

## Board of Directors

### Item 5.5

**Subject:** GMC Survey Results  
**Date of Meeting:** Wednesday 27<sup>th</sup> September 2023  
**Presented by:** Dr Clare Quarterman, DME  
**Purpose:** To Note

BAF Ref	Impact on BAF
BAF 1 and BAF 4	Assurance on the training of junior doctors through the national GMC trainee survey. Assurance on the experience of Trust employed doctors via locally administered survey.

#### 1. Executive Summary

LHCH is committed to providing high quality medical education at all stages of training. We currently provide placements for medical students from the University of Liverpool, along with receiving doctors in training on a rotational basis as part of formal deanery training programs and our own locally employed doctors. The quality of the experience of each group is assessed informally across the course of the year via locally administered surveys and feedback from trainee links, and also formally via feedback received from the University of Liverpool and the GMC. Since the last presentation formal feedback has been received from the University of Liverpool and the GMC and is presented with action plans.

Action plans were developed and put in place following the 2022 GMC survey report and in many cases the positive impact has been demonstrated. New action plans have been developed in response to the most recent results and progress against them will be reviewed regularly and tested with an ongoing program of internal surveys.

The Board of Directors is asked to note the report and the planned actions to improve training further.

#### 2. Background

The GMC carry out a survey of the experience of trainees and trainers on a yearly basis in order to monitor the quality of postgraduate medical training in the UK. The 2023 GMC National Training Survey ran from 21<sup>st</sup> March to 16<sup>th</sup> May. 92.2% of eligible doctors at LHCH completed the survey, an improvement upon previous years. 54.9% of trainers completed the GMC Trainer survey. Results have been released and a visual representation is included in the accompanying slides, along with the results of previous years for comparison and a description of the key findings for each specialty.

The GMC survey is only sent to doctors within a Deanery training post, and therefore is not sent to Trust employed medical staff. As a result we perform our own local LHCH Training Survey,

inviting feedback from all non-consultant grade clinicians and allowing a wider pool of clinicians to provide feedback with a greater frequency. While awaiting the results of the 2023 GMC survey, a further local survey was also disseminated to all non-consultant medical staff in July 2023. Key findings from the results of this are also presented, although completion across all trainee groups was inconsistent.

### 3. Rolling Action Plan and Progress Report

Current **Trust-wide** interventions in place since the last update to People Committee was provided include:

Action	Responsibility/ Timeframe	Progress (RAG)
Pulse check survey to be sent to all non-consultant medical staff on a 3 monthly basis	DME, July 23	Complete – next survey scheduled for Oct 23
Delivery of sessions supporting educational appraisal to trainer body. Previous sessions on organisational culture and calling out poor behaviour with future plans to focus on delivery of constructive feedback.	DME, Dec 23	In progress – following initial culture session future education sessions for joint governance days
Support development of simulation based training at LHCH with a focus on clinical scenarios and the impact of human factors in the healthcare setting	DME, Sept 23	Complete – core Simulation User Group established across all medical specialties, nursing and AHP groups
Support development of simulation based training through training of staff across the MDT	DME, Nov 23	In progress - Initial e-learning modules disseminated and education sessions in house training session from North West Simulation Education Network planned for 06/11/23

### 3.2 Specialty feedback and action plans

<b>Respiratory Medicine</b>  Respiratory medicine continues to have a number of strongly positive outliers, with the only area of concern being availability of local teaching. This has been a consistent issue for several years with no change in the effectiveness of this.  Oversight of training is provided by the RCP Tutor with additional specific educational supervision and support provided by consultants within the department. Senior trainee (ST6) currently based at LHCH on a long term research post taking the lead for education and liaises closely with DME/educational committees.		
Action	Responsibility/ Timeframe	Progress (RAG)
Development of departmental solution to local teaching scores – a process of one-on-one sessions with signposting at start of attachment to sessions delivered by each trainer	Clinical Lead Respiratory Medicine, Trainee Link, Sept 23	Complete

### Cardiology and General Internal Medicine

Results for 2023 within this group are consistently within the average range, with positive outliers for reporting systems and educational governance. There is a changing trend in results from a high in 2019 attributed to the change in the training process for clinicians in cardiology. This is now a requirement to also pursue General Internal Medicine competencies in order to satisfy the requirement of the future medical workforce. This is assumed to reflect the negative outlier of adequate experience for the Programme Group responses as trainees are expected to focus more broadly on training rather than in specialty areas, leading to some polarised responses.

Action	Responsibility/ Timeframe	Progress (RAG)
Improved engagement of cardiology trainees with future local surveys/data collection	RCP Faculty Tutor and Trainee Link, Oct 23	In progress – next survey planned Oct 23

### Internal Medicine Training

Internal Medicine Training (2 cardiology, 2 in respiratory, 8 in ICU) continues to return very positive feedback across a large number of categories. Of the ratings within the average category, feedback scores less highly and this has been mirrored by feedback from local surveys.

Action	Responsibility/ Timeframe	Progress (RAG)
Disseminate results of survey and emphasise importance of provision of feedback for training and to encourage completion of formal assessments	DME Lead for IMT in ICU, Sept 23	Complete

### Intensive Care Medicine

Responses are received for post-specialty only and reflect the responses predominantly of Internal Medicine Trainees with 1-2 trainees in Intensive Care Medicine as a primary specialty. Compared to the previous year there has been an improvement in the availability and approval of study leave, but a new negative outlier for Clinical Supervision Out of Hours. There has also been a reduction in the score attributed to handover and teamwork compared to previous years, although still within the average for the specialty. This potentially relates to changes that have taken place to the handover process and the impact that this has on the cohesive working of the out of hours team.

Clinical supervision, quality of clinical and practical experience all rate very highly.

Action	Responsibility/ Timeframe	Progress (RAG)
Meeting to discuss handover process out of hours and agreement of revised approach to improve teamworking and clinical supervision, particularly at night	RCoA Tutor, IMT lead ICU, Clinical Lead ICU, Aug 23	Complete

### General Practice Trainees

The 2023 GMC survey demonstrates a significant improvement in the experience of GP trainees at LHCH. There has been investment in the induction process and a core group of educational supervisors provide support and guidance for this group of trainees. The teaching program has also been updated to ensure the educational requirements of this cohort are taken into account.

NB – Changes in GP training with planned increase in period of time spent in General Practice versus hospital medicine. Reduction in the number of trainees at LHCH expected after November 2023 – not a punitive removal of trainees but based on a reduced requirement for placements within cardiology and increased time in the community. Currently we will still receive up to 2 trainees, but this will be below the threshold for future surveys

<b>Anaesthetics</b>		
Anaesthetics ratings continue to sit within the average range, with facilities as a positive outlier potentially reflecting the increased signposting of trainees to areas for study and quiet reflection and improved dissemination of key documents and training materials.		
<b>Action</b>	<b>Responsibility/ Timeframe</b>	<b>Progress (RAG)</b>
Improved provision of feedback to trainees across the course of training placement – dissemination of feedback from survey, signposting of educators to Deanery-led Educational Supervisor study days	RCoA Tutor, Sept 23	Complete
Improve sharing of learning from incidents with trainee group	RCoA Tutor, Oct 23	In progress – discussions ongoing with CL for Anaesthesia regarding methods of sharing learning most effectively

<b>Cardiothoracic Surgery Trainees</b>		
Significant improvement in scores for cardiothoracic surgical training reflecting engagement of the education leads. Post specialty responses show a number of positive outliers with one negative category regarding regional teaching, mainly relating to the frequency with which it takes place but also ability to attend. Programme group responses returned the same issues with regional teaching but also negatively highlighted clinical supervision out of hours although 100% of respondents rates the quality of clinical supervision as very good or good.		
<b>Action</b>	<b>Responsibility/ Timeframe</b>	<b>Progress (RAG)</b>
DME to meet with Surgical Tutor and Clinical Lead to discuss response to survey results with focus on access of trainees to regional teaching	DME, RCS College Tutor, Clinical Lead Surgery, Oct 23	Complete
Ongoing support for improvement in theatre culture regarding training	DME, RCS College Tutor, Clinical Lead Surgery, Oct 23	In progress – posters in place within theatre regarding behaviour, DME attended Cardiac Business Meeting to discuss concerns, engaged team and improvements reported informally
Discussion within surgical division regarding improvement in organisation of role for locally employed surgical doctors. DME to liaise directly with junior surgical staff regarding their experience of training outside of recognised training post to understand requirements.	DME, RCS College Tutor, Clinical Lead Surgery, Trainee Link, Oct 23	Complete
Review of consent documentation completed at induction to ensure appropriate procedures listed and internal processes regarding who can take consent are followed	Education dept, RCS College Tutor, Sept 23	Complete – documents being reviewed across all specialties

<b>Clinical Radiology</b> <p>Results from the 2023 survey showed improvement in the previously negative response regarding regional teaching reflecting the development of a structured regional teaching program tailored towards the stage of training. Adequacy of experience is still a negative outlier and although there is improvement when compared across other units the overall score has fallen. There are additional negative outlier results returned for overall satisfaction, induction, educational governance, educational supervision and study leave. Of note, this survey received responses from only 3 trainees. One of the 3 trainees was allocated to the unit at short notice by the deanery and therefore missed much of the pre-placement communication that takes place regarding leave, educational objectives etc. Additionally some placements are very short with a high proportion of on call for the region which compromises access to learning opportunities.</p> <p>Deep dive into individual question responses showed that the department scored highly for a culture of teamwork and also for the quality of clinical supervision and the access and support from the educational supervisor. Feedback from the local survey also more positive, including responses from both deanery and locally employed clinicians.</p>		
Action	Responsibility/ Timeframe	Progress (RAG)
Induction communications and handbook updated, review of processes for induction	Clinical Tutor for Radiology, Sept 23	Complete
Results of survey and requirement for improved provision of adequate feedback to be communicated during department faculty meeting	Clinical Tutor for Radiology, Sept 23	Complete
Clinical tutor to communicate concerns regarding length of placement and proportion of on-call commitment during placement to training program director directly and during training meetings	Clinical Tutor for Radiology, Nov 23	In progress – for discussion at next regional training meeting

#### 4. GMC Trainer Survey Feedback and Actions

Trainer feedback was provided by a smaller but still significant number of clinicians registered with the GMC at LHCH. Feedback from across the group as a whole was within the average range, but upon breaking this down into individual specialties trends emerge, both positive and negative, that contribute to overall neutrality. Increased support for trainers across the Trust is planned. Individual specialties will have their own initiatives and training opportunities that they are able to pursue but this will be supported by training sessions for educators that will be planned for governance days and mapped to the AoME domains.

Action	Responsibility/ Timeframe	Progress (RAG)
Commencement of program of educator development sessions. Initial proposal to take place during joint governance sessions (cardiology, surgery, anaesthesia) with invitations extended to respiratory medicine and radiology colleagues	DME, Nov 23	In progress – session planned for next joint governance day
Revision of Educational Appraisal documents to capture challenges and future CPD requirements of educators at LHCH	DME, Oct 23	In progress

#### 5. University of Liverpool Feedback

LHCH provides training placements to 8 rotations of 8-10 medical students in their third year during each academic year, in addition to a number of fifth year students during specialty SAMP

placements across the latter part of the academic year. Feedback is collected by the university following each placement and this has been returned in the form of the 2022-23 Student Evaluation End of Year Summary Report. As demonstrated in the accompanying slides, LHCH performs as a positive outlier across all domains and receives consistently high feedback. The team within the Education Department are a constant source of support and advice, and ensure that all educational requirements are met for each individual student. They are a huge asset to the Trust and despite the already excellent results they are already considering how they can improve on the current scores.

## **6. Conclusion**

Action plans were developed and put in place following the 2022 GMC survey report and in many cases the positive impact has been demonstrated. New action plans have been developed in response to the most recent results and progress against them will be reviewed regularly and tested with an ongoing program of internal surveys.

## **7. Recommendations**

The Board is asked to note the report and the planned actions to improve training further.