General Medical Council trainee survey: implications for hospital doctors

The General Medical Council identifies its corporate vision as: '..helping doctors maintain and improve standards, and assuring the quality of education and training, as key elements of effective regulation in the interest of patient safety'. Contrary to the way in which it may sometimes be perceived by the public or by members of the profession it regulates, the General Medical Council (2017) describes itself as a:

> **'learning organisation adapting … innovating the way (we) work in response to (our) learning about the ever-evolving needs of patients and other groups (we) work with.'**

What is its impact on both patients and the profession? This editorial reviews the impact of the General Medical Council's annual national training survey (both for trainees and trainers) on patients and the profession it regulates.

Background

The General Medical Council was established as an independent regulatory organization by the Medical Act 1983 (followed by its various amendments) primarily for the protection of the public. The Act also expanded the role of the General Medical Council to include:

1. To protect, promote and maintain the health, safety and wellbeing of the public
2. To promote and maintain public confidence in the medical profession
3. To promote and maintain proper professional standards and conduct for members of that profession.

In section 34H, the Act places the responsibility on the General Medical Council for establishing the standards and requirements for medical education, and to secure and maintain as well as promote and develop medical education in the UK. Section 34N of the Act also allows the General Medical Council the right to visit any organization which is linked to medical education and training and require information pertaining to this.

Postgraduate medical education prepares doctors for delivery of high quality patient care during training and later practice, which makes high quality training programmes crucial to safeguard patient care. Healthy learning climates contribute to high quality postgraduate medical education. Trainees (irrespective of seniority) working in frontline health-care environments often have an unfortunately lower perception of the patient safety culture, teamwork within units, organizational learning, management support for patient safety, overall perceptions of patient safety, feedback, communication about error, and communication openness than health-care providers (Bump et al, 2015). Therefore, analysis of feedback of a learning environment from trainees often provides a unique insight. A strong organizational culture in quality improvement and patient safety is a necessary foundation for trainees' engagement in these areas. Trainees may even influence (via their social networks) the behaviours and attitudes of peers and other health-care providers and serve as a powerful driver for culture change in hospitals.

A programme of review of the learning environment by commissioners of postgraduate health-care training provides an opportunity for health-care and graduate medical education leaders to closely examine organizational quality and safety culture and the degree to which their learners are integrated in these efforts. They highlight the importance of developing collaborative inter-professional strategies to reach common goals to improve patient care. This influence during trainees' formative years may inspire a new generation of physicians who possess and value these skills (Myers and Nash, 2014).

Origin of the survey

The London Deanery administered the 'Point of View' survey from 1996 which provided the fundamental components or domains which were adopted in the first national training survey. The Postgraduate Medical Education and Training Board set up and delivered the survey of postgraduate medical education in 2006, eventually merging with the General Medical Council in 2010. In 2017, the national trainee survey completed its first decade of detailed information gathering and analysis of the state of medical education in the UK.

The General Medical Council national trainees survey appears to have remained true to its primary purpose to establish whether national training standards were being met and the link between training and medical errors. The components of the survey have evolved as the General Medical Council has engaged its major stakeholders and morphed the survey, keeping the true purpose aligned to learning environment, support and patient safety. The 2006 Postgraduate Medical Education and Training Board national trainee survey achieved a response rate of 66%, polling responses from over 28 000 trainees across the country. The 2017 General Medical Council national trainees survey had a response rate of over 95%, with significant encouragement from Health Education England, Scottish deaneries and local education providers. Hence, it probably truly captures the 'point of view' of the vast majority of trainees in all specialties in the UK.

There have been other attempts to survey the educational environment and compare with the General Medical Council national trainees survey in order to understand the aspects of the learning setting which may impact on quality. The Postgraduate Hospital Educational Environment Measure and the Job Evaluation Survey Tool (Wall et al, 2014) were set up for such purpose. Where postgraduate education surveys work in isolation from the clinical

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services to bring about improvement in the learning climate, the results are usually not encouraging (Silkens et al, 2017). The General Medical Council's regulatory responsibility adds the appropriate level of weight to the results to influence positive outcomes.

Impact of the survey

The results of the annual survey have been published online (https://www.gmc-uk.org/education/surveys.asp) and are openly accessible along with a summary of the responses from deaneries or Health Education England local offices who are responsible for quality monitoring. The local education providers are required to respond to the outliers (red = in the lower 25th centile) and share good practice (green = in the top 25th centile). The focus of attention invariably falls on areas which are in the lower 25th centile and local education providers respond with action plans. Health Education England regions also routinely collect quality of learning environment information through a variety of additional multi-professional sources such as specialty-based trainee surveys, feedback at annual review of competency progression, trainee representatives, focus groups and quality data from undergraduate programmes. The quality and review teams collate and triangulate this information for each learning environment and a holistic view is taken by the postgraduate deans.

Broadly the impact of the information gathered at these surveys has a dual focus – patient safety and learning – although these are intimately and often inseparably linked. The General Medical Council national trainees survey has become a powerful tool to leverage focus and attention on areas requiring improvement for delivering safe and effective health care. Inevitably any concerns highlighted usually require a coordinated response involving multiple stakeholders including the Care Quality Commission, NHS England, clinical commissioning groups and NHS Improvement. Following the publication of the recommendations from the Keogh and Francis inquiries there is a wider realisation of the potentially large benefits from the information available through such anonymised surveys of frontline staff, who are often happy to offer candid accounts of the quality of services and risks.

Challenges

There are many challenges and apparent weaknesses from giving so much power to the results of such anonymised surveys. In 2016, the contract dispute affecting junior doctors in England and Wales led many respondents to apportion responsibility for local issues to the Secretary of State for Health, and this skewed the results of the survey away from non-political concerns. The qualitative information received can often become a vehicle for airing grievances at a personal level or against named individuals. There are frequent responses indicating well-known systematic stresses such as gaps in on-call rotas or where requirements of running a safe service are perceived as a challenge to appropriate access to learning.

At the level of local education providers the challenges of running a service makes it difficult for teams to spare the time to think through the details of the feedback received and develop locally relevant and sustainable solutions. The most 'challenged' departments are often the ones strapped with impossible rota gaps, stretched teams, clinical governance risks, inefficient processes and therefore poorer patient experience and outcomes. In a relatively imprecise, in statistical terms crude and unfocussed way, the opinion of learners in this environment does serve the primary purpose of highlighting a stressed and at-risk environment.

To achieve the change that will make patient care safer and efficient, while providing an excellent and enriching learning environment, requires an in-depth and often externally (system-wide) supported initiative. Such a system-wide approach requires resources and leadership from multiple agencies. Health Education England often finds itself in the driving seat of such moves partnering with NHS Improvement, although the regulatory and executive powers needed to effect change rests with the General Medical Council, the Care Quality Commission, clinical commissioning groups and NHS England.

Through a network of local and regional quality surveillance groups, NHS England is probably best suited to embed this rich and diverse data resource (General Medical Council national trainees survey data) in the mix of quality data to focus effective improvement to patient care. In order to remain effective as an 'eyes and ears' function for providing safer and excellent health care in the UK, data from the General Medical Council national trainees survey will require the highest level of protection against adverse impact on careers and risks from whistleblowing. Health Education England will need to work closely with local education providers and system partners in a sensitive and responsive way to effect change. In all this, the feedback loop to learners who contribute to the survey will need to be robust so that they perceive the positive and powerful change that their feedback is driving. Only then will the General Medical Council national trainees survey remain a positive force for change. **BJHM**

KEY POINTS

- The General Medical Council has regulatory responsibility for patient safety and maintaining trust in the profession.
- Trainee survey data works as a barometer for the pressures and challenges of the health-care system.
- Survey metrics provide measurable outcomes for both learning environment and safety.
- Health Education England intervening on 'outliers' from the results of the trainee survey often is a catalyst for system change.

Bump GM, Calabria J, Gosman G et al (2015) Evaluating the clinical learning environment: resident and fellow perceptions of patient safety culture. *J Grad Med Educ* **7**(1): 109–112. https://doi.org/10.4300/JGME-D-14-00280.1

General Medical Council (2017) The impact of our work. www.gmc-uk.org/publications/31170.asp (accessed 11 December 2017)

Myers JS, Nash DB (2014) Graduate medical education's new focus on resident engagement in quality and safety: will it transform the culture of teaching hospitals? *Acad Med* **89**(10): 1328–1330. https://doi.org/10.1097/ACM.0000000000000435

Silkens MEWM, Lombarts KMJMH, Scherpbier AJJA, Heineman MJ, Arah OA (2017) Towards healthy learning climates in postgraduate medical education: exploring the role of hospital-wide education committees. *BMC Med Educ* **17**: 241. https://doi.org/10.1186/s12909-017-1075-0

Wall D, Goodyear H, Singh B, Whitehouse A, Hughes E, Howes J (2014) A new tool to evaluate postgraduate training posts: the Job Evaluation Survey Tool (JEST). *BMC Med Educ* **14**: 210. https://doi.org/10.1186/1472-6920-14-210