

## National training surveys – briefing note 3

### Changes to the questionnaire for 2018

Following a review of the questions contained within them, both the survey for doctors in training and clinical and educational supervisors will be updated.

This briefing note explains what has changed in the surveys for 2018 and why. A copy of the demographic and generic questions for all doctors in training (the 'trainee survey') can be found in **Annex A** with questions specifically for doctors training in the foundation programme outlined in **Annex B**. **Annex C** lists the demographic and generic questions for clinical and educational supervisors (the 'trainer survey'). This year clinical and educational supervisors on GP programmes will answer, where appropriate, modified questions to reflect their different working arrangements; these are covered in **Annex D**.

#### Summary of 2018 questionnaire developments

- Questions on burnout will be piloted within trainee and trainer surveys
- The trainer survey will now include a questionnaire designed specifically for GP clinical and educational supervisors
- Last year's pilot questions on *rota design* will be retained within both surveys, as will the *local teaching* and *regional teaching* indicators within the trainee survey
- We have made small improvements to the trainee *educational supervision* and *induction* questions, and the *overall satisfaction* indicator in the trainer survey.

#### Trainee survey changes

##### Local teaching, regional teaching, time for training & quality of teaching

*Local teaching* and *regional teaching* will be retained as indicators for 2018. Following analysis of *time for training* and *quality of teaching*, test indicators in 2017 design to replace *local teaching* and *regional teaching*; it was found that they did not work well as stand-alone indicators. Feedback from doctors in training and other stakeholders suggested that they found the *local teaching* and *regional teaching* distinction to be more meaningful and easier to interpret.

Some of the questions tested for *time for training* will be retained and replace some of the questions highlighted as underperforming within *local teaching* and *regional teaching*.

Annex A includes the question composition of the *local teaching* and *regional teaching* indicators.

### Rota design

*Rota design* questions will be retained in the survey following a successful pilot in 2017 and will be included in the reporting tool this year. Following feedback from trainee doctors that the wording of one of the questions may be confusing we will be testing a revised version of this for 2018 that is intended to improve the clarity of the question. Following analysis of results a decision will be made on which version of the question to include in the rota design reporting for 2018.

GENHQ137	Rota design	In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable
GENHQ205	Rota design	In my current post, educational/training opportunities are FREQUENTLY lost due to gaps in the rota.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable

### Educational supervision

GENHQ05 and GENHQ08 have been removed from the survey for this year as almost all trainees now respond yes to these questions, resulting in inflated indicator scores. In order to identify instances where trainees are without an educational supervisor an answer option of "N/A I do not have an educational supervisor" has been applied to existing question item GENHQ155.

GENHQ05	Educational supervision	Did you have a designated educational supervisor (the person responsible for your appraisal) in this post?	Yes   No   Not sure
GENHQ08	Educational supervision	In this post did you use a learning portfolio?	Yes   No   Not sure   Not Applicable

### Induction

Following the statistical analysis of 2017 survey results a question that was piloted as part of *rota design* in 2017 was found to correlate much better with the existing indicator question items.

GENHQ131	Induction	I was given enough notice about my rota in advance of starting my current post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable
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GENHQ131 will be included as an *induction* question item for 2018.

## Trainer survey changes

### Overall satisfaction

Following analysis of the 2017 survey results a new grouping of existing survey questions has been identified as providing a better measure of *overall satisfaction* within the trainer survey and this will be reported from 2018.

### Rota design

As with the trainee survey, we will be testing a modified version of an existing *rota design* question for 2018. This is intended to improve the clarity of the question and following analysis of results a decision will be made on which version of the question to include in the *rota design* indicator in the reporting tool for 2018.

### GP clinical and educational supervisors

Following the 2017 survey we received feedback relating to the GP trainers' ability to respond to several aspects of the survey. A number of doctors found that some survey questions didn't relate to them and considered the question phrasing to not reflect the particular working environments of a GP clinical and educational supervisor.

In order to address this we have worked closely with the Royal College of GPs and other stakeholders this year to identify which questions were most problematic for GP respondents and update these where appropriate.

Annex D includes the full question set that will be completed by clinical and educational supervisors on GP programmes.

## Burnout questions

The work-based burnout questions that will be included in the survey are taken from the *Copenhagen Burnout Inventory* – an internationally recognised and validated question set designed to measure wellbeing. Work-related burnout is defined in the *Inventory* as a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

We are testing these questions due to growing concerns about the impact of working conditions on doctors' personal lives, including how pressures could lead to burnout, and have a negative impact on doctors' wellbeing.

Over the last year, we have worked with doctors, their representatives and educators to explore how we can sensitively measure wellbeing in a way that survey respondents will feel comfortable with, and which will allow us to explore trends in burnout among doctors in training and trainers.

These questions are optional and are included this year on a pilot basis. The NTS confidentiality and data privacy policy applies to these questions and responses will only ever be reported in aggregated form. Individual responses will not be identifiable.

Trainee doctors and clinical and educational supervisors will be asked the same burnout questions; the exact questions can be found in Annex A, C and D.

## **Contact**

If you have any queries please email [NTS@gmc-uk.org](mailto:NTS@gmc-uk.org)