



The BMJ

Cite this as: *BMJ* 2021;373:n1104  
<http://dx.doi.org/10.1136/bmj.n1104>  
 Published: 04 May 2021

## I'm missing out on training, what should I do?

If you feel like you're not getting the training opportunities that you need, there are things you can do, **Abi Rimmer** hears

Abi Rimmer

### Raise the matter locally first

Abigail Nwaokolo, head of quality assurance at the General Medical Council, says, "A doctor's foundation training and specialty training years should be enriching, challenging, and varied.

"Despite the significant disruption caused by the extraordinary past year, employers have an obligation to ensure that training requirements are fulfilled—failing to do so can not only be detrimental for a doctor's progress but also raise patient safety concerns.

"If a trainee believes they're missing out on opportunities, or if they have concerns about the quality of training, they should raise it locally first, following local procedures. They should do this as soon as possible so immediate steps can be taken to tackle the problem. Problems can also be reported to a doctor's educational supervisor or deanery or postgraduate training organisation.

"In England, if matters can't be resolved by discussions, doctors can raise their concern in an exception report. Exception reports will be sent to their educational supervisor, who will decide how to resolve the problem.

"It's in everyone's interests that we develop detailed evidence of where problems are occurring, so efforts to tackle them can be targeted. It's understandable that some trainees may feel reluctant to raise concerns because of the possible impact on already overstretched educational supervisors and organisations, particularly during a pandemic. But organisations cannot plan their resources better without a full and accurate picture.

"Additionally, I'd encourage doctors in training and trainees alike to detail their workplace training experiences in the GMC's annual national training survey. This year's survey is open now and helps us check that training is of a high quality, in safe and effective clinical environments, and that trainers are well supported. All trainees and trainers should complete the survey, whether their experiences are good, bad, or mixed. Everyone's voice counts."

### Talk to your peers

Jo Szram, consultant respiratory physician and chair of the National Association of Clinical Tutors UK, says, "It's important to remember that our professional development as doctors is, for the most part, experiential. There is a need, however, for appropriate teaching sessions within your organisation or the wider training programme. Your employer is contracted by your statutory education

body to provide you with appropriate training so it's vital to understand how to make the most of this.

"The 2016 junior doctor contract<sup>1</sup> laid down specific requirements for work schedules to have both a service and educational contractual element. This is linked to a system for educational exception reporting, similar to that for reporting additional hours. It's important that trainees use this, as it can be used by postgraduate medical education teams to hold employers to account and rectify the situation.

"It's helpful to understand whether your peers are experiencing similar problems and to canvas for ideas of how to improve things—including examples from elsewhere. Any organisation that takes its mission seriously will be interested in the opinions of the doctors who rotate across the region and try to improve its educational offer.

"The postgraduate medical education team, normally led by a director of medical education and medical education manager, are a readily available resource to all trainees, especially if you don't feel comfortable raising the matter directly with your educational supervisor or faculty lead.

"In addition, you may feel more comfortable raising problems with your training programme director, who is responsible for all trainees across multiple sites, and can liaise with the faculty leads and the director of medical education to resolve the problem.

"Ensure you know who your trainee representative is and, if you don't have one, consider volunteering. It's an excellent way to develop leadership skills and understand more about how postgraduate medical education works.

"The bottom line is: identify the problem, try to solve it, and, if this doesn't work, bring some proposed solutions to your escalation pathway. Sounds like clinical practice, doesn't it?"

### Make every clinical contact count

Tanaya Sarkhel, training programme director and consultant orthopaedic surgeon, says, "You are not alone. The past year has seen a dramatic, sustained reduction in surgical training. Talk with your educational supervisor—departments are now working towards the restoration of surgical services.

"Secondly, take a deep breath. Audit your logbook, compare it with the joint committee on surgical training guidance, and grab the data to demonstrate where you sit against annual review of competency progression expectations.

"Talk to your surgical tutor—there are 171 and almost every trust has one.<sup>2</sup> Surgical tutors see what's

happening to trainees both in the same speciality and across specialities, and together with the clinical tutor and director of medical education they can push for action.

“Squeeze the juice—make every clinical contact count. Every episode becomes a case discussion, examination, and a procedure with a reflective debrief at the end of the shift. Keep the whole portfolio on the boil, as well as the logbook.

“In November the surgical training bodies released a paper setting out a plan for training.<sup>3</sup> This is our roadmap out of the training desert. Enlightened assigned educational supervisors will need its support to ensure lists are booked for training, not to capacity.

“Service planners need its guidance when you work with them to help them identify training lists. Teams need to know there are no barriers to training wherever NHS patients are receiving care, including the private sector. NHS-only lists in private hospitals are the perfect opportunity to tag team the first surgeon seat with surgeons-in-training.

“We are embarking on a monumental surgical catch-up campaign. Surgical trainees have done extraordinary things, often outside a traditional surgical skill set, in the past twelve months. It’s our job now to see you right and together we will get this done.”

Trainers and trainees can complete the GMC’s national training survey here: [www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys](http://www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys)

- 1 NHS Employers. Terms and conditions of service for NHS doctors and dentists in training (England). 2016. [www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHSDoctorsandDentistsinTrainingEnglandTCS2016VERSION8231219.pdf](http://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHSDoctorsandDentistsinTrainingEnglandTCS2016VERSION8231219.pdf)
- 2 Royal College of Surgeons of England. Contact your surgical tutor. [www.rcseng.ac.uk/careers-in-surgery/outreach/contact-your-surgical-tutor](http://www.rcseng.ac.uk/careers-in-surgery/outreach/contact-your-surgical-tutor)
- 3 Joint Committee on Surgical Training. ASiT, BOTA, Confederation of Postgraduate Schools of Surgery. Making the most of every training opportunity: national bodies, trainers, and trainees. [www.jcst.org/-/media/files/jcst/key-documents/maximising-training\\_10112020.pdf](http://www.jcst.org/-/media/files/jcst/key-documents/maximising-training_10112020.pdf)