The PMETB National Trainee Survey: is it a useful tool?

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NATIONAL SURVEYS HAVE THEIR PLACE BUT IT’S THE LOCAL REVIEW AND SUBSEQUENT ACTION THAT COUNT

The Postgraduate Medical Education and Training Board (PMETB) has recently published the third National Trainee Survey of trainee doctors’ attitudes towards training, conducted online, with the fourth survey due out this April.

The PMETB, an independent statutory body, has pioneered a way forward for deaneries to closely monitor training. The survey was intended to contribute towards improving the quality of training, but have they got it right? Criticisms are: too much data, too many confusing reports, a website that is hard to navigate, and information not always specific enough for deaneries to act upon at a local level. Is this just an embryonic stage? Do our local deanery teams and trainee doctors simply require education on website navigation and data interpretation? Or is it actually a waste of time?

WHAT DOES THE DATA TELL US?

The data for 2008/2009 cover responses from 42,742 trainees across foundation, core medical training and specialist training. The national response rate was 85%, with local response rates varying between 77% and 93% within deaneries. Data cover eight core sections with between four and eight questions asked per section. Data are displayed visually using a Forest plot, allowing comparison between hospitals, trusts and deaneries. Results must not be taken in isolation. The PMETB questionnaire is, after all, a screening tool. We advise that the survey results need triangulating with external opinion, from deanery and PMETB visits plus educational supervisor or trainer opinion (see Figure 1).

The data can then be more sensibly interpreted at a local level.

Figure 1 Triangulating data on quality of education
A COMPULSORY REQUIREMENT . . . ?

Some deaneries are looking at making the PMETB survey a mandatory requirement for training, in an attempt to improve collated data, seeing it as an integral part of the annual review of competence progression (ARCP) process. Other deaneries are producing their own questionnaires to supplement the data already provided by the PMETB survey. It can certainly be seen as ‘good professional practice’ to provide feedback on training posts, but the debate continues as to whether it should be an essential part of the completion of training.

LIMITATIONS TO THE SURVEY

Because the survey is annual, it provides a ‘snapshot’ rather than a continuous picture. Data relate to the previous six months and can be up to a year out of date at the time of the deanery annual PMETB reports. There are also problems in small departments. To provide anonymity, the survey data can only report if there are at least three trainees per department. Specialties with small numbers therefore need to rely on their own local processes for assessing quality. This particularly applies to ST3 placements in general practice where there is usually only one GP trainee and feedback has to be reported across a vocational training scheme. Although the PMETB data could be aggregated over a period of three years, the trends over time are lost within this process.

USING THE WEBSITE

Navigating the website to obtain data has been a big stumbling block. Multiple reports are available, but it is knowing which one to look for which is fundamental. Trainees and educational supervisors despair, and who can blame them? But the site has improved. We recommend users to focus on ‘specialty trainees by local education provider’ as this offers both an overview and access point to more detail. Red and green triangles indicate outliers and there are now outlier summary tables. This is an improvement, providing more reliable information, as these outlier placements are reported to be 95% confident of being in the lower or upper quartile nationally. Outliers still need to be verified at the local level before taking action.

WHAT DOES IT PROVIDE EDUCATORS?

The PMETB national survey is a tool that provides evidence for educational leads to drive and improve quality. It is a feedback mechanism that, until the last three years, was previously unavailable. The first comprehensive national survey of medical education, it has impacted at national and trust level, and has raised the profile of medical education. The survey provides comparative data within deaneries and between deaneries and can provide comparison between different trusts and between different specialties, which can be used as a lever to produce change. It has given deaneries and visiting organisations a focus on those areas needing the most support, specifically the outliers within deaneries.

Visiting organisations can now focus on verification, development and improvement rather than needing to actively collate raw data themselves. This reduces risk of error and the application of inappropriate remedies for perceived rather than actual problems. However, educators continue to find the data diffuse and difficult to relate to specific issues locally. The smallest unit of data is the department, which is one specialty within one trust. Problems with specific supervisors are not identifiable, so there is a need to develop local processes, to identify and address these areas, supplementing the PMETB data.

WHAT DOES IT OFFER THE TRAINEE?

Trainees have been given a collective voice and means by which they can improve the quality of their training posts. By completing the questionnaire, trainees are helping to improve the standards for their future peers and colleagues, and as a quid pro quo for themselves. But do trainees really believe this? It is not just about saying ‘I have left the post now, so what does it matter to me?’. The group action of completing the questionnaire impacts on the standards of their own next training post. Foundation year 2 trainees could use the data to determine which deanery they would prefer to apply to for specialist training, but do they do this? Most probably not, as accessing the data on the website is less than easy! But it could make a difference, as high-scoring candidates currently get to choose their rotations at a trust level and the data could therefore provide additional information to help these candidates in making their choices.
DEANERIES MUST FOCUS AND ACT APPROPRIATELY

It is how deaneries facilitate the local review of the national PMETB data that counts the most. There is definitely a role for obtaining supplementary feedback to develop clearer local action plans. Several deaneries have explored ways to compare posts to specific standards, using grading systems. The Wessex Deanery has focused on the top 25 educational questions of the PMETB survey to produce the Standardised Educational Audit Project (SEAP). This uses a traffic light grading system (see Figure 2), which shows a log of key issues and actions relating to training posts.

The grading system looks at the severity of the problem, e.g. an amber post needs action within six months, while a red post requires action within three months. The SEAP allows a comparison of expected standards, to complement the peer group comparison on the national PMETB website.

Whatever system a deanery uses to interpret the data, there needs to be a shared explicit understanding of the issue, the planned action required, and the arrangements for review. This must include a ‘who, what and when’ of follow-up. This is summarised as ‘Issues Actions Review Who When and What’ or IAR.ww. Educators need to be clear about the Issues and their role (see Box 1).

Once these elements are succinctly stated, it becomes much easier to take a co-ordinated approach between the multiple parties involved in the process, which include the local department, the trust lead, the specialty lead, the deanery, the Royal College and the PMETB.

A key part to this process is a co-ordinated deanery database and administrative support to manage this. Most, but not all, deaneries in England use the Intrepid Database, designed and run by the IT provider HICOM. The Wessex Deanery has developed a quality assurance model with HICOM that enables Intrepid to support these processes and produce summary reports of issues and actions presented according to trust or specialty.

**Figure 2** Wessex Deanery traffic light grading system for educational quality assurance

**Box 1** Supporting professional educational and clinical supervisors with feedback

<table>
<thead>
<tr>
<th></th>
<th>Unaware of what is expected</th>
<th>Unaware of trainee issues</th>
<th>Lack of time</th>
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<td>Unaware of what is expected</td>
<td>Clarify role</td>
<td>Clarify role and feedback</td>
<td>Clarify role and delegation</td>
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<td>Unaware of trainee issues</td>
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LOCAL EVALUATION COUNTS MOST

What really counts is the local professional educator – reflecting on the available data, reviewing local feedback and formulating local action plans. It is the empowerment of local action arising from the provision of clear simple comparative data that has most impact. Each single specialty within a trust should aspire to having an educational lead, who co-ordinates local feedback on core educational activities, including induction, appraisal, teaching and workplace-based assessments. These local, real-time, ‘soft data’ are often more informative, have greater local impact and can be used in parallel to the more concrete comparative national PMETB data.

WHERE DO WE GO FROM HERE?

Deaneries need to be able to advise educators on how to interpret and use both PMETB and local feedback data, with working examples and guidance. There is potential now for the PMETB to look more closely at trends and also to combine parts of the data over the first three successful survey years to look at persistent outliers and smaller units with fewer than three trainees. An essential element for each deanery is to develop a local database and administration system to co-ordinate a clear response to the information obtained from the surveys. The database needs to hold concise and specific information on the grading of severity of identified problem areas. Using the model of issues, actions, and review processes and a ‘who, what and when’ template provides a simple and logical approach to improving medical training at a local level.

Conflicts of interest

Mark Rickenbach is a member of the PMETB/National Trainee Survey Working Group.

Reference


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