

**Item 2.i**

<b>Report to:</b>	<b>Trust Board of Directors</b>	<b>Date: 07 November 2024</b>
<b>Report from:</b>	Director of Medical Education on behalf of the Medical Director	
<b>Trust Objective/Strategy:</b>	Workforce: Update on GMC (General Medical Council) Survey 2024	
<b>Title:</b>	Workforce – Medical Education	
<b>Board Assurance Framework Entries:</b>	Well led	
<b>Regulatory Requirement:</b>	Supports the delivery of the Trust’s WRES (Workforce Race Equality Standards) and EDS (Equality Delivery System) goals.	
<b>Equality Considerations:</b>	<ul style="list-style-type: none"> <li>• Medical workforce retention</li> <li>• Engagement</li> <li>• HEE (Health Education England) Trainee experience</li> <li>• Delivery of safe patient care</li> <li>• Financial risk if training posts removed</li> </ul>	
<b>Key Risks:</b>	Update on status for comment and discussion	
<b>For:</b>	<b>Information</b>	

**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, and target areas of concern to 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

The questions asked in this year's survey can be found here: [GMC Survey Questions 2024](#) and a summary of the 2024 survey and results can be found here: [GMC Annual Survey 2024](#). This year over 74,000 doctors in training and trainers completed the survey. 76% of all trainees responded, slightly higher than in 2023 (74%) and 38% (as in 2023) of all trainers took part. Key findings include:

### Doctors in training

- **Quality of training** – Despite the many pressures on the health services, the quality of training across the UK remains high. As in 2023, 86% of trainees were positive about their clinical supervision and 83% said the quality of experience in their post was good or very good.
- **Wellbeing** – Although there was a slight improvement in the responses to the questions about wellbeing, the survey results remain very concerning. Over a fifth (21% ↓2pp compared to 2023) of trainees measured to be at high risk of burnout and over half (52% ↓3pp) described their work as emotionally exhausting to a very high or high degree.
- **Rota design** – Over a quarter (26% ↓3pp) of trainees in secondary care posts said their training is adversely affected because rota gaps aren't dealt with appropriately.
- **Developing leadership skills** – Since 2022, there's been a decline of six percentage points (69% to 63%) in the proportion of trainees agreeing that their posts gave them opportunities to develop their leadership skills. Given the many systemic pressures affecting the health services, it's likely this vital aspect of training isn't being given the necessary focus and attention
- **Discriminatory behaviours** – The majority of trainees continue to say that they work in supportive workplaces. However, findings from the demographic breakdowns of the questions about discriminatory behaviours provide insight into the extent to which unprofessional behaviours are taking place in some healthcare environments. The analysis shows that factors, including gender, ethnicity, religion, sexual orientation, and disability status affect a trainee's experience.

## Trainers

- **Time for training** – Although the majority (90% ↑1pp) of trainers enjoy their role, they continue to voice concerns about the level of time and support they receive for training. Over a quarter (27% ↓1pp) don't think their job plan contains enough designated time for their role as a trainer. And less than half (48% ↑2pp) said they were always able to use the time allocated for training, specifically for that purpose.
- **Wellbeing** – Half (50% ↓2pp) of all trainers are measured to be at high or moderate risk of burnout. As in 2022 and 2023, a third (32%) said their work frustrates them to a high or very high degree.
- **Rota design** – Nearly a third (31% ↓2pp) of secondary care trainers stated that their trainees' education and training are adversely affected because rota gaps aren't always dealt with appropriately.

## Summary of RPH (Royal Papworth Hospital) Results

Results for RPH can be viewed using the [education data tool](#). Between 46 and 50 trainees responded to the Trainee Survey, this represents about 70% of all trainees on placement at RPH and is comparable to the national response rate (74%). Less than 10% of all RPH trainers responded to the Trainer Survey, this is less than the national response rate (32%).

## Trainee Survey Overall

All indicators except one align with the national average; however, the score for "**Adequate Experience**," which has been below the national average for the past two years, has now become a negative outlier. Specialty-specific responses reveal that this is a particular issue for trainees at earlier stages of training—specifically Foundation Year (FY) trainees - and those specialising in Intensive Care Medicine.

Trust/board	Site	Survey Year	2021		2022		2023		2024	
			Score	Outcome	Score	Outcome	Score	Outcome	Score	Outcome
Royal Papworth Hospital VHS Foundation Trust - RGM	Royal Papworth Hospital (Papworth Everard) - RGM21	Overall Satisfaction	81.81	Within IQR	73.63	Within IQR	72.94	Within IQR	76.20	Within IQR
		Clinical Supervision	94.33	Within IQR	91.92	Within IQR	91.62	Within IQR	87.61	Within IQR
		Clinical Supervision out of hours	92.71	Within IQR	90.08	Within IQR	91.05	Within IQR	85.72	Within IQR
		Reporting Systems	80.75	Above	70.59	Within IQR	76.15	Within IQR	71.57	Within IQR
		Work Load	52.22	Within IQR	59.84	Within IQR	51.04	Within IQR	47.83	Within IQR
		Teamwork	78.99	Within IQR	78.02	Within IQR	78.19	Within IQR	77.41	Within IQR
		Handover	67.16	Within IQR	62.37	Within IQR	66.33	Within IQR	66.73	Within IQR
		Supportive Environment	75.00	Within IQR	71.50	Within IQR	68.97	Within IQR	69.57	Within IQR
		Induction	74.26	Within IQR	78.75	Within IQR	76.10	Within IQR	80.52	Within IQR
		Adequate Experience	77.66	Within IQR	69.69	Q1 but not below	69.85	Q1 but not below	70.92	Below
		Curriculum Coverage	77.48	Within IQR						
		Educational Governance	73.05	Within IQR	70.83	Within IQR	71.08	Within IQR	73.01	Within IQR
		Educational Supervision	83.82	Within IQR	83.75	Within IQR	81.62	Within IQR	86.41	Within IQR
		Feedback	77.01	Within IQR	64.29	Within IQR	72.77	Within IQR	75.12	Within IQR
		Local Teaching	69.49	Within IQR	63.94	Within IQR	72.42	Within IQR	66.49	Within IQR
		Regional Teaching	59.49	Within IQR	66.19	Within IQR	66.29	Within IQR	63.84	Within IQR
Study Leave	63.59	Within IQR	55.37	Within IQR	65.51	Within IQR	73.31	Within IQR		
Rota Design	69.72	Within IQR	60.79	Within IQR	64.46	Within IQR	61.93	Within IQR		
Facilities	49.85	Within IQR	32.71	Below	50.77	Within IQR	53.38	Within IQR		

- **Quality of Training**

**Overall, 95% of all trainees were satisfied with the quality of their clinical supervision, and 97% were satisfied with the quality of the teaching.** 81% of trainees report a good or very good experience in their post, 72% would describe the job positively to a friend who was applying and 78% considered that the post would be useful for their future career.

The past 12 months, significant efforts have been made to improve the induction process. Survey response demonstrate that 89% of trainees are satisfied (very good, good, neither good nor poor) with the process and the proportion considering the induction to be poor or very poor has decreased from 18% in 2023 to 9% this year. However, induction is rated less positively by trainees in Intensive Care Medicine. This may be because trainees in certain specialties have greater training requirements, such as additional patient information systems and specialist equipment.

13% disagreed, or strongly disagreed that this post is providing me with enough training opportunities to adequately prepare me for my next relevant professional exam(s) and **21% disagreed or strongly disagreed that they are on course to gain enough experience in the operative/practical procedures needed for my stage of training** (compared to 9% nationally).

- **Supportive Environment**

76% of trainees agreed or strongly agreed that their working environment is a supportive one and 86% agreed or strongly agreed that their department / unit practices a supportive environment regardless of background, belief, or identity.

However, less respondents agreed or strongly agreed that staff, including doctors in training, are always treated fairly (57%) or that there is a culture of listening to doctors in training regarding working practices (56%), and **20% of trainees agreed or strongly agreed that incident(s) of rudeness and incivility amongst doctors/healthcare staff are negatively affecting their experience in their role, compared to 15% nationally.**

- **Discrimination**

**45% of trainees said they have experienced micro-aggressions, negative comments, or oppressive body language from colleagues, this is an increase on 2023 (33%) and higher than the national average (29%).**

**13% of trainees said that they had heard insults, stereotyping or jokes relating to the nine protected characteristics, almost 9% of trainees said this happened daily or weekly. 22% said that they had been intentionally humiliated in front of others, this is higher than the national average (13%).**

No trainees reported that they had experienced unwelcome sexual comments or advances causing embarrassment, distress, or offense, however informal reports have been received by members of the education team.

- **Wellbeing**

**70% of trainees feel burnt out because of your work and 40% to a high or very high degree, 79% report feeling emotionally exhausted due to their work and 59% are frustrated by their work.** These figures are comparable to past years and national data.

**This year saw an increase in the number of trainees answering yes to 'rest facilities are available to me free of charge when working on-call, out of hours' from 11% to 53%.** This may be due to the including information about existing rest facilities and the importance of fatigue at induction. 14% of trainees stated that they had not been given any information about rest facilities when working on-call, out-of-hours so it might be that this can be improved further through additional communication.

**However, only 9% of trainees considered the quality of the common room or mess to be good or very good and that they have easy access to a catering facility providing suitable food out of hours, compared to 38% regards mess and 21% regards catering nationally**

- **Workload**

**79% of trainees work beyond their rostered hours: 15% do so daily, 26% on a weekly basis, and another 26% monthly.** The % of trainees working beyond their rostered hours on a daily basis is much higher than reported nationally (9%). One third of trainees 45% rated the intensity of their work by day as heavy or very heavy and 25% as heavy at night.

- **Rota Design**

**25% of trainees disagree or strongly disagree that educational/training opportunities are rarely lost due to gaps** in the rota and 21% disagree or strongly disagree that rota gaps are dealt with appropriately. However, these are lower than reported nationally 30% and 26% respectively.

**25% of trainees disagree or strongly disagree that they have enough protected time to attend local / departmental teaching and 18% disagree or strongly disagree that have enough time for mandatory training.**

- **Leadership**

Only 47% of trainees agreed or strongly agreed that their post gave them opportunities to develop their leadership skills, relevant to their stage of training. This compares to 61% nationally.

The breakdown of results by Programme Group illustrates responses for different specialities:

# GMC NTS Outlier 2024 - Programme Group: Royal Papworth Hospital NHS Foundation Trust

Programme Group	2024 Response rate	Overall Satisfaction	Clinical Supervision	Clinical Supervision (of hours)	Reporting Systems	Work Load	Teamwork	Handovers	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Role Design	Facilities	YoY change in green outliers	YoY change in red outliers
Anaesthetics	100%	73.75	87.5	82.81		51.58	68.75	65.11	61.25	57.5	78.13	62.5	64.08	62.5	80.42	48.98	81.25	75		0	-7
Anaesthetics F2	67%																				
Cardiology	44%	82.5	88.54	90.83	75	60.42	84.73	70.83	75	84.17	70.83	81.95	85.42	70.83	72.22	72.22	87.5	71.88	44.69	-2	0
Cardio-thoracic surgery	57%	85	93.75	93.75	73.75	28.13	81.25	81.25	57.5	87.19	78.13	79.17	89.08	94.45	77.92	83.34	58.25	64.08	73.33	0	+1
Emergency medicine	N/A																				
Intensive care medicine	75%	75	95	89.58		50	72.22	62.5	66.67	80	66.67	77.78	87.5	79.17	71.67	47.22	91.67	58.25		0	+2
Internal Medicine Training Stage One	58%	78	92	92.5	80	47.5	71.67	65	81	92	75	78.67	91.25	78.13	59	58.33	87.5	66.25	71.67	+3	0
Medical ophthalmology	N/A																				
Medicine F1	82%	81.11	88.44	72.92	67.14	52.55	83.33		73.89	79.44	68.06	75	89.58	77.78				63.19	52.08	0	+1
Medicine F2	67%	66.25	82.5	75	58.67	40.63	72.92	64.58	75	82.5	58.25	64.58	96.88	61.11			31.25	40.63	33.33	0	-1
Palliative medicine	N/A																				
Public Health F2	N<3																				
Respiratory medicine	60%	72.5	79.38	86.46	71	41.67	72.22	62.5	72.5	71.67	72.92	62.5	81.25	83.33	47.5	65.28	66.67	64.58	57	-3	0
Surgery F1	N/A																				
Surgery F2	N<3																				

1

## Key findings:

- There were 4 positive outliers (this compares to 6 in 2023, 0 in 2022, 1 in 2021, 0 in 2019), distributed across FY1 Medicine and Internal Medicine Trainees (IMT).

The improvements in responses of IMT is believed to be due to the appointment of trainee representative as an Associate IMT Tutor who has worked closely with the IMT Tutor and the Postgraduate Medical Education Team to ensure trainees can attend teaching and that this teaching meets curriculum requirements.

- There were 7 negative outliers (this compares to 11 in 2023, 8 in 2022) across a range of indicators in FY2 Medicine, Intensive Care Medicine and Cardiothoracic Surgery.

Factors considered as contributing to these include induction, adequacy of experience, workload, access to study leave and lack of facilities.

**Trainer Survey**

Royal Papworth Hospital NHS Foundation Trust												
Trainer specialty	2024 Response rate	Supportive Environment	Educational Governance	Professional Development	Appraisal	Support for Training	Time to Train	Rota Issues	Handover	Resources to Train	YoY change in green outliers	YoY change in red outliers
Anaesthetics	33%											
Cardiology	57%	65.63	67.19	78.13	78.13	75	59.38	56.25	56.25	75	+1	0
Cardio-thoracic surgery	N/A											
Clinical radiology	N/A											
Intensive care medicine	N/A											
Medical microbiology	N<3											
Respiratory medicine	17%											

Less than 10% of all RPH trainers responded to the Trainer Survey, this is less than the national response rate (32%). The low number of trainer respondents is in part due to many educational supervisors not being registered with the GMC as trainers, so not having received the link to complete the survey.

**Of those that responded 100% of trainers agreed or strongly agreed that they enjoyed their role as a trainer, however 100% of trainers report feeling burnout, 40% to a high or very high degree this compares to just 54% reporting burnout in 2023 with 23% of these reporting that this was to a high or very high degree.**

**71% agreed that their job plan has adequate designated time to carry out their role as a trainer but 43% disagreed or strongly disagreed that they were able to use the time allocated to them in their role as trainer specifically for that purpose.**

71% agreed or strongly agreed that they had an education appraisal within the last 12 months and that this had been effective or highly effective for reviewing their development needs as a trainer. The same % agreed or strongly agreed that they can access learning and development opportunities for my role as a trainer when I need them.

**Actions**

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 specifically for red outlier areas. We are required to submit this plan to NHSE (NHS England) by 23 September 2024. Appendix 1. NHSE will continue to monitor RPH performance in education and training through the Annual Trust Development Plan.

The priority areas have been identified as:

## **Quality of Training**

- Newly established Postgraduate Medical Education (PGME) team to work with Educational Leads to review how to ensure trainees have adequate experience and that training fulfils curriculum requirements

## **Supportive Environment and Discrimination**

- PGME team to work with the FTSUG and the EDI to consider how reporting of incidents can be improved and the leadership behaviour framework and other aspects of the CCL Programme can be applied to doctors in training

## **Wellbeing**

- PGME team to include information about trust pilot of rest facilities in induction and include reminder in resident doctor newsletter
- Task and finish group in progress to improve mess facilities led by CEO

## **Workload**

- PGME team to work with Guardian of Safe Working, Clinical Directors and medical staffing to review rotas and address issue of trainees working beyond rostered hours

## **Rota Design**

- PGME to work with Guardian of Safe, Clinical Directors and medical staffing to review rotas to address issue of rota gaps adversely affecting education and training

## **Leadership Opportunities**

- PGME team to continue to promote trust initiatives to provide trainees with leadership opportunities (Fellows of the Medical Directors Office, Senior Clinical Teaching Fellows)

## **Trainer Survey**

- PGME team to work with Educational Supervisors to ensure all are recognised as trainers with the GMC
- PGME to work with Clinical Directors to ensure that time allocated in job plans for educational supervision is used for this purpose
- PGME to meet with ES and see what can be done to alleviate pressures and reduce burnout

## **Recommendation**

The Board of Directors is requested to note and discuss the GMC Survey Results 2024 and the action plans.