

National training survey comments management in 2015

Briefing note 4 | annex C

Royal College participation in the NTS comments process

During the 2014 national trainee survey we ran a pilot to share comments raised by respondents with two royal colleges. The aim of the pilot was to explore how colleges could contribute to the investigations into the concerns raised. Patient safety is paramount and our goal is that all organisations that may have relevant information are involved in exploring serious concerns.

The participating colleges were the Royal College of Anaesthetics (RCOA) and the Royal College of Obstetricians and Gynaecologists (RCOG).

This briefing note sets out what we learned from the pilot and our plans for an expansion of the pilot during the 2015 survey.

Summary to the pilot in 2015

Both participating colleges provided rich and useful information in response to survey comments they received during the 2014 pilot. However, there was some uncertainty around the most appropriate route for sharing information.

In response, we've made two main changes to the pilot this year. You can read more about the process and the reasons for the changes further into this document.

- We're changing the communication principles. This year, if the college wants to know more about a particular comment, because they are concerned or feel they may be able to help, they will communicate directly with the relevant deanery or LETB (copying in the GMC to all emails). They may discuss the comments with their colleagues in the region (such as heads of school or college tutors), but these conversations must be held at the discretion and direction of the postgraduate dean.
- We've invited two further colleges to join the pilot: the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Ophthalmologists (RCOphth).

The process is set out in more detail below.

Background

We have been working with colleges to develop our systems for sharing information, recognising that colleges have different resources and approaches.

The Francis and Berwick reports advocate transparency with regard to patient safety and our view is that including the colleges in the process for reviewing survey comments is an imperative step towards that goal.

We are committed to making sure that relevant information pertaining to concerns about patient safety reaches those who need it.

We invited RCOA and RCOG to participate in the pilot and we are grateful for their enthusiasm, efforts and diligence. Both colleges submitted post-pilot reports to us and these are quoted and paraphrased throughout this document.

The 2014 pilot

In 2014 the pilot was a very carefully conducted test to see how much the colleges could usefully contribute to the deanery/LETB-led investigation of the comments as an administrative process.

- The colleges would receive the same information, at the same time, as deaneries/LETBs for comments relating to their specialties.
- We did not require a response to a comment from the college. If they had no information to contribute, they could simply do nothing.
- All information to and from the college was mediated through the GMC. If the college had a contribution to make, we would receive it and pass it on to the deanery/LETB.
- To ensure that there was no duplicate efforts or crossed purposes, we agreed a moratorium on colleges contacting their regional colleagues (heads of school, college tutors etc) about the comments.

We knew that each college operates quite differently and the pilots were intended to test how the colleges could use and share information within their systems.

Approaches to the process

The two participating colleges took different approaches to reviewing the comments and produced different information in response.

RCOA approach

Comments were discussed weekly at meetings between the Training and Clinical Quality directorates to triangulate the information with other intelligence.

These included:

- hospital visit reports related to training
- anaesthesia review teams
- previously received feedback from college representatives and other trainers

Following each meeting the college compiled relevant evidence and guidance which they considered helpful to the deanery/LETB and the trust.

Guidance included:

- Anaesthesia Clinical Services Accreditation (ACSA) standards
- Guidelines for the Provision of Anaesthetic Services (GPAS)
- Safe Anaesthesia Liaison Group (SALG) publications
- Curriculum references

Where the comment related to clinical practice the college sought a clinical perspective from the Chair of the training committee, an RCOA council member. His view was considered particularly important due to his experience as a training programme director, regional advisor, head of school and an associate postgraduate dean.

The information was provided within a week of receiving the comment. Where no evidence was forthcoming and no value could be added the college did not provide a response.

RCOA received 23 patient safety concerns and responded with new information on 19 of those. We did not include bullying and undermining concerns in the pilot last year for RCOA.

RCOG approach

RCOG decided to send a single response to the full batch of comments at the end of the survey, rather than responding immediately to comments that arose that week.

They took participation in the pilot as an opportunity for their directorates of Clinical Quality and Education to develop an internal process for sharing concerns.

The comments were recorded on a single spreadsheet, and grouped by deanery, trust and site to show patterns by location. Each directorate responded separately to each comment in discrete columns.

The Clinical Quality directorate confirmed in each case whether an invited review had been commissioned or taken place. Because invited reviews are commissioned and paid for by trusts the college was not able to share any further information about them. This is the approach the college takes with CQC enquiries. However, they would advise us of any patient safety concerns.

The college noted that in the event that there was evidence of a serious patient safety concern, they would advise us to let the CQC know.

In terms of Education Quality input, data was assembled from a variety of sources from 2011 onward, including:

- heads of school annual reports
- regional trainees' committee minutes
- trainee evaluation forms (TEFs) (on the ePortfolio)
- specialist assessor reports (data not available to the GMC)

The information compiled in the spreadsheet was then reviewed by the Vice President for

Education. This final step in the review was used to indicate any concerns where college educational quality data pointed to an issue at the site in question.

RCOG received 17 patient safety concerns and 77 bullying and undermining concerns. They provided new clinical quality information about 5 patient safety concerns and 33 bullying and undermining concerns. And they provided educational quality information about 3 patient safety concerns and 62 bullying and undermining concerns.

Benefits of participating

Both colleges found participating in the process had benefits other than contributing directly to the investigation process. In general, visibility of the comments has helped identify potential national issues and could be taken further to inform the development of national strategies.

In the RCOA's report, using the information they received, they have identified trends that they can have a role in addressing. These include:

- communication
- importance of mortality and morbidity meetings to identify and address issues locally
- lack of ICU beds and general ward beds
- WHO checklist compliance
- staff access
- staff cover
- access to equipment

RCOG have reported that the information from the comments proved to be useful to the college in preparing to support the GMC's undermining check visits in the following autumn.

College feedback on the process

Both colleges have suggested that the ability to communicate directly with their regional colleagues about the issues raised in the comments could improve the effectiveness of the pilot in 2015. We agree with this in principle and support open dialogue between colleges and deaneries/LETBs. This is dealt with by our changes to the process as described below.

They also recommended that the participating colleges keep an open dialogue about the pilot and their efforts, contributions and findings. We think this is sensible and are happy to be involved if the participating colleges think our input would be helpful. A mid-survey meeting of the colleges and us can easily be arranged.

Finally RCOG have suggested that colleges should treat us in the same way as the CQC – that is, we could be advised of evidence of a serious patient safety concern arising from an invited review. We understand that invited reviews are commissioned and paid for by trusts, and therefore colleges cannot share them with regulatory/professional bodies. Our view is that where information can help resolve a problem relating to patient safety that it should be shared and this specific issue is being discussed with colleges more generally.

Our view on the pilot

We are grateful to RCOA and RCOG for volunteering to participate in the 2014 pilot and helping to develop the process with us.

The pilot was very useful and our key learning points were:

- Colleges are supportive of developing a single process to ensure concerns are dealt with appropriately and effectively, and are confident they can structure their internal processes accordingly.
- Direct communication with regional colleagues will help colleges ensure the information produced is relevant and effectively shared. There is recognition that this sharing must go through the postgraduate dean to ensure they have full sight of all relevant information.

The process for 2015

The aim of the pilot is to test whether colleges can support the deanery/LETB investigations into the comments raised in the survey in the following ways:

1. By providing to your team a statement pertaining to the specific department
2. By providing to your team a statement about information, or good practice guidance, that they hold that is relevant to the type of concern raised in the comment (for example if a similar situation has arisen within the specialty elsewhere in the UK)
3. By indicating to your team what support can be offered by the college to help resolve the issue described through one of their existing support mechanisms or some other method.

Because this is a pilot, we are not being prescriptive about how the college manages their involvement in the process. It will be up to the college to decide which comments they offer support for. For examples, their approach could be to take a resource-based decision, or a risk-based decision.

When the college identifies a comment they would like to offer support for, they should either:

1. Triangulate the details of the comment with other information held within their offices and provide that information to the deanery/LETB quality team.

OR

2. Contact the deanery/LETB quality team to discuss the comment and offer support (as described above).

They may ask the deanery/LETB quality team whether they can discuss the comment with regional colleagues (heads of school, college tutors etc) to establish more contextual information. The purpose of this step is to ensure that the postgraduate dean is sighted on all communications relating to the investigation and so that the deanery/LETB can direct the enquiry to the appropriate person.

Notes:

1. The college must sign a data sharing agreement provided by the GMC before we will share this information.
2. Comments will be shared with the participating colleges in weekly packages via GMC Connect. We will provide a consolidated bundle at the end of the survey. Comments in the package will be limited to those made by trainees in the post specialty relevant to the college.
3. We will provide contact details for deanery/LETB quality teams to the participating colleges.

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