

National training survey comments management in 2015

A review of royal college participation in the 2015 NTS comments process

Summary

During the 2015 national trainee survey we ran a pilot to share comments raised by respondents with four royal colleges. The aim of the 2015 pilot was to explore how colleges can support the deanery/LETB investigations of the comments raised in the survey.

We concluded that colleges held useful information that could support the Dean's assessment of whether local education providers are meeting the GMC's standards for training but that this information did not need to be shared urgently during the Dean's investigation of concerns.

Next year, we will share the survey comments with each college in the summer along with the deaneries'/LETBs' responses so colleges can see actions taken or planned by the local education provider or deanery/LETB and how issues will be monitored in the future. We expect colleges and deaneries/LETBs to continue to liaise over concerns and escalate to the GMC when local action is not able to resolve concerns about patient or trainee safety or training.

We thank the Royal College of Anaesthetists (RCoA) and the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Ophthalmologists (RCOphth) and the Royal College of Paediatrics and Child Health (RCPCH) for volunteering to be involved in this pilot. We would also like to thank the deaneries/LETBs who were contacted as a result of this pilot for participating in the process and providing feedback on their experiences.

Background to the 2015 pilot

We are committed to making sure that relevant information pertaining to concerns about patient safety reaches those who need it. We have been working closely with colleges over the last few years to develop and improve our systems for sharing information. One of the ways in which we sought to do this was by running a pilot in 2014 to share NTS comments raised by respondents with two royal colleges (RCoA and RCOG) and encourage them to share any relevant information with the deanery/LETB quality teams. In 2015, we 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 aim of the 2015 pilot was to assess whether royal colleges can support the deanery/LETB investigations into the comments raised in the survey in the following ways:

1. By providing to the deanery/LETB team a statement pertaining to the specific department
2. By providing to the deanery/LETB 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 the deanery/LETB 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.

As royal colleges have different resources and organisational structures, we were not prescriptive about how the college should manage their involvement in the process. Patient safety and bullying and undermining comments were distributed to each college on a weekly basis during the survey live period. It was up to the college to decide which comments they offered support for.

When the college identified a comment they would like to offer support for, they were advised to 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).

To ensure the Dean was aware of the college's concern and could discuss the most appropriate form of engagement we advised the participating colleges to liaise with the deanery/LETB quality team before discussing the comment with regional colleagues (heads of school, college tutors etc).

Royal college approach

RCoA

We shared 38 patient safety comments and 13 bullying and undermining comments with the RCoA.

As the comments were shared during the survey live window the RCoA liaised with deaneries/LETBs seeking further information about the issues reported in the comments.

A number of deaneries cooperated with the RCoA requests to either contact college representatives or head of school or by providing the college with more information relating to the current investigation status of an issue. However some deaneries/LETBs asked the college not to contact their local representative because the deanery felt the concern should be investigated by them alone.

RCoA also provided feedback to the deaneries/LETBs that identified whether or not the concerns raised would fall within the remit of the college and would then link to the appropriate guidance and standards that have been published. They made it clear in their feedback whether they considered any comment to be a serious incident. They were able to identify specific paragraphs in the ACSA standards which could be reviewed alongside any investigation of concerns.

For the most part RCoA provided feedback on the patient safety issues, only rarely offering guidance against bullying and undermining concerns if they were also linked to patient safety.

RCOG

We shared 35 patient safety concerns and 57 bullying and undermining concerns with the RCOG.

The RCOG contacted deaneries/LETBs on 1 June, after the survey had closed. They provided feedback in a table format that recorded by site (not by comment) the colleges' interpretation of issues at that location, included any relevant information and finally observations and suggestions for addressing concerns. RCOG were able to recommend the involvement of an RCOG deanery Workplace Behaviour Champion to help support trainees where appropriate, they could highlight resources accessible to staff at the trust/site where concerns were raised such as the RCOG eLearning toolkit StratOG.

RCOphth

We shared 6 patient safety concerns and 8 bullying and undermining concerns with the RCOphth.

The RCOphth approached deaneries/LETBs requesting permission to speak with the head of school or the training programme director relating to the comments made. Due to the small number of comments received and the nature of the concerns RCOphth, while interested to receive the comments, felt there was little value they could offer to the deanery/LETB in terms of addressing any issues.

RCPCH

We shared 48 patient safety concerns and 43 bullying and undermining concerns with the RCPCH.

Reviewing the comments weekly, the RCPCH began approaching deaneries/LETBs after noticing trends in the type of comments that were being raised at certain locations. They also requested permission from the dean to make contact with the head of school and/or regional advisor to discuss the comments that they had received to see if we can be of any help in better understanding or addressing the issues raised.

In some cases, however, the head of school hadn't yet received the comments from the deanery/LETB so the college decided to hold off investigating issues until the survey live window had closed. As the survey closed, the college contacted the deans who all, bar one, supported the college to liaise with their local contacts (in the exception, the Dean requested the RCPCH liaise with the deanery/LETB quality manager instead of their local contact).

The RCPCH shared comments and related data were shared with:

- Assistant Director of Education and Training
- Education and Training Support Centre Manager
- Workforce Information Manager
- Registrar
- Officer for Training
- Trainees Committee Chair (as appropriate)

College and Deanery/LETB feedback on the process

The process was challenging for colleges and deaneries/LETBs

There are clear challenges in asking colleges to work together with deaneries/LETBs during the survey live period. Both colleges and deaneries/LETBs recognised the risk of creating two reporting streams, one between the GMC and the deanery/LETB and another between the specialty school and the college causing duplication of effort, potentially causing confusion between reporting priorities and at risk of slowing down the trust's investigation progress.

For the colleges, contacting each dean to initially request permission before contacting heads of schools was a laborious process and having to adapt to each deanery/LETBs individual requirements was complex. On the other hand, some deaneries/LETBs found that they were not copied into subsequent correspondence between the college and local representatives, which made it difficult to manage the investigation.

There was value in sharing information but urgent sharing was not required

While the colleges received varying levels of positive engagement from the deaneries, there was limited feedback to colleges on the value of the information they shared. In their feedback, many deaneries/LETBs welcomed the GMC's encouragement of continued liaison with royal colleges as part of their information triangulation process. Their sense was that although the college did not hold information that should be shared urgently to resolve safety concerns, they did hold useful information about the quality of services and training, which could assist the Dean understand the broader context for issues raised in the comments.

The colleges found it useful to have sight of patient safety and bullying and undermining information. It has enriched their overall understanding of the problems faced by doctors in training, and they will be able to use the data for thematic trend analysis to help them develop programmatic strategies.

It was agreed by all participating colleges that they would prefer to receive comments once the survey had closed, allowing time for the deanery/LETB to respond to the GMC against each comment. We agree that this approach would be most appropriate for all involved.

We presented details of the pilot at the [Quality Scrutiny Group](#) meeting held on 28 July 2015. Members of this group endorsed the approach of sharing comments along with the Deans' responses rather than 'live' data sharing. Members of the group were also encouraged to note evidence of sharing of information between the service inspection teams and the education teams within the colleges.

The process for sharing comments from 2016

From 2016, all royal colleges will receive NTS comments relating to their specialty along with the Deans' responses in the summer. This will enable the colleges to see actions taken or planned by the local education provider or deanery/LETB and how issues will be monitored in the future.

Colleges will be able to discuss the comments and responses with their colleagues and local representatives and review the issues raised against information held by the college. If the college is concerned about a comment raised in the survey or the deanery/LETB's management of that concern they will need to contact the dean in the first instance. It is the Dean's responsibility to investigate concerns about whether a training environment meets GMC's standards for training as outlined in *Promoting Excellence in Medical Education and Training*.

If, after contacting the Dean, the college remains concerned it should contact the GMC through the QA team's email address: quality@gmc-uk.org

Contact

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