The employment, attitudes and aspirations of non-training grade doctors

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Acute care in the NHS is increasingly delivered by junior doctors who receive little educational supervision. There is a continuing dramatic increase in the numbers of trust doctors. Staff grades are also increasing in number and face many frustrations.

INTRODUCTION

A survey was carried out of non-training grade doctors in acute Yorkshire trusts. Responses to questionnaires were obtained from 90% of trusts, and from 150 non-training grade doctors (57% of those surveyed). The results showed that numbers of non-training grades, especially trust doctors (TDs), are increasing dramatically. TDs are rarely appraised and are inadequately supervised. The study also highlighted the dissatisfaction felt by staff grades (SGs).

METHODS

Between January and May 2002, human resource departments in each acute trust in Yorkshire were surveyed by postal questionnaire and 9 out of 10 replied. They were asked about present numbers of non-training grades employed and future plans, the reasons for employing non-training grades and whether the Trust had any continuing professional development policy for these doctors. TDs and SGs were also surveyed by questionnaire and 57% of a total of 261 replied. They were asked about their education, supervision, study leave, reasons for being in the post, experience and career aspirations. They were also asked about their contract, pay and working hours. They were asked to write about their experience as an non-training grade at the end of the questionnaire.

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RESULTS

Trust doctors

Figure 1 shows the dramatic recent and continuing rise in numbers of TDs and, to a lesser extent, SGs. TDs currently account for 5% of the junior medical workforce and this figure will double in the next 2 years. They are employed mainly in medicine and surgery, with 58% working at specialist registrar (SpR) level and 70% working on-call rotas. Two-thirds are working more than 48 hours per week and 42% have no monitoring of their out-of-hours work.

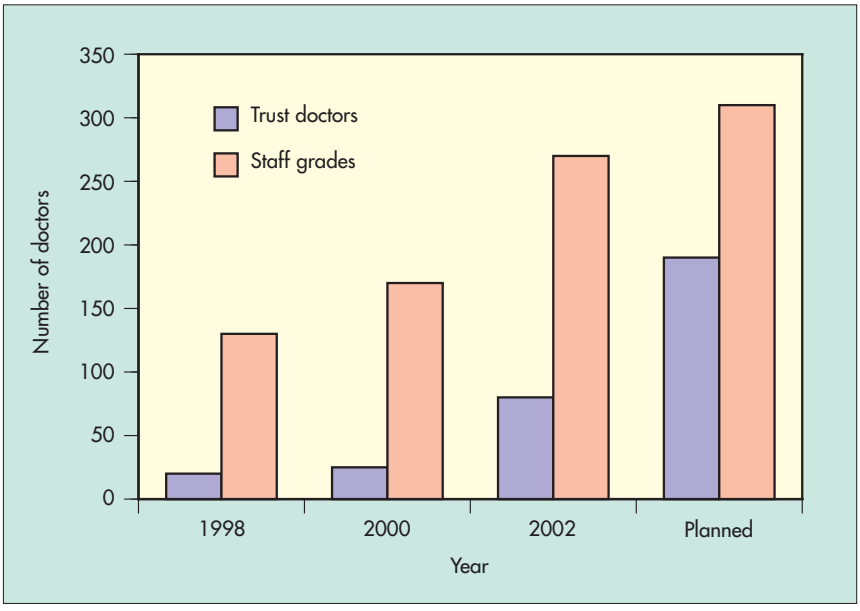
Most TDs were UK graduates and 58% hoped to gain a consultant post in the UK (*Table 1*). The most common reason for being in the post was as a stop-gap while attempting to get exams or an SpR post. Study leave was granted to 89% of TDs, although this was only funded for 69% of them. Only 17% had undergone appraisal, although 50% said they had an educational supervisor (*Figure 2*).

Most TDs appeared satisfied with their post, reported that their job was the same as training grade colleagues and that they were learning in the job. Many had taken a TD post in order to gain experience in a chosen specialty.

TABLE 1.
Eventual career plan of trust doctors

Career plan	No (percentage)
GP	2 (6)
Hospital consultant UK	21 (58)
Specialist abroad	3 (8)
Don't know	5 (14)
Other	5 (14)
Total	36

Figure 1. Increase in number of non-training grade doctors in Yorkshire.



Staff grades

In contrast to TDs, most SGs had a permanent contract (no TDs *vs* 72% SGs). Only 40% of SGs had a consultant supervisor and only 19% had undergone appraisal. Although most SGs reported they were learning in their job, 16% said they had been refused permission to attend educational sessions because they were not in a training grade.

There were a number of other significant findings. These included that 43% of SGs wished to become a consultant in the UK. One third of SGs had worked as an SpR in the UK and 14% had an MD or PhD. Most were in post because of lifestyle reasons (40%) or an inability to get an SpR number (30%). Other reasons included as a stop-gap while waiting to get exams and because of an inability to obtain a visa. The largest group of SGs was from the Indian subcontinent (40%).

One quarter of SGs reported that they did not know where to seek help if they were experiencing problems in their job. Forty five per cent of SGs worked above 48 hours per week on average. Of the 114 SGs surveyed, 63 used the free-text space to make additional comments about their experience as a non-training grade doctor and 60 of these were negative.

Most SGs commented that there was no recognition for how hard they worked, their experience or skills. Many felt they had the skills and experience to be able to become a consultant and were more experienced than the SpRs in their department, although this was not recognized by the organization.

Some typical comments follow:

'At the end of the day it is the patient who needs the best treatment. Therefore I do not see the point of having "training" and "non-training" grade doctors…when one is labelled as a non-training doctor it blocks the avenue of continued training. Is there any doctor, however experienced, in this fast-moving medical world, who does not need continued training?'

'It is an absolute waste of time. It is poorly paid and considered the realm of "hopeless" people at the end of a career. There is no mechanism to monitor or mentor people in this grade. The only interest is to get as much work as possible out of them. Even though I have 20 available years left to the NHS and have all the qualifications and over 15 years' experience in my specialty, I am seriously considering quitting medicine for good if I cannot get back to training. The status associated with the job is degrading.' [This doctor qualified in India and had FRCA and an MD. He/she was a SG because he/she 'needed a work permit'.]

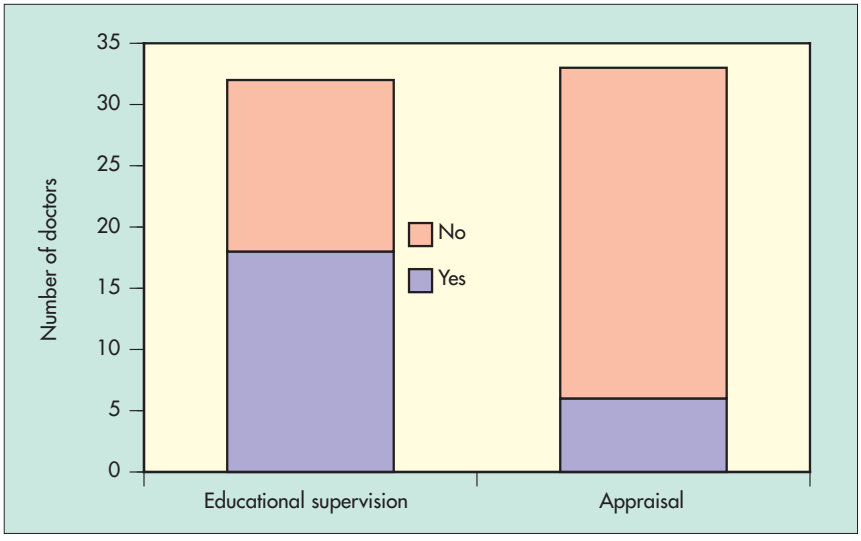
'It is like working in a blind tunnel, no light at the end. It can never be satisfying…a lot of people think it is a stigma. It is demoralising. How can a non-training grade be working while all the others are in an educational meeting? If this carries on, the non-training grades will get rusty and the NHS will lose quality of patient care.'

'It is a dead end; no aims and clear objectives to obtain, no way to progress. I like hospital medicine but perhaps I should be a GP.' (experienced dialysis doctor)

'It is a highly frustrating job especially when you have all the qualifications to become an SpR/consultant. Basically a SG is a donkey.'

'The non-training grade doctor is a "forgotten grade" e.g. I rarely get a supervised/teaching [operation] list. I am glad that I had done 3.5 years as a registrar in the UK before applying for this post – otherwise I do not think I would have had the confidence to be acting fairly independently here (especially as there is no ongoing training programme).'

Figure 2. Trust doctors: educational supervision and appraisals.



DISCUSSION

In the annual Department of Health census, trusts are instructed to enter TDs as the nearest equivalent training grade. Until now, no-one had any idea of the numbers of doctors in this grade and how rapidly numbers were changing. Because some trusts were reluctant to reveal their plans in terms of future TDs, it is likely that these survey figures are an underestimate. In addition, the General Medical Council has recently made it possible for doctors with limited registration to apply for TD posts, making it highly likely that TD numbers will continue to expand, particularly with overseas graduates.

Officially the employment of TDs is frowned upon, yet the Royal College of Physicians of London has encouraged the idea that TD posts should be incorporated within training rotations. The widespread increase of TD posts is confirmed by the fact that on 25 May 2002,

41% of all medical senior house officer (SHO)-equivalent posts advertised in *BMJ Careers* were TD posts, albeit with different titles such as clinical fellow, clinical teacher, or simply SHO.

It might reasonably be assumed that the majority of TDs are working at SHO level, but this study has shown that there are large numbers employed as 'trust registrars'. This may also explain the large numbers of TDs working on on-call rotas, since shift working is still relatively uncommon at SpR level in this Deanery (Yorkshire Regional Action Team, 2002). Many people do not realize that legally TDs are required to conform with the 48 hours per week limit required by the European Working Time Directive. Only one-third of those surveyed worked less than 48 hours a week.

In view of the junior status and wish for further education of TDs, it is of great concern that only 50% felt that there was a consultant with an interest in their educational development and of even more concern that only 17% had appraisals. While most TDs are granted study leave, this was only funded for 69% of them and this would be likely to lead to feelings of discrimination if their work pattern was in all respects similar to that of training grades.

TD posts have great potential to offer experience and training, particularly for doctors gaining experience in a complementary specialty, but only if appropriate supervision and guidance is available. The overall perception of the quality of TDs was confirmed in a recent Royal College of Physicians consultant survey (2002) in which 70% of consultants thought the clinical competence of their TDs was equal to and 13% thought it to be better or much better than their average SHO.

Acute care in the NHS is increasingly being delivered by TDs, and 60% of them wish to become UK consultants. They are junior doctors with educational needs and this should be recognized. At the very least, it is time that the existence of TDs was formally recognized and included in the Department of Health staff census.

By September 2000 there had been a 20% increase in SGs compared with a 4.7% growth in consultants and a 0.5% growth in SpRs from the previous year (British Medical Association, 2001). In surgery, non-consultant career grades (SGs and associate specialists) number almost 50% of consultants (Royal College of Surgeons, 2001). A Pricewaterhouse Coopers (2002) survey of non-consultant career grades was carried out for the Doctors' and Dentists' Review Body, looking at workload and remuneration. The survey concluded that large numbers of SGs were well qualified but did not appear to be rewarded according to their level of qualification. There was clear frustration at the lack of opportunity for career progression and a strong feeling among non-consultant career grades that their contribution to the NHS was unrecognized.

This survey has added more information about the experience and dissatisfaction of SGs. At a Royal College of Physicians of London conference on non-consultant career grades, in April 2002, Andrew Foster, head of human resources in the NHS, stated that the SG had become a:

> **'non-satisfactory, non-career, non-grade…defined by what it is not…with an unrecognised contribution, variable supervision and serious questions about equality of opportunity…there should be no such thing as a non-learning grade.'**

Previous reports have commented on the frustrations of the SG (Standing Committee on Postgraduate Medical Education, 1994). The Department of Health is now looking at reform. One planned change would be to allow some SGs entry to the specialist register if their overseas training was deemed to be equivalent to UK standards (Department of Health, 2002). How many doctors this would involve and who would do the clinical work left behind is unclear.

CONCLUSION

The authors would strongly support the suggestion in the recent report into the SHO grade (Department of Health, 2002) that a review of the role, educational support, professional development, career opportunities and pathways for non-consultant career grade doctors should begin as soon as possible. HM

The full report A survey of non-training grade doctors in Yorkshire *is published by the Yorkshire Deanery, Leeds University, LS2 9JT and is also available on www.yorkshiredeanery.com*
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KEY POINTS

- The numbers of trust doctors and staff grades are increasing and further increases are planned.
- Trusts report they cannot meet the New Deal or European Working Time Directive requirements without employing more trust doctors and staff grades.
- The Department of Health's annual staff census does not include trust doctors so no-one has any idea how many there are.
- Trust doctors are rarely appraised and are not guaranteed study leave funding.
- Staff grades are increasingly embittered because they feel undervalued and are not used in a way appropriate to their skills and experience.