

National training survey briefing note 5

This briefing note sets out the work we have undertaken to review the questions and indicators that make up the National Training Survey.

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What you told us about the current survey questions

We met with deaneries, medical royal colleges, faculties and trainee representatives in summer 2011 to seek your views on the survey. Here are some of the things you told us about the survey questions:

- The questions covered the relevant areas, although some of the questions need reviewing (including generic and specialty specific)

- Any review should be conducted with academic rigour, by experts
- There are too many questions
- Some of the questions don't relate to standards
- There is a lack of clarity around what the indicators measure
- There is a lack of clarity around the use of the comments section

Survey review priorities for 2012

We recognise that in many areas, the survey provides important information to deaneries and local education providers and that wholesale changes to the survey would have a big impact on deaneries' quality management systems across the UK, as well as those of other stakeholders. We will not make wholesale changes without broader and more rigorous stakeholder engagement (see future changes to the survey, below).

With this in mind, our aim has been to be economic with our improvements, to make the best improvements possible with the least negative impact on stakeholders in the time available.

Therefore, our priorities for revising the questions for 2012 were:

- to reduce the size of the survey, to make it easier to complete
- to improve the relevance of the survey to our standards: *The Trainee Doctor 2011*
- to improve the statistical reliability of the survey, removing questions and indicators that do not measure what they are intended to measure
- to retain as much of the existing survey as we can, recognising that comparability is important

By delivering on our priorities, we are confident that the 2012 survey will be shorter, more relevant and more statistically reliable, but also that we have ensured that some comparison to 2011 responses will be possible.

Future changes to the survey

From spring 2012 we are going to start a programme of wider and more rigorous expert-led engagement with our stakeholders to discuss the future of the survey.

From spring 2012 we are going to start a programme of wider and more rigorous expert-led engagement with deaneries, Royal Colleges and Faculties and other stakeholders to discuss the future of the survey. This will begin with asking broader strategic and fundamental questions about the purpose of training surveys in the context of our quality assurance review.

From there we will work with you to develop a view of what the National Training Surveys should look like in years to come. The time we then take to roll out any changes will depend on how different the future model is from what we have now, but it is likely that this will take years rather than months.

In the shorter term, we will establish governance processes for the review and amendment of the survey questions each year. Even if we make no changes to the 2012 questions in 2013, it is still important that we check that they are relevant and timely before each survey goes ahead. Furthermore, we may want to consider introducing questions on issues that are important for that year only.

Expertise used to support the question review

We asked survey experts at NHS Education for Scotland (NES) to produce a report on the existing survey and help us choose which existing questions to keep and, where appropriate, write new questions for 2012.

- Mark Russell is a GP in Glasgow and a Research Fellow at NES.
- Justine Menzies is a Quality Improvement Manager at NES and a social research expert with six years experience of designing surveys at Ipsos MORI.

The scope of their report was:

- quantitative analysis by question and indicator
- good practice review of the wording of questions
- development of new questions in priority areas where the current questions performed poorly or questions were missing

The report showed us that, statistically, some of the indicators performed better than others.

NES presented their findings at a question-setting workshop in December where we decided which questions to include in the 2012 survey.

Also present at the workshop were representatives of COPMeD and the BMA.

Changes to the questionnaire

You can find the revised questionnaire (including demographic questions) at annex A.

We have reduced the number of generic questions from around 110 to a maximum of 59 per trainee.

Because we wanted to retain as much year-on-year comparability as possible, we kept changes to the questions within indicators to a minimum. Our choices were therefore restricted to retain, remove or replace indicators.

We removed the indicators that were the poorest performers statistically, including all those which were single question indicators and all those where a scale was recoded to a binary value. We have replaced those indicators that we removed, but felt were both important and appropriate to test in the survey. Where we did not replace the indicator, we felt that we could obtain better information from other places.

For example, we are undertaking a programme of research to identify the impact of the EWTR on postgraduate training in the UK, and we are confident that this will give us better data than the survey could. We have however, included a new stand-alone question, but this will not contribute to an indicator in 2012:

"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?"

We have also included questions for a test indicator called *Quality of Care*. This is one of our priority gaps.

We have included new questions around this area in the survey, but we will not display the indicator on our reporting tool in 2012.

The only indicator we have amended is Clinical Supervision. NES ran a statistical test to show where responses to questions in the survey correlated with indicators to which they did not currently contribute. Based on the results of this test, we have replaced this question:

"In this post please indicate your perception of the way in which critical events and near misses were reported in your department."

With this question (which now contributes to both *Clinical Supervision* and *Overall Satisfaction*):

How would you rate the quality of supervision in this post?

All the questions in 2012 will give us information that is relevant to our standards.

| Indicator name | Action | Replacement indicator |
|---|---------|---------------------------------|
| Educational Supervision | Retain | |
| Overall Satisfaction | Retain | |
| Clinical Supervision | Amend | |
| Feedback | Retain | |
| Adequate Experience | Retain | |
| Induction | Retain | |
| Undermining: consultant | Replace | Undermining |
| Undermining: other staff | Replace | Undermining |
| Local Teaching | Retain | |
| Handover | Retain | |
| Regional Teaching | Retain | |
| Responsibility for Clinical Supervision | Remove | |
| Work Load | Retain | |
| Hours of Education per week | Remove | |
| Work Intensity | Remove | |
| EWTD Compliance | Remove | |
| Procedural Skills Score | Remove | |
| Other learning opportunities | Remove | |
| Study Leave | Retain | |
| Access to Educational Resources | Replace | Access to Educational Resources |
| Redistribution of tasks | Remove | |
| Internet access | Replace | Access to Educational Resources |

Questions that do not contribute to indicators

In 2011, 50 of the generic questions did not contribute to indicators. There are a number of historic reasons for this. Some contributed particular statistics to the key findings reports, whereas some tested particular hypotheses, or supported extra analysis of the indicator findings outside of reporting. We recognise the value of these questions but to meet our priorities of making the survey shorter and more obviously relevant to our standards, we have decided to remove them.

We will introduce governance to make sure that, in future, we only retain questions that have a stated purpose.

Comments

One of the most labour-intensive parts of analysing the survey responses in previous years has been reviewing the free text comments from respondents. Each year a team in the GMC reads each comment, checks for concerns about patient safety and screens for confidential information.

This year we are asking trainees to categorise their comments so we make sure we understand what the comments are about from the trainee's perspective and we can respond faster to concerns, particularly those about patient safety.

Comments about this survey:

This will be presented to everyone and give the trainee the opportunity to give us their thoughts about the survey as thousands do every year.

Concerns about patient safety:

This will only be activated if the trainee answers 'yes' to the question 'Do you have any concerns about patient safety at your site?' The comment will be immediately flagged as an issue in our computer system giving us the chance to investigate any concerns straight away.

Comments about training:

This will be presented to everyone and give the trainee opportunity to comment about any other aspect of their training. They will also be asked to categorise their comments to help us sift and sort them when the survey closes.

The categories are:

- Bullying, undermining or discrimination
- Educational process (e.g. resources/facilities, feedback, study leave, assessment)
- General educational experience
- Rota arrangements or working hours
- Other

Specialty specific questions

All the Royal Colleges and Faculties have provided new specialty specific questions for the 2012 survey.

We gave them good practice guidance, which was written by NES. We then offered bespoke feedback for each set of questions they submitted, based on the good practice guidance.

We have reduced the total number of specialty specific questions in the survey from around 1400 to around 700.

Most trainees will answer 10 specialty specific questions in 2012.

In summary

We expect the changes described here to help improve goodwill with trainees, because the survey is 50% shorter and more relevant to the standards. We also expect the changes to give you and us better information, because we have improved the statistical reliability of the indicators. Furthermore, we have retained some comparability for year-on-year analysis.

With these improvements alongside the benefits we will see in other areas of the survey (data collection, survey management, reporting), we are looking forward to a successful National Training Survey in 2012.

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