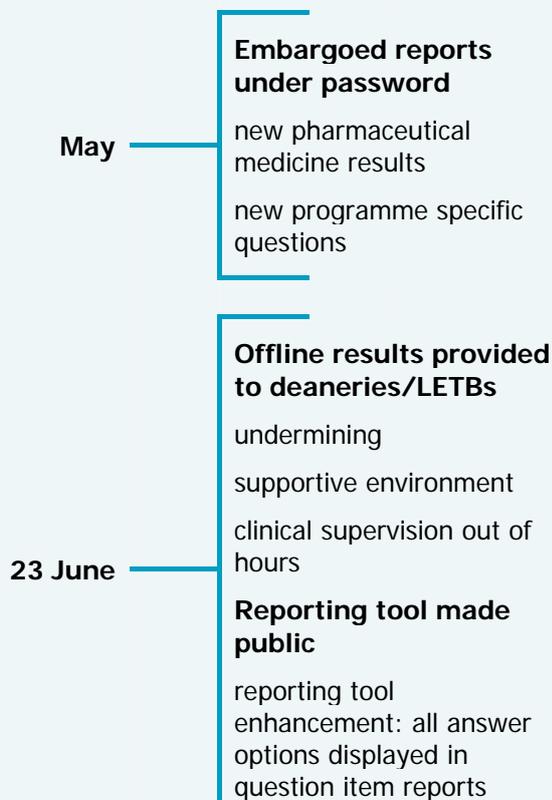# National training survey briefing note 5

Changes to survey reporting in 2014

This note covers the changes to the survey reporting tool and how results not reported in the tool will be shared.

- This year, for the first time, we will publish all the online survey reports at the same time, including trend, aggregation and programme specific questions.
- The design of the tool will be same as last year.
- The reporting tool will have three years of results to view.
- Pharmaceutical medicine trainees will be included in the reporting tool.
- Some Programme Specific Questions have changed so the data reported will be different.
- Results for questions on undermining, supportive environment and clinical supervision out of hours which are not published in the reporting tool will be shared with deaneries/LETBs by 23 June.

Summary timeline

May

Embargoed reports under password

new pharmaceutical medicine results

new programme specific questions

23 June

Offline results provided to deaneries/LETBs

undermining

supportive environment

clinical supervision out of hours

Reporting tool made public

reporting tool enhancement: all answer options displayed in question item reports

Changes to reporting tool results

Three years of data

This year marks the third year since we have brought the survey in-house. This means that in 2014 we will have three years of data in the reporting tool for the first time. This raises the value of the trend reports and the aggregation reports.

Trend reports

Trend reports allow users to view outlier reports side-by-side for the last three years of results. The reports display the outcome (red outliers, green outliers etc) and the score for each year to allow for comparison.

You can use trend reports to see how results have changed over time: have they improved or gotten worse? Does a particular site or specialty have red outliers for all three years?

Aggregation

The reporting tool only displays results where there are three or more respondents for that report. This means that some small sites and specialties cannot see any results.

Aggregation allows you to combine up to three years of results to display a report, where there might not otherwise be one, providing there are at least three respondents when the reports are combined.

As there are now three years of data to aggregate, more sites and specialties will be able to view survey results. For example, a GP practice with one respondent in each of the last three years will be able to view a report this year for the first time.

Changes to indicators - Pharmaceutical Medicine questions

We ask pharmaceutical medicine trainees survey questions each year, but the results have not previously been published in the reporting tool. For the first time, this year we will include these in the reporting tool.

Pharmaceutical medicine trainees' responses will now contribute to the following indicator results:

- Overall satisfaction
- Induction
- Adequate experience
- Educational Supervision
- Access to Educational Resources
- Feedback
- Study leave

New questions for programme specific reports

This year, there are programme specific questions for core medical trainees for the first time.

We have also updated around half of the programme specific question scripts, at the request of the relevant colleges.

Changes to question items

Currently, when you navigate to the question item charts in the reporting tool, only answers that have been selected are displayed. For example if nobody selected 'strongly agree', it would not appear on the chart with a zero response rate.

We have changed this so that the full range of answers available for each question is always displayed on every question item chart.

Results not in the reporting tool

As well as results that we publish in the reporting tool, we will share other survey results with deaneries/LETBs, outside of the reporting tool.

Undermining indicator

Working together with deaneries/LETBs, we have designed and tested a new way to calculate these indicator results. We have not been able to publish the results through the reporting tool this year but we will share them so they can be acted on.

We will share results for the post specialty by trust and programme group by trust reports with deaneries/LETBs by 23 June. Responses to the undermining results should be included in deans' reports, as other outliers are.

Supportive environment

As part of our work to investigate how best to report undermining in the survey we have developed, together with deaneries/LETBs and trainees, a new test indicator called *supportive environment*.

The purpose of this indicator is to highlight where the environment is perceived to be respectful, professional and supportive and where trainees do not perceive this to be the case. We hope that these questions can assist with investigation of the undermining questions and help identify areas of good practice.

For details of the questions comprising the support environment test indicator please read [briefing note 3, annex A.](#)

When the survey is complete we will test these results to see if the indicator is statistically valid. Should it be valid we will share the results with deaneries/LETBs by 23 June, together with the undermining outlier results.

Later in the year we will ask deaneries/LETBs to field test this indicator to confirm whether

it corresponds with areas where there are concerns and if it helps identify training environments where trainees feel well supported.

Clinical supervision out of hours

We are also testing an indicator that specifically covers clinical supervision out of hours. We know from our quality assurance activities and stakeholder feedback that most concerns about supervision happen out of hours. This indicator has the same questions as the existing clinical supervision indicator, but specifically about out of hours work.

We have confirmed that the results are statistically valid. We will share outlier results for the post specialty by trust/board and programme group by trust/board reports with deaneries/LETBs by 23 June to test these results in the field.

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