Why the General Medical Council's national training survey is so important

The General Medical Council's national training survey is viewed by many doctors as merely a tick-box exercise to 'get through' their annual review of competence progression. Many express concern about the anonymity of the survey. Career progression is important and doctors are conscious of the opinions of their seniors.

Fellow junior doctors report that they have been told what they should write, and berated for comments they have left in the survey. As a General Medical Council clinical fellow, I have been working with the national training survey team to uncover its methods – previously, I had little understanding of what happened to the data from the survey, and was not alone in that.

The national training survey is an annual survey of doctors within a formal training programme. The Medical Act 1983 mandates that the General Medical Council is responsible for ensuring, maintaining and improving standards of education, training and clinical practice. The national training survey is one method of collecting information to do this.

Doctors are not required to complete the national training survey, but the General Medical Council really wants them to. It asks deaneries to help maximize the response rate. Often the deaneries' approach has been to make survey completion part of the essential requirements to pass the annual review of competence progression. The General Medical Council will not discipline doctors for ignoring the survey, but deaneries can prevent them from passing the annual review of competence progression.

The statistics drawn from the survey are taken extremely seriously. The General Medical Council assumes the survey is undertaken earnestly and that the responses highlight both positive aspects and concerns about training and education.

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Who decides on the questions?

Ideas for questions come from trainees contributing within the survey itself, and via submissions from focus groups of trainees and professional organizations (including Royal colleges). Many questions remain the same each year to allow detection of trends. The General Medical Council policy team feeds in ideas to aid understanding of emerging issues, like burnout in the 2018 survey.

How are questions validated before being added?

The General Medical Council does not unilaterally include questions. Focus groups containing junior doctors help with a screening process to check that questions are appropriate and make sense.

When asked within the survey, approximately 10 000 trainees offered to help. A separate survey advisory group, comprising postgraduate deans, UK educational bodies, trainee, trainer and British Medical Association representatives, looks at potential changes. It advises how to report results to lead to useful actions and interventions.

Is the survey anonymous?

The survey is confidential rather than anonymous. Clearly when an individual logs into the survey, the General Medical Council identifies that individual. They know the grade, training programme and unit. The survey would be pointless without this information since the feedback could not be linked to the correct training environment. However, the respondent's identity is not included in published results; responses cannot be directly linked to the respondent.

I am the only trainee in my department: everyone will know which responses were mine

Confidentiality does not stop people guessing. Inevitably individuals can make assumptions about which trainees submitted particular comments. The General Medical Council insist that they will not respond to queries about the authors of specific responses. This should provide some reassurance that colleagues cannot and should not pressure trainees into writing specific responses. They are unable to check what individuals have and have not included in their responses.

Where a department has fewer than three trainees, results will appear in the data set for that trust, but not by department. The responses from those trainees are taken into consideration in the same way as all others by the General Medical Council, they are just not published in the same manner. This is designed to avoid trainees being singled out for their responses to the survey.

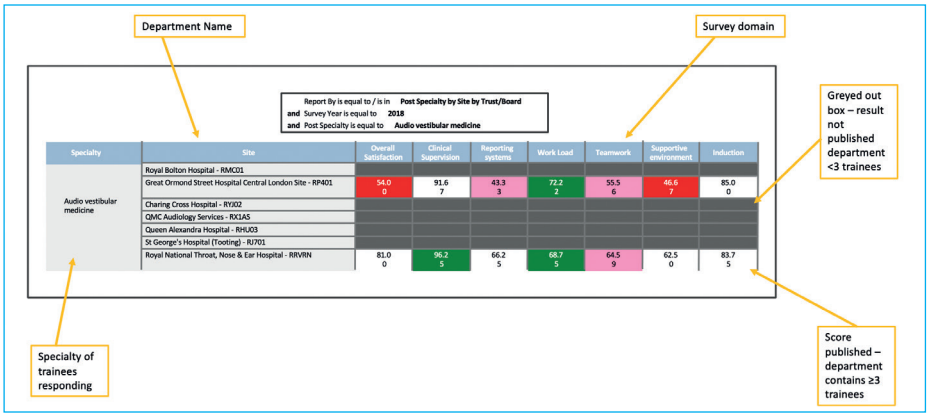
Figure 1 shows an example of departmental results where there are fewer than three audiovestibular medicine trainees in a single department.

Exceptions to confidentiality

The General Medical Council wants to assure junior doctors that confidentiality is of paramount importance. It is clear that some situations may require disclosure of identities. Answers to multiple choice questions are always confidential, regardless of the response. Free-text responses concerning patient safety, bullying and harassment are not. These can be shared within General Medical Council departments for investigation. The respondent's identity is not immediately shared but the training programme, grade and location data will be shared with the appropriate dean.

Comments that raise serious concerns and require further investigation may necessitate trainee identification. The General Medical Council will inform the trainee before it does

Figure 1. A sample of national training survey results for audio-vestibular medicine from 2018.



Specialty	Site	Overall Satisfaction	Clinical Supervision	Reporting systems	Work Load	Teamwork	Supportive environment	Induction
Audio vestibular medicine	Royal Bolton Hospital - RMC01							
	Great Ormond Street Hospital Central London Site - RP401	54.0 0	91.6 7	43.3 3	72.2 2	55.5 6	46.6 7	85.0 0
	Charing Cross Hospital - RYJ02							
	QMC Audiology Services - RX1A5							
	Queen Alexandra Hospital - RHU03							
	St George's Hospital (Tooting) - RJ701							
	Royal National Throat, Nose & Ear Hospital - RRVRN	81.0 0	96.2 5	66.2 5	68.7 5	64.5 9	62.5 0	83.7 5

so. Such responses can be used by the fitness to practise team should they be relevant to an investigation. The survey reminds respondents that such comments can be used in this way.

Are there other methods for doctors to raise concerns?

Where a doctor is not comfortable raising a concern within the survey, several other options are open to them. The General Medical Council surveys team is happy to receive direct communication from individual doctors who have questions or would like to raise a concern. The General Medical Council also has a confidential helpline (0161 923 6399) for those who wish to discuss a situation or event that they have been involved with.

Who gets to see the data?

The education survey team has exclusive access to the full survey results alongside respondents' details. These primary results are not available to other General Medical Council departments, including the fitness to practise team (see exceptions above).

Results are published online in confidential form. Deanery quality leads, responsible for ensuring the quality of medical education locally, can access results 3 weeks before publication, to enable them to identify trusts needing urgent attention.

Does the General Medical Council actually do anything with the data?

Having participated in high level General Medical Council meetings, at first I could not believe how seriously the national training survey results are taken. Results are assumed to accurately represent training environments. The data are viewed as the 'trainee's voice', the survey being the only direct data source of trainee opinion of education and training.

The General Medical Council has legal responsibility to ensure education and training standards. Decisions to enhance monitoring of trusts, place specific conditions on training posts and develop and update policy are heavily guided by the national training survey results. Results from East Kent Hospitals University NHS Foundation Trust in 2017 lead to enhanced monitoring of the trust by the General Medical Council. After closer inspection along with Health Education England, trainees were removed from an 'unsafe and unsupportive' environment where there were patient safety concerns (BBC News, 2017). The results really do matter.

Why else is the survey useful?

The General Medical Council publishes the survey results and performs its own analysis. The data have also been used to examine trainee satisfaction (Goulding and Passi, 2016; Gregory and Demartini, 2017) and effectiveness of competencies within specialities (Desai et al, 2018). The survey has prompted other speciality-specific organizations to run annual satisfaction surveys, some of which focus on aspects of training and the training environment. The Plastic Surgery Trainees Association UK runs its own national training survey and a separate survey focusing on discrimination, bullying and sexual harassment. These surveys provide this organization with data to represent UK plastic surgery trainees at speciality advisory committee meetings to drive improvement in training and training environments to meet trainees' needs.

Conclusions

The national training survey is one of the few ways the General Medical Council gets direct feedback from training environments.

KEY POINTS

- Many doctors view the survey as merely a tick-box exercise to 'get through' their annual review of competence progression.
- The General Medical Council believes that the results of the national training survey provide an accurate representation of training environments.
- Responses to the survey are confidential, although there are certain important exceptions around patient safety, bullying and harassment.
- The survey provides a valuable opportunity for trainees to feedback to the organization legally responsible for ensuring, maintaining and improving standards of education, training and clinical practice.

Doctors fill out plenty of forms; workplace-based assessments, 360° feedbacks, reflections and the rest. It is no wonder that this form is afforded no greater period of doctors' concentration. For the General Medical Council, it offers a unique opportunity to hear directly the experience from the 'front line'.

Doctors are no strangers to confidentiality, and want reassurance that the General Medical Council will protect their data as clinicians would a patient's. Trainee identities will only be shared where concerns around patient safety, bullying or harassment exist. It is vital that the General Medical Council maintains confidentiality to help address behaviours which unfortunately are all too familiar.

The General Medical Council knows that it needs to rebuild doctors' trust. Each year doctors pay a significant sum of money to the General Medical Council – completing the national training survey honestly and completely is one way to influence how it is spent. If doctors do not report problems, who will? **BJHM**

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