

National training survey comments management in 2015

Briefing note 4 | annex B

Frequently asked questions for local education providers (LEPs)

These FAQs provide LEPs with further information on national training survey comments and how to respond to them

What is the purpose of NTS comments?

The national training survey is a unique opportunity for the whole trainee population to report back on their training. As part of the survey, trainees can also raise concerns they might have about patient safety or undermining. These aren't published, but we share them with deaneries/LETBs who review and share them with LEPs so they can investigate the issues raised.

Shouldn't issues be raised locally instead?

Yes, ideally all issues would be reported locally and problems fixed. In the 2013 5863 doctors in training told us they had a concern that been dealt with. Unfortunately this is not always the case. The national training survey allows trainees to raise issues that they might not have felt able to raise before, or where they are still concerned that the problem they had reported had not been solved.

How should we investigate comments?

The issues raised in comments should be investigated and compared with other evidence to determine if there is a problem.

Where a problem has been verified, you should take steps to resolve the problem. You should report on your investigation and on your action plan to the relevant deanery/LETB.

Can we ask trainees about their comments?

Not individual trainees. Trainees are not expecting to be approached by the LEP about their comments. They are told that initially their comment, but not their identity, will be shared with deaneries/LETBs and, in turn, their LEPs. They are also told that deaneries/LETBs may request their identity from us if needed to investigate the issue and, if that happens, we will let them know their identity has been shared.

Should you need further information about a comment you should ask the deanery/LETB for help. You should never approach the

trainee without speaking to your deanery/LETB, even if you can identify the trainee from their comment.

Once deaneries/LETBs receive trainee details from us they should liaise with trainees rather than giving these details directly to LEPs.

LEPs talking directly to trainees about comments they have made without the support of the local dean, even with the best of intentions, is liable to be misinterpreted and can harm the investigation into the concern.

If you are concerned that a comment has been made dishonestly, or in bad faith, please discuss it with the relevant deanery/LETB.

How should we report on comments?

We do not need separate reports on each comment made. Deaneries/LETBs will batch comments relating to the same issue together and expect one response to the issue, not to each comment.

Can we share trainees' comments with others?

The principle is that the issues raised by trainees can be shared as widely as needed to investigate and resolve the risks to patients. You and your deanery/LETB may wish to share comments with a relevant systems or other professional regulator or to share comments through a local risk summit or patient safety group.

We ask that in sharing the information you avoid identifying the trainee where possible. This may mean sharing the issue, rather than the verbatim comments.

How does the GMC monitor responses to comments?

Deaneries/LETBs will report to us on the actions taken locally on the issues identified in the comments through existing reporting routes.

We will review the reports from every Dean and a sample of the reports will be reviewed by medically qualified experts in our education quality assurance visits.

If an issue does not meet the threshold to warrant reporting the deanery/LETB will provide a response in July. Please see [briefing note 4](#) for further details on different response options.

Deaneries/LETBs are accountable for ensuring that trainees are only placed in environments that meet our standards and they may continue to monitor issues that are no longer reported to us.

Who is responsible for patient safety and service issues?

We all have a stake in ensuring patients are safe.

The hospital or GP practice or other community setting is responsible for the delivery of its services and for investigating risks to patient safety. Deaneries/LETBs are responsible for the quality management of training and it may appear, therefore, that they have no remit for resolving service issues.

But in fact, some issues that may appear to relate only to service can have a serious impact on the training environment. We ask deans to ensure that trainees are only placed in environments that meet our standards for training and to work with LEPs when there are risks that our standards are not being met.

We have patient safety as our core purpose and have a responsibility to ensure that information on risks to patients are shared so they can be investigated. We also have a responsibility to set standards for medical education and training. In the Trainee Doctor our standards state:

'The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.'

'There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.'

In 2014 we improved our guidance to respondents to make the process clear and to let them know which issues are appropriate

to raise in the survey. This led to a significant reduction in comments made.

This year we have improved the guidance again and you can read about the changes in [briefing note 3](#).

Our aim is that by improving trainees' understanding of the process, we will positively influence the detail and quality of the comments made.

Where a trainee has raised a specific, detailed, issue about a service matter, we would expect this to be investigated and reported on.

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