

# National training survey comments management in 2022

Briefing note 4 | annex A

Sharing patient safety and undermining comments with local education providers (LEPs)

This guidance includes some best practice ideas for LEPs and postgraduate training organisations (PTOs) during the national training survey comments process

Investigating and responding to bullying & undermining and patient safety concerns raised by trainees through the national training survey is important. However, we recognise that it can also be resource intensive.

Briefing note 4 outlines the NTS comments process and what we require from you. This annex goes into more detail about how you can liaise with LEPs and includes best practice tips. This will help you and LEPs to make most use of your resources during this process.

## What do PTOs have to do?

Briefing note 4 covers in detail what you must do during the process. The key requirements are as follows:

- You must review all comments regularly through the survey. Any comment that refers to a serious issue that has an immediate and serious risk to patient or trainee safety must be shared with LEPs straight away. However, it is expected that the vast majority of comments do not fit this criteria.
- You must share all comments with LEPs for information and triangulation against other data. This can be either verbatim or summarised. You may not need a response for each comment from the LEP.
- You must respond by the overall deadline of 22 July 2022.

Other than these requirements, you have flexibility in how you manage the process.

## Where is the flexibility?

### How often should comments be shared with LEPs?

You can choose to share comments with LEPs as frequently as they find suitable.

Different LEPs may prefer to receive comments weekly or to receive the package of issues at the end of the survey. Either approach is fine; you should let LEPs know your plan for when you will share comments so they can plan resources.

### What information should be shared with comments?

Many PTOs categorise and code comments before sharing with LEPs. This gives LEPs an idea of the main patient safety issues affecting trainees (for example if most trainees have raised an issue about patient transfer).

LEPs can then provide one response for each issue, rather than one for each comment, avoiding duplication of reporting.

Some PTOs convert comments into a word format, to help LEPs better respond.

Please see annex 1 with examples of different PTOs' coding categories and methods of sharing with LEPs.

### What deadlines should be set for LEPs to report back to PTOs?

Most issues can be dealt with by a single deadline. This allows you and the LEPs to consider the range of issues raised throughout the survey period.

Urgent issues should have shorter deadlines.

There may be comments that, if validated, present urgent concerns (for example, F2 trainees cannot access senior support at

night and they feel patient care is unsafe). Such concerns should be sent as soon as possible and LEPs should report back sooner than for other comments.

If you receive further comments about the same problem, you do not need to set further deadlines for each comment.

A single response from LEPs is preferable, so they do not duplicate their investigations and you can track the issue, rather than tracking all comments individually.

When you decide on the seriousness of an issue and on what response option is appropriate, it is better to look at all similar issues at that LEP. As an example, no single issue may meet the criteria for reporting via enhanced monitoring, but a series of issues raised at a LEP can, when taken together, add up to an issue serious enough to be reported via this route.

The single deadline for you to report back to us allows you to make these kinds of decisions, as you can use all relevant comments to inform their decision. We share information about the trainee who has made the comment with you. This information includes:

- post speciality
- training level
- trust
- site
- programme (foundation, core, higher or GP)

This information is useful to give context to the issue raised, but it could also be used to identify the trainee involved. For example, they may be the only ST5 in general surgery at that trust.

Please consider this when sharing supporting information with LEPs. It may be better to omit the training level when sharing.

### **When the comment identifies an individual**

When a comment names an individual please consider how this should be shared. It may be appropriate to remove any names or to make sure such comments are handled with extra confidentiality.

### **Guidance to LEPs to include with the comment**

Whether you use the examples in the annex or develop your own templates please inform LEPs not to attempt to identify individual trainees. If they need extra information from the trainee, LEPs should contact you and you should then contact the trainee via us.

### **Contacting a trainee for further information**

If you need to identify a trainee to ask them for further information to help investigate their comment, you should contact us.

We will provide their identity and inform the trainee before we do so.

Once you receive trainee details, you should liaise directly with them rather than giving these details to LEPs.

### **Supporting trainees**

LEPs should focus on the issues raised, rather than the individuals who raised them.

Trainees should not be disadvantaged for any issues they raise in good faith.

If you have any concerns about how trainees are being treated please contact us at [nts@gmc-uk.org](mailto:nts@gmc-uk.org) as soon as possible.

## **How should you report on comments to the GMC?**

We have asked you to let us know by 22 July how you are responding to the issues raised.

Analysis of previous years' comments has shown that many describe issues already reported to us in the Quality Reporting System (QRS) In these cases, you do not need to add a new item to the QRS. It may be that the comment requires an update to the item in the quality reporting system or escalation to enhanced monitoring.

If the comments have highlighted new issues that meet the threshold for reporting to us on the quality reporting system, please select the response 'New Issue, QRS Item'.

Please read [briefing note 4](#) for more information on reporting options.

### **Using the enhanced monitoring process**

In some cases, when investigating comments, it may become clear that action plans agreed with LEPs to resolve problems have not been met. You may then refer the issue to the enhanced monitoring process.

If some issues raised at a LEP meet the threshold for reporting via enhanced monitoring and other issues do not meet the threshold and would usually be reported via the QRS, please discuss this with your regional contact at the GMC. It may be better to report all the issues as one enhanced monitoring case, rather than have two levels of reporting for the same issue, however this should be discussed on a case by case basis.

### **Who is responsible for service issues?**

Some comments can relate to service issues that may not directly affect whether our standards are being met but may make the

environment less suitable for training. These issues can be challenging to respond to. For example, if the issue does not directly relate to training, it might not be appropriate for you to be responsible for resolving the problem. You will need to be assured that the environment is fit for training however. The situation might be different for each of the four countries.

For concerns about the environment that have a serious impact on training, it may be appropriate to use enhanced monitoring to help resolve issues. This can include the GMC visiting the LEP along with the PTO or asking the LEP to report directly to you on their action plans and progress.

When requesting responses from LEPs, it is not necessary to request a separate response for the comments related to service/training environment; a single response covering the

range of issues directly affecting training and affecting the quality of the training environment could be sufficient.

For less serious issues that do not impact on training, you may pass this on to the responsible service lead (rather than the director of medical education as for training issues). You may be required to supply a response for the QRS or the response can be provided using response option 6.

For certain cases, in some countries, it may be appropriate to pass the issue to the relevant service regulator. If this happens, please use response option 6 and state who the issue has been passed to.

If you have any queries on appropriate action to take, please contact us.

## Contact

QA Monitoring and Improvement Team  
[gamints@gmc-uk.org](mailto:gamints@gmc-uk.org)

## Annex 1

### Examples of coding categories

The following are examples of different coding categories used by PTOs.

#### Example 1

This example shows how comments can be coded in detail to aid analysis. The initial coding splits issues into service, training, and service and training. This will then help the PTO when deciding on how these should be shared and reported on.

*Example provided by NHS Education for Scotland*

Impacts service or training?	Level1	Level2	Level3
S) Service	1 Patient care provided	1.1 Delays in assessment or treatment initiation	1.1.1 Delays in initial assessment / management of acute referrals admissions at front door or in assessment units
			1.1.2 Delays in assessment / management of inpatients 'downstream of admission'
			1.1.3 Delays due to difficulty obtaining input to patients' care from other specialties
		1.2 Handover	1.2.1 Lack of structured handover
			1.2.2 Lack of engagement of staff in handover
		1.3 Non-handover communication or documentation in records	
		1.4 Lack of continuity of patient care	
		1.5 Interdepartmental interface	
		1.6 Lack of team work compromising care	

Impacts service or training?	Level1	Level2	Level3
		1.7 Lack of (use of) patient care protocols (eg for early intervention in sepsis)	
		1.8 Absence of effective system for recognising & responding to clinical deterioration (eg MEWS)	
		1.9 Lack of lack of culture fostering use of incident reporting (eg Datix)	
		1.10 Quality of nursing care	
		1.11 Quality of medical care - concern about performance / competence of other trainees or trained doctors	
	2 Patient flow	2.1 Bed issues	2.1.1 Lack of beds
			2.1.2 Bed blocking
			2.1.3 Boarding
	3 Staffing – Other	3.1 Nursing staffing - excessive workload &/or understaffing for workload	
		3.2 Staffing levels - other than medical /nursing	3.2.1 Lack of ward pharmacists
			3.2.2 Lack of AHPs
			3.1.2 Lack of or insufficient clinical support workers / phlebotomists
S/T ) Service +/- training	1 Staffing – Medical	1.1 Excessive workload &/or understaffing for workload	1.1.1 Understaffing with training grades – due to gaps thro’ unfilled posts
			1.1.2 Understaffing with training grades – insufficient manpower on rotas (despite full staffing)
			1.1.3 Posts not EWTR compliant / doctors in training often work beyond contracted hours

Impacts service or training?	Level1	Level2	Level3
		1.2 Juniority of medical staff on rota	
		1.3 Understaffing with consultants	
		1.1 Working beyond competency	
T ) Training	1 Exposure of trainees	1.2 Lack of adequate clinical supervision	1.2.1 Lack of senior review of inpatients after acute admission e.g. on post-receiving rounds
			1.2.2 Lack of senior review after initial admission process (assuming input then), say within next 24-after initial consultant input
			1.2.3 Lack of senior review of 'at risk' patients at weekends
			1.2.4 lack of consultant supervision in clinic or theatre
			1.2.5 Lack of explicit understanding around which consultant is responsible for a patient's care (at any time) including at times of other consultants' absences
	2 Undermining	2.1 Trainee reports experience of being undermined	2.x.1 Undermining by consultant(s)
		2.2 Trainee reports witnessing undermining of others	2.x.2 Undermining by other trainees
			2.x.3 Undermining by other medical staff
			2.x.4 Undermining by nursing staff
			2.x.5 Undermining by other AHP staff or managers
			2.x.6 Undermining by patients or their relatives

## Example 2

This example shows the total number of comments per LEP. The colours provide an overall heat map showing what the main issues are in each LEP. The LEPs can also be compared with each other to provide context.

*Example provided by Health Education South West*

Trust/site	High patient admissions	Staffing problems	Poor handover	National targets on wait times/ discharging	Quality of supervision/ team expertise	Out of hours	Lack of beds	Phlebotomy issues	Nursing issues
Site 1	0	0	0	0	0	0	1	0	0
Site 2	0	2	0	2	0	0	2	1	0
Site 3	9	22	2	7	7	14	1	0	3
Site 4	6	15	1	4	12	9	3	0	3
Site 5	5	8	2	2	8	3	2	0	3
Site 6	5	8	0	0	1	9	7	0	4
Site 7	1	8	0	0	2	5	0	1	1
Site 8	9	6	2	3	4	9	9	3	3
Site 9	0	0	0	0	0	0	0	0	0
Site 10	0	0	0	0	0	0	0	0	0
Site 11	0	1	0	1	1	1	1	0	1
Site 12	0	1	0	1	4	0	2	0	0
Site 13	1	3	0	0	0	0	0	0	0
Site 14	1	1	0	0	1	1	0	0	0
Site 15	4	17	0	4	1	8	5	0	3
Site 16	4	6	2	1	8	7	0	1	1

10+	10+
5-9	5-9
1-4	1-4
0	0

### Example 3

This example is an email template for PTOs sending comments to LEPs

**Subject:**

Response required: national training survey patient safety and bullying and undermining comments

**Body:**

Dear [insert name]

**National training survey: patient safety and bullying and undermining comments**

XX [insert number] comments have been raised by respondents to the GMC's national training survey, referring to their training in your organisation.

You'll find the comments in the attached (Word/Excel) file, along with some other information including: [delete as appropriate]

- The post specialty of the respondent
- The training level of the respondent
- Our categorisation of the comment

The file also specifies which comments we would like you to investigate and respond to.

Please respond by [insert date].

Some comments may be included for your information only and you do not need to respond to these.

If a comment relates to an issue that has been raised in a previous comment, then it may be appropriate to bundle the comments together and give one response on the issue, rather than respond to each comment.

For more information about this please see the following sections of the GMC website:

- [national training survey](#)
- [briefing note 4 - patient safety and bullying and undermining comments](#), including guidance on sharing comments and frequently asked questions for LEPs

Please remember that it is not appropriate for anyone involved in the investigation to attempt to identify or to approach the respondent who raised the concern. If the respondent's identity is necessary to the investigation, please discuss the matter with us and we will speak to the GMC.

Please let me know if you need any further information.

Yours sincerely

[Name of PTO contact]