

Item 2.v

Report to:	Board of Directors	Date: 7 September 2023
Report from:	Dr Ian Smith, Medical Director Dr Nicola Jones, Director of Medical Education	
Trust Objective/Strategy:	Workforce: Update on GMC (General Medical Council) Survey 2023	
Title:	Workforce – Medical Education	
Board Assurance Framework Entries:	Well led	
Regulatory Requirement:	Supports the delivery of the Trust’s WRES (Workforce Race Equality Standards) and EDS (Equality Delivery System) goals.	
Equality Considerations:	<ul style="list-style-type: none"> • Medical workforce retention • Engagement • HEE (Health Education England) Trainee experience • Delivery of safe patient care • Financial risk if training posts removed 	
Key Risks:	Update on status for comment and discussion	
For:	Information	

GMC Survey

The GMC national training survey is the largest annual survey of doctors in the UK (United Kingdom). Every year the GMC ask trainees about the quality of their training and the environment where they work, and trainers about their experience as a named clinical and/or educational supervisor. The survey questions are focused on the GMC standards for medical education and training – [Promoting Excellence](#) – which are organised around 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

Results are presented as scores across 18 indicators. Scores for each indicator are out of 100; this represents how positively or negatively respondents answered the questions for that indicator. If the score is significantly negative or positive compared to the national average, it is highlighted red or green, respectively. Where the score is negative or positive but shares a confidence interval with the national average the box is highlighted pink (negative) or light green (positive).

The national training survey gives an essential and uniquely comprehensive insight into the experiences of trainee doctors and their trainers, and the GMC expects employers to scrutinise data, target areas of concern and promote high quality training.

Red	Red outlier – score in bottom quartile of benchmark group, and confidence interval does not overlap with that of the benchmark mean
Pink	Score in bottom quartile, but confidence interval overlaps with that of the benchmark mean
White	Score in between top and bottom quartiles of benchmark group
Moss	Score in top quartile, but confidence interval overlaps with that of the benchmark mean
Green	Green outlier – score in top quartile of benchmark group, and confidence interval does not overlap with that of the benchmark mean
Grey	Fewer than three results (n<3). We only reported results which had three or more responses
Yellow	No results (n=0)

Summary of National Results

A summary of the 2023 survey can be found here [National Training Survey Summary Report 2023](#) and results can be viewed using the [online reporting tool](#).

In brief the survey was completed by more than 70,000 doctors. Testament to the hard work of trainers, trainees, and education organisations the quality of UK postgraduate training remains high (86% of trainees were positive about their clinical supervision and 83% had a good experience in their post). However, several concerns were identified, these include;

- **Discriminatory Behaviours** - over a quarter (27%) of trainees have experienced micro-aggressions, negative comments, or oppressive body language from colleagues with 12% stating this occurred either monthly or more frequently. There was a higher proportion of negative responses from doctors in their early stages of training and a wide variation between specialties, with surgery, obstetrics and gynaecology and emergency medicine responding more negatively.
- **Wellbeing** - nearly a quarter (23%) of trainees and over a half (52%) of trainers are at high or moderate risk of burnout.
- **Rota Design** - poor rota design and inappropriate management of rota gaps are considered to adversely affect training by a quarter of trainees (26%) and a third (33%) of trainers.
- **Leadership Skills** – there is a decrease since 2022 in the proportion of positive responses across all training levels and most specialties when asked about opportunities for trainees to develop leadership skills. Developing future leaders is vital to the sustainability of the health services and patient care, so this decline is a concern
- **Development** - less than a half of all trainers (46%) were always able to use the time allocated to them in their role as trainer, specifically for that purpose.

Summary of RPH (Royal Papworth Hospital) Results

Between 31 and 35 trainees responded to the Trainee Survey, this represents about half of the trainees on placement at RPH and a quarter of all junior doctors working in the trust, this is less than the national response rate (75%). Between 16 and 20 trainers responded to the Trainer Survey, this is a 32% response rate, which is comparable to that nationally (33%).

Trainee Survey Overall

Results for all but one indicator are in keeping with the national average. There has been a significant improvement in the result for 'Facilities' since last year's GMC Survey (32.71% 2022, 50.77% 2023). This improvement is likely related to the creation of a dedicated junior doctor's mess. The score for 'Adequate Experience' remains below the national score, although the confidence interval overlaps with the benchmark average, responses to specific questions from trainees at earlier stages of training, Foundation Year (FY), and those specialising in Anaesthesia reveal challenges.

Indicator	2019	2021	2022	2023
Royal Papworth Hospital NHS Foundation Trust	77.19	80.75	70.59	76.15
Royal Papworth Hospital (Papworth Everard) - RGM21	67.65	59.25	59.05	61.64
Teamwork	80.45	78.99	78.02	78.19
Handover	66.46	67.16	62.37	66.33
Supportive Environment	72.95	75.00	71.50	68.97
Induction	71.90	74.26	78.75	76.10
Adequate Experience	73.57	77.66	69.69	69.85
Curriculum Coverage	73.33	77.48		
Educational Governance	71.43	73.05	70.83	71.08
Educational Supervision	86.16	83.82	83.75	81.62
Feedback	70.02	77.01	64.29	72.77
Local Teaching	69.37	69.49	63.94	72.42
Regional Teaching	69.40	59.49	66.19	66.29
Study Leave	62.04	63.59	55.37	65.51
Rota Design	64.15	69.72	60.79	64.46
Facilities		49.85	32.71	50.77

In terms of specific questions:

(Please note where two percentages are presented for comparison these correspond to RPH result vs national result)

- **Quality of Training**

Over 8 out of 10 (82%) of all trainees, rate induction positively however induction is rated positively by only half of FY2 Medicine and Anaesthesia trainees. This may be because trainees at earlier stages have less experience with induction and those in certain specialities have greater training requirements (e.g., additional patient information systems, specialist equipment).

Overall, more than 9 out of 10 (94% vs. 86%) of all trainees were positive about the quality of their clinical supervision, rating it as either good or very good, and almost 6 out of 10 (58% vs. 74% national survey) of all trainees rated the quality of teaching as either good or very good.

However, quality of teaching was rated positively by only 25% of FY2, with a quarter of Foundation Trainees disagreeing or strongly disagreeing that core teaching sessions cover all fifteen specific areas from core teaching listed in the curriculum. This probably reflects the specialist expertise of trainers and of the work undertaken by the trust. Quality of teaching was also rated poorly by trainees in Anaesthesia; this may be because teaching is not specifically for trainees in Anaesthesia but also for those in Intensive Care Medicine, so may not meet individual learning needs.

Over seven out of ten (73% vs. 83%) trainees report a good or very good experience in their post, with a similar proportion (73% vs. 80%) rating the practical experience they received positively. Seven out of ten trainees would describe the job positively to a friend who was applying and eight out of ten considered that the post would be useful for their future career. FY2 and Anaesthesia trainees responded less positively on all these indicators.

A third of trainees did not expect to have been actively involved in a minimum of 20 outpatient clinics per training year and most trainees (80%) were unable to access training on conducting remote consultations.

35% of trainees disagree or strongly disagree that handovers are used a learning opportunity and less than 4 out of 10 trainees responded positively to this post is providing enough training opportunities to ensure adequate preparation for my next relevant professional exams.

Only 5 out of 10 (52%) of trainees considered that virtual learning environments (VLE) were being used to effectively support training and fewer still (38%) considered that simulation / simulation exercises are being used to effectively support training. Presently the trust does not have a dedicated VLE or SIM training space for doctors in training, although planning for a SIM training area is in progress.

- **Supportive Environment**

9 out of 10 trainees (88% vs 80%) agreed that their working environment is a supportive one and 85% report that their department / unit practices a supportive environment regardless of background, belief, or identity.

However, a fifth (21%) of all trainees disagree or strongly disagree that staff, including doctors in training, are always treated fairly or that there is a culture of listening to doctors in training regarding working practices, this was particularly reported in Anaesthesia (75%).

One fifth of trainees disagreed that staff, including doctors in training, always treat each other with respect and **almost a third of trainees (30% vs. 14%) report that incident(s) of rudeness and incivility amongst doctors/healthcare staff are negatively affecting their experience in their role, this increased to 75% of all FY2.**

- **Discrimination**

A third (33% vs. 27%) of trainees said they have experienced micro-aggressions, negative comments, or oppressive body language from colleagues, with almost a tenth (9.5% versus 12%) stating this occurred at least monthly.

A quarter (24.5% vs. 28%) of trainees said that they had heard insults, stereotyping or jokes relating to the nine protected characteristics, almost 5% of trainees said this happened daily or weekly.

A quarter of trainees report having their work unfairly overly scrutinised (24% vs. 21%) or receiving unfair or overly critical feedback (24% vs. 20%) and almost a fifth report being blamed for something they did not do (19% vs 13%).

A fifth (19% vs. 13%) of trainees said they had been ignored or excluded from conversations, groups, or meetings in their post and **more than one in ten (14% vs 12%) said that they had been intentionally humiliated in front of others.**

Analysis by stage of training was not possible due to the small number of respondents.

- **Wellbeing**

Almost three quarters of trainees (74%) report that their working pattern leaves them feeling short of sleep when at work, with almost one in ten stating this occurred daily, and over a quarter that this occurred weekly. However, no trainees report having useful training about fatigue or sleep during this placement. National Fight Fatigue resources are available [here](#) .

All trainees (100%) rate the support to take rest breaks, including on night shifts as poor or very poor with over one third (41%) disagreeing that there were catering facilities available to them out of hours and two thirds (68%) disagreeing that there rest facilities available free of charge, when working on call out of hours.

Three quarters of trainees (75%) report that they have felt too tired to get home, with 25% reporting this occurred daily, 25% weekly and 25% monthly and only 38% agreed that there was a safe mechanism to travel to and from work when working out of hours or long shifts. **All trainees (100%) consider work related fatigue to have had some impact on progress through training.**

- **Workload**

One third of trainees (35% vs. 44%) rated the intensity of their work by day as heavy or very heavy and 20% as heavy at night, however 50% of FY2 considered intensity at night to be heavy. This may relate to involvement in the hospital at night rota.

One fifth of trainees (20% vs 15%) of trainees said that they never worked beyond their rostered hours, however 12% did this daily and 30% on a weekly basis. **A quarter of FY2 report working beyond their rostered hours each day.**

Many trainees are considering working less than full time for improved work life balance and only 25% of FY2 could see themselves in one year as continuing their training.

- **Rota Design**

A fifth (21% vs. 25%) of trainees disagree that rota design in their current post optimises trainee education and development, this increases to 50% of trainees in Anaesthesia. Nearly 2 out of 10 trainees (18% vs 30%) consider that training / learning opportunities are lost due to gaps on the rota, this increase to 50% of FY2. **15% of all trainees think that their training is adversely affected because rota gaps are not dealt with appropriately.**

No trainees expected to have at least 2 days a month of protected time to undertake individual learning, such as QI work and half do not have time in working week to keep e-portfolio up to date and must do this in their own time. This is despite a contractual obligation for trainees to have self-development time.

A quarter (26%) of trainees disagree or strongly disagree that they have enough protected time to attend local / departmental teaching and 17% disagree or strongly disagree that have enough time for mandatory training. This increases to a quarter of Anaesthesia and half of Foundation Trainees.

- **Leadership**

Over half (56% vs. 66%) of all trainees agreed or strongly agreed that their post gave them opportunities to develop their leadership skills, relevant to their stage of training. Several recent trust initiatives (Fellows of the Medical Directors Office, Senior Clinical Teaching Fellow) are expanding the opportunities available to trainees.

- **Other**

Two thirds of trainees (66%) disagree or strongly disagree that the IT systems available in my hospital support the effective and safe management of patients in my care

Trainee Survey by Programme Group

The breakdown of results by Programme Group illustrates some of the differences described between responses for different specialities. It should be noted that results could be based on as few as 3-5 respondents.

GMC NTS Outlier 2023 - Programme Group: Royal Papworth Hospital NHS Foundation Trust

Programme Group	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Reporting Systems	Work Load	Teamwork	Handover	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Rota Design	Facilities
Anaesthetics	63.75	83.75	85.42	56.25	53.13	56.25	46.88	47.50	58.75	71.88	37.50	68.75	56.25	65.83	25.00	52.08	43.75	
Anaesthetics F2																		
Cardiology	77.14	93.57	91.07	83.33	61.61	80.95	69.79	77.86	83.21	75.00	76.19	83.04	79.17	75.95	83.33	75.89	79.46	52.86
Emergency medicine																		
Intensive care medicine																		
Internal Medicine Training Stage One	76.67	91.67	87.50		62.50	86.11		68.33	68.33	70.83	72.22	87.50		59.44	41.67	67.36	64.58	
Medicine F1	66.25	91.25	93.75	76.25	43.23	75.00		72.50	72.50	46.88	72.92	79.69	64.58				58.33	46.67
Medicine F2	37.50	81.25	85.94	70.00	42.19	79.17	67.19	53.75	53.75	43.75	62.50	75.00	66.67			48.96	43.75	48.75
Palliative medicine																		
Respiratory medicine	89.00	99.00	95.00		43.75	83.33	78.13	84.00	87.00	85.00	88.33	98.75	90.00	68.67	83.33	70.83	72.92	56.00
Surgery F2																		

Key findings:

- There were 6 positive outliers (this compares to 0 in 2022, 1 in 2021, 0 in 2019), distributed across FY1 Medicine, Cardiology and Respiratory Medicine.

Improved staffing, strengthening of clinical and educational supervision, creation of a doctor's mess, ensuring cover for trainees to attend teaching and provision of teaching to meet curriculum requirements are thought to be responsible.

- There were 11 negative outliers (this compares to 8 in 2022) across a range of indicators in FY2 Medicine and Anaesthesia

Factors considered as contributing to these in FY2 Medicine include inadequate induction, poor provision of general teaching, limited clinical exposure, and lack of facilities. In Anaesthesia rota gaps, provision of cross cover to Critical Care and inadequate rest facilities are thought to contribute.

(Please see further analysis from Faculty / College / Specialty tutors and action plan in associated trust Improvement Plan).

Trainer Survey Overall

Almost one third of trainers (31%) disagreed that their job plan has adequate designated time to carry out their role as a trainer or that they were able to use the time allocated to them in their role as trainer specifically for that purpose.

Almost one fifth of trainers (18.5%) disagreed or strongly disagreed that they had access to the resources needed to perform role as a trainer and a similar proportion responded negatively to 'gaps in the rota are always managed appropriately to ensure my trainees education and training are not adversely affected.

A quarter of trainers (25% vs 23%) reported that they had not had an appraisal to review their responsibilities as a trainer within the previous twelve months. Of those who had, less than half (44% vs 65%) said it was effective or highly effective.

Trust / Board	Response Rate	Supportive Environment	Educational Governance	Professional Development	Appraisal	Support for Training	Time to Train	Rota Issues	Handover	Resources to Train
Royal Papworth Hospital NHS Foundation Trust	32%	71.35	67.19	70.70	47.66	72.92	57.81	56.25	58.93	60.94

Indicator	2019	2021
Royal Papworth Hospital NHS Foundation Trust		
Overall Satisfaction	71.00	75.00
Work Load	37.14	41.82
Handover	67.94	67.95
Supportive environment	73.29	65.71
Curriculum Coverage	72.05	73.07
Educational Governance	66.99	69.61
Time for training	54.88	63.69
Rota Design	67.65	63.84
Resources for trainers	71.25	70.98
Support for trainers	69.57	68.57
Trainer Development	71.43	71.43

Trainer Survey by Speciality

Key findings:

Total numbers of respondents were low such that comparison with national data was only possible in Cardiothoracic Surgery and Respiratory Medicine (n>3). Professional Development and Resources were lower than the national average and trainers cite difficulties in accessing training as an Educational Supervisors and space to teach. Handovers were a negative outlier with less than 4 out of 10 trainers agreeing that these were used as a learning opportunity for doctors in training.

Royal Papworth Hospital NHS Foundation Trust

Trainer Specialty	Response Rate	Supportive Environment	Educational Governance	Professional Development	Appraisal	Support for Training	Time to Train	Rota Issues	Handover	Resources to Train
Anaesthetics	40%									
Cardio-thoracic surgery	50%	61.11	66.67	58.33	37.50	68.06	47.22	50.00	41.67	58.33
Cardiology	17%									
Clinical radiology	33%									
Intensive care medicine	33%									
Medical microbiology	100%									
Respiratory medicine	31%	63.33	62.50	68.75	67.50	67.50	56.67	45.00	62.50	45.00

Action

The results have been disseminated amongst educational leads and supervisors and will be discussed at the Royal Papworth Hospital Medical Education and Training Committee. Departmental educational leads and specialty tutors have identified areas for improvement and formulated action plans. These will be submitted to NHSE (NHS England) who continues to monitor RPH performance in education and training through the Annual Trust Development Plan.

Recommendation

The Board of Directors is requested to note the GMC Survey Results 2023 and support implementation of action plans (Appendix 1) that target areas of concern with priority to:

Quality of Training

- improving induction process, particularly for those at earlier stages of training or working in specialities that have additional induction requirements.
- resourcing the Medical Education Team to deliver teaching to meet general curriculum requirements for trainees at earlier stages of training (as has been successful done at an undergraduate level).

Supportive Environment and Discrimination

- fostering a compassionate workplace.
- promoting zero-tolerance approach to any form of discrimination.

Wellbeing

- including training on fatigue in medical induction
- urgently reviewing provision of rest facilities.

Workload and Rota Design

- ensuring all trainees have contractual self-development time
- addressing poor rota design and gaps in rotas that adversely affect training.

Development

- ensuring trainers have the time, support, and resources they need for their role.
- ensuring that all trainers have effective appraisal.

It is also recommended that doctors in training and trainers are involved in process of securing new electronic patient record.