

National training survey briefing note 3

Changes to the questionnaire in 2015

Last year our focus was on improving the questions and mechanisms around the key issues of bullying and undermining and patient safety. This year we have focused on making a more effective survey by testing some new questions and reporting on two new indicators.

This briefing note explains which aspects of the survey questionnaire have changed and why. You'll find a copy of the generic and demographic questions in Annex A and the foundation-specific questions in Annex B.

We will be testing a new indicator called 'reporting systems' and testing questions that could potentially improve three of the existing indicators in future years.

Indicators

Reporting

After successfully testing and externally validating the indicators in 2014, the **clinical supervision (out of hours)** and **support environment** indicators will be included in the online reporting tool this year.

The introduction of a new test indicator

It is vital to the safety and effectiveness of a training environment that trainees should be able to raise concerns locally without fear of reprisal, and that the concerns are taken seriously and dealt with.

This year we will test a new indicator called 'reporting systems'. From our analysis of

patient safety concerns and in discussions with stakeholders it is clear that we need a way to measure and report on the effectiveness of local reporting systems.

The benefit of an indicator (rather than relying solely on the concerns raised through the survey) is that we can gather a more holistic view of each department (all respondents will contribute to the indicator). Furthermore, responses to indicators are completely confidential.

The introduction of new questions

Each year we review the questionnaire to ensure that our indicators continue to be relevant to the medical training environment.

To that end we're including some test questions with a view to potentially substituting them into three existing indicators in future years.

We've chosen these indicators based on feedback from a variety of stakeholders and the questions have undergone face validity

testing to ensure they make sense to respondents.

Handover

These questions have been improved to more effectively measure the quality of handover. The new questions are not prescriptive about what constitutes an effective handover.

We have developed the questions so that they are relevant to all specialties and newer methods of completing handover (such as electronic methods).

The new questions do not differentiate between day and night shifts (because not all shifts are structured this way) and we have also allowed judgements on effectiveness to be made by respondents themselves.

Educational supervision

The existing educational supervision indicator questions were designed at a time when many trainees did not have an educational supervisor. This has now changed, and the existing questions have too little variance in results for the current environment.

The new questions measure the quality of educational supervision, rather than the mere existence of it. The 5-point answer scales will yield greater dispersal of responses, giving us a better overall picture of where support is needed.

Workload

Currently the indicator can produce positive results if workload is too light. A very light workload can cause potential issues with trainees gaining the experience they need to meet their curricula outcomes, so a positive outcome may be misleading.

Rather than measuring whether the workload is too light or too heavy, we will instead aim to measure whether or not a trainee's workload is safe. The new questions ask

respondents to judge their work pattern and intensity.

Demographic questions

Military question removed

Since 2012 we have included this question to identify which trainees were directly and indirectly managed by the Defence deanery.

Our analysis showed that this has not been an effective method of identifying military trainees.

In 2014 we asked the Defence deanery to provide a list of indirectly managed trainees and updated the data records provided by other deaneries/LETBs to ensure these trainees would be reported against the Defence Deanery. These individuals are still included in the local reports against their post and programme, but not in the global deanery/LETB report for their host deanery/LETB.

The process worked well in 2014, so we will repeat it in 2015. Because of this, the military question no longer adds further value so we have removed it.

Amended patient safety and undermining concerns questions and guidance

Guidance

In 2014 we received fewer free text comments about patient safety and undermining. This is likely to be a result of our amended guidance.

The 2014 guidance aimed to reduce the number of duplicate concerns being raised, along with concerns that aren't specific enough to investigate. It was also clearer to respondents how comments would be investigated and what information about them we would share.

We are following the same principles in 2015, but we have aimed to simplify the guidance. There is also a small change to our rules about undermining comments.

Comment sharing: undermining

In previous years the process for sharing undermining comments differed slightly from the process for sharing patient safety comments. Previously we sought permission from trainees before sharing their identity and undermining comments with a deanery/LETB.

This led to deaneries/LETBs being unable to investigate a small number of comments as, in some cases, permission was not provided.

In 2015 the processes for dealing with undermining comments will be identical to that of patient safety comments. We will not seek the permission of the respondent should the deanery/LETB need their identity to carry out an effective investigation of the concern.

Amended questions: patient safety

The introduction of the test reporting systems indicator has allowed us to amend and/or remove some of the supplementary questions around patient safety.

Free text questions: patient safety

Last year we introduced a free text comment asking trainees why some were not reporting concerns locally in the first instance. Although useful this was only answered by a small number of trainees. The new reporting systems test indicator will be able to provide much more useful information in 2015. This free text question has subsequently been removed.

In 2014 we also offered the trainees an opportunity to change their minds about making a patient safety comment after reading our guidance. Those who changed

their mind were asked why in a free text comment. This created confusion as some trainees wrote their concerns in this free text box. To avoid confusion, we have removed this text box for 2015.

Development of the NTS

Closing questions

We incrementally review the national training survey and to help us we have previously enlisted the help of doctors in training.

Trainee doctors are valuable in developing new questions for the survey and in 2013 we received interest from some trainees willing to assist us. This year, we have included a question at the end of the survey for trainees to indicate their interest. This will allow us to reach the whole respondent population, helping us to develop the survey and further engage with trainees.

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