

National training survey briefing note 3

Changes to the questionnaire in 2013

Last year's focus was to improve the system to report faster and increase the quality of the underlying data. This year, in response to your feedback we aim to deliver year on year reporting and aggregated reports. This means we need to keep changes to questions to a minimum.

This briefing note explains what aspects of the questionnaire have changed and why. You'll find the full questionnaire at Annex A and the questionnaire for Foundation specific questions at Annex B.

None of the published indicators are changing this year.

Clinical Supervision Out of Hours

The existing Clinical Supervision indicator does not differentiate between daytime (Monday to Friday) and out-of-hours (night-time and weekends) working. We know from other sources of evidence, for example, reports from deaneries, the GMC's responses to concerns process, GMC visits and survey free text comments that the quality of supervision differs from daytime to out-of-hours. As it stands a trainee who works both at day and at night has no way of indicating which supervision they are rating.

Therefore we have introduced pilot questions for a potential new indicator for Clinical Supervision Out of Hours.

This includes questions that match the existing Clinical Supervision indicator to allow direct comparison. We will not be publishing the results of this indicator in 2013, but instead will carry out analysis to check the validity and reliability of the indicator before deciding whether to include it in the reports in 2014.

Multi-site working

Multi-site working is a multi-faceted and complex issue. Currently we, and deaneries who provide trainee data, only record one location against each trainee.

In 2012 we included a question asking trainees whether they worked across more than one site. Around 25% (over 12,000) said they did. During development of the 2013 survey deaneries contributed by completing a survey asking what information they hold about multi-site working. We know from this that there are many permutations of multi-site working arrangements, differing from programme to programme and from deanery to deanery.

This could mean a number of things. Firstly there are locations which are not being reported on because the trainee working there is recorded against another site. Secondly, there are locations whose results may be skewed because the trainee is rating another site when they answer the questions.

There is no obvious solution to the problem. Before we draw any conclusions we are aiming to gather as much information about this as possible. Therefore we have expanded the number of questions about multi-site working this year to give us the extra detail we need. Following the 2013 survey, we will be able to analyse this extra information to help us decide what, if any, action we take to resolve the issue in the future.

Patient safety

Up to 2011, we provided a single free text box for general comments. Inevitably, trainees used this box to report patient safety concerns. This was impractical as it required us to review, categorise and collate over 40,000 comments every year before we could take any action on the concerns raised.

In 2012 we separated comments questions into:

- Comments about this survey
- Concerns about patient safety
- Comments about your training

The final question asked trainees to categorise their comments to make it easier for us to review them.

Concerns about patient safety are immediately flagged in our system, allowing us to act, if required, before the survey closes.

Feedback from deaneries has helped us identify improvements to the questions and survey text around our patient safety concerns. For example, it was not immediately clear whether the concern raised was historic or current. While the question did ask if the trainee had previously raised the concern locally it was not immediately obvious whether the local systems satisfactorily dealt with the concern.

We have revised these questions to help deaneries and LEPs identify when action or investigation might still be required.

We are also taking steps to improve the way we share patient safety data with deaneries during the survey. You will hear more about this from us shortly.

Academic routing

In 2012 questions about academic training were presented to trainees in academic posts and to other trainees who answered “Yes” to the question “are you an academic trainee?”

This caused some problems as the definition of ‘academic’ is open to differing interpretations and many trainees who do not fit our description of academic were routed to, and answered, inappropriate questions.

We have therefore changed the question that routes these trainees to give a clearer definition of what we mean by academic training.

Q Which, if any, of the following academic trainee roles do you currently hold?

Please note – an academic traineeship occurs when a trainee is undertaking formal academic training alongside their clinical training or has taken time out of clinical training to undertake academic training.

- A
- I am not an academic trainee
 - Academic Foundation Trainee (AFT)
 - NIHR Clinical Lecturer - England (NIHR funding) (CL)
 - Clinical Lecturer – England (other funding), Wales (CL)
 - Clinical Lecturer - Scotland
 - Academic Clinical Lecturer – Northern Ireland (ACL)
 - NIHR Academic Clinical Fellow – England (NIHR funding) (ACF)
 - Academic Clinical Fellow – England (other funding), Wales, Northern Ireland (ACF)
 - Clinical Research Fellow – Scotland
 - Clinical Teaching Fellow – Scotland
 - Other academic role

All but those who choose “I am not an academic trainee” will be presented with the academic questions.

Specialty specific questions – Programme specialty

As we did in 2012, we offered all the Royal Colleges and Faculties the opportunity to update their specialty specific questions for the 2013 survey.

This year they had the benefit of looking at the previous year’s results alongside the questions before deciding whether to make any changes.

Just under half the specialties have updated their questions, ranging from wholesale changes to minor tweaks. This includes question sets from two specialties that did not have questions last year.

We have reviewed all the suggested changes, following our research expert’s good practice guidance, and finalised all the specialty specific questionnaires in discussion with the specialty advisory committees.

Specialty specific questions - Supervised learning events for Foundation

Working with the Academy of Medical Royal Colleges (AoMRC) and the UK Foundation Programme Office (UKFPO), we have reviewed the programme specific questions for F1 and F2 doctors.

Foundation trainees have previously been required to complete workplace based assessments (WPBAs). From August 2012, this system was changed to supervised learning events (SLEs). The 2013 survey offers a unique opportunity to question trainees who have experienced both systems (the 2012-13 Foundation year 2 doctors).

This year, we have introduced questions suitable to capturing the differences in trainees’ perceptions of the two systems. This information will contribute to our evaluation of implementation of SLEs.

Student selection into medical schools

We have a policy work project considering student selection into medical school in relation to fair access and widening participation.

To support our research in this area, we have included some questions to help us understand the socioeconomic status of trainees during their teenage years.

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