

UK-01

**POSTER ABSTRACT SUBMISSION FOR 14TH IHWC: GENERAL MEDICAL COUNCIL (GMC)
NATIONAL TRAINING SURVEY**

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Objective:

The GMC registers doctors to practise medicine in the UK. Their purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. As a part of ensuring standards, for the past six years the GMC have surveyed doctors in postgraduate training across the UK to find out what they think about the quality of their training. The survey gives a snapshot of the quality of medical education and training at a national level. The survey also generates a unique dataset of the training pathway and progression of UK trainees.

Method:

The survey is undertaken as a web based survey using in-house GMC systems, which allows survey responses to be automatically stored against the doctors' records held by the GMC.

The 2012 survey involved the following key stages:

Ensuring that all training locations were correctly recorded by both GMC and Postgraduate deaneries. Matching of all trainees to a training location as of the 30th April. The trainees undertaking the survey, including confirming their training information, during a seven week period starting 30th April. Data cleansing of the survey results. Publication of survey results using an in house developed reporting tool.. The survey collects metrics on training by the seven different indicators. The survey also enables trainees to raise any concerns they have about their training and if their day-to-day activities were limited because of health problems.

Findings:

In 2012, 51,316 doctors in training completed the survey, giving a response rate of 95.0%. The doctors in training surveyed were:

trainees in the first (F1) and second (F2) year of the Foundation Programme, core trainees, higher specialty trainees, including Specialist Registrar (SpR) and General Practitioner (GP) trainees, fixed term specialty training appointment (FTSTA) trainees.

The poster will present some of the results of the survey which will include: The geographic distribution of trainees across the UK. The variation of training levels, as a measure of progression, across the UK. The variation of reporting of concerns by training level.

Conclusion:

The 2012 in-house survey had one of the highest survey response rates of all GMC trainee surveys and was able to publish results only one month after the survey closed. The survey identified variation for example in the overall satisfaction of training, with General Practice having the highest average score of 87.8%, and Surgery with a score of 76.2% the lowest. The 2013 survey will build on the 2012 survey (which is open from 26th March) and will include improvements to the results presentation and tracking of trainees both in the geographic and level of training.