

Indicator	Master question number	NTS item question wording	NTS item answer wording	Promoting excellence requirement (number)	Promoting excellence requirement (text)
Induction	GENHQ157	To what extent do you agree with the following statement? I got all the information I needed about my workplace when I started in this post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
				R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
				R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
Induction	GENHQ131	To what extent do you agree with the following statement? I was given enough notice about my rota in advance of starting my current post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
Induction	GENHQ03	Did someone explain your role and responsibilities in your unit or department at the start of this post?	Yes   No   Not sure   Not Applicable	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
				R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
				R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
Induction	GENHQ158	Please rate the quality of the induction you received for this post.	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
Induction	GENHQ171	Have you agreed educational objectives with your named supervisor for this post?	Yes   Not yet, but I will   No, and I'm unlikely to   Don't know   Not applicable (I don't have a named supervisor)	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
				R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
				R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
Educational supervision	GENHQ172	In your current post, do you have a training/learning agreement with your educational supervisor which sets out your respective responsibilities?	Yes   No   Don't know   Not applicable (I don't have an educational supervisor)	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
				R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
				R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements?
				R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
				R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
Educational supervision	GENHQ159	To what extent do you agree with the following statement? If I had any concerns in this post (personal or educational) I would know who to approach to talk to in confidence.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
				R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
				R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
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				R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements?
				R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.				

				R3.16	Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.
				R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
Educational supervision	GENHQ155	To what extent do you agree with the following statement? My educational supervisor is easily accessible should I need to contact them.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable (I don't have an educational supervisor)	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
				R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements?
				R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
				R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
				R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
Educational supervision	GENHQ156	To what extent do you agree with the following statement? The level of contact from my educational supervisor is appropriate for my training needs.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable (I don't have an educational supervisor)	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
				R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements?
				R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
				R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
				R3.16	Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.
				R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
Overall satisfaction	GENHQ160	Please rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post?	Very good   Good   Neither good nor poor   Poor   Very poor	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
Local teaching	GENHQ11	Local teaching takes place in the workplace. It includes organised, teaching sessions at departmental level as well as more informal sessions such as feedback from senior colleagues and bedside teaching. How would you rate the quality of the local/departmental teaching for this post?	Excellent   Good   Fair   Poor   Very poor   N/A - I haven't attended any local/departmental teaching sessions yet	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Local teaching	GENHQ13	When attending these local/departmental sessions, in this post, how often did you have to leave a teaching session to answer a clinical call?	Never, it was protected time   Never, but it was not specifically protected time   Some sessions   Once every session   Multiple times each session	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Regional teaching	GENHQ16	In this post, is specialty-specific teaching provided on a deanery or HEE local office/regional/school wide basis?	Yes - all of it   Yes - most of it   No   Not applicable - none have taken place yet	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

Regional teaching (not included in indicator score)	GENHQ18	Were you able to attend these whilst in this post? (note: this question refers to the previous question about "deanery or HEE local office/regional/school specialty-specific teaching")	Yes, every time   Yes, most of the time   Yes, some of the time   No	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Regional teaching	GENHQ19	How would you rate the quality of this deanery or HEE local office/regional/school specialty-specific teaching for this post?	Excellent   Good   Fair   Poor   Very poor   N/A - not attended any specialty specific teaching	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Local teaching	GENHQ173	To what extent do you agree or disagree with the following statement? I have enough protected time to attend all this local/departmental teaching I need to in this post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable (no local/departmental teaching)	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Regional teaching	GENHQ174	To what extent do you agree or disagree with the following statement? I have enough protected time to attend all the regional/deanery/HEE local office led teaching I need to in this post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable (no regional/deanery/HEE local office led learning)	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Local / regional teaching and Study Leave	GENHQ136	I have enough protected time to complete all the mandatory training requirements of this post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
Study leave	GENHQ161	In this post, please rate the encouragement you receive to take study leave?	Very good   Good   Neither good nor poor   Poor   Very poor	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
				R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
				R3.12	Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.
Study leave	GENHQ53	In this post did you have difficulty obtaining study leave for any of the following reasons (please tick all the options that apply)? No difficulty   Yes - fixed leave pattern   Yes - other difficulties due to local rota policies   Yes - failure to find prospective cover   Yes - active discouragement from seniors   Yes - leave refused as reason deemed educationally inappropriate/unhelpful   Yes - administrative difficulties		R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
				R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
				R3.12	Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.
Feedback	GENHQ178	In this post, how often (if at all) do you receive informal feedback from senior colleagues about your performance?	Daily   Weekly   Monthly   Less than once a month   Never	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
Feedback	GENHQ179	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?	Yes, and it was useful   Yes, but it wasn't useful   No, but this will happen   No, but it wasn't necessary   No, but I would like to   Not applicable (I don't have an educational supervisor)	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
Feedback	GENHQ180	Have you had a formal assessment of your performance in this post?	Yes, and it was useful   Yes, but it wasn't useful   No, but this will happen   No, but it wasn't necessary   No, but I would like to	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
Feedback	GENHQ257	The feedback I receive from supervisors/senior colleagues in this post is fair and constructive.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
Feedback (FIRST YEAR NOT IN INDICATOR)	GENHQ258	Sensitive feedback is always given in an appropriate way. (E.g. timely, face-to-face, privately, in person or via an electronic tool following a face-to-face conversation.)	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
Handover	GENHQ181	To what extent do you agree with the following statements? Handover arrangements in this post always ensure continuity of care for patients BETWEEN SHIFTS.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.14	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
Handover	GENHQ182	Handover arrangements in this post always ensure continuity of care for patients BETWEEN DEPARTMENTS.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.14	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
Handover	GENHQ97	Appropriate members of the multidisciplinary team are included in handover.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.14	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
Handover	GENHQ110	In this post, handovers are used as a learning opportunity for doctors in training.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.14	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

Workload	GENHQ33	How would you rate the intensity of your work, by day in this post?	Very light   Light   About right   Heavy   Very heavy	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Workload	GENHQ34	How would you rate the intensity of your work, by night in this post?	Not applicable   Very light   Light   About right   Heavy   Very heavy	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Workload	GENHQ183	In this post, how often (if at all) have you worked beyond your rostered hours? (if you are working Less Than Full Time please say how often you work more than your rostered LTFT hours)	Daily   Weekly   Monthly   Less than once a month   Never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Demographic (working hours)	GENHQ184	In this post how often (if at all) have you been asked to or felt pressured to submit a record of hours worked that were less than the hours you actually worked?	Never   Once   More than once   N/A - there is no mechanism for submitting a record of hours worked	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Workload	GENHQ185	In this post, how often (if at all) did your working pattern leave you feeling short of sleep when at work?	Daily   Weekly   Monthly   Less than once a month   Never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Rota design	GENHQ137	To what extent do you agree or disagree with the following statement? In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
Rota design	GENHQ138	In my current post, gaps in the rota are dealt with appropriately to ensure my education and training is not adversely affected.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
				R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
Rota design	GENHQ139	In my current post, there are enough staff to ensure that patients are always treated by someone with an appropriate level of clinical experience.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
Rota design	GENHQ140	To what extent do you agree or disagree with the following statement? The rota design in my current post helps optimise trainee doctors' education and development.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
				R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
Induction (not included in indicator score)	GENHQ141	Approximately how many weeks' notice, if any, were you given about the rota in advance of starting your current post?	No notice   Less than 1 week   1 week   2 weeks   3 weeks   4 weeks   5 weeks   6 weeks   7 weeks   8 weeks   9 weeks   10 weeks   11 weeks   12 weeks   Don't know	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
Clinical supervision	GENHQ196	In this post do you always know who is providing your clinical supervision when you're working?	Yes and they are accessible   Yes, but they are not easy to access   No, but there is usually someone I can contact   No, there is no one I can contact   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
				R2.12	Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
				R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training
				R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

Clinical supervision	GENHQ186	In this post how often (if ever) are you supervised by someone who you feel isn't competent to do so?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
Clinical supervision	GENHQ187	In this post, how often (if ever) do you feel forced to cope with clinical problems beyond your competence or experience?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
Clinical supervision	GENHQ188	In this post how often (if ever) are you expected to obtain consent for procedures where you feel you do not understand the proposed intervention and its risks?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
Clinical supervision (NOT IN INDICATOR FOR THE FIRST YEAR)	GENHQ262	In this post, how often (if ever) do you feel apprehensive or hesitant about escalating a patient to the supervising clinician? This may be your named clinical supervisor, or it may be another doctor.	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.
R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.				
R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.				

Clinical supervision out-of-hours	GENHQ70	In this post have you worked out of hours (this includes night shifts and weekends)?	Yes   No   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
Facilities for rest and study (NOT INCLUDED IN INDICATOR)	GENHQ208	To what extent do you agree or disagree with the following statement? I have easy access to a catering facility providing suitable food OUT OF HOURS.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   I don't know   There is no catering facility available to me at all in this post, out of hours	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.6	Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
				R3.2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
Facilities for rest and study (NOT INCLUDED IN INDICATOR)	GENHQ209	Rest facilities are available to me free of charge when working on-call, OUT OF HOURS.	Yes   Partly (some facilities are available but I have to pay for certain items)   No   I don't know - I've not been given any information about rest facilities when working on-call, out-of-hours   Not applicable	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
Clinical supervision out-of-hours (NOT INCLUDED IN INDICATOR)	GENHQ206	In this post, OUT OF HOURS, do you always know who is providing your clinical supervision when you're working?	Yes and they are accessible   Yes, but they are not easy to access   No, but there is usually someone I can contact   No, there is no one I can contact   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
				R2.12	Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
Clinical supervision out-of-hours	GENHQ189	In this post, OUT OF HOURS, how often (if ever) are you clinically supervised by someone who you felt wasn't competent to do so?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
				R2.12	Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
Clinical supervision out-of-hours	GENHQ190	In this post, OUT OF HOURS, how often (if ever) do you feel forced to cope with clinical problems beyond your competence or experience?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

		Beyond your competence or experience.		R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
Clinical supervision out-of-hours	GENHQ191	In this post, OUT OF HOURS, how often (if ever) are you expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
Clinical supervision out-of-hours (NOT IN INDICATOR FOR THE FIRST YEAR)	GENHQ263	In this post, OUT OF HOURS, how often (if ever) do you feel apprehensive or hesitant about escalating a patient to the supervising clinician? This may be your named clinical supervisor, or it may be another doctor.	Daily   Weekly   Monthly   Less than once a month   Never   Not applicable	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
				R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.
				R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Clinical supervision out-of-hours	GENHQ166	Please rate the quality of clinical supervision, OUT OF HOURS, in this post.	Very good   Good   Neither good nor poor   Poor   Very poor	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe environment and culture.
				R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.
Facilities and resources for rest and study	GENHQ211	At the start of this post I got all the information I needed about how to access the common room or mess.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable - there is no common room or mess available to me in this post	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
Facilities and resources for rest and study	GENHQ212	Please rate how good or poor the following are for your study needs in your current post: Wi-fi connectivity	Very good   Good   Neither good nor poor   Poor   Very poor   None available at all   Not applicable   I've not used it	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2:6	Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
Facilities and resources for rest and study	GENHQ213	The collection of online resources offered by the library service 24/7 (databases, journals, e-books)	Very good   Good   Neither good nor poor   Poor   Very poor   None available at all   Not applicable   I've not used them	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2:6	Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
Facilities and resources for rest and study	GENHQ214	Usability of online library resources (e.g. login support, NHS enabled, easy-to-use websites)	Very good   Good   Neither good nor poor   Poor   Very poor   None available at all   Not applicable   I've not used them	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R2:6	Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
Facilities and resources for rest and study	GENHQ215	Please rate the quality of the common room or mess available to you in your current post. (Please consider the following: availability (24hrs, 7 days pw), accessibility, away from clinical areas, space for study, IT hardware available, showers, lockers, food preparation area.)	Very good   Good   Neither good nor poor   Poor   Very poor   Not applicable - there is no common room or mess available to me in this post   I can't say - I haven't used it	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. <del>Learners must be encouraged to take responsibility for looking after their own health and wellbeing.</del>
Facilities and resources for rest and study (NOT INCLUDED IN INDICATOR)	GENHQ216	In my current post, there is a mechanism for me to travel safely to and from work when working out of hours or long shifts. (Please consider the following: short/safe/well-lit walk to car park/bus or train station, provision of free alternative transport if not available or too <del>slow</del> )	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable   I don't know	R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
Facilities and resources for rest and study (NOT INCLUDED IN INDICATOR)	GENHQ218	I know who to contact in my trust/board to discuss matters relating to occupational health and wellbeing.	Yes   No   I'm not sure	R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. <del>Learners must be encouraged to take responsibility for looking after their own health and wellbeing.</del>
Standalone (non-indicator)	GENHQ220	Please indicate which of the following wider healthcare professionals you work with in this post. (Please select all that apply)	Advanced Nurse Practitioners   Midwives   Radiographers   Physiotherapists   Pharmacists   Psychologists   Dentists   Community Health Practitioners   Physician Associates   Anaesthesia Associates   Scientific laboratory professionals   Other   None	R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
Teamwork	GENHQ114	To what extent do you agree with the following statements? My organisation encourages a culture of teamwork between multidiscipline healthcare professionals (for example nurses, midwives, radiologists etc.)	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
				R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
Teamwork	GENHQ115	My organisation encourages a culture of teamwork between clinical departments.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
				R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
Teamwork	GENHQ116	If I asked for help from outside my department, I'm confident I would receive it.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
				R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress

Educational governance	GENHQ117	To what extent do you agree with the following statements? I am confident that I know how, or could find out how, to raise a concern about my education and training	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
Educational governance	GENHQ118	If I were to raise a concern about my education and training, I'm confident it would be addressed.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
Educational governance	GENHQ119	I am confident that I know how, or could find out how, to escalate such a concern if I felt it wasn't being addressed.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
Supportive environment	GENHQ192	To what extent do you agree with the following statements about your post? The working environment is a fully supportive one.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Supportive environment	GENHQ193	Staff, including doctors in training, are always treated fairly.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Supportive environment	GENHQ194	Staff, including doctors in training, always treat each other with respect.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Supportive environment	GENHQ222	To what extent do you agree or disagree with the following statements? My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs or identity.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	S2.3	The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity
				R2.1	Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Standalone (non-indicator)	GENHQ224	To what extent do you agree or disagree with the following statement? Incident(s) of rudeness and incivility amongst doctors/healthcare staff are negatively affecting my experience in this post.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   I've not experienced any rudeness or incivility in this post	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Standalone (non-indicator)	GENHQ223	There is a culture of listening to doctors in training with regard to working practices	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   I don't know/can't say	R1.22 R2.3	Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service. Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.
Discrimination - Standalone (non-indicator)	GENHQ236	In your current post how often, if at all: Do you hear insults, stereotyping or jokes in your presence on the grounds of age, race (colour, nationality, ethnic or national origin), sex, gender reassignment, disability, sexual orientation, religion or belief, marital status or pregnancy/maternity?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Discrimination - Standalone (non-indicator)	GENHQ239	Are you intentionally humiliated in front of others?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Discrimination - Standalone (non-indicator)	GENHQ240	Are you ignored or excluded from conversations, groups or meetings?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Discrimination - Standalone (non-indicator)	GENHQ241	Do you experience unwelcome sexual comments or advances causing you embarrassment, distress or offence?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Discrimination - Standalone (non-indicator)	GENHQ245	Are you not given the same training opportunities as your peers at the same stage of training (e.g. opportunity to observe an unusual case)?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

Discrimination - Standalone (non-indicator)	GENHQ246	Do you experience micro-aggressions, negative comments or oppressive body language from colleagues?	Daily   Weekly   Monthly   Less than once a month   Never	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Discrimination - Standalone (non-indicator)	GENHQ247	I am confident that I know how, or could find out how, to report discrimination where I work.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Discrimination - Standalone (non-indicator)	GENHQ248	I feel confident about reporting discrimination where I work without fear of adverse consequences (reporting can be during your post or afterwards).	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Discrimination - Standalone (non-indicator)	GENHQ249	In this post, I feel confident to challenge discrimination and unprofessional behaviours amongst my colleagues and healthcare professionals.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Standalone (non-indicator)	GENHQ250	Do you have support from a mentor (excluding the meetings you have with your education or clinical supervisor) who supports and guides you with your career and/or personal development?	Yes - formal mentoring scheme through my employer (e.g. your trust or site of work)   Yes - formal scheme through my deanery/NHSE regional team   Yes - formal scheme through my royal college or faculty   Yes - formal scheme through another organisation   Yes - informal mentoring from another clinician   Yes - informal other   No support from a mentor	R3.2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a b confidential counselling services careers advice and support occupational health services.
Standalone (non-indicator)	GENHQ233	To what extent do you agree or disagree with the following statement? In this post I am given opportunities to develop my leadership skills relevant for my stage of training.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
Bullying and undermining	GENHQ121	Have you been the victim of, or witnessed, any bullying or harassment in this post?	Yes, and I wish to report it here   Yes, but I don't want to report it here   No	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Bullying and undermining	GENHQ85	<p><b>Your bullying or undermining concern</b> Please use the text box below.</p> <p>Your comment will be taken seriously and investigated. This means that it is your responsibility to:</p> <p>Write factually and accurately about your own experience, not hearsay Describe specific incidents Describe specific behaviours</p> <p>Please note there is a limit of 2,000 characters within the box. If you exceed the limit, you will encounter an error message.</p> <p>Once finished, please use the categorisation questions below.</p>	Free text	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Bullying and undermining	GENHQ87	Consultant/GP (within my post)   Consultant/GP (outside my post)   Nurse/midwife   Other doctor   Other trainee   Management   Patient/relative   Other (please specify)	Consultant/GP (within my post)   Consultant/GP (outside my post)   Nurse/midwife   Other doctor   Other trainee   Management   Patient/relative   Other (please specify)	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Bullying and undermining	GENHQ88	If you selected 'other' please provide a description.	Free text	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Bullying and undermining	GENHQ89	Which behaviour types describe your concern? (Please select all that apply)	Belittling or humiliation   Threatening or insulting behaviour   Deliberately preventing access to training   Rudeness and incivility   Bullying related to age   Bullying related to disability   Bullying related to gender reassignment   Bullying related to marriage or civil partnership   Bullying related to pregnancy or maternity   Bullying related to race   Bullying related to religion or belief   Bullying related to sex   Bullying related to sexual orientation   Other (please specify)	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
Bullying and undermining	GENHQ90	If you selected 'other' please provide a description.	Free text	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

Bullying and undermining	GENHQ122	Which of the following describes why you don't want to report this (please select all that apply)?	The issue has already been resolved locally   I have raised it, or intend to raise the issue locally instead   I don't think the issue is serious enough to report   I don't think reporting will make a difference   Fear of adverse consequences   Other	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Reporting systems	GENHQ100	To what extent do you agree with the following statements about your post? I have been made aware of how to report patient safety incidents and near misses.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <b>immediately and effectively.</b>
				R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting <b>mechanisms, feedback and local clinical governance activities.</b>
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know <b>what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</b>
Reporting systems	GENHQ101	There is a culture of proactively reporting concerns.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <b>immediately and effectively.</b>
				R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting <b>mechanisms, feedback and local clinical governance activities.</b>
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know <b>what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</b>
Reporting systems	GENHQ102	There is a culture of learning lessons from concerns raised.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <b>immediately and effectively.</b>
				R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting <b>mechanisms, feedback and local clinical governance activities.</b>
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know <b>what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</b>
Reporting systems	GENHQ103	I am confident that concerns are effectively dealt with.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   N/A (not aware of any concerns being raised)	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <b>immediately and effectively.</b>
				R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting <b>mechanisms, feedback and local clinical governance activities.</b>
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know <b>what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</b>
Reporting systems	GENHQ104	When concerns are raised, the subsequent actions are fed back appropriately.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   N/A (not aware of any concerns being raised)	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <b>immediately and effectively.</b>
				R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting <b>mechanisms, feedback and local clinical governance activities.</b>
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
				R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know <b>what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</b>
				R1.7	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
				R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

Clinical supervision AND Overall satisfaction	GENHQ167	Please rate the quality of clinical supervision in this post.	Very good   Good   Neither good nor poor   Poor   Very poor	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
				R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not <b>expected to work beyond their competence.</b>
				R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
				R1.12(a)	<b>Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision</b>
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their <b>curriculum or training programme and to provide the required educational supervision and support.</b>
				R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety <b>risk and education and training takes place in a safe environment and culture.</b>
				R2.12	<b>Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.</b>
Overall satisfaction	GENHQ55	How would you rate the quality of experience in this post?	Excellent   Good   Fair   Poor   Very poor	R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of <b>their training</b>
				R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their <b>curriculum or training programme and to provide the required educational supervision and support.</b>
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their <b>curriculum</b>
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team <b>members to make reliable judgements about their abilities, performance and progress</b>
Adequate experience	GENHQ56	How would you rate the practical experience you were receiving in this post?	Excellent   Good   Fair   Poor   Very poor	R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.9 Education and training should not be compromised by the demands of <b>regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value</b>
				R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their <b>curriculum or training programme and to provide the required educational supervision and support.</b>
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their <b>curriculum</b>
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team <b>members to make reliable judgements about their abilities, performance and progress</b>
Adequate experience	GENHQ168	To what extent do you agree with the following statement? I am confident that this post will help me acquire the competencies I need at my current stage of training.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.9 Education and training should not be compromised by the demands of <b>regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value</b>
				R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their <b>curriculum or training programme and to provide the required educational supervision and support.</b>
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their <b>curriculum</b>
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team <b>members to make reliable judgements about their abilities, performance and progress</b>
Standalone (non-indicator)	GENHQ255	This post is providing me with enough training opportunities to adequately prepare me for my next relevant professional exam(s).	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R5.9(h)	a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support <b>learning opportunities wherever possible.</b>
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their <b>curriculum or training programme and to provide the required educational supervision and support.</b>

Standalone (non-indicator)	GENHQ256	I am on course to gain enough experience in the operative/practical procedures needed for my stage of training.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   I don't know   Not applicable - operative/practical procedures are not part of my curriculum	R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R5.9(d)	Postgraduate training programmes must give doctors in training: the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation.
				R5.9(b)	Postgraduate training programmes must give doctors in training: sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum.
Overall satisfaction	GENHQ169	How would you describe this post to a friend who was thinking of applying for it?	Very good   Good   Neither good nor poor~   Poor   Very poor	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum.
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum.
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.
Overall satisfaction	GENHQ170	To what extent do you agree with the following statement? This post will be useful for my future career.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
				R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
				R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
				R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum.
				R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum.
				R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.
Future intentions (not an indicator)	GENHQ142	Which one of the following best describes what you see yourself doing one year from now?	Continuing my training or working as a consultant/GP   Continuing my training or working as a consultant/GP but changing specialties   Obtaining a service post (i.e. working as a doctor but not in a training programme)   Working as a locum   Working as a doctor outside the NHS (i.e. private practice)   Working as a doctor outside the UK (permanently)   Working as a doctor outside the UK (temporarily)   Taking a career break   Leaving medicine permanently   Undecided   Other	R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
Future intentions (not an indicator)	GENHQ144	Reflecting on your answer to the previous question, which of the following factors are important to you when making plans for the future?	Completing training   Availability of consultant/GP posts/ public health consultant posts/pharmaceutical physician posts   Caring responsibilities (e.g. for family or dependents)   Financial considerations (e.g. salary, cost of living)   Gaining experience in a specific area within a specialty   Healthcare system pressures   Interest in my current specialty or role   Personal health and wellbeing   Preference to work in a particular location   The fit between my skills/personality and the specialty   Taking time out for research / academia   Poor workplace culture (e.g. unprofessional behaviours, bullying and undermining)   Work/life balance   Gaining experience in a particular specialty or setting   Meeting training requirements not provided on my current programme   Wanting to gain further experience before making a decision   Other	R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
Less than full time training (Not an indicator)	GENHQ150	Are you formally working on a Less Than Full Time (LTFT) basis, which has been approved by your deanery/HEE local team?	Yes   No   I applied to work LTFT, but it was not approved   I considered working LTFT, but I did not apply	R3:10	Doctors in training must have access to systems and information to support less than full-time training.

Less than full time training	GENHQ151	In your current post, what percentage of full-time working are you approved to do?	Less than 50%   50%   60%   70%   80%   More than 80%   Other   Uncertain	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Less than full time training	GENHQ261	This question is about challenges you may have faced training less than full time in your current post. In this post have you experienced any of the following challenges working less than full time? (tick all that apply)	N/A - I've not experienced challenges LTFT in this post   Rota design issues   Balancing work and personal commitments   Financial concerns   Negative workplace attitudes towards LTFT   Changing posts process   Availability of LTFT posts   Administrative issues e.g. annual leave allocation or being paid incorrectly   Other	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Less than full time training	GENHQ152	Which of the following best describes why you chose to work on a Less Than Full Time (LTFT) basis? (tick all that apply).	Disability, illness or health related reason   Childcare   Caring for an adult (e.g. a parent, family member or friend)   Other work commitments (e.g. professional development opportunities)   Other external commitments (e.g. leisure, religious or community commitments)   To support my return to work following time out of clinical practice   I'm part of a current (or previous) LTFT pilot offered by my speciality	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Less than full time training	GENHQ259	To what extent do you agree or disagree with the following statements? The application process for LTFT was straightforward.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable - I don't remember	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Less than full time training	GENHQ260	When I applied for LTFT I received clear and helpful guidance from my NHSE regional team/deanery. This may be through a LTFT champion, Training Programme Director or other person.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable - I don't remember   Not applicable - I didn't require any guidance from my NHSE regional team or deanery	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Less than full time training	GENHQ152	Which of the following best describes why you chose to train (or have considered training) on a less than full time basis? (tick all that apply).	Disability, illness or health related reason   Childcare   Caring for a child with a disability, long term illness or additional needs   Caring for an adult (e.g. a parent, family member or friend)   Other work commitments (e.g. professional development opportunities)   Other external commitments (e.g. leisure, religious or community commitments)   To have a better work-life balance   To support my return to work following time out of clinical practice   I'm part of a current (or previous) LTFT pilot offered by my speciality   Other	R3:10	Doctors in training must have access to systems and information to support less than full-time training.
Support for return to training after clinical practice - Non-indicator question	GENHQ226	In the last 12 months, have you returned to your clinical practice following time out of training of three months or more?	No   Yes - parental leave   Yes - illness/health condition   Yes - bereavement   Yes - caring responsibilities   Yes - to undertake research   Yes - other	R3:11	Doctors in training must have appropriate support on returning to a programme following a career break.
Support for return to training after clinical practice - Non-indicator question	GENHQ227	Were you able to plan for your individual needs with your educational or clinical supervisor (or similar) before your return to clinical practice? Please select one option only.	Yes - I was able to plan before my absence started   Yes - I was able to plan during my absence before I returned   Yes - I was able to plan as I returned to clinical practice   Yes - a mix of planning before my absence, during and/or as I returned   Yes - the option to plan was available but it wasn't necessary   No - I was unable to make a plan at any point	R3:11	Doctors in training must have appropriate support on returning to a programme following a career break.
Support for return to training after clinical practice - Non-indicator question	GENHQ228	To what extent do you agree or disagree with the following statement? The plan was implemented to effectively support my return to clinical practice.	Strongly agree   Agree   Neither agree nor disagree   Disagree   Strongly disagree   Not applicable	R3:11	Doctors in training must have appropriate support on returning to a programme following a career break.
Support for return to training after clinical practice - Non-indicator question	GENHQ229	Have you been able to access the support/resources you need for your return to clinical practice? Please select one option only.	Yes - fully planned and tailored to my needs   Partially - some planning and support activities/training provided by different sources   Partially - full plan but employer unable to provide support   Partially - full plan but supervisor unable to provide support   Partially - full plan but deanery/NHSE regional team unable to provide support   Partially - no plan but I've accessed some generic support myself   No - I've not been able to access any support/resources   Support was available but I didn't need any	R3:11	Doctors in training must have appropriate support on returning to a programme following a career break.
				R3:2	Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: confidential counselling services, careers advice and support
				R3:4	Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010.* Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.
Support for return to training after clinical practice - Non-indicator question	GENHQ230	Were you given the opportunity to make adjustments to the planned rota before your start date to support your return (for example, to ensure adequate supervision or to avoid night shifts)?	Yes - all adjustments to the rota I needed were made   Yes - I was able to make adjustments but did not need to   Partially - some adjustments I needed were made but not all   No - I wasn't able to make any adjustments to the rota   Not applicable	R3:11	Doctors in training must have appropriate support on returning to a programme following a career break.
	GENHQ231	Did you return to work on a Less Than Full Time (LTFT) basis following your time out of clinical	Yes - but I was LTFT before my time out   Yes - it was the first time I worked LTFT   No - I returned full time	R3:10 R3:11	Doctors in training must have access to systems and information to support less than full-time training. Doctors in training must have appropriate support on returning to a programme following a career break.

Burnout	GENHQ207	The following work-based burnout questions are taken from the Copenhagen Burnout Inventory – an internationally recognised and validated question set designed to measure wellbeing. Work-related burnout is defined in the Inventory as a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.  <i>These questions are optional and are included on a separate page.</i>	Yes   No		
Burnout	GENHQ198	Is your work emotionally exhausting?	To a very high degree   To a high degree   Somewhat   To a low degree   To a very low degree	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ199	Do you feel burnt out because of your work?	To a very high degree   To a high degree   Somewhat   To a low degree   To a very low degree	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ200	Does your work frustrate you?	To a very high degree   To a high degree   Somewhat   To a low degree   To a very low degree	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ201	Do you feel worn out at the end of the working day?	Always   Often   Sometimes   Seldom   Never/almost never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ202	Are you exhausted in the morning at the thought of another day at work?	Always   Often   Sometimes   Seldom   Never/almost never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ203	Do you feel that every working hour is tiring for you?	Always   Often   Sometimes   Seldom   Never/almost never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Burnout	GENHQ204	Do you have enough energy for family and friends during leisure time?	Always   Often   Sometimes   Seldom   Never/almost never	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
				R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
Patient safety	CLSGQ60	In this post, have you had any concerns about patient safety?	No   Yes, but they are already being addressed, or have been resolved   Yes, and they have not yet been addressed	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
Patient safety	CLSGQ78	<b>What to include in your comment</b>  Please write your comment in the box below and include (as appropriate): <input type="checkbox"/> A clear description of the incident(s)/processes giving rise to the risk, including location (e.g. ward) <input type="checkbox"/> Use accurate and factual examples relating to your personal experience, not hearsay <input type="checkbox"/> Avoid commenting on wider general service issues which do not relate to a specific incident <input type="checkbox"/> If appropriate, suggest the improvements you would like to see. When finished, please answer the questions below.	Free text	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
Patient safety	CLSGQ63	If you work across multiple sites please tell us the Trust and Site where the concern applies.	Free text	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
Patient safety	CLSGQ65	When did you first become concerned about patient safety in your post?	Within the last month   Over a month ago but less than 3 months ago   Over three months ago	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
		As far as you are aware, has this patient safety		R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

Patient safety	CLSGQ85	concern been reported (for example, to your employer or another body)?	Yes   No   Don't know	R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <u>immediately and effectively</u> .
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
Patient safety	CLSGQ86	Who was the patient safety concern reported to (lease select all that apply)?	My employer   My deanery/LETB   GMC   Another body   Don't know   N/A - it has not been reported as far as I know	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
				R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed <u>immediately and effectively</u> .
				R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.