

Reasons behind Foundation doctors choice of trust for the Foundation Programme

A. Riley, N. Kumar
University Hospital of North Durham
Namita.kumar@cddft.nhs.uk

Abstract

Introduction: There are no existing studies to establish what are the most important factors when considering applying for a Foundation Programme job.

Aims: This study aimed to ascertain what influences undergraduates in their choice of trust for Foundation Programme

Methods: Online questionnaire targeted at current F1s and F2s within the trust.

Results: Key factors in decision making are location (proximity to Newcastle), level of competition, jobs available, training available, undergraduate experience and reputation. Undergraduate experience had a positive impact on many when deciding whether to return to the trust.

Conclusion: One of the main priorities is location, in this case proximity to Newcastle which is a non modifiable factor. This means the trust will need to work harder to promote the Foundation Programme using the excellent comments made by many in the questionnaire.

Introduction

Despite excellent feedback for undergraduate teaching and experience within our trust¹, we found that some F1 posts remained vacant.

There are many factors to be considered by medical students when applying for the Foundation Programme. We wished to try and understand why the jobs were not filled in the first round and to determine what the most important factors were.

There are no existing studies to establish what are the key factors involved in the decision making process for medical students. Studies available look at preceptor behaviour and site characteristics preferred by medical students and life satisfaction in Medical School. The

key findings of these studies were that medical students and junior doctors prefer 'software' (patient encounters, enthusiastic preceptors who delegate, give feedback and explain clinical reasoning) to 'hardware' (clinic setup or learning resources)², also that life satisfaction deteriorates throughout medical school and into being a junior doctor, including a higher prevalence of depression. Reasons for this have been identified as high stress levels associated with neglect of social and personal issues as well as a high level of wishful thinking as a way of coping³. A general conclusion was that a medical education and career has an unfavourable effect on general life. From the above it may be supposed that a trust with a reputation for having good preceptors, adequate exposure, relevant rotations, a good support network and easier rotas may be favoured by applicants. The key aims of this study are to ascertain what influences undergraduates in their choice of trust for the Foundation Programme, and to establish whether undergraduates from the trust want to return to the trust and why. This information could then be used to improve training and to improve recruitment to our hospitals..

Method

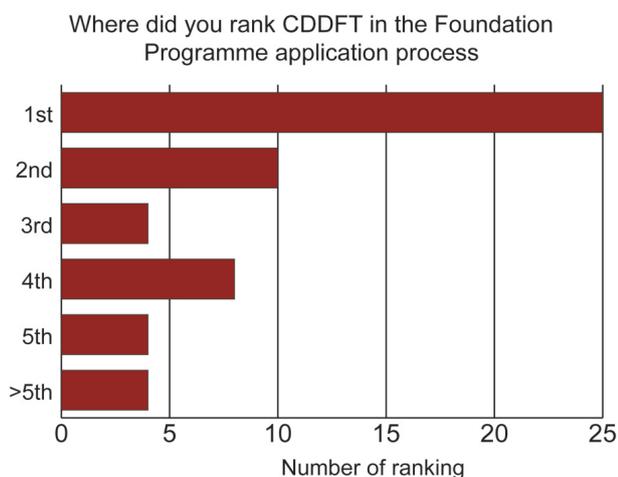
A survey was designed with the online survey company 'Survey Monkey'⁴. This allowed an email containing the link to the survey to be sent to every F1 and F2 within the trust. A reminder email including a further link was sent two weeks after the initial and a further one two weeks after that. The survey included questions about the doctors training background, whether this affected their decision making and what were their priorities when making the decision. Where possible the questionnaire was designed using questions with limited answers, however to allow full expression of the influences free text was necessary in some areas.

Results

Of the 120 doctors surveyed there were 55 responses, giving a response rate of 46%. Of this group 84% had graduated from the University of Newcastle-upon-Tyne and 53% had spent time in the Trust as an undergraduate.

51% got their Foundation Programme job in the first round of recruitment;

Figure 1 shows where CDDFT was ranked in the recruitment process by current employees.



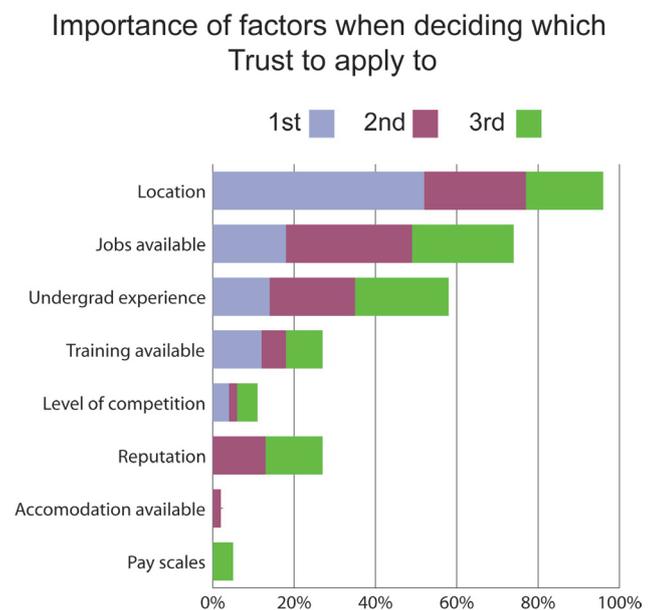
Reasons given for ranking the trust first included location, familiarity, friendly staff, DGH, good reputation, excellent mentoring, less competitive, family ties to the area, good general rotations and reputation. Those who ranked the trust 2nd to 4th had similar positive things to say about the Trust and the main negative reason given for not ranking it first was distance from Newcastle. Another negative reason however was the fact that the trust is split between three main sites, with other sites further afield. All of those who ranked the trust 5th or lower than 5th stated that it was the distance from Newcastle that prevented them from ranking higher.

Of the 53% who have spent time in CDDFT as an undergraduate 84% said that this influenced their choice of trust for the Foundation Programme.

Reasons for this were many, familiarity,

location, friendly trust, excellent teaching, good relationships with staff and consultants who are eager to teach, approachable and supportive and experience of superb learning opportunities. Negative comments included a lack of catering and mess facilities and wanting to experience other trusts. Of this group 57% ranked CDDFT 1st for the Foundation Programme with no one ranking it lower than 5th. The remaining 47% had not spent time within the trust as undergraduates but all felt that this did not influence their choice of trusts, 36% ranked CDDFT as 1st with only 16% ranking it lower than 5th.

Figures 2 below show how respondents ranked their priorities when applying to trusts. The key priority seems to be location with jobs available, undergraduate experience and adequate training being significant factors. Other less significant factors include competition for places, accommodation available, reputation and pay scale.



Discussion

As teachers we spend much of our time improving our training programs and ensuring we have high standards of training. These did not appear to be as important to our foundation doctors.

Proximity of the Trust to Newcastle and commuting distance seems to be a recurring comment and this is obviously not modifiable. Since most applicants graduated from Newcastle it is not surprising that many will prefer to continue living there. With this in mind it means that the trust will need to find alternative methods to promote its foundation programme within the deanery to attract competitive candidates. Long gone are the days of free hospital accommodation and this obviously could be an additional factor. Relating to this there were comments relating to moving between three sites within the rotations available, it is possible that reducing travel between sites and keeping rotations at one base where possible would help to reduce this issue.

Jobs or rotations available were listed as one of the most important factors when ranking trusts. Although the trust obviously has a service to provide and as such requires doctors in certain fields, work would be beneficial in ascertaining what jobs are attractive and which rotations fit best together for individuals.

Reasons for ranking the trust highly included: friendly staff, DGH, good reputation, excellent mentoring, less competitive, family ties to the area, good general rotations and reputation. Many of these are strong features and should be used when marketing the trust. The perception is that working at a DGH gives a solid general training with increased opportunities for performing procedures due to a smaller number of trainees. Many students recognise the basis of the Foundation programme is to provide general training and were attracted by the general rotations for this reason. Excellent mentoring related to undergraduate experience within the trust, especially relating to consultants who showed a keen interest in teaching and training but are also approachable and give relevant feedback. This relates to the comment above in the preferred site characteristics for training² and should be promoted greatly. Since reputation was also listed as an important factor it is likely

to be beneficial for medical students to have greater exposure to the junior doctors during their training so that they have the opportunity to ask questions about what it is actually like to work for the trust.

Most of the current Foundation doctors who spent time within the trust as an undergraduate said that this influenced their choice of trust for the Foundation Programme. Reasons for this were: familiarity, location, friendly trust, excellent teaching, good relationships with staff and consultants who are eager to teach, approachable and supportive and experience of superb learning opportunities. This means that we should continue to target current undergraduates within the trust during recruitment as well as using their comments in recruitment literature. Despite these excellent comments just over half ranked the trust first which seems a little disheartening and again comes down to distance from Newcastle.

A response rate of 46% is poor. There are many possible reasons for this. It is likely that junior doctors have difficulties in accessing computer terminals during the working day, place a low priority on checking their emails due to work pressures and when emails are checked at work there is a time limit. Ways of improving the response rate in future could include offering an incentive or using paper versions of the questionnaire and handing them out during teaching sessions which are compulsory for all F1 and F2's to attend.

Medical students would be a key target group for further study, ideally targeting a whole cohort of final years at the time of application for jobs. This would greatly increase the numbers in the study and the issues would be fresher and not tainted by several months of working within the trust. Key issues with this would be timing, how to target them and gaining permission.

Free text within a questionnaire is difficult to correlate and interpret; this was a difficulty

of this study. However it has added a lot of information and richness to the findings. In future it would be useful to start with a small number of questionnaires with free text and perhaps use that information to provide more tick boxes and keep free text as a whole to a minimum.

Conclusion

The key finding of this study has been that one of the main priorities when applying for the Foundation Programme is location, and more specifically for CDDFT, proximity to Newcastle. This factor is not modifiable which means that in order to attract competitive applicants the Trust will need to work harder to promote the excellent features mentioned by many in this study.

Undergraduates from the Trust had many positive comments and said that it did influence their ranking of trusts; however for many it was not enough to justify the commute from Newcastle. As well as promoting the Trust for training it may be beneficial to promote the local area as a viable alternative to living in Newcastle.

References

- 1 Student feedback forms
- 2 BMC Medical Education 2006, 6:48 Life Satisfaction and resilience in medical school- a six year longitudinal, nationwide and comparative study. Kjeldstadli et al.
- 3 BMC Medical Education 2004, 4:12 Medical Students' and Residents' preferred site characteristics and preceptor behaviours for learning in the ambulatory setting: a cross sectional survey. Schultz et al.
- 4 A copy of the survey can be found at http://www.surveymonkey.com/s.aspx?sm=1seqi84Fr6SY0_2buMmwEG_2bw_3d_3d