

## Briefing note 3 – annex A

### Generic and demographic final questionnaire

Page number	Question number	Question	Answers	Area	Branching
2	OPENQ11	Are you working less than full time?	Yes   No	Demographic	
2	OPENQ09	How many hours per week are you contracted to work?  In some weeks you may work more than 48 hours. However, please give your average over your post.	20 or less 21-30 31-40 41-48 49-56 More than 56	Demographic	
2	OPENQ10	On average, how many hours per week do you ACTUALLY work in this post?  In some weeks you may work more than 48 hours. However, please give your average over your post.			
3	<b>Thank you for completing the questions about your working arrangements. Click next to move to the next section.</b>				
4	Questions about your post. Estimated time for completion: 10 minutes				
5	GENHQ02	Did you get all the information you needed about your workplace when you started working in this post?	Yes   No   Not sure   Not Applicable	Induction	
	GENHQ03	Did someone explain your role and responsibilities in your unit or department at the start of this post?			
	GENHQ04	How would you rate the quality of induction in this post? (This refers to your induction to the organisation in which you worked.)	Excellent   Good   Fair   Poor   Very poor		
6	GENHQ05	Did you have a designated educational supervisor (the person responsible for your appraisal) in this post?	Yes   No   Not sure	Educational supervision	

Page number	Question number	Question	Answers	Area	Branching
6	GENHQ06	Did you sit down with your educational supervisor and discuss your educational objectives for this post?	Yes   No   Not sure   Not Applicable	Induction	
	GENHQ07	In this post did you have a training/learning agreement with your educational supervisor, setting out your respective responsibilities?	Yes   No   Not sure   Not Applicable	Educational supervision	
7	GENHQ08	In this post did you use a learning portfolio?	Yes   No   Not sure   Not Applicable	Educational supervision	
	GENHQ09	In this post were you told who to talk to in confidence if you had concerns, personal or educational?			
8	GENHQ10	How would you rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post?	Excellent   Good   Fair   Poor   Very poor	Overall satisfaction	
	GENHQ15	In this post who provided the local/departmental teaching?	Other trainees without senior supervision   Other trainees with senior supervision   A mixture of both trainees and seniors   Senior doctors   Other e.g. Specialist Nurse	Local teaching	
	GENHQ11	How would you rate the quality of this local/departmental teaching for this post?	Excellent   Good   Fair   Poor   Very poor		
9	GENHQ12	For how many hours per week was the local/departmental basis specialty-specific teaching provided in this post?	Less than 1 hr   1-2 hrs   2-4 hrs   5-8 hrs   More than 8 hrs	Local teaching	
	GENHQ13	When attending these local/departmental sessions, in this post, how often did you have to leave a teaching session to answer a clinical call?	Never, it was protected time   Never, but it was not specifically protected time   Some sessions   Once every session   Multiple times each session		
	GENHQ14	When attending these local/departmental sessions in this post who covered your service work? (Please tick all the options that apply).	Not covered   Designated trainee who would otherwise attend teaching   Designated trainee who would not attend teaching anyway   Designated senior doctor   Nurse specialist   Other		
10	GENHQ16	In this post, was specialty-specific teaching provided on a deanery/regional/school wide basis?	Yes - all of it   Yes - most of it   No	Regional teaching	"Yes - all of it" and "Yes - most of it" branch to GENHQ17, "No" branches to GENHQ20

Page number	Question number	Question	Answers	Area	Branching
11	GENHQ17	In this post how frequently was this deanery/regional/school specialty-specific teaching provided?	Weekly   Fortnightly   Monthly   Bi-monthly   Less frequently	Regional teaching	
	GENHQ18	Were you able to attend these whilst in this post?	Yes, every time   Yes, most of the time   Yes, some of the time   No   Not applicable - none have taken place yet		
	GENHQ19	How would you rate the quality of this deanery/regional/school specialty-specific teaching for this post?	Excellent   Good   Fair   Poor   Very poor		
12	GENHQ20	Overall, how would you rate the educational resources available to you in this post?	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable	Access to educational resources	
12	GENHQ21	How good or poor was access to each of the following in your post?  Library	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable	Access to educational resources	
	GENHQ22	Online journals			
13	GENHQ23	How good or poor was access to each of the following in your post?  E-learning resources	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable	Access to educational resources	
	GENHQ24	Internet access			
	GENHQ25	Space for private study			
14	GENHQ26	How good or poor was access to each of the following in your post?  Equipped rooms for group teaching	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable	Access to educational resources	
	GENHQ27	Simulation facilities			
15	GENHQ50	In this post how would you rate the encouragement you had to take study leave?	Excellent   Very good   Good   Neither good nor poor   Poor   Very poor	Study leave	
	GENHQ51	In this post were you able to access funds to cover the cost of all courses that were recommended for you to complete?	Yes   No   Not Applicable		
	GENHQ52	Were any days subtracted from your study leave allowance for compulsory training in this post (in or out of hospital)?	Yes   No   Don't know		

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16	GENHQ28	How often did you have informal feedback from a supervisor/public health consultant/senior colleague on how you were doing in this post?	Daily   Weekly   Monthly   Rarely   Never	Feedback	
	GENHQ29	Did you have a formal meeting with your supervisor to talk about your progress in this post?	Yes, and it was useful   Yes, but it wasn't useful   No, but this will happen   No, but it wasn't necessary   No, but I would like to		
	GENHQ30	Did you have a formal assessment of your performance in the workplace in this post?			
17	GENHQ95	Please state whether you agree or disagree with the following statements about your post:  Handover arrangements in this post BETWEEN SHIFTS ensure continuity of care for patients	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	Handover	
	GENHQ96	Handover of patients BETWEEN DEPARTMENTS in this post ensures continuity of care			
	GENHQ97	Appropriate members of the multidisciplinary team are included in handover			
18	GENHQ33	How would you rate the intensity of your work, by day in this post?	Very light   Light   About right   Heavy   Very heavy	Workload	
	GENHQ34	How would you rate the intensity of your work, by night in this post?	Not applicable   Very light   Light   About right   Heavy   Very heavy		
19	GENHQ35	In this post, how often have you worked beyond your rostered hours?	Daily   Weekly   Monthly   Rarely   Never	Workload	
	GENHQ61	In this post how often, if at all, have you been asked to or felt pressured to submit a record of hours worked that were less than the hours you actually worked?	Never   Once   More than once		Demographic
	GENHQ36	In this post, how often did your working pattern leave you feeling short of sleep when at work?	Daily   Weekly   Monthly   Rarely   Never		Workload
20	GENHQ37	In this post did you always know who was providing your clinical supervision when you were working?	Yes and they were accessible   Yes, but they were not easy to access   No, but there was usually someone I could contact   No, there was no one I could contact   Not applicable	Clinical supervision	
	GENHQ38	In this post how often, if ever, were you supervised by someone who you felt wasn't competent to do so?	Daily   Weekly   Monthly   Rarely   Never		

Page number	Question number	Question	Answers	Area	Branching
21	GENHQ39	In this post how often did you feel forced to cope with clinical problems beyond your competence or experience?	Daily   Weekly   Monthly   Rarely   Never	Clinical supervision	
	GENHQ40	In this post how often have you been expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?	Daily   Weekly   Monthly   Rarely   Never   Not applicable		
22	GENHQ70	In this post have you worked out of hours (this includes night shifts and weekends)?	Yes   No   Not applicable		"Yes" branches to GENHQ71, "No" and "Not applicable" branch to GENHQ78
23	GENHQ71	The following questions relate to clinical supervision OUT OF HOURS.  In this post, OUT OF HOURS, did you always know who was providing your clinical supervision when you were working?	Yes and they were accessible   Yes, but they were not easy to access   No, but there was usually someone I could contact   No, there was no one I could contact   Not applicable	Clinical supervision out of hours	
	GENHQ72	In this post, OUT OF HOURS, how often, if ever, were you clinically supervised by someone who you felt wasn't competent to do so?	Daily   Weekly   Monthly   Rarely   Never		
	GENHQ73	In this post, OUT OF HOURS, how often did you feel forced to cope with clinical problems beyond your competence or experience?			
24	GENHQ74	In this post, OUT OF HOURS, how often have you been expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?	Daily   Weekly   Monthly   Rarely   Never   Not applicable	Clinical supervision out of hours	
	GENHQ75	How would you rate the quality of clinical supervision, OUT OF HOURS, in this post?	Excellent   Good   Fair   Poor   Very poor		
25	GENHQ78	Please state whether you agree or disagree with the following statement about your post  In general, the working environment is a supportive one.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	Supportive environment	
	GENHQ79	Staff, including doctors in training, are treated fairly.			
	GENHQ80	Staff, including doctors in training, treat each other with respect.			

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25	GENHQ81	The working environment is one which helps build the confidence of doctors in training.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	Supportive environment	
	GENHQ82	If I were to disagree with senior colleagues, they would be open to my opinion.			
26		<p><b>Raising written bullying/undermining concerns about your training post</b></p> <p><b>What is the process?</b></p> <p>1. We require that all concerns will be investigated by your deanery/LETB (LETB is the name for deaneries in England).</p> <p>2. To investigate your comment, we will share the following with your deanery/LETB:</p> <ul style="list-style-type: none"> <li>• Your verbatim comment</li> <li>• Your training site</li> <li>• Your post specialty</li> <li>• Your programme specialty</li> <li>• Your training level</li> </ul> <p>3. The deanery/LETB will liaise directly with the organisation/trust you are working for (your employer), in order to undertake a thorough investigation, as appropriate.</p> <p>4. We check each deanery/LETB response, to ensure that we are satisfied with the outcome.</p>		Bullying and undermining	

Page number	Question number	Question	Answers	Area	Branching
26		<b>Am I guaranteed anonymity?</b>  No.  Your individual answers to the multiple choice questions in the survey will always remain confidential.  Concerns about bullying/undermining that you raise within the survey will also be treated as confidential, and will not be made public by the GMC or shared outside the GMC's Education Directorate. However, because of the importance of ensuring a safe training environment, this is subject to three exceptions.  Firstly, as explained above we will share your verbatim comment and other information about you with your deanery/LETB so that they can investigate your concern.  We will not routinely share your identity when we share your concern. However, in some cases, the deanery/LETB may ask who you are so they can ask you for further details about your concern. In this case, we will share your identity. This is because of the importance of addressing any issues that can create an unsafe training environment. We will inform you before we do this.  Secondly, if the concern you raise about bullying/undermining becomes relevant to a fitness to practise investigation then we will share your comment with the Fitness to Practise Directorate. We will inform you before we do this. This could include circumstances where fitness to practise proceedings are taken against a doctor, where there are grounds to believe that doctor has raised a concern that is not honest or made in good faith.  We will share comments with appropriate regulatory bodies where there is a legitimate need to do so  In all of the above situations, we expect your full co-operation with the process. We value your openness and transparency and we will support you provided that you act honestly and in good faith.  <b>Raising concerns about a doctor's fitness to practise</b>  It is not appropriate to raise concerns about a doctor's fitness to practise here in the national training survey. Your comment in the survey is not a fitness to practise referral. If your concern is about the fitness to practise of a doctor, please see the <a href="#">guidance on raising concerns on our website</a> , where you can also find details of our confidential helpline.			

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26	GENHQ84	Have you been the victim of, or witnessed, any bullying or harassment in this post?	Yes, and I wish to report it here   Yes, but I don't want to report it here   No	Bullying and undermining	"Yes, and I wish to report it here" branches to GENHQ85, "Yes, but I don't want to report it here" branches to GENHQ122, "No" branches to GENHQ100
27	GENHQ85	<p><b>Your bullying or undermining concern</b></p> <p>Please use the text box below.</p> <p>Your comment will be taken seriously and investigated. This means that it is your responsibility to:</p> <ul style="list-style-type: none"> <li>• write factually and accurately about your own experience, not hearsay</li> <li>• describe specific incidents</li> <li>• describe specific behaviours</li> </ul> <p>Please note there is a limit of 2,000 characters within the box. If you exceed the limit, you will encounter an error message.</p> <p>Once finished, please use the categorisation questions below.</p>	Free text	Bullying and undermining	
	GENHQ87	Please specify who has been doing the undermining/bullying described in your concern (please select all that apply)	Consultant/GP (within my post)   Consultant/GP (outside my post)   Nurse/midwife   Other doctor   Other trainee   Management   Patient/relative   Other (please specify)		
	GENHQ88	If you selected 'other' please provide a description.	Free text		
	GENHQ89	Which behaviour types describe your concern? (Please select all that apply)	Belittling or humiliation   Threatening or insulting behaviour   Deliberately preventing access to training   Bullying relating to a protected characteristic   Other (please specify)		

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28	GENHQ122	Which of the following describes why you don't want to report this? (Please select all that apply)	The issue has already been resolved locally   I have raised it, or intend to raise the issue locally instead   I don't think the issue is serious enough to report   I don't think reporting will make a difference   Fear of adverse consequence   Other	Bullying and undermining	
29	GENHQ100	Please state whether you agree or disagree with the following statements about your post:  I have been made aware of how to report patient safety incidents and near misses	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	Reporting systems	
	GENHQ101	There is a culture of proactively reporting concerns			
	GENHQ102	There is a culture of learning lessons from concerns raised			
	GENHQ103	I am confident that concerns are effectively dealt with	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   N/A (not aware of any concerns being raised)		
	GENHQ104	When concerns are raised, the subsequent actions are fed back appropriately			
30	GENHQ53	In this post did you have difficulty obtaining study leave for any of the following reasons? (Please tick all the options that apply).	No difficulty   Yes - fixed leave pattern   Yes - other difficulties due to local rota policies   Yes - failure to find prospective cover   Yes - active discouragement from seniors   Yes - leave refused as reason deemed educationally inappropriate/unhelpful   Yes - administrative difficulties	Study leave	
31	GENHQ54	How would you rate the quality of clinical supervision in this post?	Excellent   Good   Fair   Poor   Very poor	Overall satisfaction and Clinical supervision	
	GENHQ55	How would you rate the quality of experience in this post?	Excellent   Good   Fair   Poor   Very poor	Overall satisfaction	
	GENHQ56	How would you rate the practical experience you were receiving in this post?	Excellent   Good   Fair   Poor   Very poor	Adequate experience	

Page number	Question number	Question	Answers	Area	Branching
32	GENHQ57	How confident are you that this post will help you acquire the competencies you needed at that particular stage of your training?	Very confident   Fairly confident   Neutral   Not very confident   Not at all confident	Adequate experience	
	GENHQ58	How would you describe this post to a friend who was thinking of applying for it?	Excellent   Good   Fair   Poor   Very poor	Overall satisfaction	
	GENHQ59	How useful do you feel this post will be for your future career?	Very useful   Useful   Fairly useful   Not very useful   Useless	Overall satisfaction	
33		As part of a project looking into the impact of revalidation, we would appreciate your answers to the following questions.		Revalidation	
	GENHQ124	To what extent do you agree or disagree with the following statement? My educational supervisor encourages me to reflect on my strengths and/or weaknesses.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree		
	GENHQ125	In this post, have you discussed revalidation with anyone?	Yes   No	Revalidation	"Yes" branches to GENHQ126, "No" branches to GENHQ76
34	GENHQ126	In this post, who have you discussed revalidation with? (Please select all that apply)	Clinical supervisor   Educational supervisor   ARCP or RITA review panel   Other trainees   Other senior colleagues   Other	Revalidation	
	GENHQ127	If you selected 'other' please provide a description.	Free text		
35	GENHQ76	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.	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	Academic	"I am not an academic trainee" branches to programme specific questions, if applicable, all other answers branch to GENHQ77.

Page number	Question number	Question	Answers	Area	Branching
36	GENHQ77	Have you used your protected research time to undertake research in the last 12 months?	Yes   No	Academic	"Yes" branches to academic questionnaire, "No" branches to programme specific questions.

Academic questionnaire not presented here. Respondents who hold one of the academic training roles listed above and who have used their protected research time in the last 12 months will answer approximately 20 questions about their academic training role.

**37 Thank you for completing the questions about your post. Click next to move to the next section.**

Programme specific questions not presented here. Respondents answer between 0 and 20 questions about their programme, set by the respective Royal Colleges or Faculties. The questions presented depend on the respondent's training programme and training level.

38 Closing questions. Estimated completion time: 2 minutes

39	CLSGQ02	<p>We would appreciate your help in completing the following Equality and Diversity Monitoring questions. Any answers you give will be used to help us to fulfil our statutory duties and our responsibilities under the Equality Act 2010. For example, your information will help us regulate medical education and training and ensure progression through GMC approved training programmes is fair and free from discrimination. We will aggregate and anonymise any information we publish so that your answers cannot be identified.</p> <p>What is your ethnic group?</p>	<p>White - English/Welsh/Scottish/Northern Irish/British   White - Irish   White - Gypsy or Irish Traveller   White - Any other White background (please write in)   Mixed/Multiple ethnic groups - White and Black Caribbean   Mixed/Multiple ethnic groups - White and Black African   Mixed/Multiple ethnic groups - White and Asian   Mixed/Multiple ethnic groups - Any other Mixed/multiple ethnic background (please write in)   Asian/Asian British - Indian   Asian/Asian British - Pakistani   Asian/Asian British - Bangladeshi   Asian/Asian British - Chinese   Asian/Asian British - Any other Asian background (please write in)   Black/African/Caribbean/Black British - African   Black/African/Caribbean/Black British - Caribbean   Black/African/Caribbean/Black British - Any other Black/African/Caribbean background (please write in)   Other ethnic group - Arab   Other ethnic group - Any other ethnic group (please write in)   Prefer not to say</p>	Demographic	"Other ethnic group – Any other ethnic group (Please write in)" branch to CLSGQ03, all others branch to CLSGQ50?
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	CLSGQ03	Ethnicity description. If you selected 'other' please provide a description of your ethnicity.	Free text	Demographic	
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40	CLSGQ50	Are you disabled?	Yes   No   Don't know   Prefer not to say	Demographic	
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41	CLSGQ51	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?	Yes, limited a lot   Yes, limited a little   No   Prefer not to say	Demographic	"Yes, limited a lot" and "Yes limited a little" branch to CLSGQ05, "No" and "Prefer not to say" branch to CLSGQ25
42	CLSGQ05	In this post, do/did you require adjustment(s) to be made so you can carry out your work?	Yes   No	Demographic	"Yes" branches to CLSGQ06, "No" branches to CLSGQ25
43	CLSGQ06	Have any adjustment(s) been made so you can carry out your work in this post?	Yes - all adjustments have been made   Yes – some adjustments have been made but not all of them   No – the adjustments I need have not been made	Demographic	"Yes - all adjustments have been made   Yes – some adjustments have been made but not all of them" branches to CLSGQ07?
44	CLSGQ07	Please insert any comments you have about the adjustments you require.	Free text	Demographic	

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45	CLSGQ75	<p><b>Patient Safety</b></p> <p>You now have an opportunity to raise any patient safety concerns about your post.</p> <p><b>All doctors have a duty to act when they believe patient safety is at risk, or when a patient's dignity or comfort is being compromised. This includes raising concerns through local channels when they arise.</b></p> <p><b>The organisation where you are currently working may be the most appropriate and effective place for you to raise the concern and this should be your first consideration.</b></p> <p><b>What is the process?</b></p> <ol style="list-style-type: none"><li>1. We require that all concerns raised in your response to this question should be investigated by your deanery/LETB (LETB is the name for deaneries in England).</li><li>2. To investigate your comment, we will share the following with your deanery/LETB:<ul style="list-style-type: none"><li>• Your verbatim comment</li><li>• Your training site</li><li>• Your post specialty</li><li>• Your programme specialty</li><li>• Your training level</li></ul></li><li>3. The deanery/LETB will liaise directly with the organisation/trust you are working for, in order to undertake a thorough investigation, as appropriate.</li><li>4. We check each deanery/LETB response, to ensure that we are satisfied with the outcome.</li></ol>		Patient safety	

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45	CLSGQ88	<b>Am I guaranteed anonymity?</b>	<p>No.</p> <p>Your individual answers to the multiple choice questions in the survey will always remain confidential.</p> <p>Concerns about patient safety that you raise within the survey will also be treated as confidential, and will not be made public by the GMC or shared outside the GMC's Education Directorate. However, because patient safety must come first, this is subject to three exceptions.</p> <ol style="list-style-type: none"> <li>1. Firstly, as explained above we will share your verbatim comment and other information about you with your deanery/LETB so that they can investigate your concern.</li> </ol> <p>We will not routinely share your identity when we share your concern. However, in some cases, the deanery/LETB may ask who you are so they can ask you for further details about your concern. In this case, we will share your identity. This is because our first priority must be the care of patients. We will inform you before we do this.</p> <ol style="list-style-type: none"> <li>2. Secondly, if the concern you raise about patient safety becomes relevant to a fitness to practise investigation then we will share your comment with the Fitness to Practise Directorate. We will inform you before we do this. This could include circumstances where fitness to practise proceedings are taken against a doctor, where there are grounds to believe that doctor has raised a concern that is not honest or made in good faith.</li> <li>3. We will share comments with appropriate regulatory bodies where there is a legitimate need to do so.</li> </ol> <p>In all of the above situations, we expect your full co-operation with the process. We value your openness and transparency and we will support you provided that you act honestly and in good faith.</p>		
45	CLSGQ90	<b>Raising concerns about a doctor's fitness to practise</b>	<p>It is not appropriate to raise concerns about a doctor's fitness to practise here in the national training survey. Your comment in the survey is not a fitness to practise referral. If your concern is about the fitness to practise of a doctor, please see the <a href="#">guidance on raising concerns on our website</a>, where you can also find details of our confidential helpline.</p>		

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45	CLSGQ60	In this post, have you had any concerns about patient safety?	No   Yes, but they are already being addressed, or have been resolved   Yes, and they have not yet been addressed	Patient safety	"No" and "Yes, but they are already being addressed, or have been resolved" branch to end of survey, "Yes, and they have not yet been addressed" branches to additional guidance on page 45.
46	CLSG78	<p><b>What to include in your comment</b></p> <p>Please include in your comment (as appropriate):</p> <ul style="list-style-type: none"> <li>• a clear description of the incident or process giving rise to the risk, including location (for example: ward)</li> <li>• use accurate and factual examples relating to your personal experience, not hearsay</li> <li>• avoid commenting on wider general service issues which do not relate to a specific incident</li> <li>• if appropriate, suggest the improvements you believe would secure the safety of patients</li> </ul> <p>When finished, please answer the questions below.</p> <p>Please note there is a limit of 2,000 characters within the box. If you exceed the limit, you will encounter an error message.</p> <p>[free text]</p>		Patient safety	
47	CLSGQ63	If you work across multiple sites please tell us the Trust and/or Site where the concern applies.	Free text	Patient safety	
	CLSGQ65	When did you first become concerned about patient safety in your post?	Within the last month   Over a month ago but less than 3 months ago   Over three months ago		
	CLSGQ85	As far as you are aware, has this patient safety concern been reported (for example, to your employer or another body)?	Yes   No   Don't know	Patient safety	'Yes' branches to next question

Page number	Question number	Question	Answers	Area	Branching	
47	CLSGQ86	Who was the patient safety concern reported to?	My employer   My deanery/LETB   GMC   Another body   Don't know			
48	CLSG84	<p><b>Thank you for raising a patient safety concern</b></p> <p>The safety of patients is our first concern and we will now work with your deanery/local education and training board (LETB) and post provider to review the information you have provided and investigate the problem where appropriate.</p> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• We will share your verbatim comment with your deanery/LETB within five working days.</li> <li>• We will not automatically share your identity, but we will tell them your training site, post specialty and training level to help locate the concern</li> <li>• The deanery/LETB will liaise directly with the organisation you are training in, in order to undertake a thorough investigation, if one is necessary.</li> <li>• In some cases we will need to tell your deanery/LETB and your placement provider who you are to enable a thorough investigation of the problem. If we do this, we will let you know by email.</li> </ul> <p>You can read more about what happens to concerns raised in the survey <a href="#">on our website</a> and for more information about confidentiality please read our <a href="#">data protection notice</a>.</p>		Patient safety		
49		<p><b>Thank you for completing the final questions on the survey. Click next to move to the next screen which will show your completion code.</b></p>				