

Junior doctors' views on their first year of medical work and postgraduate training: questionnaire surveys of UK-trained doctors

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Objectives: The first year of postgraduate work for newly qualified doctors in the UK, termed the pre-registration house officer (PRHO) year, is spent working intensively in training posts under supervision. Typically, six months are spent in a hospital medical post and six months in a hospital surgical post. Our objectives were to report the views of PRHO doctors on whether their medical schools had prepared them well for their work in these posts; and to seek their views on various aspects of their work in the posts.

Method: Questionnaire survey.

Setting: UK.

Participants: Survey questionnaires sent to 9512 doctors at the end of their PRHO year, in 2000, 2001 and 2003. 6224 (65.4%) replied.

Main outcome measures: Percentages of doctors agreeing or disagreeing with structured statements about their work and training; scores about enjoyment of the PRHO year and about satisfaction with time off for leisure, on a scale from one (low level of enjoyment or satisfaction) to ten (high). *Italics, below, signify precise wording included in the themed statements.*

Results: Of the respondents, 5% strongly agreed and 38% agreed that *their medical school training had prepared them well* for the jobs that they had undertaken so far. Differences between men and women in this respect were very small. Differences between graduates of different medical schools were large, ranging from 27% strongly agreeing or agreeing that they had been well prepared at one medical school to 79% at another.

In response to *how much have you enjoyed the PRHO year overall?* 48% gave scores of 8-10 (very high levels of enjoyment) and 86% gave scores in the upper half of the range (from 6-10). In their response on satisfaction with *the amount of time the PRHO year has left you for family, social and recreational activities*, 30% gave scores of 1-3 (very low satisfaction) and 58% gave scores in the lower half of the scale (from 1-5). The majority of doctors said that, in the PRHO year, they *received good support from senior doctors* (73% of men PRHOs agreed, 75% of women PRHOs agreed). Slightly less than two thirds agreed that *there was good supervision of my work* (men 60%, women 61%). Only a little over one third agreed that *training was of a high standard* (men 36%, women 39%).

Respondents were more positive about medical than surgical posts. This was found similarly in the responses from men and women. For example, 64% of men and 63% of women agreed that they *received good support from senior doctors* in their surgical post; in response to the same question about their medical post, 81% of men and 81% of women agreed that they received good support. 32% of men and 33% of women agreed that *the educational opportunities were good* in their surgical post; 50% of men and 53% of women agreed that educational opportunities were good in their medical post.

Conclusions: Most junior doctors got considerable enjoyment from their PRHO year, whilst being critical of important aspects of it. The educational value of some surgical PRHO posts needs consideration. After the PRHO year, the profiles of future career choices made by men and women have tended to differ. Notably, a much higher percentage of women than men choose general practice; and a much higher percentage of men than women choose surgery. Our findings indicate that, insofar as career pathways diverge, the divergence is not a consequence of women viewing their own personal experience of hospital practice more negatively than men. The views of men and women were very similar and, if anything, the views of women were a little more positive than those of men. For the future, medical school curricula and the structure of postgraduate medical training are undergoing major changes in the UK. It will be important to monitor the views of junior doctors on the quality of their training and job experience through and after the changes.