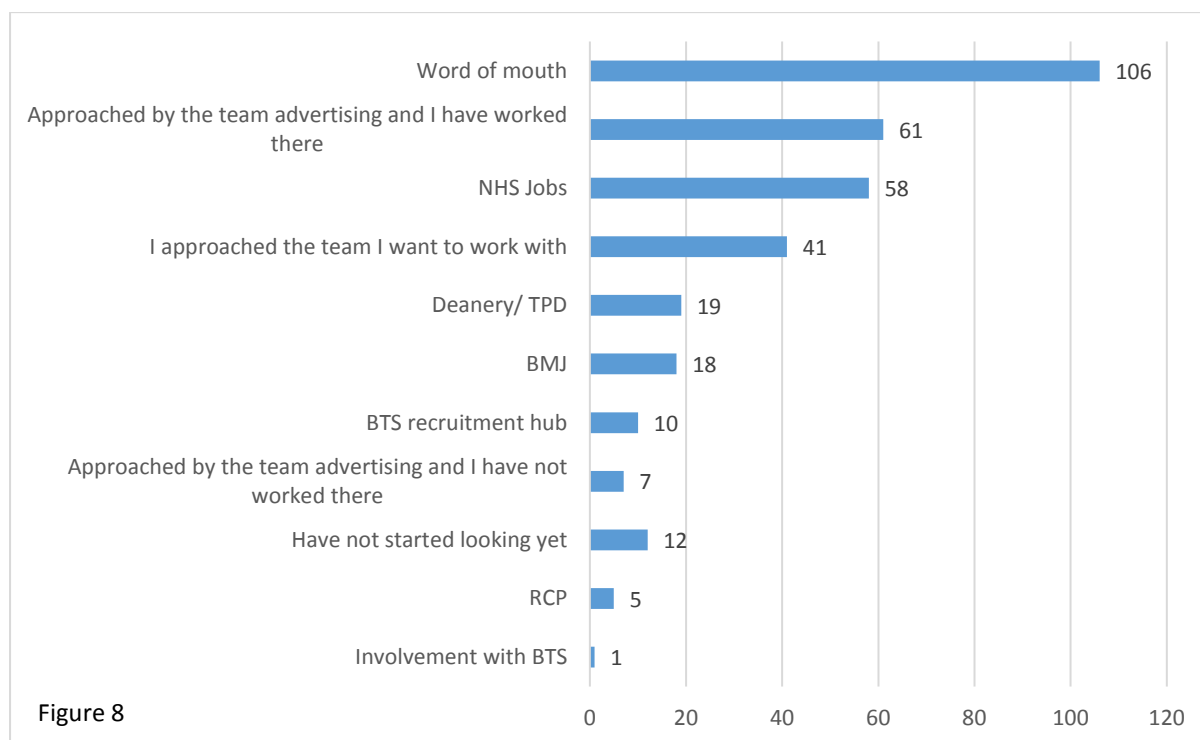
Looking at where respondents were “neutral”, or “not encouraging”, the data indicated the least important factors were:

- No on call responsibility (100/142, 70%)
- None or little GIM (68/142, 48%)
- Taking up a locum post first (60/143, 42%)



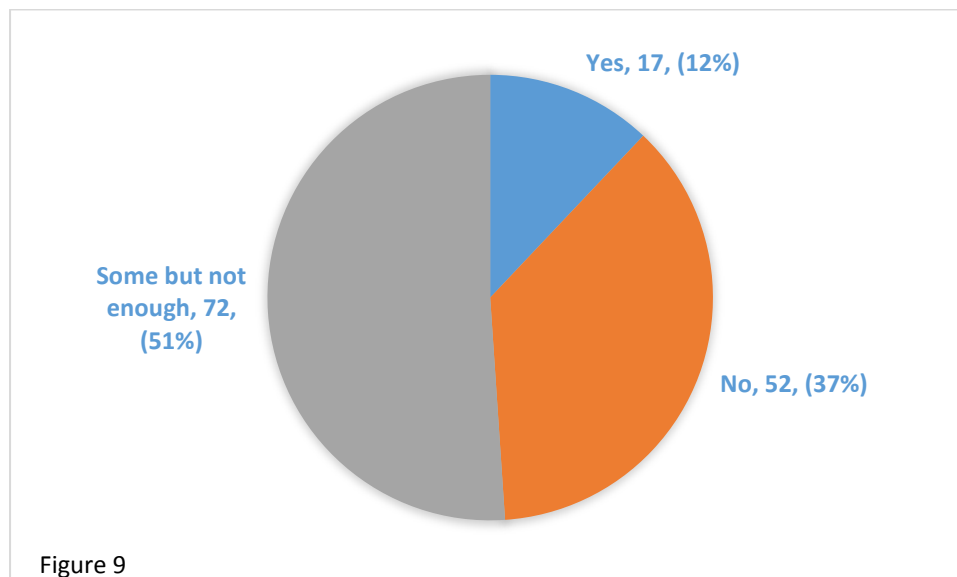
## Communication

144 responded to the question asking about how they hear about consultant vacancies (figure 8). The majority of respondents found out about consultant jobs via word of mouth (106/144,74%).



## Support and advice

Only 17/141 (12%) felt they have enough support and advice about the consultant process (figure 9).

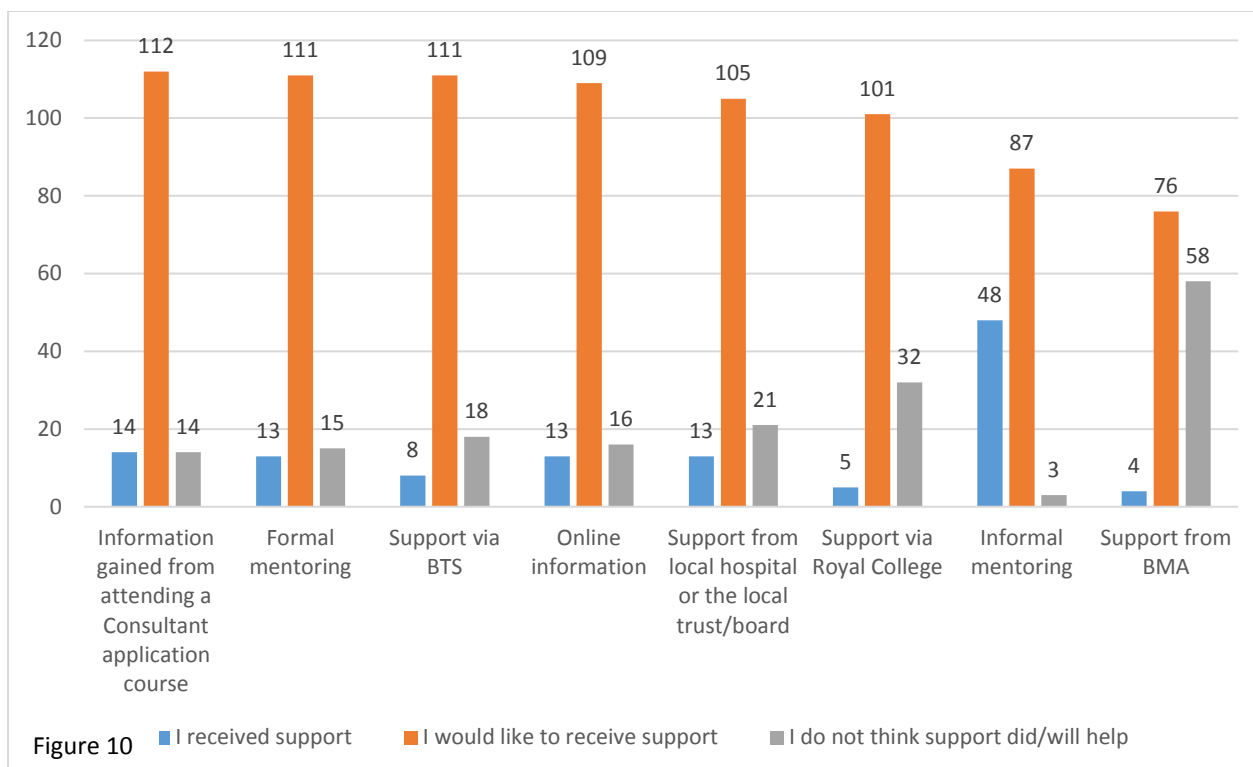


A number of free text comments suggested that some trainees are given information and support in their final year rather than throughout their specialty training, and there was a suggestion that this information should form part of the training curriculum. Trainees reported finding the process difficult to navigate, and one described the process as “a bit of a minefield and hidden behind a curtain I am yet to peer behind”. From the free text a couple of trainees saw the process as favouring those who work where the vacancies are, or have more access to informal support from colleagues.

A number of specific questions were asked to understand more about the support trainees receive and indeed would like to receive. This included formal mentoring and more informal or ad hoc support from colleagues.

Overwhelmingly, respondents reported that they would like to receive more support during their trainee journey. Figure 10 indicates that the vast majority are interested in receiving a wide range of support, and it appeared that few trainees had received support to date. Most viewed support positively, with very few feeling that it did not or would not help. The free text responses also supported the view that organisations, including BTS, could provide more help in this area.

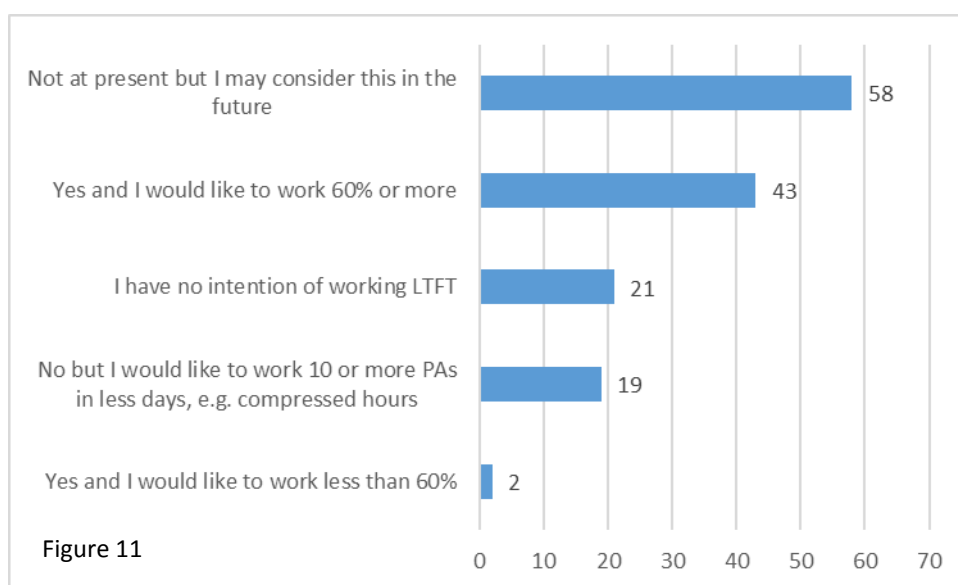




## Working patterns

Many respondents indicated the intention to work LTFT, or in a flexible pattern, if not straight away then in the future (figure 11). Only 21/143 (15%) had no intention of working LTFT.

Two respondents provided additional information about issues to do with inflexibility and support in relation to LTFT working. One described “zero help for those who want to work LTFT”, and another noted that lack of flexibility for LTFT makes working in the UK less attractive.



## Free text comments

15 respondents provided additional comments and the full responses can be seen at Annex 2. Comments focussed on the need for more information and support, highlighting how this can often focus on informal routes of communication. There was also concern that there was very little support for those working LTFT.

## Conclusion

In 2019 an estimated 50% of consultant respiratory jobs were unfilled, and many are often not advertised due to a lack of candidates<sup>1</sup>. Our survey highlights that trainees value working in teams that they have worked with before (82% found this very “influential” and “influential”) and are also strongly swayed by the location of jobs (99%). Trainees also value hearing good feedback on a job/department but only 12% felt they had enough support regarding career progression. The need for support was highlighted by the overwhelming proportion of respondents who would like to receive support, both formal and informal, with consultant applications and career progression.

Trainees have expressed enthusiasm for pursuing a wide range of sub-specialties in the future and there is interest in important non-clinical aspects of respiratory medicine including research, education and management. We are delighted that the majority of trainees intend to stay working within respiratory medicine in the UK and that none of the 144 surveyed intended to leave their career in medicine.

The vast majority (85%) of respondents are currently, or would like to consider, working LTFT. This suggests a shift in working practices and has an implication for workforce planning. It also suggests that it will be important for Trusts planning recruitment to ensure that where there are options for LTFT working, these are clearly stated. We will also work to make career information more accessible, building on our online resources which includes information for those wanting to work LTFT.

It is also hoped that by gathering information on what matters to trainees we may be able to help our more experienced members to provide informal mentoring support to trainees during their training. BTS will continue to survey members to monitor any trends in career intentions of trainees in order to support them in their future careers.

October 2021

## BTS Workforce and Service Development Committee

British Thoracic Society

[www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

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<sup>1</sup> British Thoracic Society Respiratory Medicine Workforce Survey Report 2019 <https://www.brit-thoracic.org.uk/workforce/>

## Annex 1:

### Survey questions:

- Q1. Please state your gender (n=143)  
 Q2. Current training deanery  
 Q3. Year of training at October 2020  
 Q4. Do you plan to apply for a consultant job in respiratory medicine?  
 Q5. What sub-specialty areas interest you?  
 Q6. What has influenced your interest in the above areas?  
 Q.7 Please identify how important each of the following are when considering a consultant job  
 Q8. Where do you hear/find out about consultant jobs?  
 Q9. Please let us know what factors, if any, would encourage you to apply to a certain hospital?  
 Q10. Please identify the support you received, or would like to receive.  
 Q11. Do you feel you currently have enough support and advice in the consultant application process?  
 Q12. Do you intend to work less than full time as a consultant?  
 Q13. What are your thoughts on the information for trainees on the BTS website?  
 Q14. Please provide any other comments on the consultant application process

## Annex 2:

### Data tables:

Q4. Do you plan to apply for a consultant job in respiratory medicine?

Yes with GIM in the UK	79 (56%)
Yes - with GIM outside of the UK	3 (2%)
Yes – without GIM in the UK	6 (4%)
Yes - without GIM outside of the UK	2(1%)
Yes – with intensive care medicine in the UK	5 (4%)
Yes – with intensive care medicine outside of the UK	0
Yes – with a subspecialty interest and with GIM in the UK	19 (13%)
Yes – with a subspecialty interest and with GIM outside of the UK	2 (1%)
Yes – with a subspecialty interest without GIM in the UK	4 (3%)
Yes – with a subspecialty interest without GIM outside of the UK	1 (1%)
Yes - but I intend to undertake a post CCT fellowship first	5 (4%)
Yes – a clinical academic post	9 (6%)
Undecided	7 (5%)
No – but I will apply for another medical job(e.g. Critical Care, Acute Medicine) in the UK	0
No – but I will apply for another medical job(e.g. Critical Care, Acute Medicine) outside of the UK	0
No – I am leaving clinical practice but remaining within healthcare (e.g.research, teaching)	0
No – I am leaving Medicine completely(e.g. Finance)	0
No – I am planning to take time out	0

Q6. What has influenced your interest in the above areas?

	Very influential	Influential	Neutral	Not influential
Interest from medical school	7 (5%)	28 (20%)	44 (31%)	63 (44%)
Clinical attachment/experience	55 (39%)	76 (54%)	7 (5%)	4 (3%)
Interest in practical procedures	45 (32%)	45 (32%)	33 (23%)	19 (13%)
Research interest in the field(s)	51 (36%)	36 (26%)	32 (23%)	21 (15%)
Opportunity to develop an academic career	37 (26%)	37 (26%)	31 (22%)	36 (26%)
Preferred department job prospect	27 (19%)	59 (42%)	43 (31%)	12 (9%)
National widespread vacancies	2 (1%)	18 (13%)	61 (43%)	60 (43%)
Opportunity to develop teaching role	15 (11%)	60 (43%)	49 (35%)	17 (12%)
Opportunity to develop leadership and management role	11 (8%)	55 (39%)	51 (36%)	23 (16%)
Mentoring/support from a colleague within Respiratory Medicine	47 (33%)	60 (43%)	25 (18%)	9 (6%)

	Very influential	Influential	Neutral	Not influential
Location	81	37	1	0
Type of hospital (DGH/tertiary/teaching)	59	70	10	1
Previously worked with the department	35	81	21	5
Keen to work with a specific team or department	49	68	25	1
Opportunity to make changes in the department	33	66	37	6
Vacancy for your subspecialty	32	84	25	2
Research opportunities	28	56	43	16
Teaching opportunities	21	71	48	3
Number of vacancies in the hospital	12	54	69	8
GIM commitment	13	68	55	8
Respiratory on call commitment	23	75	41	4
Ability to work less than full time	31	51	32	30
Flexible working (e.g. compressed hours)	29	58	39	17
Department size	12	70	50	11

	Very encouraging	Encouraging	Neutral	Not encouraging
Hearing good feedback from previous and current employees	116	27	0	0
Incentives for me to join (e.g. help with moving, upfront golden handshake, etc.)	30	61	46	6
Flexible working hours	52	66	21	3
A hospital offering me the subspecialty choices I want	91	47	4	0
None or little GIM responsibility	34	40	52	16
No on call responsibility	21	21	72	28
Taking up a locum post at the hospital before deciding if I want a substantive post at the same place	22	61	46	14

A hospital approaching me	47	67	27	1
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Q10. Please identify the support you received, or would like to receive.

	I received support	I would like to receive support	I do not think support did/will help
Formal mentoring	13	111	15
Informal mentoring	48	87	3
Support from local hospital or the local trust/board	13	105	21
Information gained from attending a Consultant application course	14	112	14
Online information	13	109	16
Support via BTS	8	111	18
Support via Royal College	5	101	32
Support from BMA	4	76	58