Quality in postgraduate medical education: hearing the trainee voice and beyond

Most doctors in training will have completed the annual General Medical Council training survey, but what happens to the results and how do they lead to improvement in the quality of training? This article discusses the General Medical Council survey and potential ways in which the assessment of quality in postgraduate medical training could be improved.

Richard Bogle[1,2]

James Husselbee[1,3]

Author details can be found at the end of this article

Correspondence to:
Richard Bogle;
richard.bogle1@nhs.net

The NHS must deliver high-quality, evidence-based, clinical care while also training thousands of postgraduate doctors through experiential learning. The learning environment is a vital component of this, comprising content, atmosphere and organisation. If all are right, learning will take place (Schonrock-Adema et al, 2015).

Gathering feedback

Collecting and acting on feedback regarding the learning environment is essential to monitor and improve the quality of postgraduate clinical training. In the UK, feedback on training posts is formally collected through the General Medical Council national training survey, which is used to inform bodies such as Health Education England who monitor and assess the quality of training (Health Education England, 2021; General Medical Council, 2022).

Since 2012, the General Medical Council has surveyed all doctors in approved training posts and their trainers annually. The survey covers five themes:

1. Learning environment and culture
2. Educational governance and leadership
3. Supporting learners
4. Supporting educators
5. Developing and implementing curricula and assessments.

Trainees may also report on patient safety concerns or bullying and undermining behaviour that they have experienced (General Medical Council, 2022).

Acting on feedback

In 2022, over 67 000 doctors, 73% of whom were trainees, responded to the General Medical Council survey. Once analysed, the data are publicly available. For each hospital or community programme or post, indicators are reported using a traffic light system, with green or red flags used to indicate statistically better or worse results than the national average. Multiple red flags trigger disappointment among trainers and lead to external inspections by Health Education England, sometimes in conjunction with the General Medical Council, which then make mandatory recommendations designed to improve the training programme. Quality reviews by Health Education England and other regulatory bodies also bring with them the possibility of enhanced General Medical Council monitoring or, in the worst cases, trainees being removed from the programme.

Quality reviews are time-consuming, resource-heavy and, as with many audit processes, do not have a strong evidence base to prove they lead to sustained and measurable educational improvement or that their effectiveness goes beyond that of a change in response to observation, known as the Hawthorne effect (Power, 1997; Sedgwick and Greenwood, 2015; Uthayanan et al, 2020). Most reviews also report 9–12 months after the survey data are collected, making it unlikely that any interventions will directly benefit the trainees who completed the survey. This leads to a cynicism about the utility of the

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survey, with many trainees experiencing poor quality training just keeping their heads down until they move on to their next placement.

Broadening feedback

Although the response rate to the survey is high (76% in 2022), it is only accessible to doctors in approved training posts who represent just 58% of the non-consultant and non-GP workforce. As the NHS becomes increasingly dependent on locally employed and speciality doctors, who work alongside trainees, the General Medical Council survey appears distinctly exclusive. Also, for confidentiality reasons, where there are fewer than three responses the results are not reported. This means that the opinions of vast numbers of doctors are not included and departments with small numbers of trainees keep under the quality radar.

The survey also focuses on statistical outliers often detected in programmes with larger numbers of trainees where numerical differences in responses are sometimes small. This may result in a focus of activity and monitoring in areas where there is little benefit to be achieved despite the programme having a red flag. In many surveys, free-text comments yield the most insightful information but these are only collected for patient safety concerns or bullying and undermining behaviour issues and the data are not available for public analysis. The number of comments received is also relatively small, with 0.5% and 1.3% of respondents wishing to report bullying and undermining or patient safety issues respectively, according to data supplied to the authors by the General Medical Council in response to a freedom of information request, suggesting under-reporting. Anecdotally, when discussing these issues with trainees, they have indicated that they believe their comments could be reported back to the departments where they work, reflecting a perceived lack of psychological safety and freedom to speak up.

The annual General Medical Council survey, bureaucratic reviews process, trainee concern over anonymity and the lack of voice of much of the medical workforce is not in step with modern expectations around collecting inclusive feedback in real time, as seen in wider society. The NHS encourages feedback from patients via the Friends and Family test so that experiences can be shared and acted on quickly. Outside of healthcare, companies actively encourage consumers to supply feedback on service and products. This information can be helpful when choosing services and can drive up quality since behind every review is an experience that matters.

The authors recently discovered a new method by which trainees can give feedback. Under the banner of ‘Let’s make training more open’, the www.juniordoctors.co.uk website is simple, inclusive and allows anonymous feedback to be collected without the need for registration. Neither of the authors has any personal involvement in the development or running of this website and the author(s) of it remain anonymous although, when the authors contacted the website, they advised that more than 1600 reviews have been posts about over 280 different training programmes. About 300 reviews are being added every month. Feedback is monitored to ensure individuals are not named and comments are contextualised alongside results from the General Medical Council survey.

Conclusions

In postgraduate medical education, it is now possible to collect and monitor feedback from doctors via their worked experiences collected in real time. This has the potential to praise the best and call out the worst, and could provide a new way to close the feedback loop and improve postgraduate training in a timely and transparent fashion beyond the General Medical Council survey.

Author details

[1]Health Education England, London, UK

[2]Department of Cardiology, Epsom and Saint Helier University Hospitals NHS Trust, Carshalton, UK

[3]Postgraduate Medical Centre, Epsom and Saint Helier University Hospitals NHS Trust, Carshalton, UK

Key points

- The General Medical Council national training survey is designed to assess the quality of postgraduate medical education.
- The survey takes an annual snapshot of trainee responses in April with the results released in July of the same year.
- The survey excludes doctors outside of approved training programmes who represent nearly half of the non-consultant medical workforce.
- Websites such as www.juniordoctors.co.uk, akin to a 'TripAdvisor' for postgraduate medical training, allow trainees' voices to be heard and trainers to gain feedback on their departments and training programmes.

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