National training survey

Key findings from the pilot survey of trainers

NATIONAL TRAINING SURVEYS

General Medical Council

Summary

Trainers and clinical educators are at the heart of effective medical education. They play an integral role in making sure that doctors in training develop the necessary skills, knowledge, capabilities and experience to maintain the high quality of medical practice and the continued safety of patients. But the role of trainers hasn't always been formally recognised or supported, contributing to varying standards of supervision and different perceptions of what constitutes good training.

To help us develop an effective survey of how well trainers are supported and recognised in their role, we ran a pilot survey of trainers in London, the West Midlands and Wales in October and November 2014.

What the pilot found

The results suggest that trainers gave high scores when answering questions about things they directly control, such as their understanding of the curricula and the supervisor role. But they gave much lowers scores where they have less direct control, such as the value and recognition they receive, the time available to them in job plans and the training they are offered.

The results also indicate that trainers' educational responsibilities are treated with less appreciation than they should be. For example, educational responsibilities are frequently given less priority by senior managerial staff than other commitments, many trainers feel they are not provided with enough time for education and many are simply not able to use the time allocated for education due to other conflicting pressures. In addition, it seems that educational responsibilities are often overlooked in the appraisals process.

Plans for the future

We plan to use these findings to refine the survey before rolling it out across the UK in March 2016, alongside our established annual survey of doctors in training. This will help us to highlight areas of good practice, to investigate variations in support for trainers, and to more accurately identify issues undermining the quality of education that need to be resolved.

By bringing together the two surveys, we will be able to provide a more comprehensive picture of training environments than ever before. It will also allow for better comparison of results, allowing the GMC and other education organisations to highlight areas of concern with greater accuracy and to monitor interventions and improvements.

Alongside the pilot, we also met with medical schools to discuss widening the survey to undergraduate trainers. Without exception, they welcomed the idea of the survey to give a more rounded understanding of the training environment, but we will need to address several challenges, such as revising individual questions so they apply to undergraduate trainers, before rolling out the survey. We expect considerable overlap between undergraduate and postgraduate trainers, so we will add additional questions for those with undergraduate responsibilities to help us fully assess the difficulties associated with surveying undergraduate trainers in the future.

Introduction

This report gives a detailed overview of our pilot survey of trainers, looking at how we ran the survey, what the key findings were, how the survey could be used to improve medical education in the future, and how we will refine the survey before rolling it out across the UK in March 2016.

Why are we surveying trainers?

Trainers are an essential part of educating and training doctors. By passing on their knowledge and expertise and providing guidance, supervision and feedback, they help to secure the quality of medical practice and the continued safety of patients now and in the future.

Despite their importance, the role of trainers hasn't always been formally recognised or supported. This has contributed towards varying standards of supervision and different perceptions of what constitutes good training.

Trainers have a rich and unique insight into the challenges facing the education process and ways to improve the quality of education. So we are introducing a national survey to ask trainers about the support and recognition they receive. This will help us to highlight areas of good practice, to investigate variations in support for trainers, and to identify issues undermining the quality of education that need to be resolved.

In time, as the survey develops and is rolled out more widely, we will compare the results with other data sources – particularly our national survey of doctors in training – so that local issues can be identified with more accuracy and explored in greater detail.

History of the trainer survey

The trainer survey was originally introduced by the Postgraduate Medical Education Training Board (PMETB) in 2007 and, following the merger of the PMETB and the General Medical Council (GMC), we continued to run the survey in 2010 and 2011.

In 2012, we introduced a new framework for education organisers and local education providers (LEPs) to recognise and approve trainers.* The recommendations in this framework have a direct impact on training roles so we paused the trainer survey to give organisations time to embed the new recommendations.

This pause allowed us to reassess the purpose of the trainer survey, align it with many of the principles underlying the framework for recognising and approving trainers, and produce a survey that is more closely attuned to the issues and concerns facing them. The pause also enabled us to clearly define the trainer population. We piloted the redesigned survey over six weeks in October and November 2014, and this report sets out our findings.

* General Medical Council (2012) *Recognising and approving trainers: the implementation plan* available at: http://www.gmc-uk.org/Approving_trainers_implementation_plan_Aug_12.pdf_56452109.pdf (accessed 15 May 2015)

Which trainers took part?

It has previously been difficult to define who is a trainer. For example, although some clinicians' roles may involve an element of training, they may not describe themselves as a trainer. In previous iterations of the survey, this made it difficult to define the trainer population and, for those invited to complete the questionnaire, many felt a degree of uncertainty over whether to complete it.

But the framework for recognising and approving trainers now sets out two roles in postgraduate education and two roles in undergraduate education. The trainer population in our pilot mirrored these two postgraduate roles – clinical supervisors and educational supervisors.

Undergraduate trainers and the other training roles at postgraduate level (such as training programme directors and deans of medical education) are very important, but we limited the scope of trainers taking part in the pilot survey to postgraduate clinical and educational supervisors. We will look to extend the survey to undergraduate trainers in the future, and consider other roles.

Which organisations took part?

We selected the following deaneries and local education and training boards (LETBs) to gain a large sample of trainers with a wide spread across different specialties, allowing us to analyse differences in results between specialties.

- Health Education North West London
- Health Education North Central and East London
- Health Education South London
- Health Education West Midlands
- Wales Deanery

The sample population is only a subset of the entire trainer population, but the results discussed later in the report show the type of information that we will be able to share and use in future.

What did we ask?

To develop questions for the pilot survey, we held a number of workshops with key interest groups to discuss what factors determine how well a trainer is supported and recognised in their role.

We agreed that the survey should focus on eight key indicators.

- **Value and recognition** covers the value that trainers feel their employers attribute to training roles and the priority given to education.
- **Time** covers whether trainers have adequate time for educational responsibilities and opportunities to use it.
- **Training** covers how effective trainers find the training available to them and their opinions on improving it.
- **Support** covers the level of support trainers receive to fulfil their educational responsibilities and their opinions on how to improve it.
- **Appraisals and feedback** covers how frequent and effective appraisals and feedback are.
- **Environment** covers whether trainers have a supportive environment and access to essential IT facilities, and whether the training environment helps to build the confidence of doctors in training.

- **Understanding the supervisor role** covers whether trainers are clear about the responsibilities expected of them.

- **Understanding the curricula** covers how familiar trainers are with the curricula and their confidence delivering it.

Each indicator includes a number of different but related questions.

Next steps

Plans for rolling out the trainer survey

We will roll out the trainer survey across the UK, to postgraduate trainers, when we do our next national survey of doctors in training in March 2016. By running the two surveys concurrently every year, we will be able to provide a more comprehensive picture of training environments than ever before. It will also allow for better comparison of results, allowing the GMC and other education organisations to highlight areas of concern with greater accuracy and to monitor interventions and improvements.

To prepare for rolling out the survey, we will examine the results from the pilot in detail to refine the questionnaire further and make sure it provides accurate and actionable data. We will also improve how we run the survey, particularly looking at how we can work with education organisations to improve response rates.

Including undergraduate trainers in the survey

Throughout 2014, we met with medical schools* to discuss widening the survey to undergraduate trainers. In general, they welcomed the idea of the survey to give a more rounded understanding of the training environment and were eager for it to be developed further.

However, there are very different approaches to recognising trainers across medical schools. Without a common set of roles across a range of different institutions, it will be difficult to make comparisons between education organisers. Medical schools will also face the challenge of establishing the operational mechanisms and resources for supporting a national survey such as this. Deaneries and LETBs have developed their survey resources and infrastructure over the course of a decade and have well established systems to support the survey.

Although we cannot identify undergraduate trainers using lists of recognised individuals provided by medical schools, we do know that many recognised postgraduate trainers are also undergraduate trainers. When we are able to survey the entire cohort, we will be able to gain an understanding of how undergraduate trainers are supported in their roles. Until then, we will include some questions about this in the survey for postgraduate trainers who tell us that they are also undergraduate trainers.

* We met directly with four medical schools that used different systems to discuss the logistics of running the survey. Over the next year, we will work with all medical schools on the questions and operational planning.

Reviewing how we ran the survey

Asking trainers to complete the survey

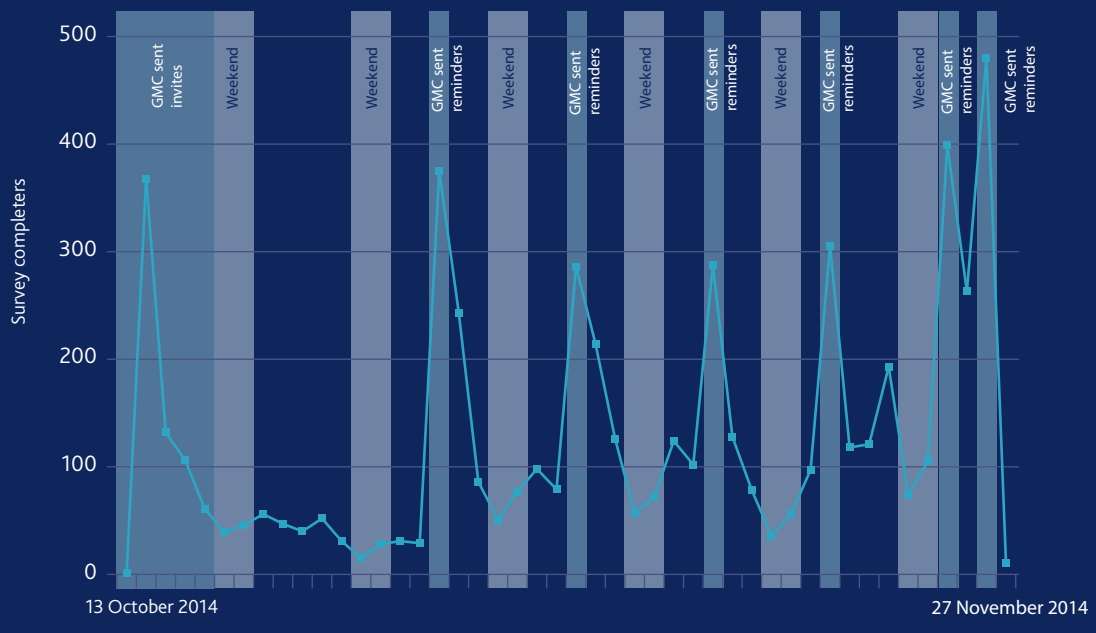
The deaneries and LETBs taking part in the pilot gave us details of their trainers, including their name, GMC number and supervisor role (clinical supervisor or educational supervisor). We then did a series of checks to validate the data – such as making sure the doctors were registered and licensed to practise – before loading the data into our survey system.

We emailed all trainers in the opening week of the survey, staggered across four days, to invite them to complete it. We sent letter invites to trainers who didn't have an email address registered with the GMC

We sent lists of trainers who had not completed the survey to the deaneries and LETBs in weeks 3–5, so they could remind these trainers at weekly intervals. And in the final two weeks of the survey, these trainers received two email reminders each week. Figure 1 shows that most respondents completed the survey on, or just after, days when they received an invite or a reminder.

But sending the reminders required a lot of resources. This approach could be improved in future by allowing deaneries and LETBs to directly access up-to-date lists of trainers who have not completed the survey, so they are not relying on us to give them data when they need it.

Figure 1: When trainers completed the survey



How we promoted the survey

In addition to our invites and reminders to trainers, we asked deaneries and LETBs to ask LEPs to send email reminders to trainers.

We did not promote the pilot survey through the usual approach that we use to promote our national survey of doctors in training, such as SMS invites, posters, flyers and other marketing materials. We chose not to advertise the survey at a national level to avoid confusing trainers who were not included in the pilot.

When we roll out the survey, we will couple promotion of the trainer survey with our existing survey of doctors in training, which already has a high public profile. We hope this will increase response rates and help us to clearly explain the value of completing the survey to trainers – ie we achieve a stronger evidence base by getting information from trainers and doctors in training at the same time.

Queries from trainers

We received 371 queries about the survey (6.4% of respondents), which was relatively low and therefore easily manageable.

Trainers had to complete the survey through GMC Online – the secure part of our website for doctors – and the most common query related to problems accessing GMC Online.

Just under a quarter of the respondents had not activated their GMC Online account before completing the survey. This requires the doctor to submit some personal information to confirm their identity, including details of how they pay their annual fee to the GMC.

Several doctors were concerned about providing this information and found the process difficult, failing to understand why they needed to do this before they could complete the survey.

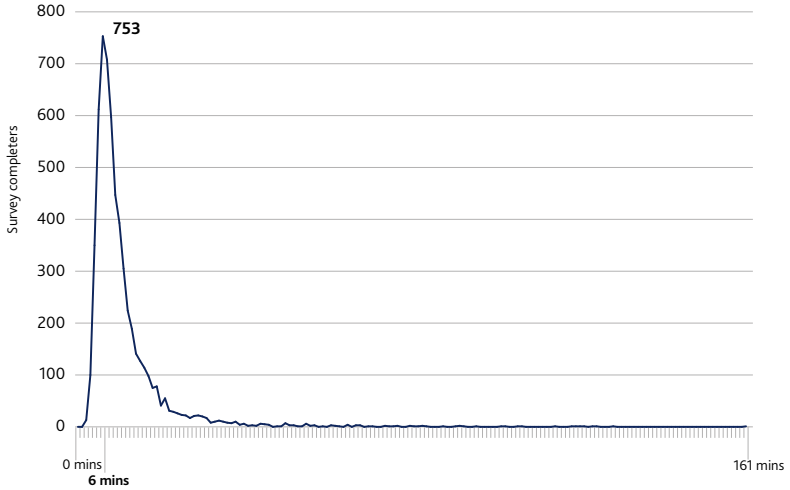
When we roll out the survey, we will consider how to target doctors who have not activated their GMC Online account, outlining why certain information is needed and explaining how it will be used.

How long did the survey take to complete?

The median survey completion time was 8 minutes 35 seconds, which fell within the estimated time of 5–10 minutes given on the invites. The mean completion time was 11 minutes 19 seconds, but this was raised substantially by 51 respondents who took over an hour to complete the survey.

Figure 2 suggests that a number of trainers completed the survey very quickly. In future , we will consider contacting people who completed the survey particularly quickly to make sure they were able to adequately consider all questions in the time.

Figure 2: Time taken for trainers to complete the survey



Online reporting tool for deaneries and LETBs

We built a new online reporting tool for deaneries and LETBs to access the results of the survey. This allowed users to interrogate the data at a number of different levels – for example by indicator, question or outliers*

The deaneries and LETBs are reviewing the tool to examine how it can best support their quality assurance processes. Based on their feedback, we will examine ways to improve our reporting mechanisms to make sure they effectively meet the needs of those in the LETBs, deaneries and LEPs who use the results.

How well did the questions work?

The Institute for Employment Studies did an independent statistical review of responses to the questionnaire. We will use its observations and suggestions to improve the existing questionnaire before rolling it out.

Most questions provide a normal distribution of results, but some are highly skewed,† so the Institute recommended ways that we could change questions to remedy this.

The Institute also tested the appropriateness of our eight key indicators and their constituent questions. Again, on the whole, these performed well, but some indicators will need to be revised before we can be fully confident they are meaningful constructs.‡ The appraisals and feedback indicator, for example, emerges as two separate underlying constructs , while some questions could be swapped between indicators to improve their statistical strength. We will therefore refine the clustering of these factors to make sure the survey results can be usefully compared with other data.

* An indicator is a way of showing how respondents feel about a particular aspect of their role, such as support. Indicators are usually made up of a handful of questions on the same theme. An outlier is a result that differs significantly from the average score for that indicator. We attribute red flags to outliers below the average, and green flags to outliers above the average.

† In statistics, a normal distribution shows that responses are equally distributed either side of the average score. A skewed distribution shows that more responses fall to one side of the average. In survey design a normal distribution is preferable because this demonstrates that most respondents will answer in the expected range and that any outliers are genuine. A skewed distribution may show a disproportionate number of respondents chose an answer outside of the expected range.

‡ It is preferable that an indicator has only one theme or construct, such as support. If an indicator is shown to be reporting on more than one construct, this makes the results hard to interpret. We can run a statistical test, known as factor analysis, on an indicator to make sure our questions are focussed on that construct.

Key findings

As this is a pilot survey, the results should be treated with caution and seen as indicative. But the differences in results across regions and specialties show how useful the survey will be when we roll it out across the UK, and how important it is to integrate it into existing quality management frameworks to maintain high standards of medical education.

Who responded?

We invited 12,216 trainers to complete the survey, of whom 5,824 (48%) responded. The Institute for Employment Studies noted that this response compares very favourably with its other recent surveys of professionals. For example, 44% of barristers responded to a 2012 survey, and 27% of veterinary surgeons and 31% of veterinary nurses responded to a 2013 survey of the veterinary profession. We achieved this response rate despite limited promotion, so we will aim to increase the response rate when we roll out the survey to more accurately reflect trainers' opinions and identify issues.

Figure 3 shows that response rates varied by deanery or LETB, reaching a high of 60% in Wales. Because this pilot did not include trainers from across the whole UK, this report does not include figures that allow comparison of indicator scores between the participating deaneries and LETBs.

Figure 3: Number of trainers who responded by deanery and LETB

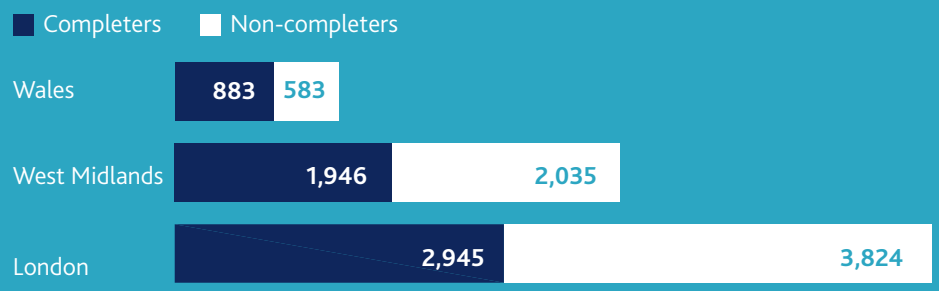


Figure 4 shows that the highest numbers of respondents were based in medicine and in general practice. With the exception of public health, broad based training and occupational medicine, there are sufficient trainers to give a provisional overview of differences across programme specialties. With improved response rates when we roll out the survey across the UK, we will be able to accurately identify which programme specialties are performing above or below average.

Figure 4: Number of trainers who responded from each programme specialty

Programme specialty	Number of respondents
Medicine	1,149
General practice	881
Surgery	810
Anaesthetics	802
Psychiatry	482
Paediatrics	477
Foundation	292
Obstetrics and gynaecology	249
Radiology	229
Emergency medicine	169
Pathology	150
Ophthalmology	101
Public health medicine	22
Broad based training	6
Occupational medicine	5
Total	**5,824**

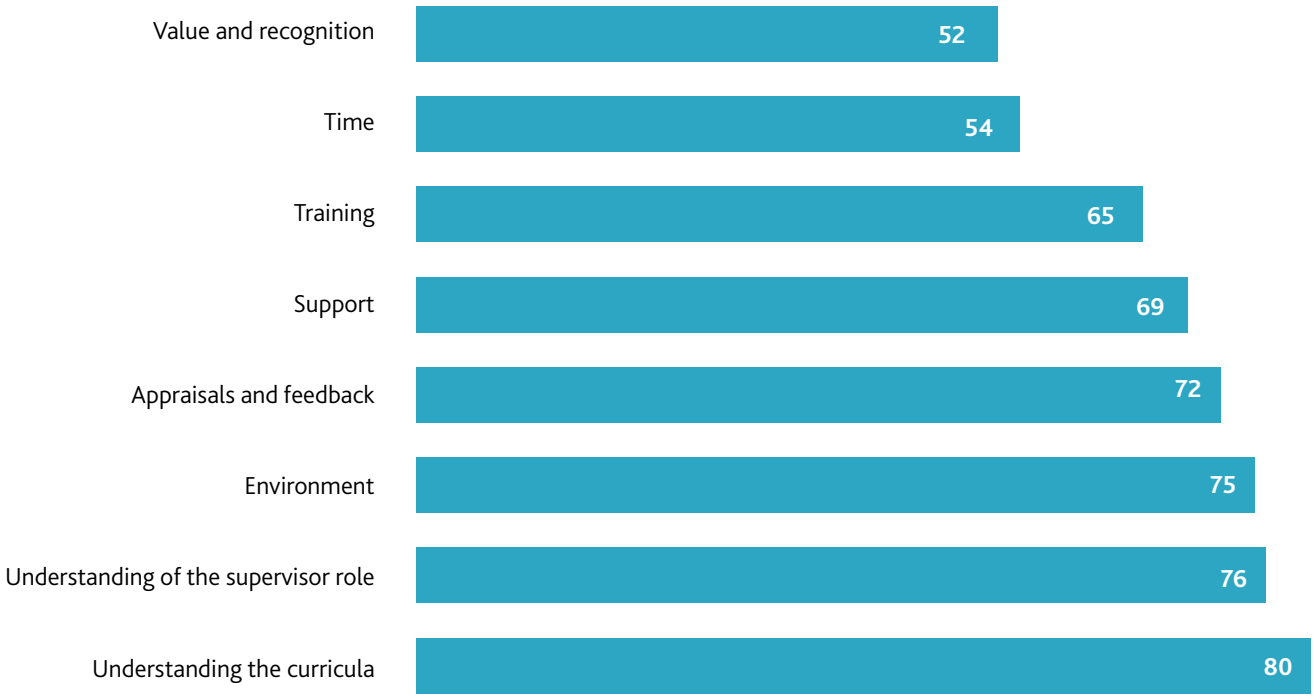
3,790 respondents (65%) were acting as both clinical and educational supervisors, indicating considerable overlap between the two roles. As such, we have reported the results for the number of trainers doing each role, so the total number of clinical and educational supervisors exceeds the total number of respondents. 1,480 respondents were clinical supervisors only and 554 were educational supervisors only, so we have reported results for 5,270 clinical supervisors and 4,344 educational supervisors.

Overall indicator scores

We calculated the overall score for each of the eight key indicators by combining the results of related questions to give a rounded measure of issues, and scoring them on a 0–100 scale.

Figure 5 shows that the indicator for value and recognition scored lowest, closely followed by time, whereas understanding the curricula scored highest. These results may reflect the sense of control that trainers feel they have in each area. For example, trainers gave high scores to indicators that measure areas they directly control (eg understanding of the curricula or supervisor role), whereas they gave considerably lower scores to indicators that measure areas they have less direct personal control over (eg the time available to them in job plans or the recognition they receive for the role).

Figure 5: Overall indicator scores for each indicator
Results are for all trainers (n=5,824)



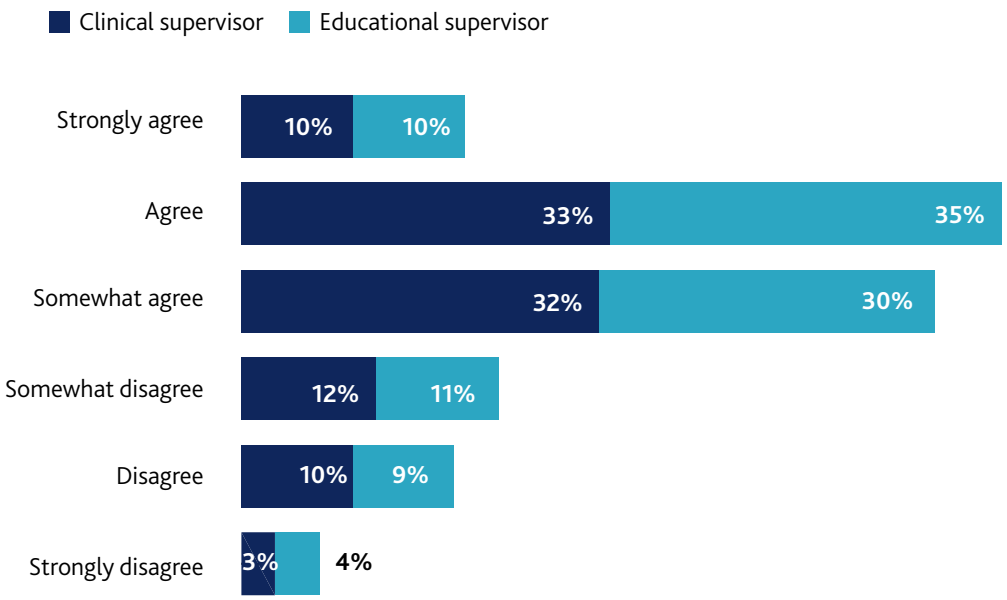
Results for each indicator

Value and recognition

With a mean score of 52.4, the value and recognition offered to trainers in their role as a supervisor was given the lowest score. If trainers do not feel valued or their efforts to provide training are habitually disrupted by other priorities then this will threaten the quality of education provided.

Figure 6 shows most trainers feel valued in their roles. However, it's concerning that 25% of clinical supervisors and 24% of educational supervisors disagreed that they feel valued by their employing organisation. Perceptions such as these could affect morale and, in turn, limit the enthusiasm that some trainers have for performing their role.

Figure 6: Trainers' responses to the statement: 'I feel valued in my role as a clinical supervisor or an educational supervisor by my main employing organisation' (question TRS015c/e)
Results are for 5,270 clinical supervisors and 4,344 educational supervisors

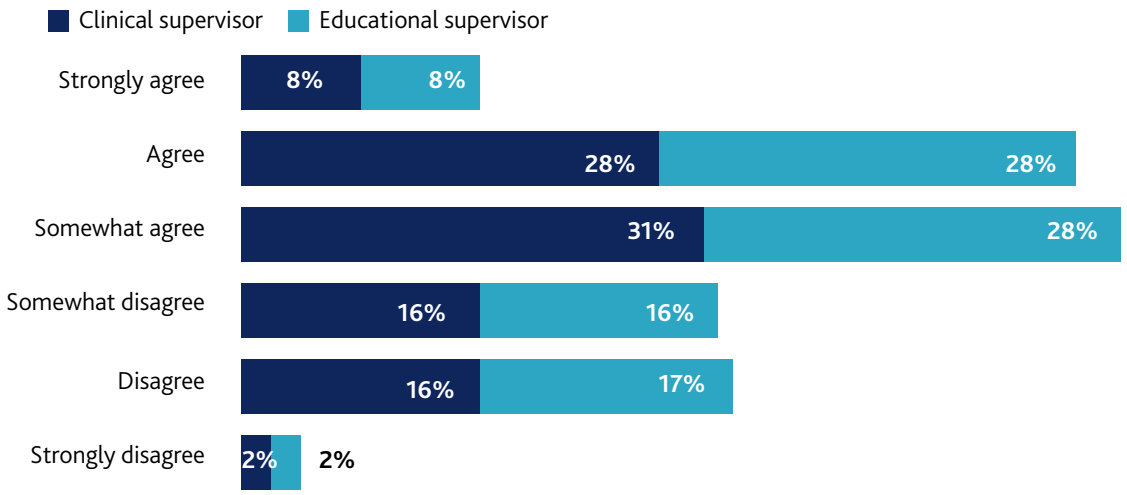


One of the most common difficulties faced by supervisors is trying to maintain a good balance between providing services and education. In the section for free-text comments, trainers noted: 'it is the usual training-service commitment conflict' and 'service pressures trump everything else'.

To explore how well educational responsibilities sit alongside other priorities, we asked trainers if managerial staff prioritise the commitments of supervisors' wider roles over their educational responsibilities. Figure 7 shows that most trainers responded that they did – 67% of clinical supervisors and 64% of educational supervisors agreed.

Given the well-publicised pressures faced by healthcare systems in the UK, this result may not come as a surprise. However, this doesn't diminish the fact that trainers need to be given the opportunity to fulfil their educational responsibilities. Continually encroaching on this will reduce the quality of training and future patient care. Results such as these will help give a clear, unambiguous recommendation that organisations need to address failure to appropriately prioritise providing education.

Figure 7: Trainers' responses to the statement: 'Senior staff often prioritise the commitments of my wider role over the educational responsibilities I have as a supervisor' (question TRS016c/e)
Results are for 5,270 clinical supervisors and 4,344 educational supervisors



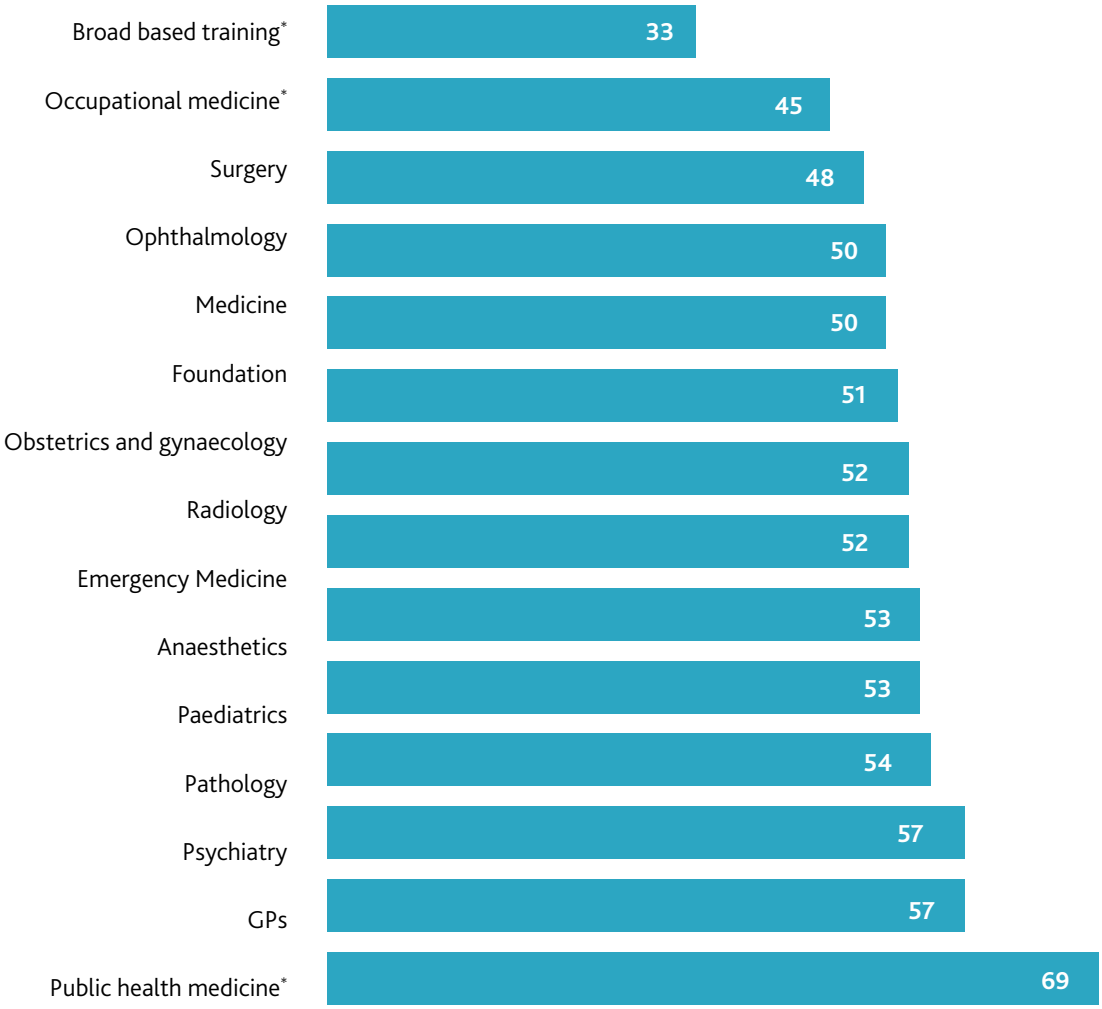
The results broken down by specialty of the trainer* give a more insightful analysis of where critical issues might lie. With a mean of just 33.3 (compared to the overall mean of 52.4), trainers in broad based training gave by far the lowest score (see figure 8).† It could be that, as this is a relatively new programme, it has yet to find its full place as an independently recognised programme and results may improve in future years.

The programme was developed in response to the changing needs of patients and aims to improve integration of care so, if these results persist when the survey is rolled out, it is important that organisations take action to improve the value and recognition offered to these trainers.

* Here, trainer specialties have been clustered into groups determined by the royal college, faculty or other organisation who sets the curricula for the programme.

† In fact, broad based training scores lowest in each of the eight key indicators when ranked by programme group. The explanation could well apply across the board but, until we roll out the survey, the hypothesis will remain untested.

Figure 8: Score for the value and recognition indicator by programme specialty
Results are for all trainers (n=5,824)



* these groups have small sample sizes

Time

With a mean score of 54.4, the time given to trainers for educational responsibilities was given the second lowest score. Balancing clinical duties with educational responsibilities can be extremely difficult, but trainers must be given sufficient time to develop doctors in training.

We asked a series of questions to assess whether trainers:

- have sufficient time allocated to their training role
- are actually able to use this time for its intended purpose.

Similar proportions of clinical supervisors (60%) and educational supervisors (61%) agreed that their job plans contained sufficient time. Two-fifths believe they do not have enough time and some felt that pressures within the NHS had led to unrealistic expectations.

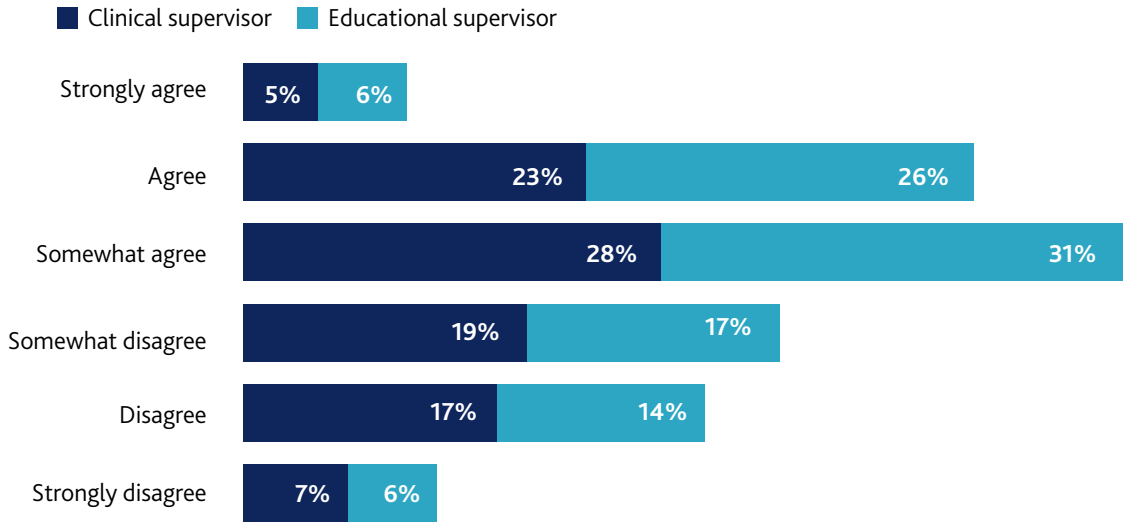
'In the current climate, job plans are made with unrealistic assumptions as to how much time is needed to get the clinical work done…the pinch is on everything which is not related directly to patient care. It has to be recognised that if we want to comply with ever growing demands and standards… we need to have the time to do that in addition to the clinical work.'

Figure 9 shows that more educational supervisors (63%) than clinical supervisors (57%) are able to use the time for its intended purpose. The difference is not huge, but it suggests that the educational supervisor role is slightly more structured and distinct than the clinical role, so educational supervisors find it easier to use their allocated time without it being subsumed into other responsibilities.

'As clinical supervisor you are less valued and less supported by the employers compared to being an educational supervisor. It is challenging to find time and be given time in your sessions to do trainee appraisal and at the same time expect to deliver direct patient clinical care.'

Again, around two-fifths aren't always able to use their designated time for its intended purpose.

Figure 9: Trainers'responses to the statement: 'I am always able to use the time allocated to me in my role as supervisor specifically for that purpose' (question TRS025c/e)
Results are for 5,270 clinical supervisors and 4,344 educational supervisors



For trainers who were not able to use allocated time specifically for their clinical or educational supervisor role, we asked further questions to understand why. Almost nine in every ten respondents said it was due to excessive clinical demands and around a quarter said it was because their doctors in training have an excessive workload.

With a fuller sample of responses we will be able to explore these issues further to establish if, for example, broad based training is much more labour intensive than other specialties.

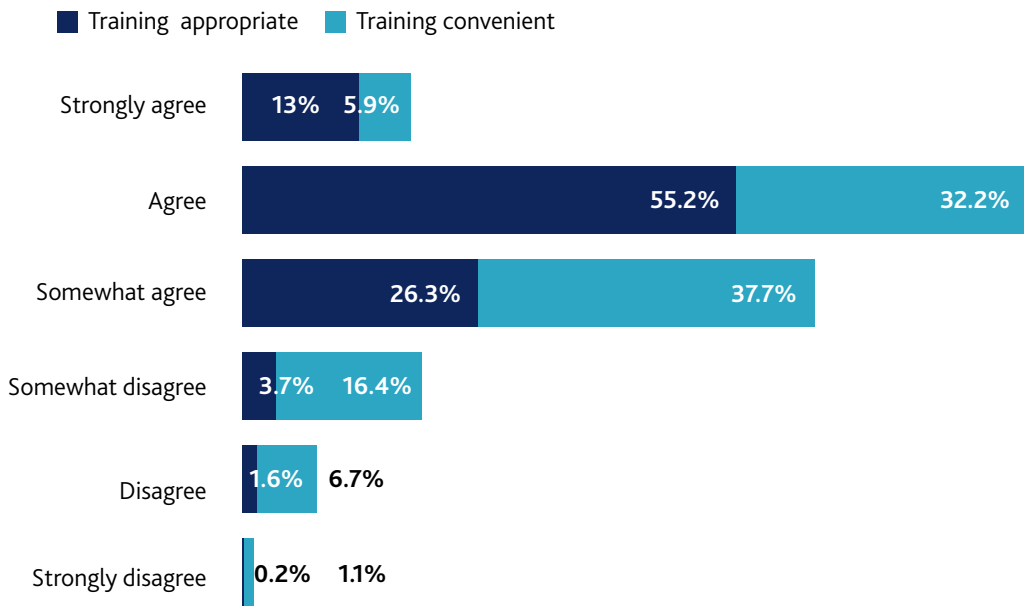
Training

The training indicator had the third lowest mean score (65.4), showing that many trainers are concerned about the training available to them. Looking at the results by programme specialty, trainers in occupational medicine gave the highest mean score (73.3) followed by psychiatry (69.8) and paediatrics (69.6), whereas trainers in surgery (58.8) and broad based training (60.0) gave the lowest mean scores for this indicator.

The vast majority of trainers (84.8%) said they had been signposted to training, which is positive, but we also need to explore how appropriate the training actually is. Figure 10 shows that almost all trainers felt their training was suitable, with only 5.4% disagreeing that the training was pitched at the right level.

We also asked if the training was convenient for trainers to do. The results, also shown in figure 10, were largely positive, but 24% disagreed. When the survey is rolled out, we'll be able to pinpoint sites where there are specific problems and identify areas of good practice.

Figure 10: Trainers' responses to the statements: 'The training opportunities that have been pointed out to me are pitched at the right level for me' (question TRS041) and 'The training opportunities that have been pointed out to me are convenient for me to take up' (question TRS042)



We asked a further question to find out why training opportunities weren't convenient.

- 55% – lack of access to appropriate IT facilities
- 29% – insufficient study leave
- 24% – inconvenient location
- 12% – unsuitable times
- 67% – other reasons

In the section for free-text comments, trainers noted: 'major deficit is poor IT resources', 'IT facilities pathetically slow' and 'the IT supporting the trainees' e-portfolio is extremely slow and frustrating'. Given the growing trend for e-learning and increasing reliance on IT systems for many other functions in the medical profession (such as the e-portfolio), this is an issue that needs to be further explored and tackled.

We explored the other reasons reported by 67% of trainers and found that the root cause was time-related. Echoing results from the time indicator, many trainers pointed out that the weight of clinical demands prevented them from engaging in training. Compounding this, many also noted that the time allocated for supporting professional activities was not sufficient to attend training courses, particularly given that this time is often used for required continuing professional development (CPD).

'Although study leave time is available, attending courses geared at trainers reduces study leave that is then available for general study leave needed for CPD.'

'There are now so many mandatory courses to go on that getting study leave to attend courses on how to be a supervisor is impossible.'

Many also questioned the quality and organisation of training courses. A common complaint was that insufficient notice was given for courses, reporting a 'lack of adequate advanced knowledge in many cases as need a minimum of 6 weeks to plan ahead according to trust policy'. And some trainers felt that courses were simply insufficient in terms of the content, saying they were 'uninspiring, overly generic and not sufficiently tailored to training excellent specialists'.

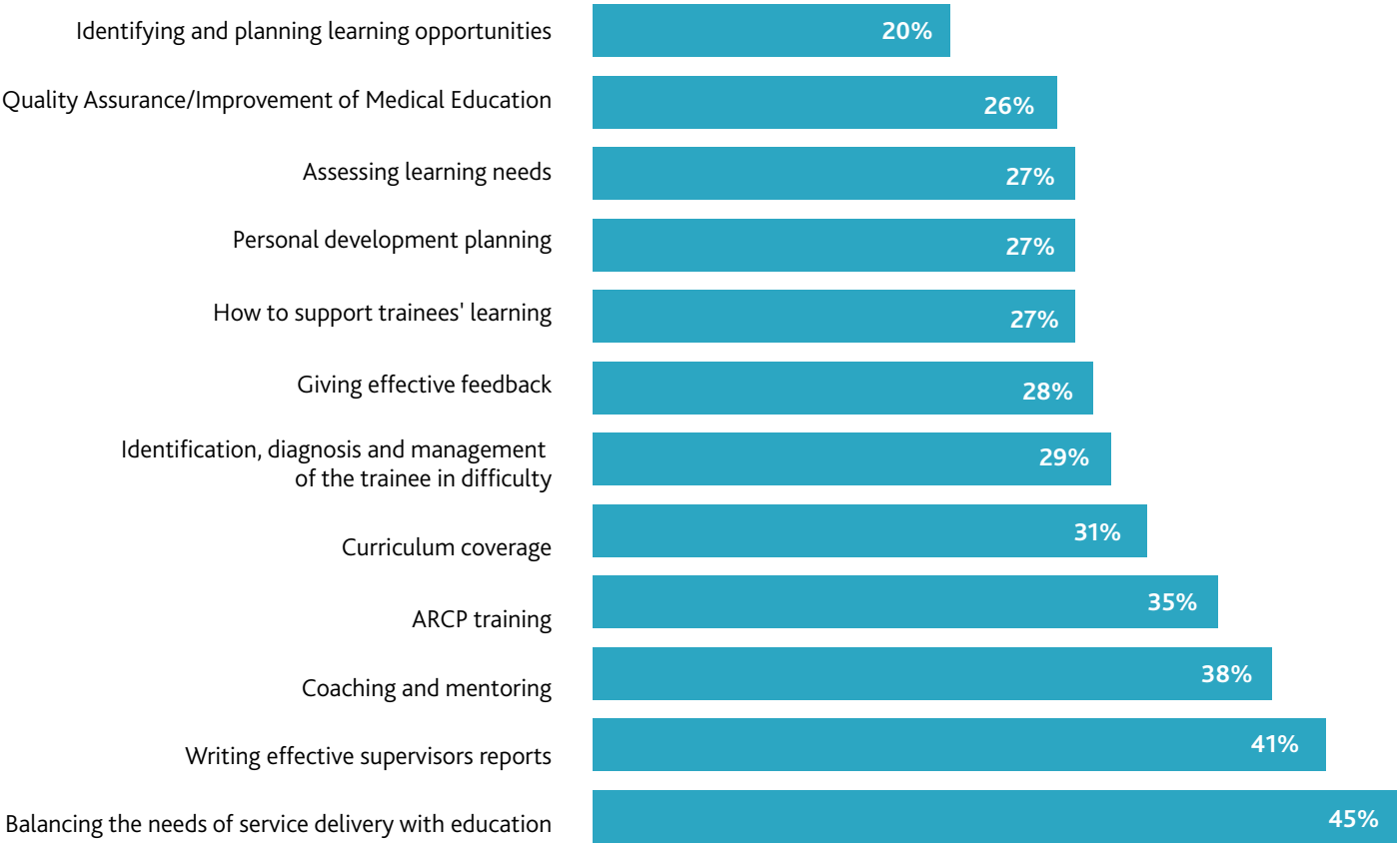
We also asked trainers about the types of training and development they'd recently been exposed to:

- 57% – self-directed learning
- 41% – a course led by the deanery or LETB
- 28% – an online course
- 24% – a course led by the health board or trust
- 16% – a course led by a royal college or faculty

As many trainers cited IT issues as a barrier to training opportunities, it's likely that more trainers would use online training if appropriate IT facilities were available.

We asked trainers which areas they would benefit from more training in. Figure 11 shows that most would like to learn more about balancing the needs of service delivery with education, and writing effective supervisor reports.

Figure 11: Which areas do trainers think they would benefit from more training in? (question TRS045)
Results are for all trainers (n=5,557), but respondents could give more than one answer so percentages do not add to 100%. ARCP=annual review of competence progression



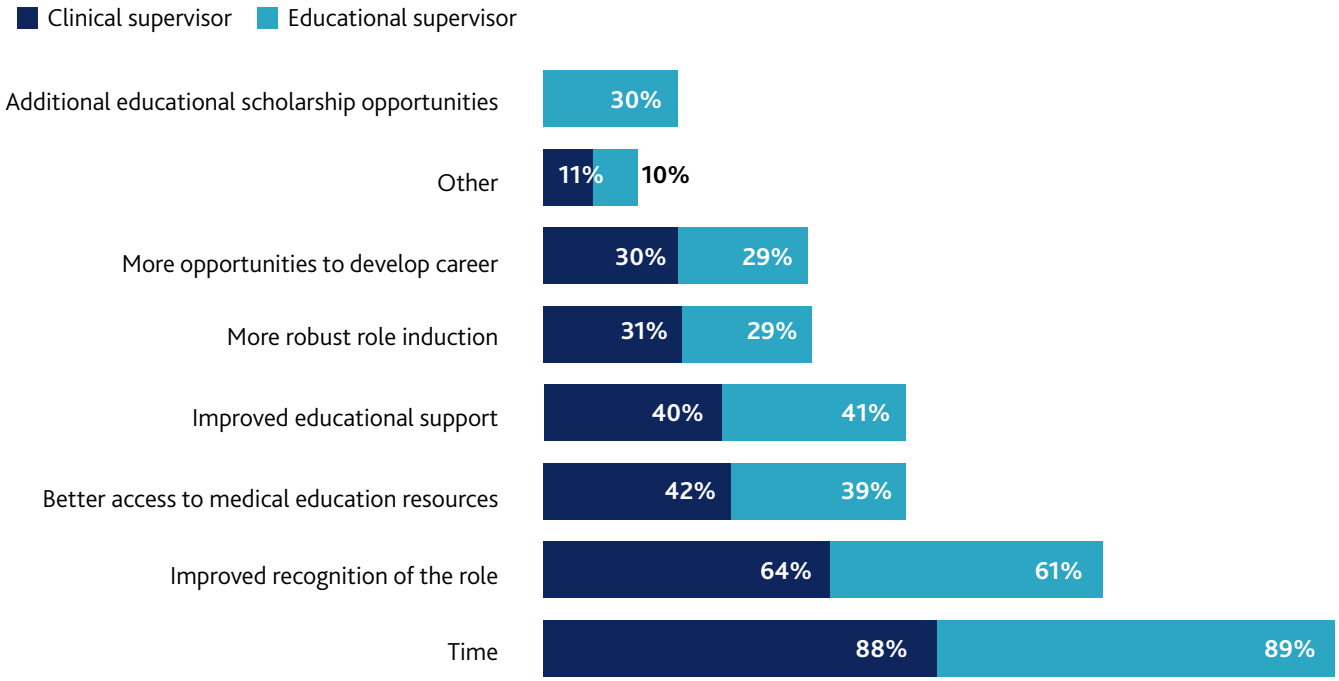
Support

Trainers gave a mean score of 69.0 for the support they receive. 22% of clinical supervisors and 20% of educational supervisors disagreed they were adequately supported by their employer, indicating that some supervisors feel more support could be offered.

Those respondents who said they were not adequately supported were asked what additional support would be useful to them. As with responses to other questions, figure 12 shows that time featured very heavily with almost 90% picking this out. The next area of greatest concern was improved recognition of the role – we hope that once the trainer survey is rolled out and our framework to recognise and approve trainers is fully introduced in July 2016, the formal recognition of those in training roles will be much more advanced than at present.

Figure 12: Trainers' response to the question: 'In your role as supervisor, what additional support do you require from the main organisation you work for?' (question TRS019c/e)

Respondents could give more than one answer so percentages do not add to 100%. We asked educational supervisors only about additional educational scholarship opportunities, so there are no data for clinical supervisors.



We also asked trainers about the support available for doctors in training who are in difficulty. Most were aware of processes locally and at a regional level, with slightly more aware of local processes run by the trust or board (91%) than of regional processes run by the deanery or LETB (87%).

Trainers were less positive about the educational support available to them. Although most agreed or strongly agreed that there was adequate support for those needing help with educational responsibilities (48%), 30% stated that they only somewhat agreed and 22% disagreed, suggesting that this is an area with room for improvement.

Appraisals and feedback

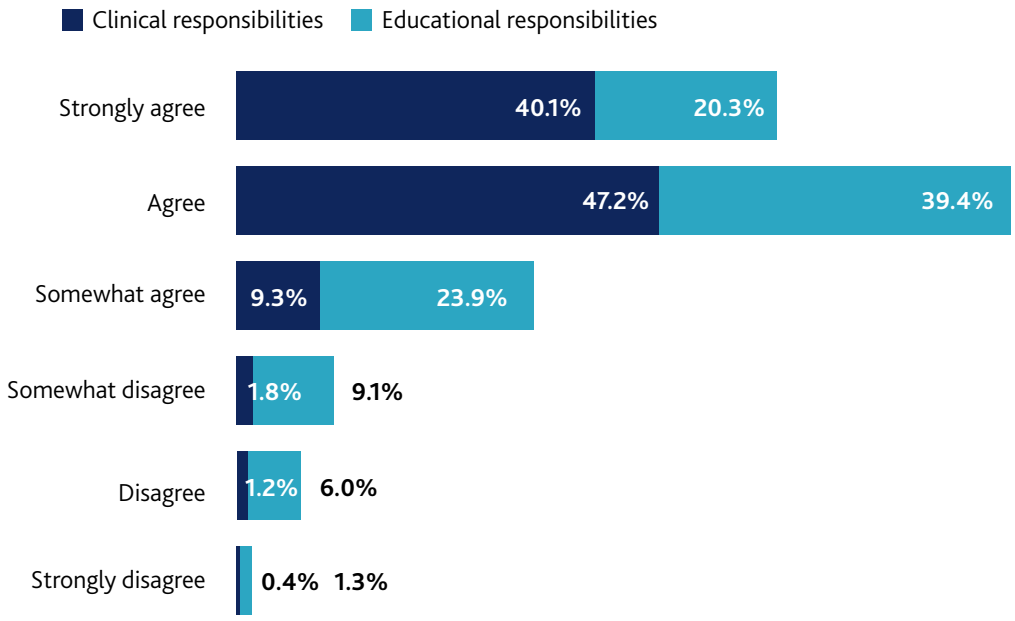
Trainers gave a mean score of 71.5 for the frequency and effectiveness of their appraisals. The highest score for this indicator was given by trainers in psychiatry (75.6) followed by general practice (75.4), whereas the lowest score was given by trainers in broad based training (60.3).

To examine how well educational responsibilities are recognised in appraisals, we asked whether trainers had an appraisal that covered their:

- professional clinical responsibilities
- educational responsibilities.

88% agreed or strongly agreed that the appraisal covered clinical responsibilities, but only 60% agreed or strongly agreed that it covered educational responsibilities. This is a clear indication that educational responsibilities seem to be overlooked in appraisals and organisations need to make them more prominent – for example, by producing guidance. In the free-text comments, one trainer said: 'In addition to the framework for competences for educational supervisors, a framework for annual appraisal would be helpful.'

Figure 13: Trainers' response to the statement: 'I have a regular appraisal that adequately covers my professional clinical responsibilities or educational responsibilities' (question TRS028/29)



We asked whether trainers have clear objectives for their educational responsibilities – similar to the trend in other areas of the survey, 79% agreed but this still leaves over one in five (21%) who disagreed.

Feedback from doctors in training is key for developing trainers' skills and, where trainers have a sufficient number of doctors in training, many find the formal 360° feedback process particularly helpful. So we asked trainers if they had received feedback – again most agreed (77% of both clinical and educational supervisors), but 23% hadn't. Given the insight that can be gained from this type of feedback, efforts should be made for it to become more commonplace.

Environment

Trainers gave a mean score of 75.3 for the supportiveness of the environment and how well the training environment builds the confidence of doctors in training. As the third highest ranked indicator, this bodes well, but what doctors in training think about the environment should also be taken into account to form a more fully rounded picture.

With a mean score of 83.1, trainers in general practice gave this indicator the highest score. Trainers in occupational medicine gave the lowest score (61.6).

Figure 14 shows that most trainers agree that the environment the work in is a supportive one. As in other areas of the survey, IT resources were scored slightly less highly, with 19% disagreeing that they were adequate.

Figure 14: Trainers' responses to statements in the environment indicator
Results are for all trainers (n=5,824)

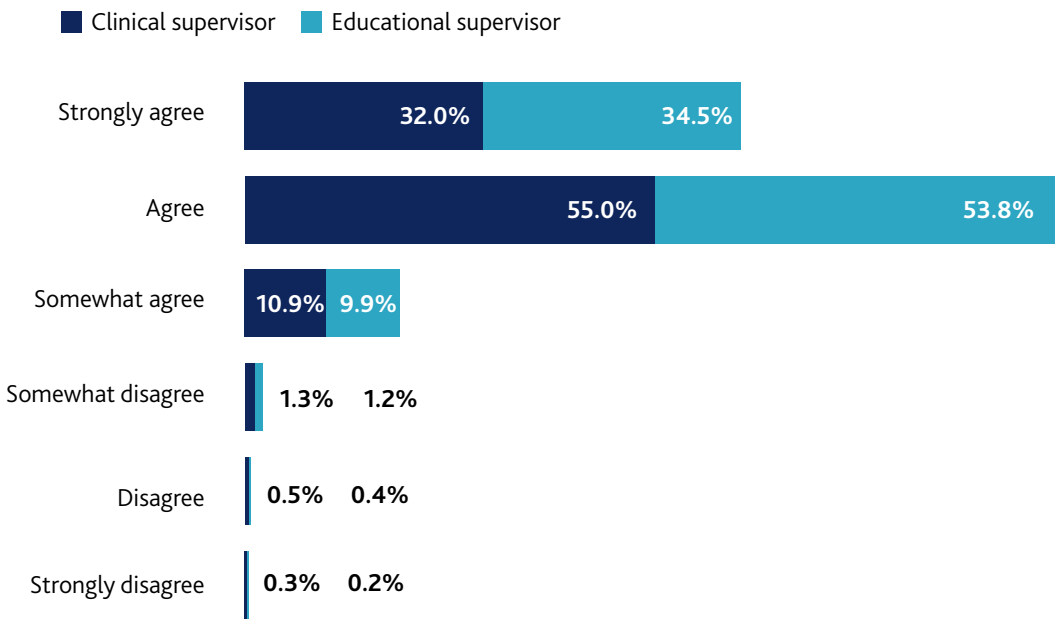
	In general, the working environment is a supportive one	Staff, including doctors in training, are treated fairly	Staff, including doctors in training, treat each other with respect	The working environment is one which helps build the confidence of doctors in training	The IT resources available are adequate to support me in my role as a supervisor
Strongly agree	16%	22%	23%	21%	13%
Agree	50%	55%	60%	54%	44%
Somewhat agree	23%	16%	13%	19%	24%
Somewhat disagree	7%	4%	2%	4%	10%
Disagree	4%	2%	1%	2%	6%
Strongly disagree	1%	1%	0%	0%	3%

Understanding the supervisor role

The second highest mean score was 76.0 for understanding the supervisor role.

Figure 15 shows that only 2% of supervisors believed their responsibilities as a supervisor weren't clear to them.

Figure 15: Trainers' response to the statement 'It's clear to me what my responsibilities as a supervisor are' (TRS012c/e) Results are for 5,270 clinical supervisors and 4,344 educational supervisors



We also asked whether they knew about our implementation plan for recognising and approving trainers. Overall, trainers' knowledge of this was fairly good, although 19% of clinical supervisors and 18% of educational supervisors were not familiar with it.

Understanding the curricula

With a mean score of 80.5, trainers gave the highest score for how well they felt they understand the curricula they are delivering and how confident they were to deliver it.

This is the first time we have gathered information on how well the trainer population understands the curricula they are delivering, and most trainers said they have a comprehensive understanding of the curricula they're teaching. But we found some interesting differences between foundation, general practice and specialty trainers. For example, 81% of trainers with doctors in specialty (including core) training either agree or strongly agree that they have a comprehensive understanding of the curriculum, compared with 62% of foundation and 60% of general practice trainers.

A similar pattern emerges where when we look at the confidence of trainers in their supervisory skills. 38% of specialty trainers strongly agreed that they were confident in their skills to supervise the curriculum, compared with 27% of foundation and 26% of general practice trainers. When we roll out the survey, we will be able to analyse the data to see if there are any clear trends between different programmes.

Analysis of free-text comments

In addition to the main questionnaire, trainers were invited to comment on the value and recognition they receive and to suggest how they could be better supported. Overall, 1,016 trainers – almost one in five – gave further comments, allowing us to build a detailed understanding of the issues they face.

Job plans and time were the issues that generated the most comments. Although questions in the survey tackle these issues, we will examine whether they explore this highly significant topic in sufficient depth and consider introducing additional questions.

Some trainers suggested we should investigate remuneration in the survey, as they felt that their educational responsibilities were not appropriately remunerated.

Some trainers noted that they would prefer open-response questions rather than fixed-response ones. Open-response questions allow respondents to give more information in their answers and to explain why they have answered in a particular way. Information from open-response questions can be very rich. But over-relying on them would make analysis difficult, and make it impossible to develop comparable reporting across regions and types of organisations.

We will take these responses into account when revising the questionnaire.

Trainer survey pilot 2014 questionnaire

Welcome to the national trainer survey 2014

As part of our drive to help improve medical education, this survey gives you the opportunity to tell us about your experience of being a supervisor of trainee doctors.

The survey is an important step towards improving the support and recognition of trainers and builds on the work already begun by our 2012 report 'Recognising and Approving Trainers: the implementation plan'.

How we will use the results from this survey

- To help us better understand how well you feel you're supported in your role as a trainer.
- To identify any barriers which might impact upon the quality of training you're able to offer.
- To understand how well the implementation plan for recognising and approving trainers is being delivered.

What the results from this survey will not be used for

- As a means to assess your performance as a trainer.
- In any other GMC assessment which you might be involved in.

Further information about the survey

- It should take around 5-10 minutes to complete.
- On completion of the survey, you will be emailed a certificate and unique code which you may use for recognition or appraisal purposes as evidence of your commitment to taking part in systems of quality assurance and quality improvement to promote patient safety.

Confidentiality policy

- Information you provide in section one of the questionnaire about your current role (such as your specialty, number of trainees, trust or board in which you're based) will be shared with your deanery/LETB to ensure their records are up-to-date.
- All other responses you provide remain confidential and will only be published in an aggregated format.
- Read the confidentiality and privacy policy on our website.

Question name	Question	Answers	Presented to	Area
Section 1 – About your practice				
	By providing the following details you will help us be able to compare survey findings across different locations and areas of medical practice.		All	Demographic
	In which area of medicine do you primarily practise?	List of specialties	All	Demographic
	In which location are you primarily based?	List of locations	All	Demographic
TRS001	In postgraduate medical education, two broad categories of trainer have been identified: (1) named clinical supervisor and (2) named educational supervisor. Although these titles may differ from the ones traditionally used in certain specialties, the overall responsibilities encompassed by these positions are broadly similar to other roles: 1. A clinical supervisor oversees a trainee's clinical work throughout a placement. He or she gives feedback during the placement and leads on providing a review of the trainee's performance which contributes to the educational supervisor's report on determining if the trainee progresses to the next stage of their training. 2. An educational supervisor is responsible for the overall supervision and management of a trainee's development during a placement or series of placements. He or she helps the trainee to plan their training, achieve agreed learning outcomes and brings together all relevant evidence to determine if the trainee progresses to the next stage of their training. Although these two roles are distinct, it's possible you may have responsibility for both. Please note that wherever the terms clinical supervisor or educational supervisor are used in this questionnaire, they refer specifically to named clinical supervisors and named educational supervisors. Therefore, please provide answers based only on the trainees you are a named supervisor for.		All	Demographic
TRS002	Which of the following statements best describes your current training role?	Clinical supervisor | Educational supervisor | Both clinical and educational supervisor	All	Demographic
TRS003c	How long have you been in the role of clinical supervisor?	Less than one year | One year to less than five years | Five years or more	CS only	Demographic
TRS003e	How long have you been in the role of educational supervisor?	Less than one year | One year to less than five years | Five years or more	ES only	Demographic
TRS004c	What grade are the trainees you currently act as named clinical supervisor for? (Please select all that apply)	Foundation | GP | Specialty (including core)	CS only	Demographic
TRS005c	How many trainees do you currently act as named clinical supervisor for?	None | 1 | 2 | 3 | 4 | 5 | More than 5	CS only	Demographic
TRS004e	What grade are the trainees you currently act as named educational supervisor for? (Please select all that apply)	Foundation | GP | Specialty (including core)	ES only	Demographic

Question name	Question	Answers	Presented to	Area
TRS005e	How many trainees do you currently act as named educational supervisor for?	None | 1 | 2 | 3 | 4 | 5 | More than 5	ES only	Demographic
TRS006	In which programme specialty are the trainees you have responsibility for supervising (you may choose up to four)?	[Specialty list] x 4	All	Demographic
Section 2 – main questionnaire				
TRS010	This section consists of a series of questions looking at your experience of being a supervisor. The following areas will be covered: ■ Understanding of the supervisor role ■ Value and recognition ■ Support ■ Time ■ Appraisals and feedback ■ Understanding the curricula ■ Training ■ Environment		All	
TRS011	The next set of questions ask about your broad understanding of the supervisor roles.		All	Understanding of the supervisor role
TRS012c	It's clear to me what my responsibilities as a clinical supervisor are.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Understanding of the supervisor role
TRS012e	It's clear to me what my responsibilities as an educational supervisor are.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Understanding of the supervisor role
TRS013	I'm familiar with the content of the GMC's 2012 report 'Recognising and Approving Trainers: the implementation plan'.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding of the supervisor role
TRS014	The next set of questions ask about the overall value and recognition offered to you in your role as a supervisor.		All	Value and recognition
TRS015c	I feel valued in my role as clinical supervisor by my main employing organisation.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Value and recognition
TRS015e	I feel valued in my role as educational supervisor by my main employing organisation.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Value and recognition
TRS016c	Senior staff often prioritise the commitments of my wider role over the educational responsibilities I have as a clinical supervisor.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Value and recognition
TRS016e	Senior staff often prioritise the commitments of my wider role over the educational responsibilities I have as an educational supervisor.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Value and recognition

Question name	Question	Answers	Presented to	Area
TRS017	The next set of questions ask about the levels of support which are offered to you in your role as a supervisor.		All	Support
TRS018c	I'm adequately supported in my role as clinical supervisor by my main employing organisation.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Support
TRS018e	I'm adequately supported in my role as educational supervisor by my main employing organisation.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Support
TRS019c	(Asked if negative answer recorded for TRS018c) In your role as clinical supervisor, what additional support do you require from the main organisation you work for? (Please select all that apply)	Better access to medical education resources | Improved job planning (i.e. time) | Improved organisational support for doctors in difficulty | Improved recognition of the role in the appraisal process | More opportunities to develop career in medical education | More robust role induction | Other (please specify)	CS only	Support
TRS019e	(Asked if negative answer recorded for TRS018e) In your role as educational supervisor, what additional support do you require from the main organisation you work for? (Please select all that apply)	Additional educational scholarship opportunities | Better access to medical education resources | Improved job planning (i.e. time) | Improved organisational support for doctors in difficulty | Improved recognition of the role in the appraisal process | More opportunities to develop career in medical education | More robust role induction | Other (please specify)	ES only	Support
TRS020	I've been made aware of the processes in place locally to help a trainee doctor in difficulty.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Support
TRS021	I've been made aware of the processes in place in my deanery/LETB to help a trainee doctor in difficulty.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Support
TRS022	There is adequate provision available for supervisors who may need help with their educational responsibilities.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Support

Question name	Question	Answers	Presented to	Area
TRS023	The next set of questions ask about the time made available to you in your role as a supervisor.		All	Time
TRS024c	My job plan contains sufficient designated time for my role as a clinical supervisor.	N/A, I don't have a job plan | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Time
TRS024e	My job plan contains sufficient designated time for my role as an educational supervisor.	N/A, I don't have a job plan | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Time
TRS025c	I am always able to use the time allocated to me in my role as clinical supervisor specifically for that purpose.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Time
TRS025e	I am always able to use the time allocated to me in my role as educational supervisor specifically for that purpose.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Time
TRS026	(Asked if negative answer recorded for TRS025) Why are you unable to use the time allocated to you? (Please select all that apply)	Excessive clinical service demands for me | Excessive workload for trainees | Other SPA demands | Other administrative demands | Other (please specify)	All	Time
TRS027	The next set of questions ask about the appraisals and feedback offered to you in your role as a supervisor.		All	Appraisals and feedback
TRS028	I have a regular appraisal that adequately covers my professional clinical responsibilities	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Appraisals and feedback
TRS029	I have a regular appraisal that adequately covers my educational responsibilities	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Appraisals and feedback
TRS030	I have clear objectives set out in relation to my current educational responsibilities.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Appraisals and feedback
TRS031c	I've received feedback from my trainee(s) in my role as clinical supervisor.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	CS only	Appraisals and feedback
TRS031e	I've received feedback from my trainee(s) in my role as educational supervisor.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	ES only	Appraisals and feedback

Question name	Question	Answers	Presented to	Area
TRS032	The next set of questions ask about your understanding of the curricula covered by your trainees and your confidence to deliver it.		All	Understanding the curricula
TRS033	I have a comprehensive understanding of the curriculum which my foundation trainee(s) need to cover to progress in their post or programme.	N/A, I don't supervise any foundation trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS034	I have a comprehensive understanding of the curriculum which my GP trainee(s) need to cover to progress in their post or programme.	N/A, I don't supervise any GP trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS035	I have a comprehensive understanding of the curriculum which my specialty (including core) trainee(s) need to cover to progress in their post or programme.	N/A, I don't supervise any specialty (including core) trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS036	I am confident in my skills to supervise the curriculum required by my foundation trainee(s) to progress in their post or programme.	N/A, I don't supervise any foundation trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS037	I am confident in my skills to supervise the curriculum required by my GP trainee(s) to progress in their post or programme.	N/A, I don't supervise any GP trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS038	I am confident in my skills to supervise the curriculum required by my specialty (including core) trainee(s) to progress in their post or programme.	N/A, I don't supervise any specialty (including core) trainees | Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Understanding the curricula
TRS039	The next set of questions look at any training you may have been offered and ask what additional training may benefit you in the future.		All	Training
TRS040	Training opportunities aimed at developing my skills as a supervisor have been clearly pointed out to me.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Training
TRS041	(Asked if positive answer recorded for TRS040) The training opportunities that have been pointed out to me are pitched at the right level for me.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Training
TRS042	(Asked if positive answer recorded for TRS040) The training opportunities that have been pointed out to me are convenient for me to undertake.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Training

Question name	Question	Answers	Presented to	Area
TRS043	(Asked if negative answer recorded for TRS042) Why were the courses inconvenient for you to undertake? (Please select all that apply)	Cost | Inconvenient location | Insufficient study leave (time) | Lack of access to appropriate IT facilities | Too far to travel | Unsuitable times | Other (please specify)	All	Training
TRS044	What training or development have you had in the last 12 months to help develop your skills as a supervisor? (Please select all that apply)	Postgraduate Certificate/ Diploma/Masters/Doctorate in education | Deanery/LETB supervision course (attended) | Health Board/Trust supervision course (attended) | Royal College/Faculty supervision course (attended) | Commercial course (attended) | On line course | Self-directed learning | Other (please specify)	All	Training
TRS045	Which of the following would you benefit from more training in? (Please select all that apply)	ARCP training | Assessing learning needs |Balancing the needs of service delivery with education | Coaching and mentoring | Curriculum coverage | Dealing with diversity and providing equality of opportunity | Developing appropriate induction | Developmental conversational skills (e.g. supervision, mentoring, coaching) | Giving effective feedback | How to support trainees' learning | Identification, diagnosis and management of the trainee in difficulty | Identifying and planning learning opportunities | Personal development planning | Planning tutorials | Principles of workplace-based assessment | Publications | Purpose and processes of portfolios | Quality Assurance/ Improvement of Medical Education | Research | Setting and reviewing learning objectives | Skills teaching | Writing effective supervisor's reports | Other (please specify) | If you have selected 'other' above, please specify	All	Training

Question name	Question	Answers	Presented to	Area
TRS046	The next set of questions ask about the overall environment prevalent in the main organisation which employs you as a supervisor.		All	Environment
TRS047	In general, the working environment is a supportive one.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Environment
TRS048	Staff, including trainee doctors, are treated fairly.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Environment
TRS049	Staff, including trainee doctors, treat each other with respect.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Environment
TRS050	The working environment is one which helps build the confidence of trainee doctors.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Environment
TRS051	The IT resources available are adequate to support me in my role as a supervisor.	Strongly agree | Agree | Somewhat agree | Somewhat disagree | Disagree | Strongly disagree	All	Environment
Section 3 – closing section				
TRS053	Thank you for taking part in the survey We've tried to cover the main points relevant to the following topics in this questionnaire: How adequately your role as a trainer is currently recognised. The level of and quality of support currently available to you as a trainer. Areas for improvement in enhancing the level of and quality of support available to you as a trainer in the future. However, we are conscious that, as this is a pilot questionnaire, there may be important areas we've missed. To improve the survey in the future, your comments to the question below would be greatly appreciated.		All	Closing
TRS054	Please use the box below to add any comments you may have about the value and recognition supervisors receive and how employers can support them further.	Free-text box	All	Closing
TRS055	Thank you for participating in the survey. Your completion code is LK5J4H35. You will be sent an email confirming your participation, which will include this code. You can also access this at any time from GMC Online.		All	Closing

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