



The British Thoracic Society

Trainee Survey Report 2024

Summary

In 2024, the British Thoracic Society (BTS) undertook a survey of specialty trainee members following previous surveys in 2016 and 2020. This survey, receiving the biggest response rate to date, covered topics on consultant job intentions and planning, and flexible training building on the results from the previous surveys. The survey sought also to identify trainees' interest in out of programme opportunities and their views on the degree of support given during their training.

The survey was led by members of the BTS Specialty Trainee Advisory Group (STAG) and was overseen by the BTS Workforce and Service Development Committee (WSDC).

The key findings of the survey are shown below:

- 63% of trainees feel well supported during their training programme.
- 79% of responders either already work less than full time (LTFT) or would like to consider some form of LTFT or compressed hours working in the future during their training.
- Location is the biggest determinant of consultant job applications.
- Thematic analysis highlighted the need for greater support in consultant job application process and more information on out of programme (OOP) opportunities.
- 87% of higher specialty trainees regularly access BTS guidelines or clinical statements but only 18% regularly access BTS webinars.

BTS has strong representation from trainees across its committees and workstreams and BTS is committed to ensuring the views expressed in this survey are acknowledged and acted on where possible.

Main outcomes from survey

The BTS Board, WSDC and BTS STAG are keen to ensure that the views expressed in the survey are acknowledged and acted upon. Several initiatives have already been planned over the next 12 months based on the feedback received in the survey. Some of these are outlined in the bullet points below:

- Discussion of results at the BTS STAG open meeting at the BTS Winter Meeting 2024.
- Symposium at 2025 BTS Summer Meeting on Excellence in Respiratory Training, sharing good practice across the country.
- Lunch time session at 2025 BTS Summer Meeting helping trainees to find out all they need to know as they approach Consultant applications and jobs.
- Symposium at 2025 Winter Meeting on collaborative research for trainees.
- BTS short course on clinical research, "Respiratory Clinical Research Training Day 2025", primarily aimed at respiratory higher specialty trainees and internal medicine trainees (IMTs).
- Further surveys of specialty trainee to be conducted as needed.

Introduction

In 2024, BTS undertook its third survey of higher specialty trainees (HSTs, registrars) working within UK respiratory medicine. This survey aimed to build on previous work which had identified a preference for UK-based consultant posts with general medicine responsibilities and noted factors including location, hospital type and subspecialty focus as motivators for consultant job applications (1).

The previous survey in 2020 had shown an increasing trend in trainees either working less than full time (LTFT, now termed flexible training) or considering working LTFT (1). The 2024 survey aimed to explore whether this trend had continued. BTS was also interested in ascertaining trainees' interest in, and potential challenges related to, undertaking OOP blocks during HST.

Since the last trainee survey in 2020, there have been several factors impacting trainee satisfaction and morale, including changes to the training programme (2), a new curriculum (3) and non-clinical factors for example the recent junior doctors' pay dispute and low morale within the workforce (4, 5). The survey therefore aimed to collect data on clinical, pastoral and educational support for trainees. Within this survey, BTS was also keen to explore how it could enhance support for HST during their training programme.

Methods

Trainee representatives from the WSDC and members of the BTS STAG developed a specialty trainee survey for HSTs within the UK. The survey questions were refined following discussions at the WSDC meeting. The survey comprised 27 questions (Appendix 1).

The survey was emailed to all BTS member higher specialty trainees. The survey links were also sent through deanery trainee WhatsApp groups. The survey was open to responses between 3 May and 29 July 2024.

A thematic analysis was conducted on the responses from the free text questions. Data is otherwise presented quantitatively. Charts and figures were produced on Microsoft Excel and GraphPad Prism.

Results

Response rates and demographic data

The survey was sent electronically, via email, to 618 BTS member trainees. There were 138 responses in total, a response rate of 22.3% (**Table 1; Fig.1-2**). This was the highest response rate of all BTS member trainee surveys.

Table 1: Demographic data.

Demographic factors	Results
Gender	Number of responders, n = 130
Female	75 (58%)
Male	48 (37%)
Did not state	7 (5%)
Ethnicity	Number of responders, n = 130
White British/British Irish	68 (52%)
Other White background	6 (5%)
Indian	16 (12%)
Pakistani	7 (5%)
Chinese	7 (5%)
Other Asian Background	8 (6%)
Mixed or multiple ethnic background	5(4%)
Black	1 (1%)
Arab	2 (2%)
Did not say	8 (6%)
Training region	Number of responders, n = 128
England	114 (89%)
Scotland	9 (7%)
Wales	4 (3%)
Northern Ireland	1 (1%)

Figure 1: – Chart showing number of trainee responses from each training deanery.

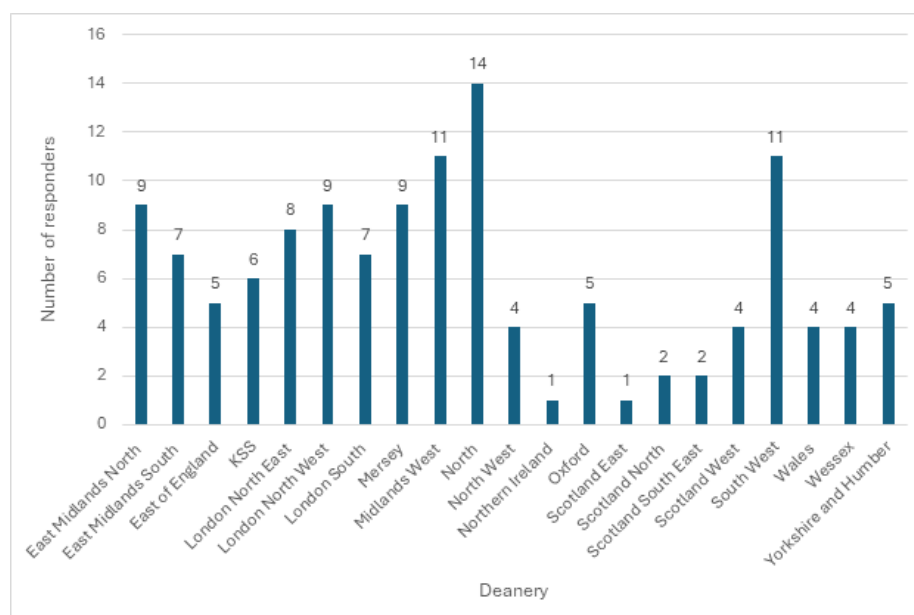
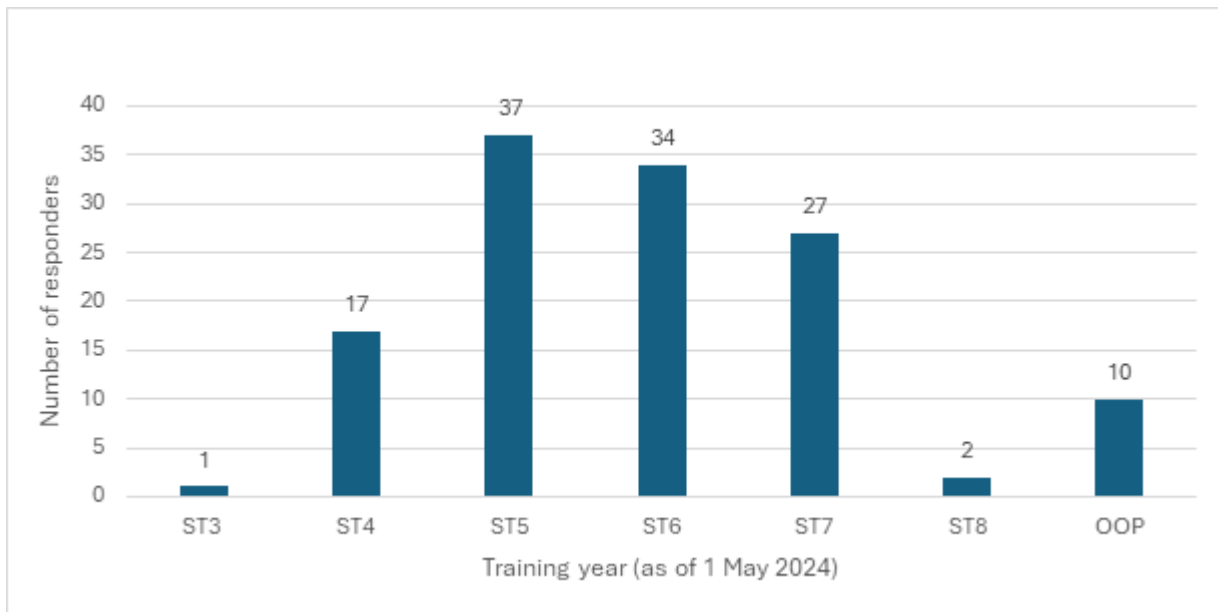


Figure 2: Trainee responses from each year of training.

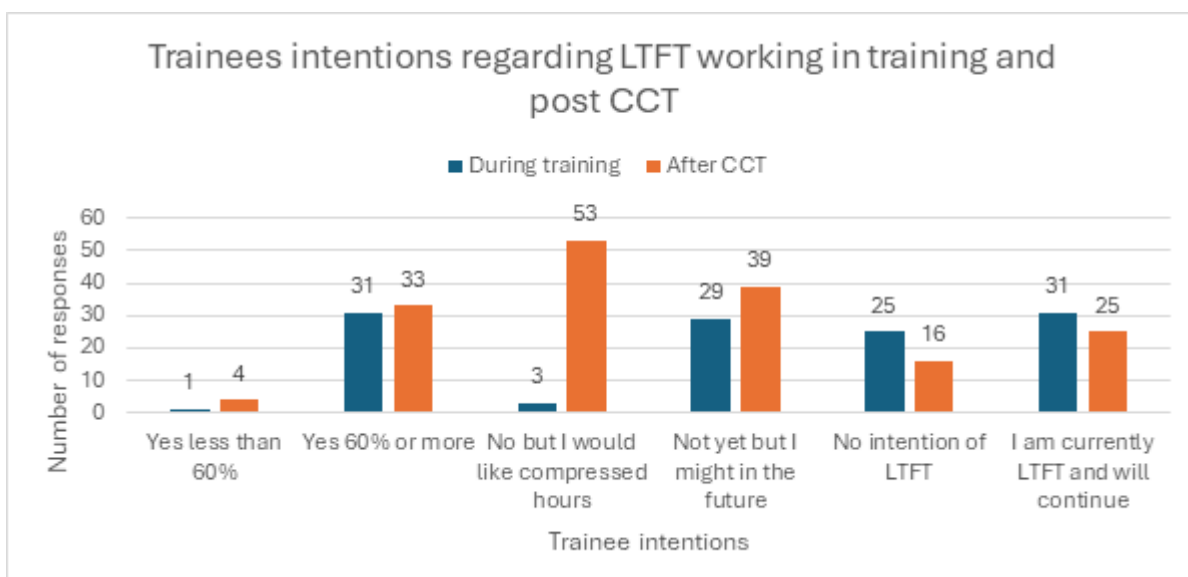


Flexible training

79% of responders either already work LTFT or would like to consider some form of LTFT or compressed hours working in the future during their training. 91% of responders would like to continue working LTFT or would consider some form of LTFT or compressed hours after certificate of completion of training (CCT). 31% of responders would like to work 10 or more PAs in fewer days after CCT with only 2.5% of responders considering this option during training. Trainees' intentions about flexible training within their training programme and post CCT is shown in **Figure 3**.

In 2016 51% of responders had no intention of working LTFT/compressed hours. In 2020 15% of responders had no intention of working LTFT/compressed hours. In 2024 21% of responders had no intention of working LTFT/compressed hours during training, but this falls dramatically to only 9% after CCT.

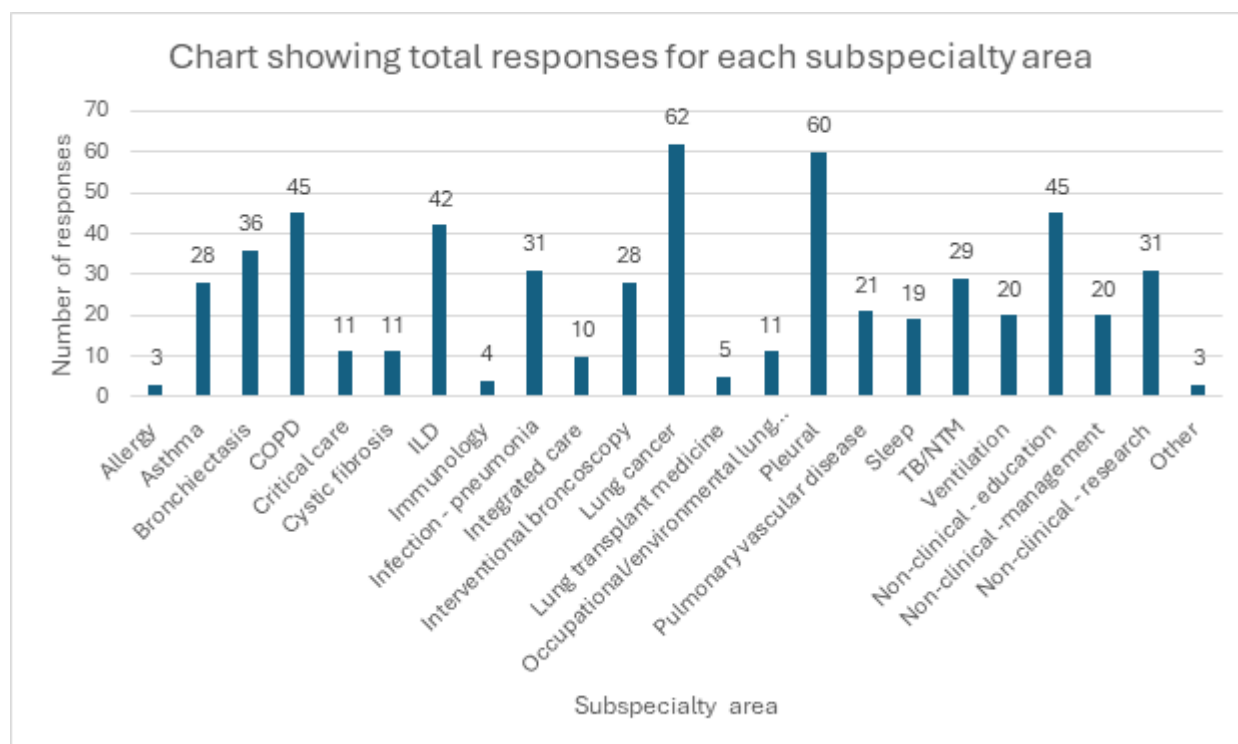
Figure 3: Trainee intentions regarding LTFT working in training and post CCT.



Subspecialty interest

To identify barriers to the provision of general respiratory and tertiary subspecialty services, it is important to define areas of specific disease interest. Respondents were asked to identify their preferred areas of interest (**Figure 4**).

Figure 4: Chart showing total responses for each subspecialty area.

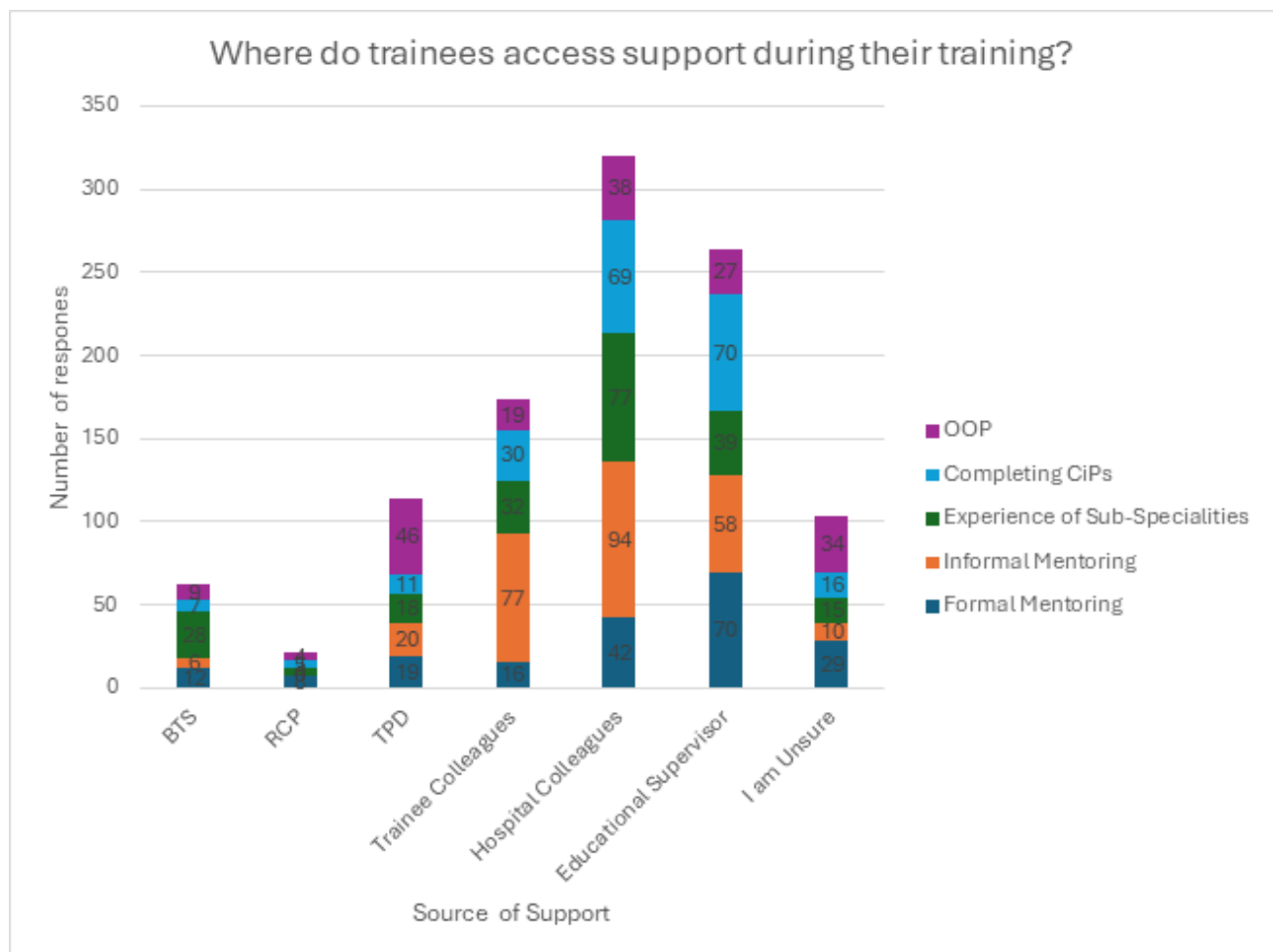


Support during Respiratory and General medicine training

Trainees were asked whether they felt they had enough support during their training programme. 63% of responders felt they had enough support during their training programme, 24% of responders felt they had some, but not enough support during their training programme and 13% of responders felt they didn't have enough support during their training programme.

In terms of where trainees access support, hospital colleagues, educational supervisor and trainee colleagues were the most frequently accessed (**Figure 5**). **Respondents were able to select more than one option.**

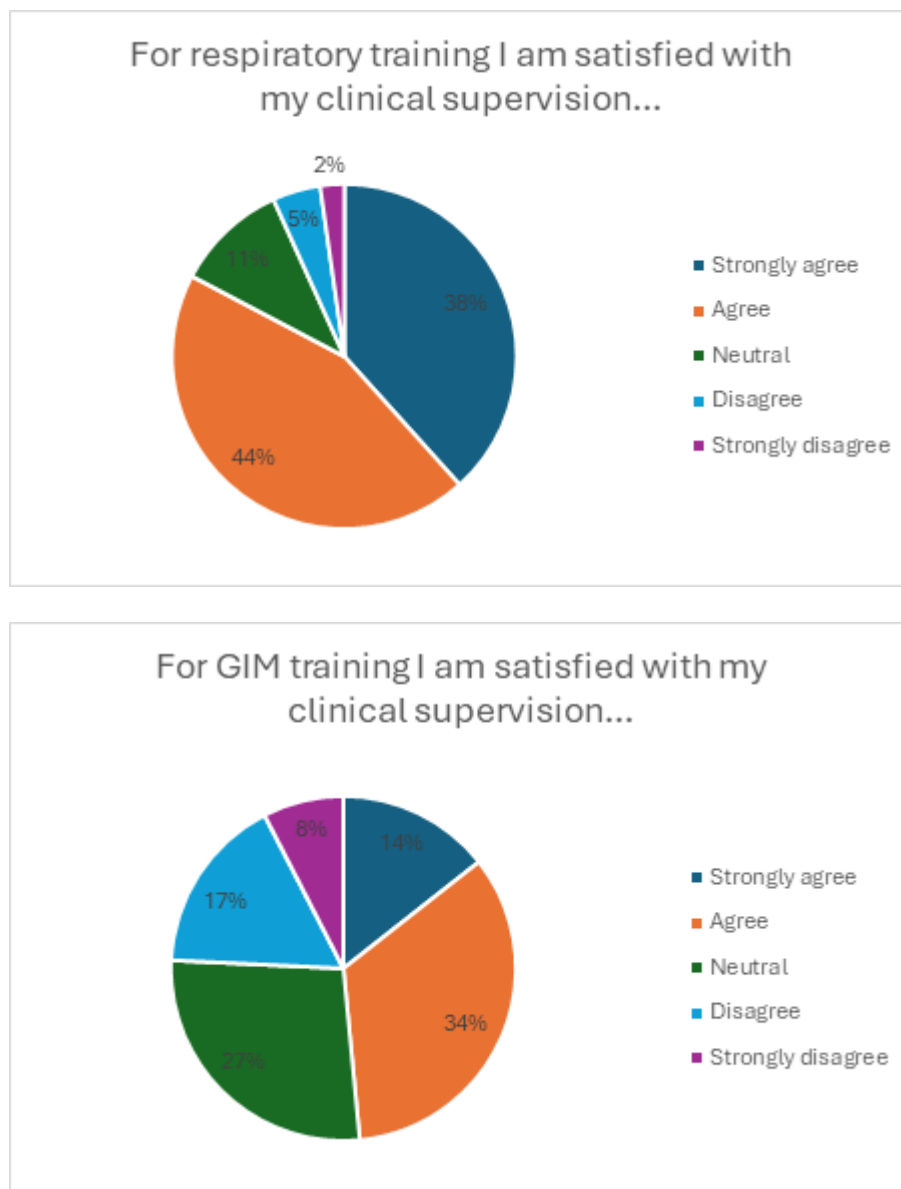
Figure 5: Chart showing where trainees access support during their training.



Trainees were asked about how they felt regarding the amount of time spent working in GIM during training. 40% felt they spent as much time working in general internal medicine (GIM) as they expected during their training, 40% felt they spent more time than expected in GIM during their training and 8% felt they spent less time than expected in GIM during their training. Only 5% did not do any GIM work.

Satisfaction levels of clinical supervision in respiratory training and GIM training were explored in the survey. There was a high satisfaction with clinical supervision in respiratory training as shown in figure 6. 82% of trainees agreed or strongly agreed to being satisfied with their clinical supervision in respiratory. Satisfaction levels with clinical supervision in GIM training was more variable. 48% of trainees agreed or strongly agreed to being satisfied with their clinical supervision in their GIM training.

Figure 6: Trainee feedback on satisfaction of clinical supervision in their respiratory and GIM training.



- Thematic analysis

Trainees were asked about what support would improve their training experience as a separate free text answer (**Table 2**). Trainees commented on the need for greater support from senior clinicians and training programme directors as well as a more general need for mentorship. Trainees also requested more time for discussions of complex clinical cases with seniors.

In terms of improvements for training, trainees suggested more dedicated time for training and administration, more procedural support, and an improved clinical environment. They also suggested easier and increased access to academic, OOP and tertiary placements.

Trainees recommended improvements to training organisation including review of the burden of the ePortfolio and GIM and the impact of this on training. Trainees asked for fewer rotations, more time at centres, and autonomy in shift selection. Trainees also asked for better feedback procedures, improved deanery communications and longer notice for training days.

Table 2: List of responses to the question: What support would improve your training experience?

Theme	Subtheme	Responses (n=52)
Support	Support from TPD/seniors	9
	Mentorship	8
	More involvement from TPD	4
	More opportunity for longer discussions regarding complex cases with clinical team	6
Training	Dedicated time for training	8
	Dedicated time for admin	4
	Autonomy in shift /rota selection	2
	Procedure support	7
	Easier and increased access to tertiary placements	2
	More academic / OOP opportunities	5
	Clinical environment	1
Training organisation	Review of GIM burden and impact on speciality training	5
	Better feedback procedures	1
	Review burden of portfolio	2
	Fewer rotations and more time at centres	3
	Improved communication from deanery	7
	Longer notice for training days	2
	Autonomy in shift/rota selection	2
Happy with training so far		2

Educational resources accessed by trainees

Trainees were surveyed on which BTS educational resources they had accessed over the previous 2 years. 54/126 (42.9%) regularly attended the Winter Meeting, 37/127 (29.1%) regularly attended the Summer Meeting and 39/128 (30.5%) had accessed BTS short courses either virtually or in person. 87% of trainees regularly accessed BTS guidelines and clinical statements, compared to 18% of trainees regularly accessing BTS webinars (Table 3).

Table 3: Table showing which BTS educational resources trainees accessed over the previous 2 years.

Education resource	Regularly	Sometimes	Not at all	Total number of responses
BTS short course	39 (30.5%)	66 (51.5%)	23 (18.0%)	128
Summer Meeting	37 (29.1%)	42 (33.1%)	48 (37.8%)	127
Winter Meeting	54 (42.9%)	44 (34.9%)	28 (22.2%)	126
BTS Webinar	23 (18.4%)	70 (56%)	32 (25.6%)	125
BTS Guidelines/Clinical statements	114 (87.0%)	17 (13.0%)	0 (0%)	131
Information on BTS website and Respiratory Futures	51 (41.1%)	58 (46.8%)	15 (12.1%)	124

Trainees were also asked about what additional educational content they would find supportive from *Thorax*. 80/138 (58%) wanted podcasts from the authors discussing the *Thorax* articles, 86/138 (62%) wanted podcasts focused on case-based discussions. 101/138 (73%) wanted to see articles mapped to the respiratory curriculum and 70/138 (51%) thought MCQs on the article content would be worthwhile.

In terms of other multi-media platforms trainees use for medical education content, 108/138 (78%) accessed online search engines, 72/138 (52%) used online resources from NHS or University institutions and 105/138 (76%) used specific educational websites such as BMJ Best Practice or UpToDate. 62/138 (44.9%) obtained some medical education content from social media: 35/62 used X (formerly Twitter), 19/62 used YouTube, 4/62 used Facebook whilst 2/62 used either Instagram or TikTok.

- Thematic analysis

As one of the free text questions, respondents were asked what additional information and resources BTS could provide to support them during training (**Table 4**). A thematic analysis of the responses found that trainees asked for greater information about consultant job planning, career advice, more trainee content and specifically more SCE content. In addition to these, they also asked for more information on OOP, subspeciality and collaboration opportunities.

When asked about specific resources BTS and Respiratory Futures website could offer, trainees requested more e-learning modules, summaries of important guidelines, short courses, webinars and podcasts.

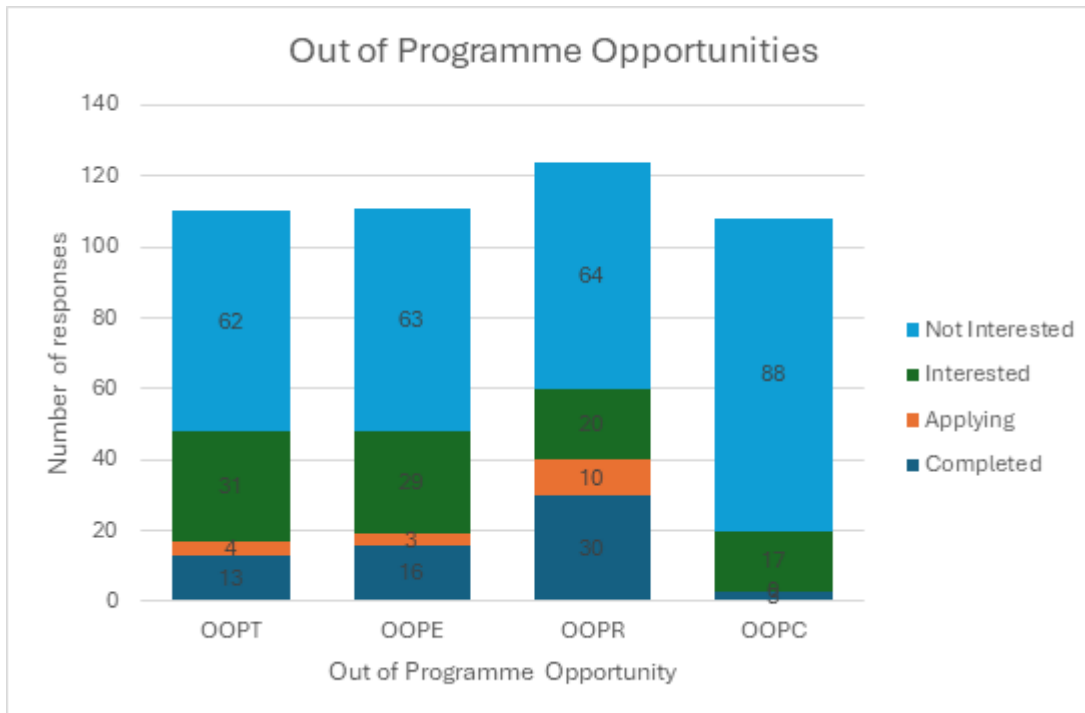
Table 4: Complete list of responses from trainees to the question: What educational information and resources can BTS, and respiratory futures website provide that would support you?

Theme	Subtheme	Responses (n=36)
Specific information	SCE	7
	consultant job planning / career advice	6
	Information on subspeciality experience	3
	Information on OOP opportunities	4
	Information on collaboration opportunities	2
	Trainee content	2
Modality	e-learning modules	5
	summaries of important guidelines	3
	Short courses	4
	Webinars	6
	Recording of summer BTS	1
	Podcasts	5
	Bronchoscopy virtual resource	2

Out of programme (OOP)

Feedback on what OOP opportunities trainees are interested in and potential barriers to going OOP was also gathered (**Figure 7**). Research (OOPR) was the most frequently already completed OOP opportunity, however training (OOPT) and experience (OOPE) opportunities are the ones most people are interested in completing in the future.

Figure 7: Chart showing interest in undertaking different OOP opportunities.



Additional feedback was sought on trainees' out of programme experience. 34 responders who undertook OOPR enjoyed the experience, felt it enhanced their training and would recommend it to other trainees. The detailed breakdown of trainees' views on their OOP experience is shown in **figure 8** below.

Figure 8: - Trainees' feedback on their OOP experience

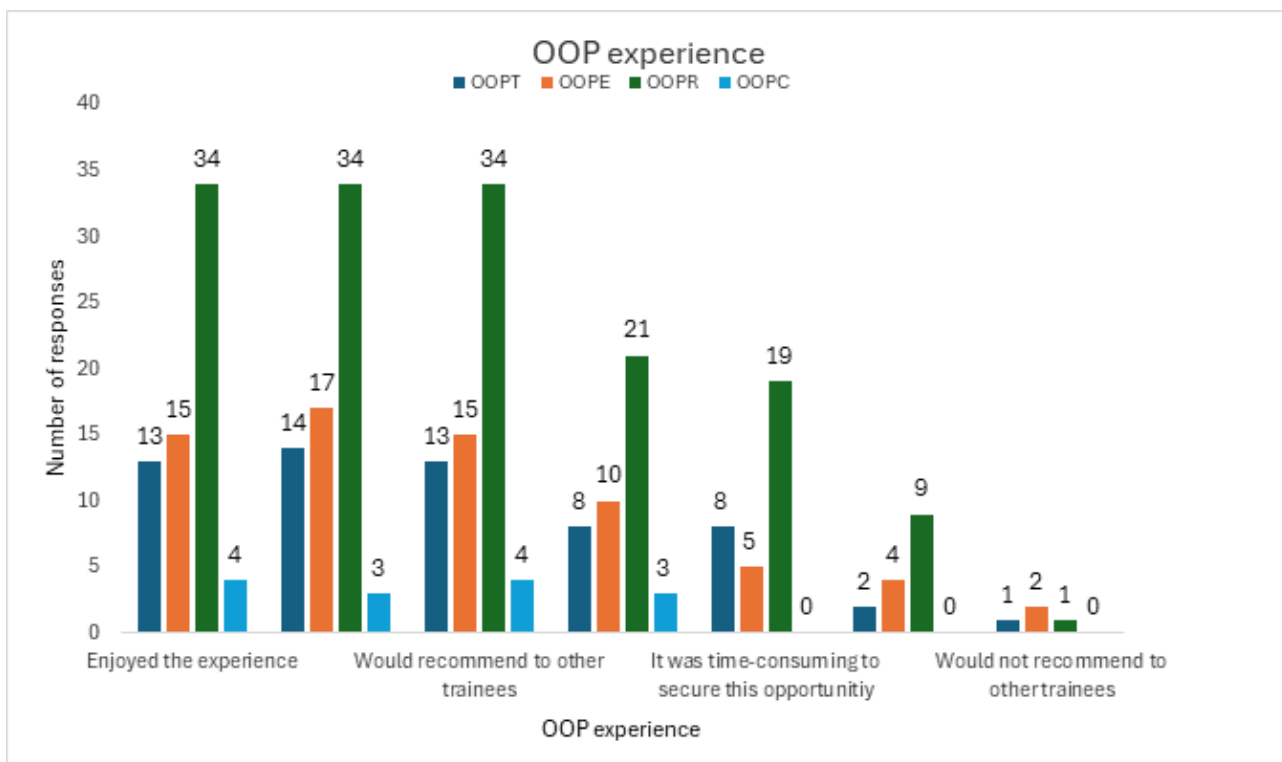
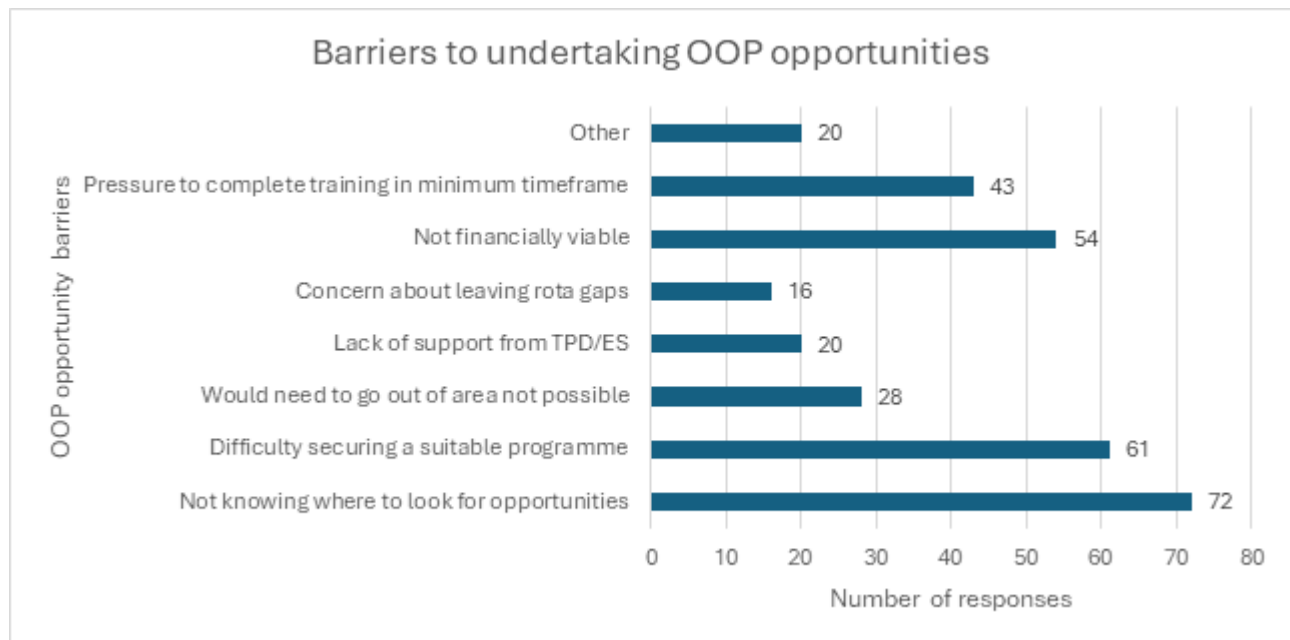


Figure 9 shows the most common reasons given by responders as to the barriers for going OOP were not knowing where to look for opportunities, difficulties securing a suitable programme and the financial implications of going OOP.

Figure 9: Chart showing barriers to undertaking OOP opportunities.



Consultant job planning and application process

Regarding future intentions, 88% (n=115) of respiratory HSTs intend to apply for a UK-based consultant job, with 7% (n=9) undecided either on whether to apply or the preferred make-up of a potential post, 2% (n=3) planning to apply for consultant jobs outside the UK, and 2% (n=3) planning to leave the profession.

Of 108 respondents intending to apply directly for UK consultant jobs (i.e. excluding n=8 intending post-CCT fellowships), 80 (70% of subgroup) intend to apply for a post including GIM. In 2020, 89% (n=127) of respondents intended to apply for a UK-based consultant post and of those intending to take up a UK consultant post directly, 80% (n=98) intended to apply for a post including GIM. In 2016, 22% (n=20) of respondents noted that GIM as part of a consultant job plan would make them very unlikely or unlikely to apply, compared to 38% (n=34) who felt it would make them likely or very likely to apply and 40% (n=36) who were neutral. In 2024, 58% (n=77) of respondents felt that the GIM commitment was a very important or important factor when considering consultant jobs and 58% (n=77) felt they would find a post offering minimal or little GIM to be encouraging or very encouraging when considering potential applications (**Fig. 10 and 11**).

Location was acknowledged to be the most significant factor in jobs, with 86% (n=114) noting this to be very important or important and only 15% (n=20) of potential applicants finding the prospect of moving to a new region for new opportunities to be very important or important.

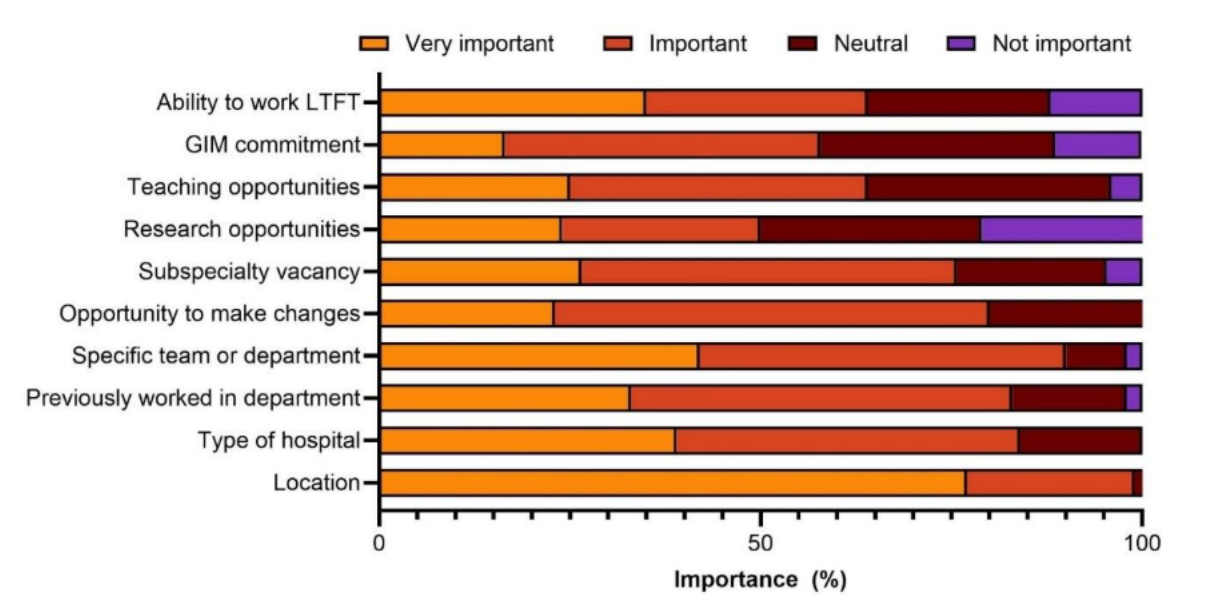


Figure 10: Location is the key determinant of consultant job preference. Percentage of respondents to the BTS survey defining importance of specific factors in informing consultant job preference (four-point scale, n=133).

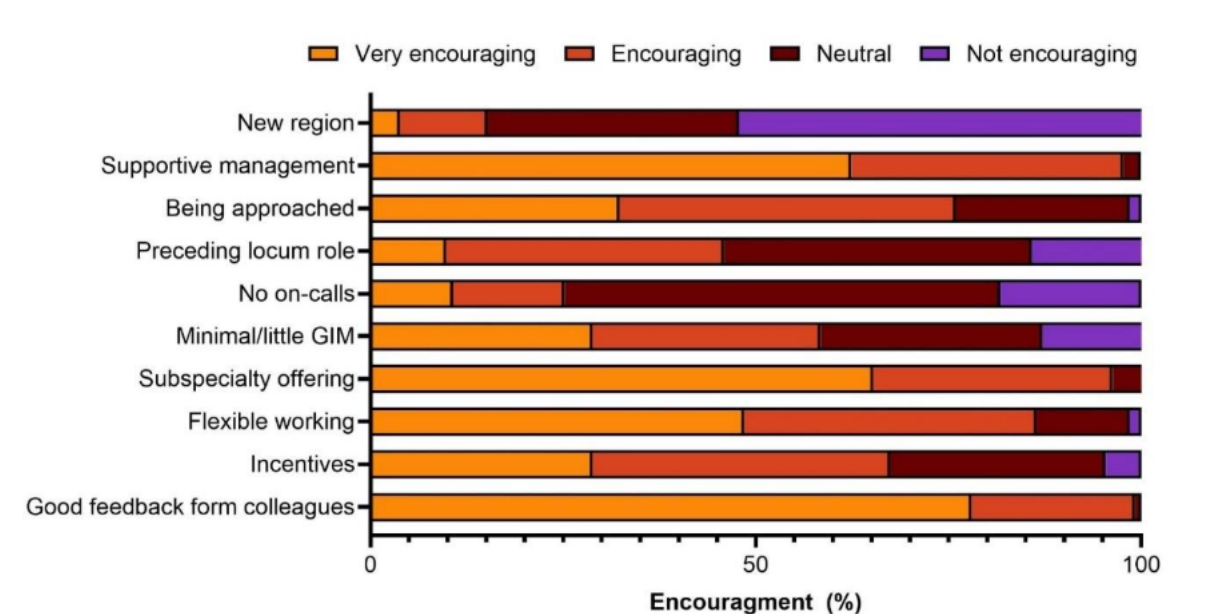


Figure 11: A supportive and collegiate environment would encourage applicants. Percentage of respondents to the BTS survey defining to what extent specific factors would encourage applicants to apply for a consultant job in a particular department (four-point scale, n=133).

- Thematic analysis

Respondents commented positively on the resources that they had available which included peer networks, supervisors, communication through word of mouth and formal interview courses (Table 5). However, they

highlighted several gaps including formal teaching and lack of support and mentorship and commented on the variability in resource across trainees. Many trainees commented on the opaqueness of interview processes, and reported difficulties understanding specific aspects of consultant life, for example job plans. Trainees criticised reliance on “word of mouth” and highlighted the greater challenges faced when applying out of deanery. Trainees also expressed difficulty in accessing available resources due to clinical commitments.

Trainees suggested improvements which included increased teaching, mentorship and support, in addition to methods to increase visibility of upcoming jobs.

Table 5: Complete list of responses for the question: Please provide any other comments regarding the consultant application process.

Theme	Subtheme	Responses (n=35)
Resources available		5
	Friends / network	1
	Supervisor	2
	Interview courses	2
	Word of mouth	3
Resource gaps/issues		23
	Teaching	7
	Support	2
	Mentorship	2
	Word of mouth	3
	Ad hoc / variable resource	1
	Opaque process	10
	Issue understanding specific aspects eg of job plan, PAs	3
	Decision making	1
	Out of deanery	1
	Interview	1
	Issues accessing resources	1
Improvement suggestions		3
	Information on vacancies	1
	“job fair”	1
	Course funding in study budget	1
Trainee experience		1
	Negative culture	1
	Excessive work load	1
Too junior to be relevant		8

Comparison with previous surveys

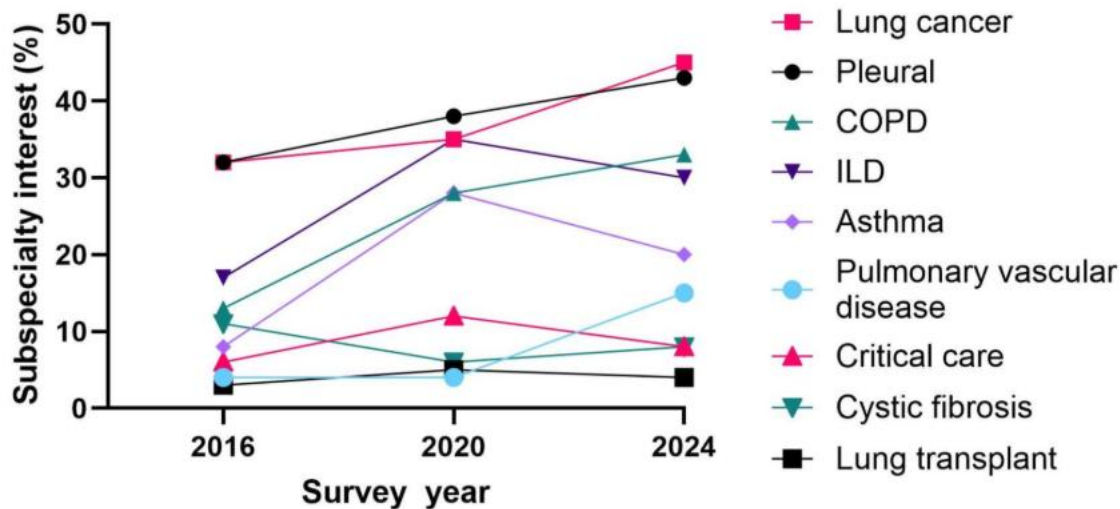


Figure 12: Respiratory subspecialty interest fluctuates over time.

Figure 12 shows percentage of respondents to the BTS survey over time indicating interest for selected subspecialties, data from survey of respiratory specialty trainees in 2016 (n=90), 2020 (n=144), and 2024 (n=138). Respondents in 2016 were asked to select a maximum of two subspecialty areas, whereas in 2024 there was no limitation on answer selection.

BTS survey categorisation of infection has changed over time and is therefore not represented in figure 12. It appears to be an increasingly popular choice with expressed interest in bronchiectasis (26%), infection – pneumonia (22%), and TB/NTM (21%). In 2020, the composite infection/bronchiectasis/TB/NTM category was selected by 28% (n=41) and in 2016 bronchiectasis was chosen by 14% (n=13) and TB by 12% (n=11). Interest in sleep changed from 4% (n=4) in 2016 to 14% (n=19) in 2024, with ventilation increasing from 9% (n=8) to 14% (n=20) across the same timespan. The combined sleep and ventilation category was chosen by 22% (n=31) in 2020. BTS survey categorisation of Sleep and ventilation has changed over the years and are therefore not represented in figure 12.

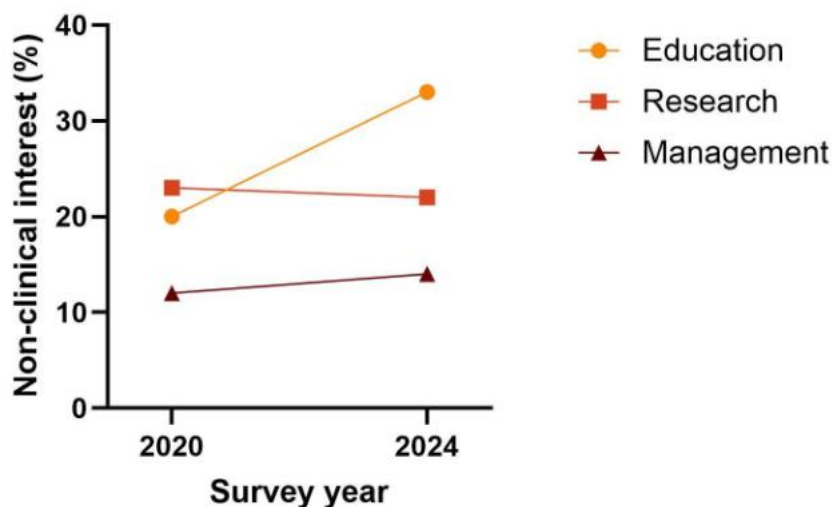


Figure 13: An interest in medical education appears increasingly popular.

Percentage of respondents to the BTS survey over time indicating interest for non-clinical areas, data from survey of respiratory specialty trainees in 2020 (n=144) and 2024 (n=138); the question was not assessed in 2016. This is shown in **figure 13**.

Discussion

The 2024 survey showed good engagement from trainees with a high response rate (22%, marginally higher than the 20% response rate in the 2020 survey). The demographic data highlighted the diversity amongst trainees, a key area of focus for BTS in recent years. The survey had a good response rate across most deaneries but there was a low number of responses comparatively from the devolved nations. This survey focused on several topics currently impacting on training and workforce planning which will be discussed in this section.

Support during training

Most trainees, 63%, felt well supported during the training programme. This is testament to the resilience of trainees but also the good supervision from clinical supervisors and the peer support provided by fellow HSTs and hospital colleagues. In terms of those that felt they could have more support or did not have support, the thematic analysis showed that the most common request for increased support is for the specialty certificate exam (SCE) and consultant job applications.

BTS provides a range of important educational resources for HSTs with respondents regularly accessing BTS guidelines, clinical statements and information on the BTS website. Only 18% regularly accessed BTS webinars despite the wide range of topics available. BTS will review how educational resources are shared and how the website and newsletters can be used to best effect.

Satisfaction levels on clinical supervision was higher in respiratory medicine compared to GIM. The thematic analysis highlighted a need for greater mentorship and more time to discuss cases as examples of greater support for trainees. This may be a reflection on GIM clinical pressures with reduced time for training or feedback. This lack of satisfaction in GIM supervision is having an impact on the consultant job preferences discussed later in this section.

Out of programme

For the first time the survey of BTS member specialty trainees sought to explore trainees' views on out of programme opportunities and interest. BTS and Thorax are keen to encourage more higher specialty trainees to undertake research. Recently, INSPIRE, a trainee-led research collaborative, has helped facilitate multi-centre research studies, providing an opportunity for trainees to get exposure to clinical research. The survey data shows that of the trainees interested in OOP, the majority are most considering OOPT/OOPE. This suggests that there is a need for more effort within the respiratory community in advertising and supporting trainees going into research or that structural barriers to this career path need to be addressed (6).

The responses from trainees on their OOP experience was mainly positive with very few responders stating that going out of programme disrupted their training or they would not recommend to their fellow trainees. The responses were particularly positive from those doing OOPR which is encouraging given the desire for more trainees to pursue research and academia. The most common barrier was not knowing where to access opportunities. BTS has organised a clinical research day short course in 2025. This will provide networking opportunities for HSTs keen to get involved in research and academia. BTS is keen to support those who wish to engage with research. A strong national trainee research network is crucial to attract more trainees to research and the work of INSPIRE is to be commended. The positive view of other OOP opportunities is encouraging and could be used by training programme directors and

educational supervisors to support trainees to pursue relevant opportunities locally and nationally. The most common barrier was not knowing where to access opportunities. There was also a significant concern around completing training quickly and OOP not being financially viable. Consequently, deanery training programmes or speciality training committees may wish to seek views of local trainees to assess the need for more assistance in these areas.

Flexible training (LTFT training)

The increased trend towards flexible training has been consistent over recent years and this survey suggests this will be sustained, given that 79% of responders either already work LTFT or would like to consider this during their future training. The factors driving these changes were not explored in this survey, but there may be scope to do this in future surveys. The demands of training and adapting to a new curriculum alongside clinical pressures have raised concerns of burnout and increased anxiety amongst trainees (7). A survey of cardiology registrars by the British Junior Cardiologists Association showed high rates of depression, anxiety and burnout (8). Other factors that may be contributing to this trend in flexible training include a smoother application to train flexibly. In some regions, there are flexible training champions and flexible training trainee representatives that offer important support. Additionally, more trainees do not have to give a reason in their application which has made the process easier.

This is likely to have an impact on workforce planning for higher specialty trainees and for future consultant posts, as 91% are considering some form of LTFT or compressed hours after CCT. This is further evidenced by 65% of trainees expressing an ability to work less than full time as an important or very important determinant of their consultant job.

Consultant job planning and applications

Previous surveys had focused on consultant job intentions and applications, and the 2024 survey repeated these questions, revealing similar results. Location, specific team or department and type of hospital were the most important determinants of selecting a consultant job. With the onset of a more compressed specialty training programme (3), the GIM component of training has been under recent scrutiny. More trainees felt that minimal or no GIM commitment would be encouraging in a consultant job which would suggest that registrars would ideally avoid GIM in their consultant jobs but acknowledge that it is likely to be a necessity. It would be useful to assess the trend in this area in future surveys.

These results are perhaps not surprising when analysing the factors which would encourage trainees to apply for consultant posts. In particular, the thematic analysis highlighted the fact that trainees feel that they need more support during the application process. BTS will consider how best to support trainees working, recognising that there are existing sources of support via educational supervisors and training programme directors.

Conclusion

The 2024 BTS national survey provides valuable insights from HSTs on their current training experiences. The results of the survey when reviewed alongside other surveys should provide an important resource for training programme directors and specialty training committees. The results of the survey have already resulted in influencing symposia at BTS Summer and Winter Meetings.

BTS is committed to supporting higher specialty trainees. This is evident in not just the excellent BTS educational resources, but also through the several committees and advisory groups with specific trainee representation. Continued engagement from HSTs with BTS will help ensure trainees' views are acknowledged and any issues are addressed appropriately.

Acknowledgements

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