

National training survey comments management in 2015

Briefing note 4

The process for sharing and managing patient safety and bullying and undermining comments made in the national training survey will follow largely the same last year but deaneries/LETBs will now receive all comments via GMC connect.

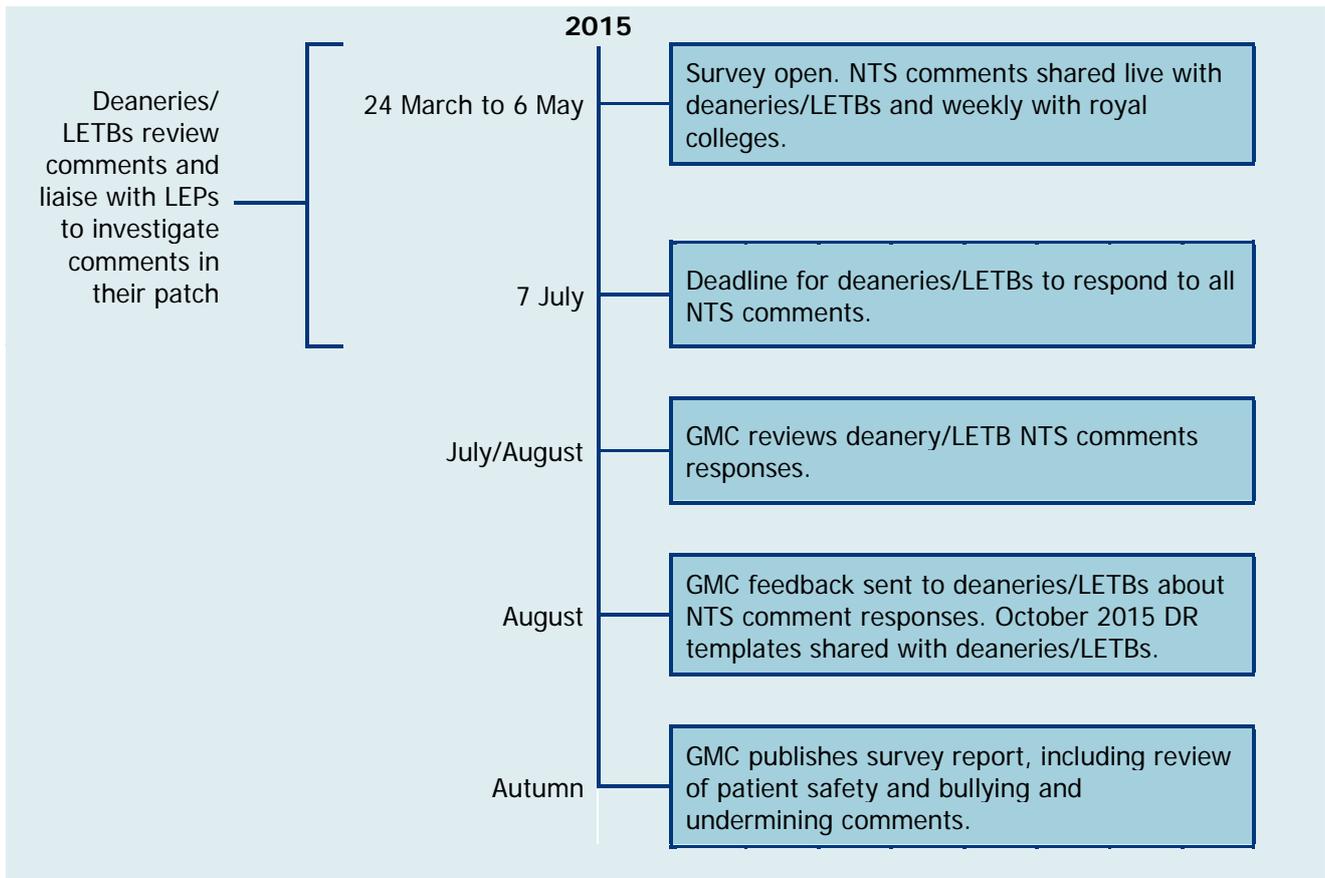
Key changes for 2015

- All comments will be shared live with deaneries/LETBs via GMC Connect whilst the survey is open.
- The bullying and undermining questions and guidance for survey respondents have been updated.
- If a deanery/LETB requests respondent information to follow up with any concerns raised via a bullying and undermining comment, we will provide them with the identity and contact details of the respondent.

The process for 2015

- 1 Deaneries/LETBs will receive comments live during the survey window as soon as they are raised by respondents.
- 2 We will send patient safety and bullying and undermining comments to the royal colleges who are participating in the pilot. They will be advised to contact deaneries/LETBs with any queries or concerns in the first instance. See annex C for more details of this.
- 3 Deaneries/LETBs will have until 7 July 2015 to investigate and respond to comments via GMC Connect.
- 4 The GMC will review deanery/LETB NTS comment responses to ensure appropriate action is being taken.
- 5 The GMC will send formal feedback to deaneries/LETBs along with October 2015 dean's reports templates.

Timeline



Improving the quality of comments

[Briefing note 3](#) highlights some of the most important changes to the survey for 2015. This year we have again sought to improve the guidance to doctors in training for submitting both patient safety and bullying and undermining comments.

The aims of these changes are to:

- encourage respondents to make more specific comments that can be investigated effectively
- reduce the number of general service-related comments made in the survey
- remove confusion about how comments are processed and what this means for respondents' involvement and anonymity
- ensure that respondents recognise the need to report issues professionally, honestly and in good faith

You can find a copy of the questions and guidance for bullying and undermining and patient safety in the annex to briefing note 3 (www.gmc-uk.org/nts). You can read our confidentiality statement on our website (http://www.gmc-uk.org/education/nts_confidentiality_data.asp).

Receiving comments

All comments raised within the survey, both patient safety and bullying and undermining comments, will be instantly available within deanery/LETB GMC Connect accounts.

A user guide for the new system is available in the documents folder in GMC Connect. If you need any further assistance please contact us at nts@gmc-uk.org.

Who has access to my deanery/LETB's 2015 NTS Comments folder?

NTS comments can be sensitive. For this reason only nominated contacts can access the 2015 NTS comments folder for each deanery/LETB in GMC Connect. Before the survey starts we will contact our primary survey contact at each deanery/LETB to ask them to update and confirm who should have access.

Deaneries/LETBs can change this at a later date by contacting us at nts@gmc-uk.org.

Responding to comments

Deaneries/LETBs will now be able to respond to all patient safety and bullying and undermining comments via GMC Connect.

There is a single deadline for responding to all comments at the end of the survey, **7 July 2015**. However, if an issue needs to be referred to the enhanced monitoring process, deaneries/LETBs should do this immediately, rather than waiting for the comments response deadline.

Choosing a response option

Depending on the issue raised in the comment, the deanery/LETB will need to report whether the issue needs to be monitored and, if so, which monitoring process would be most appropriate.

There are three possible outcomes for issues raised in the survey:

- a monitor through the dean's report
- b monitor through the enhanced monitoring process or
- c close the issue (if no further action is required)

To help identify which of the above reporting and monitoring outcomes is most appropriate and to highlight whether an issue had already been reported to us (known issues) or not (unknown issues), there are six pre-defined response options within the comments response template.

The response map on page 8 and the table beneath it explain the different response paths, the actions required by the deanery/LETB in each instance and how we will treat comments on each respective path.

Monitoring: routine monitoring and enhanced monitoring

Issues that need to be reported to and monitored by the GMC are those that are adversely affecting:

- doctor or patient safety
- the progression of doctors in training
- the quality of the training environment, calling into question its fitness for training doctors

We have two established monitoring processes:

- routine monitoring via the dean's report
- the enhanced monitoring process (formerly known as the response to concerns process)

Under routine monitoring, when deaneries/LETBs are concerned about the training of doctors or patient safety, they need to work with trusts and health boards to make improvements. We receive updates on this process in the October dean's report (DR).

Where it is difficult for deaneries/LETBs to make progress on an issue locally or where the issue is so serious, it may be necessary to refer it to our enhanced monitoring process (EM). In our enhanced monitoring process we work

directly with deaneries/LETBs to improve the quality of training and reduce risk to patient safety. This usually means that we require more frequent updates (outside of, but in addition to, routine monitoring).

A GMC representative can also support a deanery/LETB at a visit to the trust or health board to monitor the quality of training. However this visit remains a local visit and not a GMC visit. This representative will be from a group of associates who are medical experts, and they will be supported by a GMC staff member.

If you have any queries about the dean's report or enhanced monitoring process, please contact your regional quality assurance manager.

Service issues

Some of the comments respondents make may not relate specifically to medical training. Where comments do not specifically relate to training issues, the issues may still seriously impact the training environment and they do need to be addressed.

Where serious issues around service have been raised, it might be appropriate to share the comment with relevant health systems regulators, if it's within their remit. It may also be appropriate to refer service issues to the enhanced monitoring process if progress cannot be made on the issue locally or if patient or doctor safety are seriously at risk. This enables us to support deaneries and LETBs by becoming more directly involved in investigations and monitoring.

Where you are resolving the problem locally or in collaboration with the local health systems regulator, you do not need to raise the issue to enhanced monitoring. Response option 6 should be used in these cases (see below).

Responding to comments about issues already reported to the GMC

In previous years deaneries/LETBs have said that many concerns raised by doctors in training were already being monitored, either through the dean's report or through the enhanced monitoring process. In 2015 where this is the case, we are asking deaneries/LETBs to add the DR item number or EM item number to the comment record in GMC Connect.

Responding to multiple comments about the same issue

It may be that multiple comments are about the same issue. In this situation, deaneries/LETBs should only provide one single response to the issue, rather than responding to each comment individually. When you would like to do this, please select one comment as the "parent" comment. For any additional comments linked to the parent comment, enter the parent comment ID in the appropriate field in the GMC Connect comments management area.

Comments relating to fitness to practice concerns

If a deanery/LETB has a potential FTP concern in the NTS comments (either a concern raised, or a concern about the person who's raised it), they should contact the Employer Liaison Associate for their region to discuss the problem in the first instance.

Sharing and investigating comments

Where an investigation is required deaneries/LETBs may need to share the comments with LEPs, colleagues within the deanery/LETB, and other regulators.

The guiding principle is that comments should be shared to the extent required to assess the risk to patient and/or doctor safety. The way in which comments are investigated should ensure that the doctor raising the concern does not suffer any adverse consequences for doing so in good faith.

Sharing comments with local education providers

Deaneries/LETBs should share all comments with the relevant LEP for information purposes. This can be either verbatim or as a summary.

A response from the LEP will not always be required. Deaneries/LETBs should use their discretion to decide this, based on whether the comment highlights new information about patient safety or the training environment.

Where a response is required, the deanery/LETB will set the deadline for the LEP.

Working with royal colleges

In 2014 we worked with a small number of royal colleges to pilot their involvement in the NTS comments process. A full review of this pilot can be found within annex C to this briefing note. For 2015 we have extended the pilot to include four royal colleges as we continue to encourage their collaboration with deaneries/LETBs in assisting investigations.

Respondent anonymity

It is important that doctors in training feel they can raise concerns made in good faith without suffering disadvantage or being reprimanded. However in some cases it may be necessary to an investigation to know the identity of the doctor in training who makes a comment in the survey.

If it is necessary to an investigation, deaneries/LETBs can ask for the identity of the doctor who makes a comment. We will inform the respondent and share this information with the deanery/LETB.

Making comments honestly and in good faith

We expect all doctors in training to make comments honestly and in good faith. Deaneries/LETBs should proceed with investigations on the basis that doctors in training have made their comments in good faith, supporting their ability to raise concerns. In the exceptional circumstance that a respondent has acted in bad faith, their deanery/LETB would need to consider whether the doctor's fitness to practise is called into question.

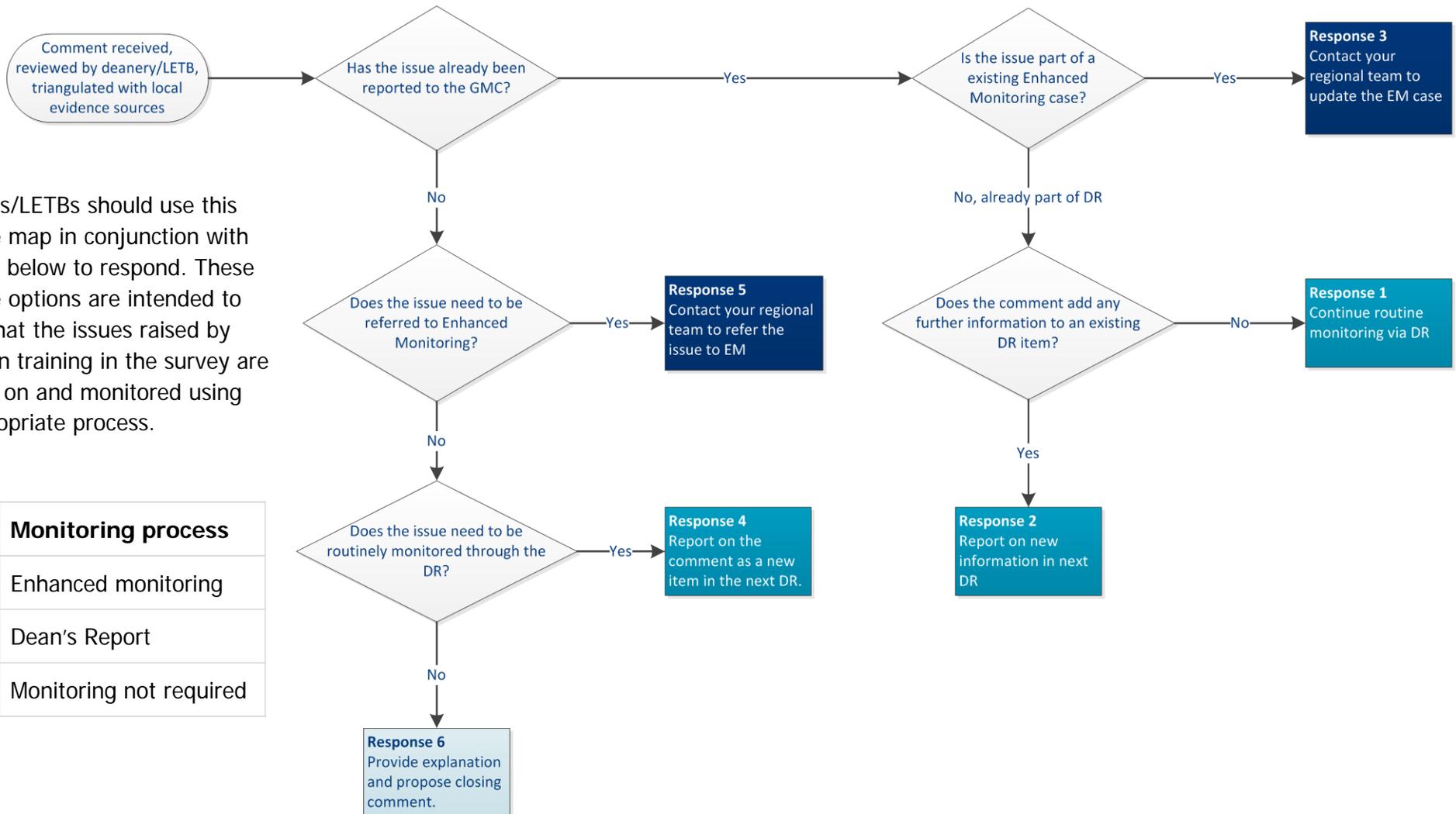
Reviewing comments and feedback

Deanery/LETB responses will be quality assured by members of the regional quality assurance teams and medical experts from our EMAs. They will consider whether appropriate action has been taken and will check for consistency across deaneries/LETBs. Formal feedback will be provided in August 2015, along with the October 2015 Dean's Report templates.

Contact

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March 2015

Response map



Response options for completing the NTS comments response template

Response option	Description	Deanery/LETB actions	GMC actions	Feedback
1 Existing DR, no further action	<ul style="list-style-type: none"> the issue described is already known, and the issue has already been reported in the Dean's Report, and the NTS comment adds <i>no further</i> information that suggests additional reporting may be required. 	Enter DR item number in the relevant response box. An update on the issue will be needed in the October 2015 DR.	We will cross reference the NTS comment with the existing DR item. If this response option is appropriate, the deanery/LETB will continue to report in the DR as normal.	If we think that the NTS comment requires additional reporting, we will include this in our feedback (the NTS comment will then be reported using response 2). We will check for this update in the October 2015 DR. If we do not think that the comment overlaps sufficiently with a known DR issue, we will advise you and the comment will be treated as a new issue (either response 4, 5, or 6).
2 Existing DR, further action	<ul style="list-style-type: none"> the issue described is already known, and it has already been reported to us and is being monitored in the Dean's Report, but the NTS comment causes concern that the existing action plan for this issue may have fallen behind or been ineffective, and the action plan can be brought back on track through local action. 	<p>Enter the DR item number in the relevant response box. An update on the issue will be needed in the October 2015 DR.</p> <p>If the NTS comment increases the severity of the issue, you may need to escalate the issue to EM by contacting your regional quality assurance manager as soon as possible (response 5).</p>	We will cross reference the NTS comment with the existing DR item. If this response option is appropriate, we will update your October 2015 DR template with details of the comment which indicate that the action plan in place for this issue has fallen behind or been ineffective.	<p>We will check that the NTS comment links with the stated DR item number.</p> <p>If we think the NTS comment does not link and should be a new DR item number, we will inform you and the comment will then follow response 4.</p> <p>If the comment indicates that the issue may need to be escalated to EM we will contact you and the comment will then follow response 5.</p>

Response option	Description	Deanery/LETB actions	GMC actions	Feedback
3 Existing EM case	<ul style="list-style-type: none"> the NTS comment relates to an existing enhanced monitoring case. 	Enter enhanced monitoring item number in the relevant response box.	We will cross reference the NTS comment with the existing EM item. Our regional quality assurance teams will contact you to check the status of the EM case (for example, whether the comment suggests that the issue needs any further immediate attention).	After our regional QA teams have discussed the status of the issue with you and updated our systems, the issue will continue to be monitored through the normal EM processes. If we do not think that the NTS comments links to the stated EM case, we advise how best it should be monitored.
4 New issue, DR	<ul style="list-style-type: none"> the issue described in the NTS comment has not been reported to us and further local action is required to address the issue, which needs to be routinely monitored through the DR. 	Select this response and report on this issue in the October 2015 DR.	If the issue raised in NTS comment can be monitored routinely through the DR, we will include the issue as a new item in your October 2015 DR template. When we review the October 2015 DR we will check that you have reported on the NTS comment and the issue will continue to be monitored through the DR.	If we think that this issue should be monitored via EM or does not need to be monitored at all, we will include this in our formal feedback on your NTS comment responses.
5 New issue, EM	<ul style="list-style-type: none"> the NTS comment describes an issue that has not already been reported to us and you think the issue needs enhanced monitoring. 	Please contact your regional quality assurance manager as soon as possible to refer the issue to enhanced monitoring.	If you refer the issue to the EM process the issue will then be monitored through the normal EM processes.	If we think this should be monitored by the DR, we will let you know and the NTS comment will need to be reported via response 4.

Response option	Description	Deanery/LETB actions	GMC actions	Feedback
6 No monitoring required	<ul style="list-style-type: none"> ▪ the NTS comment describes a new issue that has not been reported to us ▪ but should not be monitored via either the DR or EM. <p>This might be because:</p> <ol style="list-style-type: none"> a) The issue does not meet the threshold to warrant monitoring. b) The comment describes a service issue which has been referred to the relevant health systems regulator and it does not seriously affect trainee or patient safety. c) The issue has been resolved and does not require monitoring. d) The NTS comment is not a trainee or patient safety issue or a bullying and undermining issue. 	Use the notes area to describe why you think that the NTS comment can be closed immediately. If relevant, include how the comment has been resolved or share any action plans.	We will check whether we think your response is appropriate.	If we think that this comment needs to be monitored via the DR or EM or if we need further information we will include this in our formal feedback on your NTS comment responses in August.