

## National training survey briefing note 3

### Changes to the questionnaire in 2014

This year our focus has been on improving the questions and mechanisms around the key issues of bullying and undermining and patient safety. To ensure continuity, the majority of survey questions remain unchanged, allowing for year on year trend reporting across 2012-14.

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 have kept the published indicators the same as previous years, which means that you will be able to see three year of trend reporting.

#### Comments on bullying and undermining

Since 2012 we have invited trainees to provide free-text comments on their training. We ask them to categorise their comments, and one of the categories is bullying and undermining.

Following discussions with trainees we are introducing a dedicated section for bullying and undermining comments. This includes guidance about how to make a comment that can be effectively investigated and how the comments are used in the quality management process. We are also introducing two questions to help identify the source and type of bullying and undermining behaviour.

For further information about bullying and undermining in the 2013 NTS, please see our [narrative report from last autumn](#).

#### Supportive environment

We are piloting a new test indicator aiming to measure the supportiveness of the training environment. After consulting with statistical experts, we have designed this indicator to be balanced, rather than negatively skewed (as with the current undermining indicator) or positively skewed. So for example it is intended to highlight areas where staff are treated fairly and respectfully but also flag areas where doctors in training do not feel supported.

In 2014 we plan to test the statistical validity of the indicator; we will not be publishing the supportive environment indicator results as part of the online reporting tool. If the indicator passes internal validity testing we will share the results with deaneries and LETBs and discuss how we could test whether the results provide new meaningful information for quality management.

## Comments on patient safety

Following feedback from trainee doctors, Royal College representatives, deaneries, LETBs and LEPs, in 2014 we have refined the questions and improved the in-survey guidance for trainees, encouraging doctors in training to provide more specific comments that can be investigated effectively. Additionally these changes will improve respondents' understanding of how the process for raising concerns works and how comments are investigated.

For a more detailed analysis please see our [narrative report on patient safety in the 2013 NTS](#).

## Comments about the survey and training

The survey had included a free text box in the closing section where trainees could comment on the survey. From 2014 this question will be removed as trainees can contact us directly to share their feedback.

## Demographic questions

### Multi-site questions

In 2013 we expanded the number of questions that we asked about multi-site working in the survey to help us get a better understanding about the nature of it. From these results we have found that about two-thirds of trainees work at a single site; of those trainees who work across multiple sites, over 93% have a site that they consider to be their 'main site.'

We may wish to explore multi-site working in a more qualitative way in the future. However, as we now have a reasonable picture of multi-site working, for 2014 we have decided not to repeat these questions.

## Working hours less than full time

In our analysis of the 2013 results we found that the working hours questions are producing a small number of unexpected results. This has led us to believe that respondents might be misinterpreting the questions. We are therefore making minor changes to the wording and order of questions in this section to make them clearer. For example, where we had previously asked trainees for the average number of hours they work per week, this year we will make explicit that we mean the average number of hours they work per week over their post so far.

## Socio-economic questions

Last year we introduced some socio-economic questions to support research around fair access to medical education. For more details please see our [socio-economic status report](#).

With a response rate of almost 98%, most of the trainee population will have had the opportunity to answer these questions. We have therefore decided not to ask these questions again as part of the main survey questionnaire. Unfortunately we are currently unable to present these questions to trainees who were excluded from the 2013 survey (for being on maternity leave or out of programme for example). However from 2014 we will be presenting socio-economic questions to foundation year 1 doctors in training (F1s).

## Academic routing

In 2013 we refined questions about academic training, giving trainees the opportunity to self-select which, if any, formal academic training role they held.

In 2014 we are further refining these routing questions by adding an additional question asking trainees if they have used their protected research time to undertake research in the last 12 months. Where trainees answer that they have, they will be routed to the academic questionnaire. This will help to ensure that only those trainees who have completed their academic component will be presented with the academic questionnaire.

## 2013 test indicators

### Clinical supervision out of hours

Last year we introduced clinical supervision out of hours as a test indicator, distinct from the published clinical supervision indicator. Our statistical analysis of the results suggests that indicator is internally valid and reliable. We are keeping these questions in the 2014 survey for further testing and will work with deaneries/LETBs to assess the extent to which they can provide useful information for the quality management process. These indicator results will not be published on the online survey reporting tool but they will be shared with quality management teams as soon as possible after the survey results are published.

### Clinical environment

After testing and reviewing this indicator in 2012 and 2013, we have decided to remove it from the survey.

Our analysis suggests that there is significant overlap between these questions and the dedicated patient safety concerns section introduced from 2012. There is a risk that

this overlap may reduce the quality and effectiveness of the patient safety concerns mechanism. For this reason we have removed the clinical environment questions from the survey.

## Programme specific questions

We offered Royal Colleges and Faculties the opportunity to update questions specific to their programmes for the 2014 survey. The majority of faculties made some changes from minor tweaks to significant revisions.

These results will be published in a dedicated section of the online reporting tool.

## Contact

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