

TRUST BOARD**31st OCTOBER 2013**

TITLE	Junior Doctor GMC survey
EXECUTIVE SUMMARY	<p>The paper provides detail of the Junior Doctor GMC survey for 2013 highlighting improvement made by the Trust in comparison to 2012.</p> <p>In 2013 the survey was undertaken by surveying one particular day in March and ASPH had a 100% compliance rate of all of its 193 training posts</p>
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The Board need to be assured that where issues and concerns have been raised appropriate and timely actions are being taken to resolve these.
LINK TO STRATEGIC OBJECTIVE	SO1 and SO2
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Views of the junior doctors have a key impact on the experience of the patient.
EQUALITY AND DIVERSITY ISSUES	None identified.
LEGAL ISSUES	None identified.
The Trust Board is asked to:	Note and discuss the paper seeking assurance where possible.
Submitted by:	Dr David Fluck, Medical Director
Date:	24 th October 2013
Decision:	For Assurance

Junior Doctor GMC survey

Executive Summary

The GMC survey of junior doctors has now been running for nearly a decade and surveys the whole cohort of all grades of junior doctors each year at a particular point in time. All Trusts, all specialties and all grades of trainees are surveyed. It's the same questions to all the trainees.

More and more the junior doctor's survey gives an accurate opinion of the state of medical education within a Trust, within a specialty or within a grade cohort such as GP's or Foundation doctors.

The survey will be used by Regulators and Quality Assessment Organisations to help ascertain the quality of healthcare provision across an organisation, by asking about such issues as clinical supervision, handover, induction, workload, satisfaction and adequate experience.

In 2013 the survey was undertaken by surveying one particular day in March and ASPH had a 100% compliance rate of all of its 193 training posts. Many questions are asked in order to populate each of 12 domains.

These domains are:

- Overall satisfaction;
- Clinical Supervision;
- Handover;
- Induction;
- Adequate experience;
- Workload;
- Educational Supervision;
- Access to Educational Resources;
- Feedback;
- Local Teaching;
- Regional Teaching; and
- Study Leave.

Direct comparison with last year is not wholly possible as some indicators were removed and others added to this year's survey. Specialties have to have at least 3 respondents in order to get a score in order to protect anonymity of the trainee. The Survey divides the cohort studied into below outlier (**RED FLAG**), within the lower quartile but not an outlier, within the interquartile range, within the upper quartile but not an outlier or an above outlier (**GREEN FLAG**).

ASPH RESULTS

In the recent survey ASPH scored 11 red flags and three green flags (2012 – 29 red flags and six green flags).

This is a significant improvement as ASPH has gone from the Local Education Provider (LEP) with the most RED flags last year in Kent, Surrey and Sussex to the LEP with the fewest RED flags in 2013.

The colours below highlight where there has been an improvement or deterioration in performance versus 2012. For example Acute Medicine has one red flag this year versus three in 2012 and hence is highlighted green.

	2012
Acute Medicine – 1 RED flag for workload and 2 low ratings	3 RED
Anaesthetics – Interquartile range for all indicators	3 RED
Cardiology – 1 RED flag for local teaching and 2 low ratings	1 RED
Clinical Radiology – 1 GREEN flag for workload and 6 low ratings	-----
Emergency Medicine – 2 RED flags for Adequate Experience and Overall Satisfaction and a low rating for Feedback	2 RED
Endocrinology – Interquartile range for all indicators	1 RED
Gastroenterology – 2 low ratings	2 RED
General internal medicine – Interquartile range for all indicators	1 RED
General Surgery – Interquartile range for all indicators	1 RED
Geriatric Medicine – 3 RED flags for Adequate Experience, Handover and Overall satisfaction	3 RED
Obs and Gynae – 2 RED flags for Handover and Regional Teaching	1 RED
Paediatrics – 1 RED flag for Regional Teaching	1 RED
Respiratory Medicine – 1 RED flag for Regional Teaching and 3 low ratings this year	1 RED
Rheumatology – 1 GREEN flag for Clinical Supervision *	4 RED
Trauma and orthopaedics – Interquartile range for all indicators*	5 RED
Urology – Interquartile range for all indicators	1 GREEN

**Exceptional improvement*

The above table highlights that some considerable improvements have been made in 2013.

The Trust as a whole scores within the interquartile range for all indicators as does every other Acute LEP.

Appendix 1 highlights the performance of all Trusts.

Appendix 2 highlights the performance of ASPH in 2013 versus 2012.

Results compared to neighbouring Trusts:

ASPH – 11 RED and 3 GREEN

Frimley Park Hospital – 15 RED and 13 GREEN

Royal Surrey County Hospital – 13 RED and 5 GREEN

So what do these results mean?

Many of the Red Flags are from specialties with small numbers of trainees, and therefore to improve these needs consultants and departments to think about interactions with trainees, supporting them, giving them feedback, providing local teaching and generally making trainees feel welcome and a valued part of the team. Just one unhappy trainee can lead to a number of RED flags as the margins are small, but changes can be made as seen in Rheumatology and Trauma and Orthopaedics. Buy-in from the Divisional Director with the support of the College Tutor is vital.

Actions and next steps

1. All College Tutors and Divisional Directors have sight of the survey results and been asked to develop action plans;
2. The Trust needs to be adaptive to the dates when new trainees start so that they do not feel unsupportive on the wards or in clinics with the patient safety issues that are obviously apparent. More senior support is needed for the first few days of new starters joining the Trust;
3. More consideration is needed that any organisational change within the Trust or department must consider the potential effect that the change may have on the supervision of junior doctors;
4. A Sounding Board, on a regular basis, for the junior doctors so that the Trust can understand the good and not so good things that are happening on the “shop floor”, and working together to solve any problems. Juniors are often very good at coming up with novel solutions which are efficient and simple to some insurmountable problems. Like all staff, it helps if they are listened to and they are made to feel proud of the organisation they work in. Medical Director and Chief Nurse to take forward.
5. Each division or subdivision to meet informally with their trainees, through for example a junior doctors forum, to understand live issues so they can be addressed early.

Recommendation:

The Board is asked to review, discuss and seek assurance over the junior doctor survey results.

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All results by trust/board

Below outlier
Within the lower quartile (Q1), but not a below outlier
Within the middle quartile (Q2/IQR)
Within the upper quartile (Q3), but not an above outlier
Above outlier
n<3, results not published
n=0, no results

GMC Indicators	National MEAN	ASP	BSUH	D&G	East Kent	East Sussex	FPH	Kent & Medway	MTW	Medway	QVH	Royal Surrey	Surrey & Border	Surrey & Sussex	Sussex Partners	Western Sussex
Access to Educational Resource	67.62	65.2	70.84	65.01	66.98	66.37	71.79	65.16	72.5	59.6	78.4	67.77	63.77	62.92	65.64	60.69
Adequate Experience	80.91	78.4	79.87	74.91	78.53	77.31	80.76	75.37	80.4	81.44	81.2	81.31	80.67	80.38	80.82	80.68
Clinical Supervision	88.44	88.8	88.89	85	86.41	86.49	89.03	88.07	88.5	86.2	90.2	88.51	90.68	85.8	88.09	89.91
Educational Supervision	88.44	89.1	86.25	87.73	87.5	87.69	90.08	88.89	90	86.67	81.7	84.09	86.11	88.3	88.93	88.96
Feedback	75.8	71.3	72.43	73.89	71.7	70.63	75.83	79.34	72.7	69.39	72.5	72.92	78.18	73.03	77.05	75.13
Handover	66.03	65.1	66.65	63.72	66.22	61.6	69.67	41.19	64.7	65.33	74.5	61.41	38.41	64.48	40.82	65.64
Induction	83.9	85.7	83.09	82.82	80.48	84.44	86.6	81.2	85.4	76.7	91	83.98	81.7	77.08	81.48	82.44
Local Teaching	63.53	58.1	62.93	60.42	58.22	57.5	62.66	69.38	62.1	61.13	68.6	57.91	69.56	61.21	70.91	60.88
Overall Satisfaction	80.75	77.2	80.68	75.89	77.06	77.28	82.41	76.22	80.9	78.48	85.2	80.41	83.02	79.13	80.39	80.96
Regional Teaching	70.95	65.6	64.23	64.95	65.58	64.47	63.73	71.03	64.8	67.36	66.2	68.07	78.35	60.95	70.62	63.85
Study Leave	67.81	63.9	67.69	63.63	59.45	65.07	65.76	65.35	70.1	59.37	61.9	65.68	72.36	60.8	66.02	65.6
Work Load	45.57	41	45.42	40.41	40.21	45.33	38.62	58.02	48.5	37.4	55.3	40.92	58.1	34.83	58.37	45.13

Appendix 2

ASPH GMC Results
2013 -v- 2012

Post Specialty	Indicators																							
	Overall Satisfaction		Clinical Supervision		Handover		Induction		Adequate Experience		Work Load		Educational Supervision		Access to Educational Resources		Feedback		Local Teaching		Regional Teaching		Study Leave	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Acute Medicine																								
Anaesthetics																								
Cardiology																								
Clinical radiology																								
Emergency Medicine																								
Endocrinology and diabetes mellitus																								
Gastroenterology																								
General (internal) medicine																								
General surgery																								
Geriatric medicine																								
Obstetrics and gynaecology																								
Paediatrics																								
Respiratory Medicine																								
Rheumatology																								
Trauma and orthopaedic surgery																								
Urology																								

Key:

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n<3, results not published	
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