



NATIONAL QUALITY BOARD

For meeting on: 22 November 2017

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Paper for:

Decision	Discussion	Information
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GMC DATA AND INSIGHT – EDUCATION AND TRAINING: RISKS, ISSUES AND OPPORTUNITIES FOR QUALITY AND SAFETY

SUMMARY

The GMC's annual surveys of doctors in training and trainers provides a unique insight into a critical part of the healthcare workforce, their experience of working and training in the healthcare system and associated risks, issues and opportunities across both quality and safety. In the context of the recent industrial dispute with doctors in training and the resulting new contract the results of this year's two surveys are perhaps more important than ever to understand and act upon at a national level.

The GMC will present the key findings from both surveys supplemented by emerging findings from our work in tracking experiences of Exception Reporting across England among doctors in training and Safer Working Guardians.

In addition the GMC will provide a brief update on other data and associated data products we are producing and publishing in the public domain:

- Research reports including on doctors taking a break after FY2;



- Reports on the data we hold and associated trends on EEA doctors;
- Our annual State of Medical Education and Practise report;
- A 'Designated Body' dashboard which allows organisations to access data on revalidation, fitness to practise and the National Training Survey in one place; and
- GMC Data Explorer – a publically available tool which allows anyone to interrogate revalidation and registration data (with more data planned in future)

PURPOSE

The NQB is asked to:

1) **Note:**

- the wider range of GMC data available to the public, employing organisations and the wider system; and
- the emerging findings of the training surveys, training pathway research and EEA doctor data.

2) **Explore:**

- What can we do as a collective to address the issues raised regarding protecting and valuing training and training pathways as part of responding to DiT concerns and commitments made after last year's contractual dispute?
- How can GMC data be used to inform the upcoming Department of Health Workforce Strategy consultation?
- More broadly, how GMC data and associated products can contribute to the ongoing work of the NQB, its members and the wider health system?

GMC data and insight

Risks, Issues and opportunities for quality
and safety

National Quality Board, November 2018

Working with doctors Working for patients

Objectives of session

- **Provide an overview of GMC data and associated products**
- **Key findings from a range of GMC data incl:**
 - Trainees and Trainers
 - National Surveys
 - Exception Reporting
 - Training pathways ('disappearing' FY2s)
- **How can these data be best used to support NQB and wider system on:**
 - Workforce?
 - Quality?
 - Safety?
- **Next steps**

1. GMC Data offer

Working with doctors Working for patients

Data we share

Statistics on the website

- Medical register (LRMP) statistics
- FtP annual reports
- Revalidation Operational reports

Bespoke data packs

- Data and information shared on request.
- Summary data relating to specific queries (e.g. Freedom of Information requests)

Publications

- Data and insight reports
- State of Medical Education and Practice in the UK
- National Training Survey report
- UKMED

New reporting tools

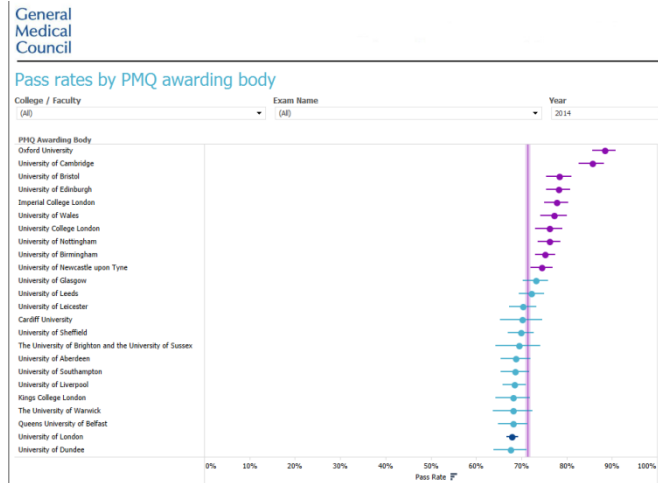
- Designated Body Dashboard – available on GMC Connect
- GMC Data Explorer – available on website

2. Education and Training data and insights

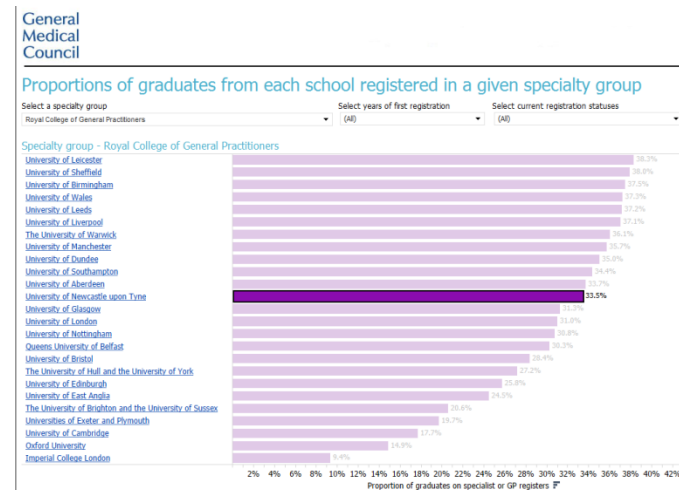
Working with doctors Working for patients

GMC data driving quality, safety and workforce planning

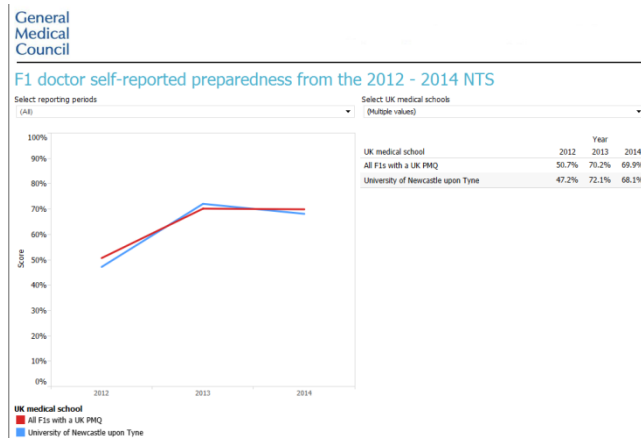
Exam Pass Rates by School



Graduate trends into practise



Preparedness for practise



Quality and safety concerns

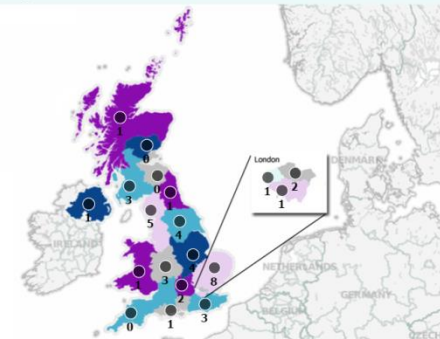
Map of enhanced monitoring by region

Contact us

Hover over the dot in each region to see the name of the region and click on 'see issues in the region' to see more detailed information on enhanced monitoring in that region. The number under each dot shows the number of issues that require enhanced monitoring in the region.

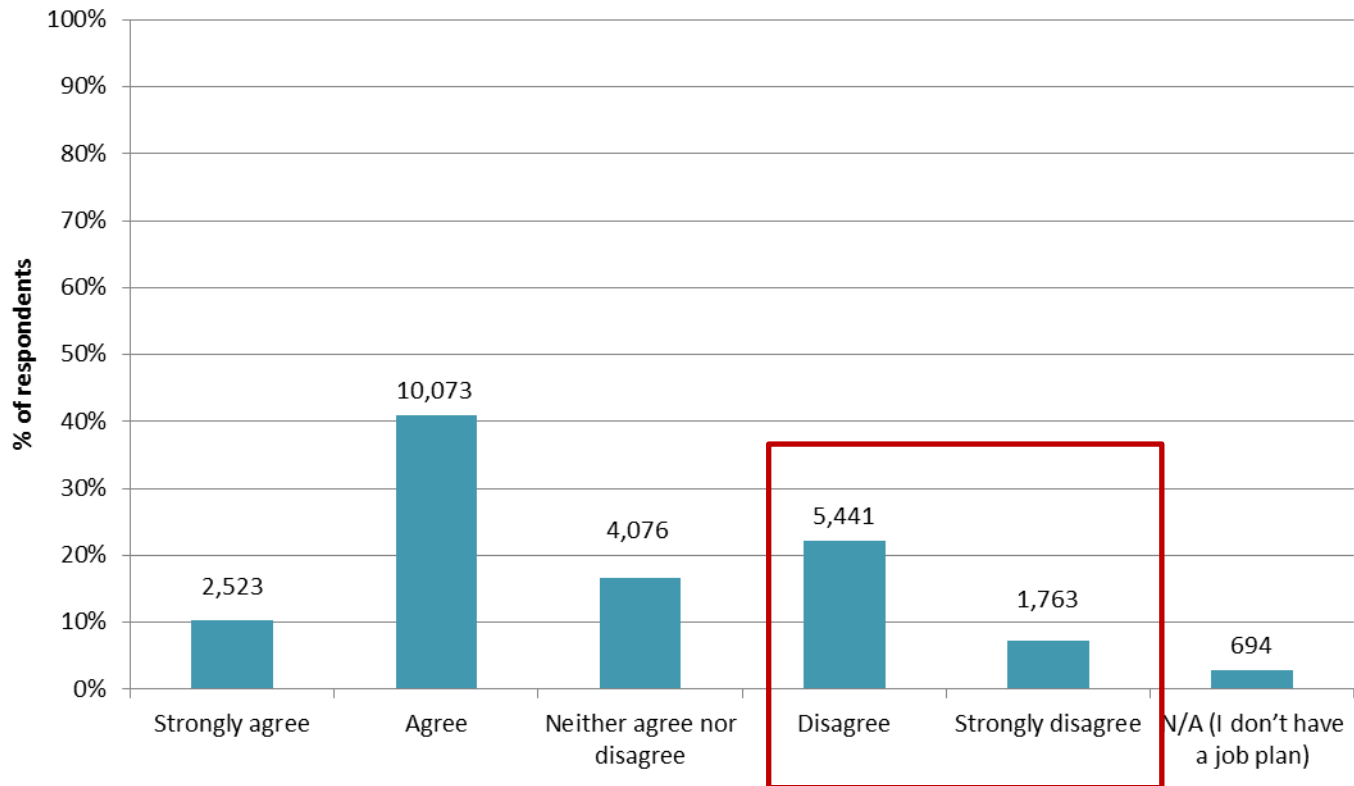
This information alone does not show the quality of care or training in a region. For example, a specific region could have more issues than others because of high quality reporting.

Last updated: 23 March 2015



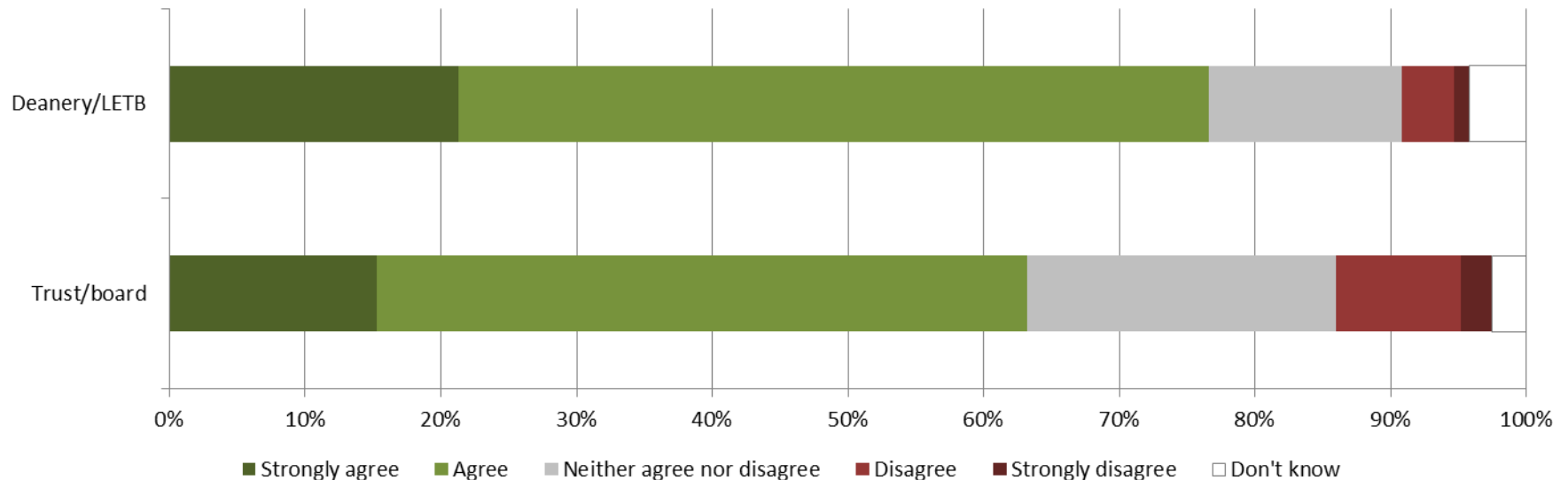
Trainers don't get enough time to train

My job plan contains enough designated time for my role as an educator



Trainers are not getting the support they need to ensure concerns are acted upon

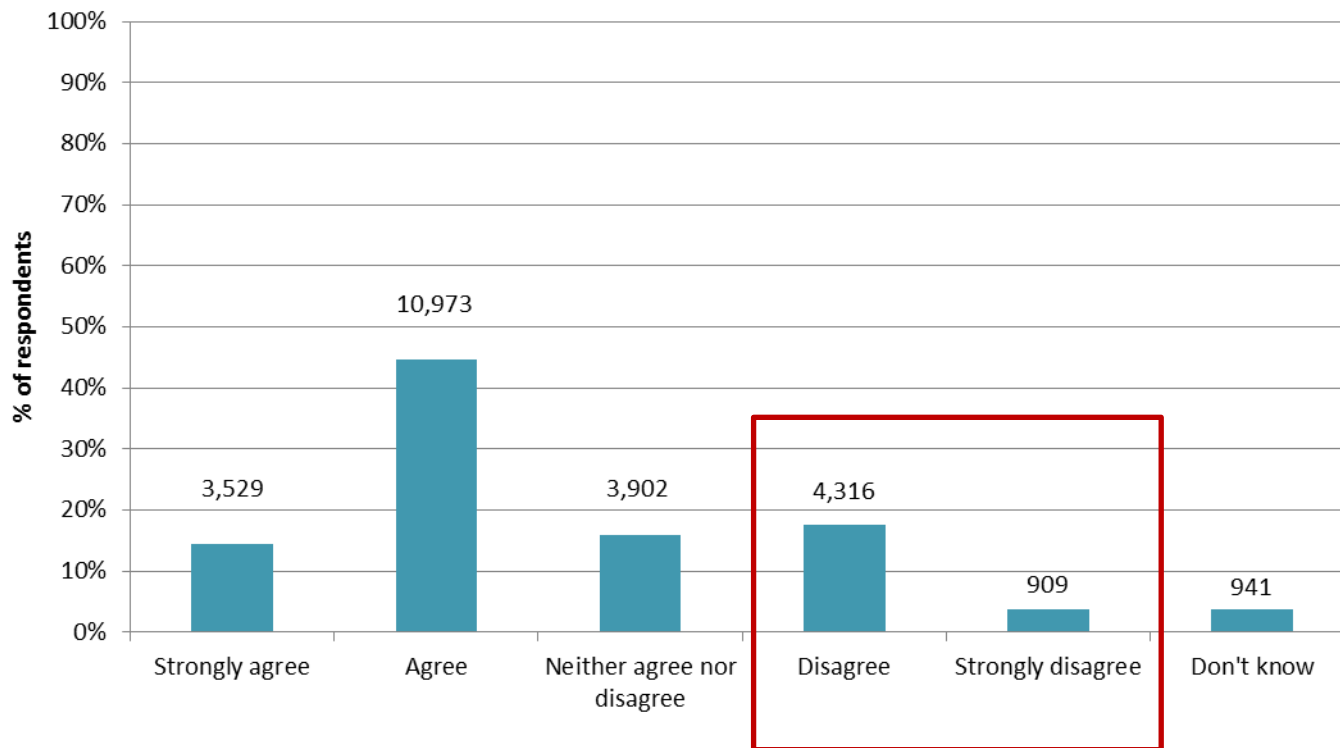
I'm confident that my [...] would act effectively if concerns about education were raised.



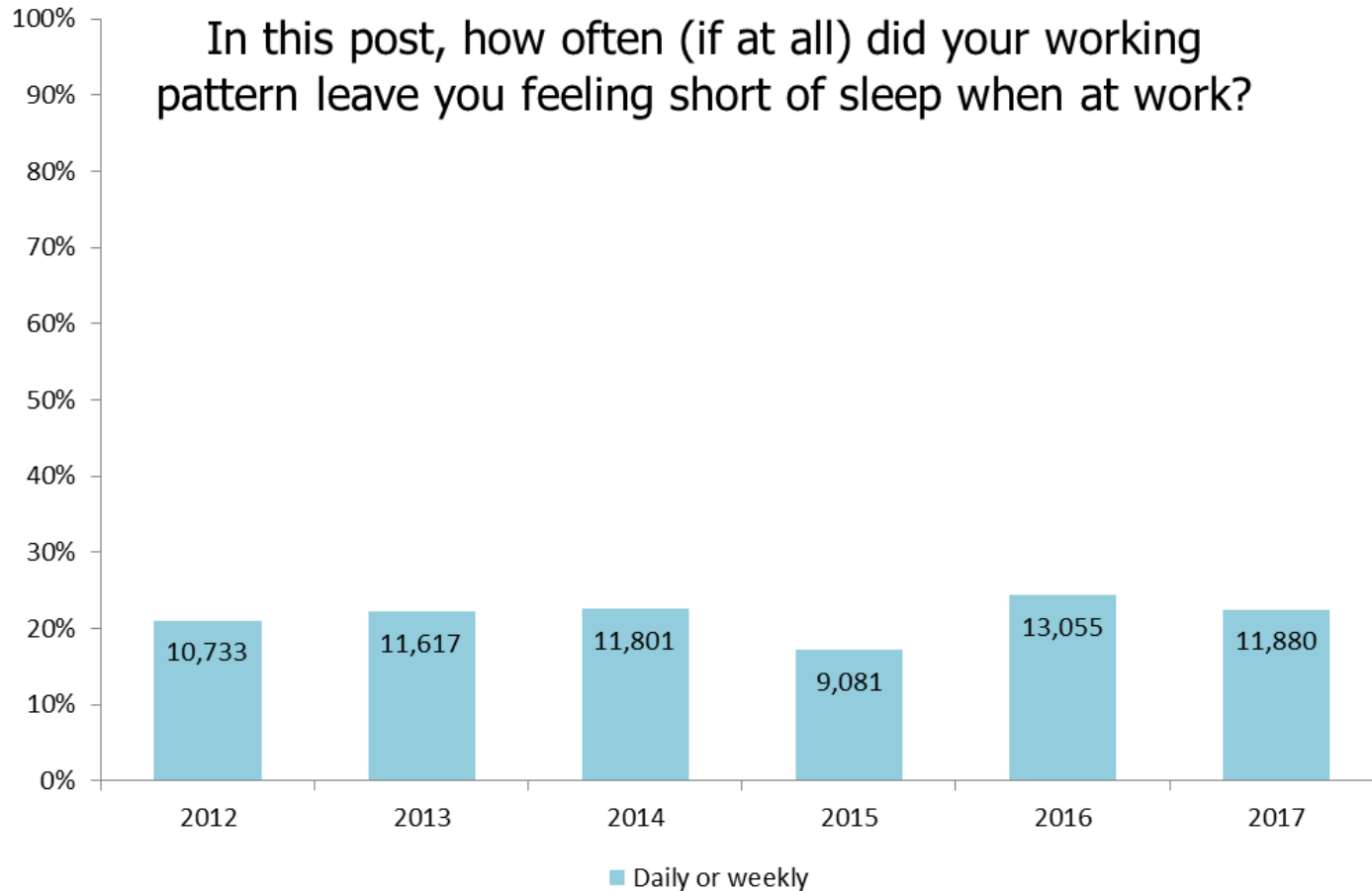
Question: Trainers are under pressure, are not receiving the time or support they need. What can we do to help?

Trainers have concerns about patient safety.... trainees working outside of competence

In my trust/board there are enough staff to ensure that patients are always treated by someone with an appropriate level of clinical experience.

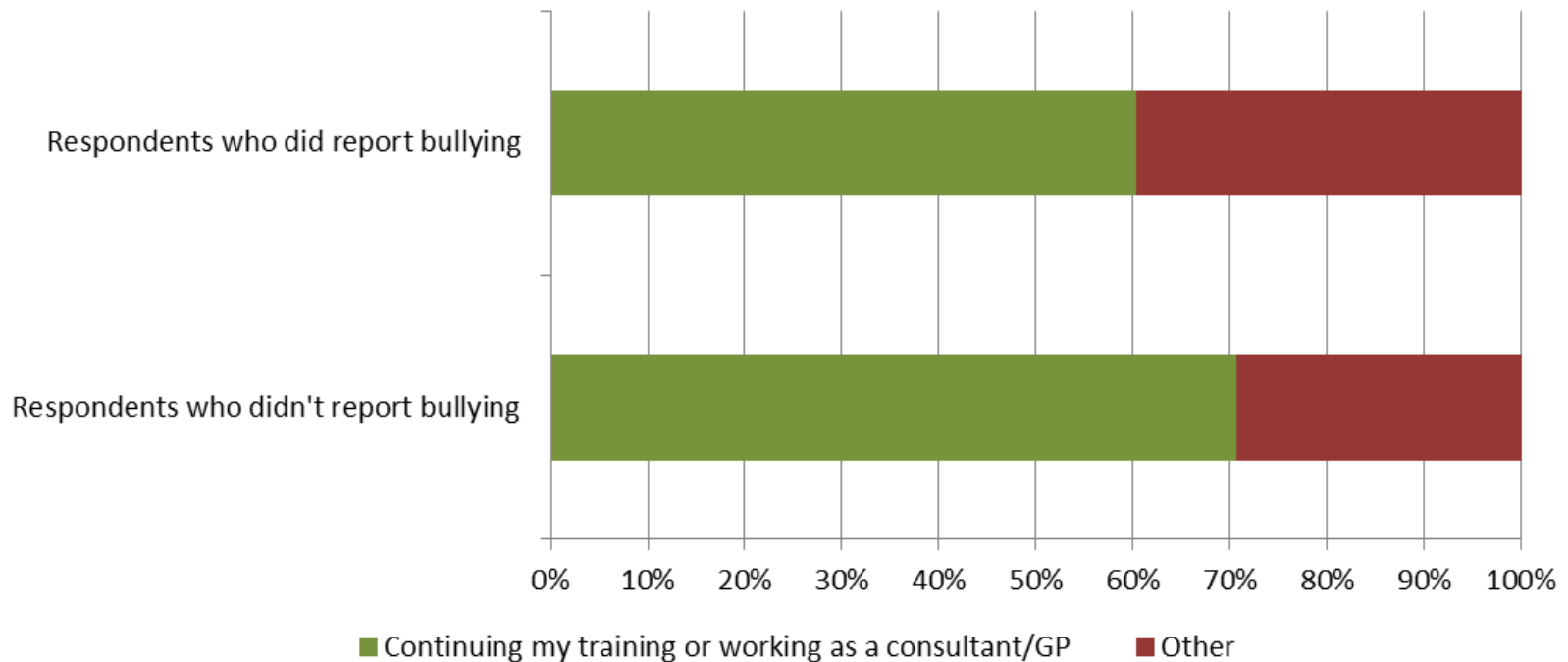


1 in 5 trainees report feeling sleep deprived

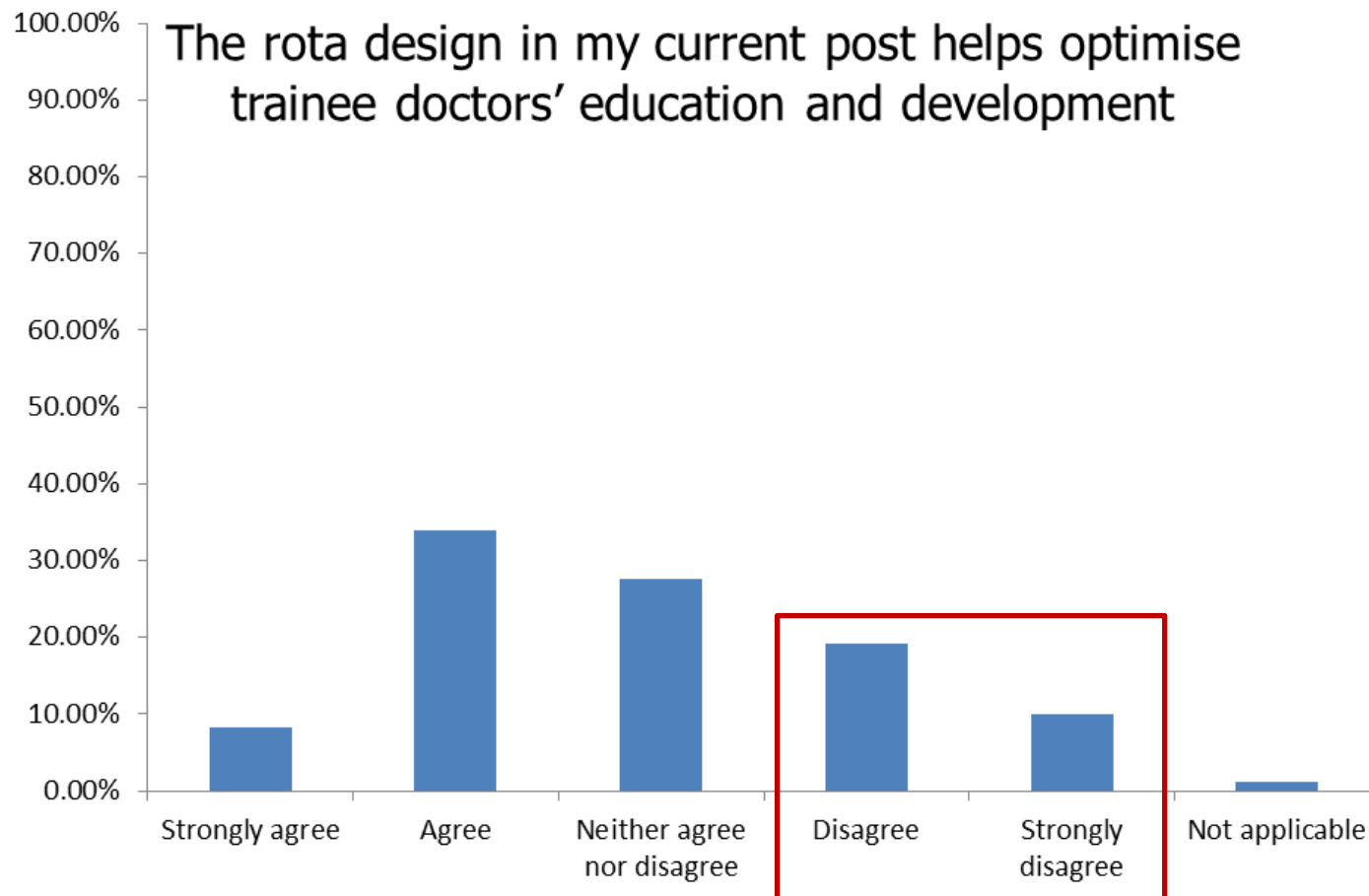


Drs who report bullying are more likely to intend to take a break

Career intentions

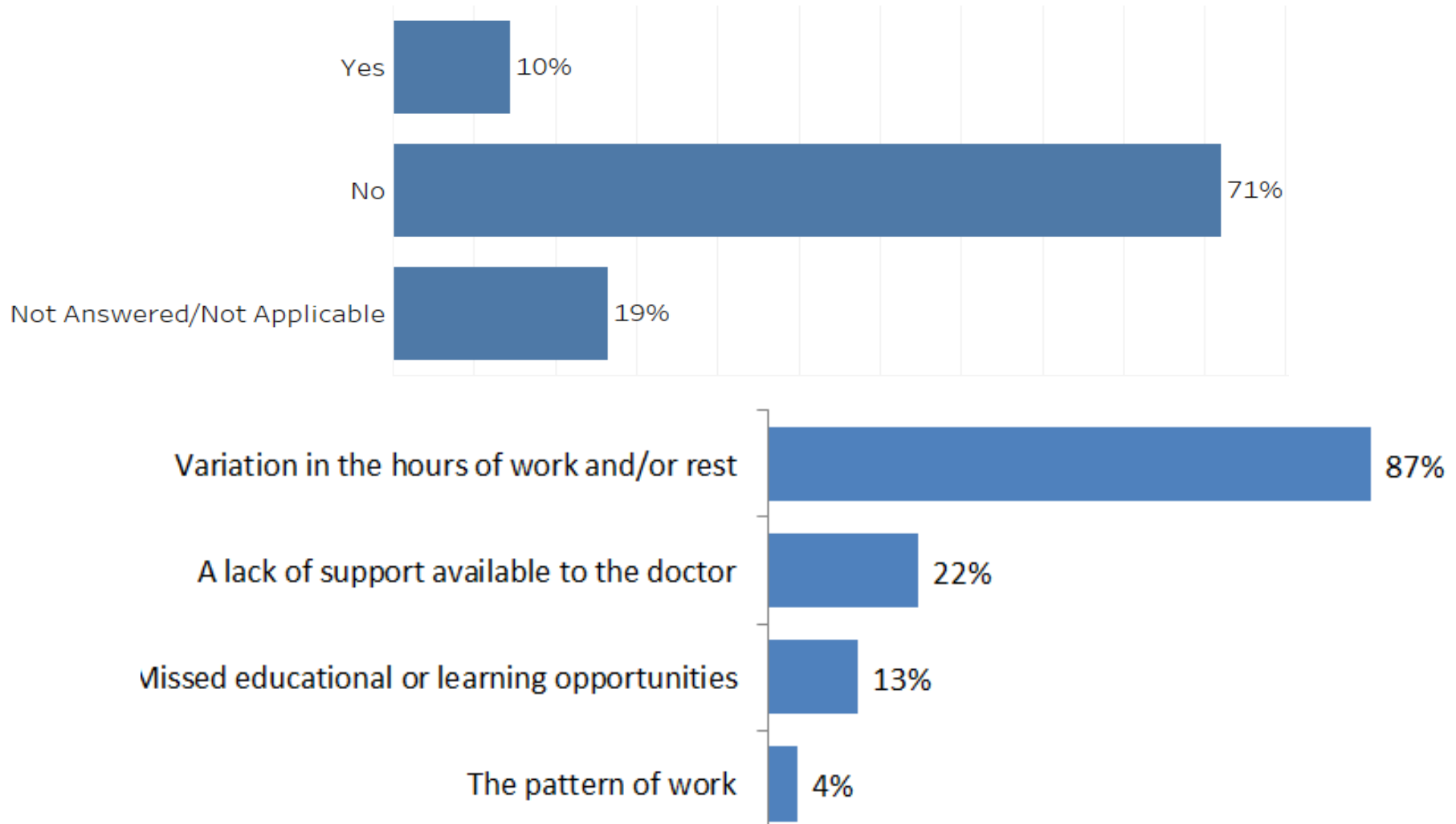


30% of trainees believe rota design is impacting negatively on their training



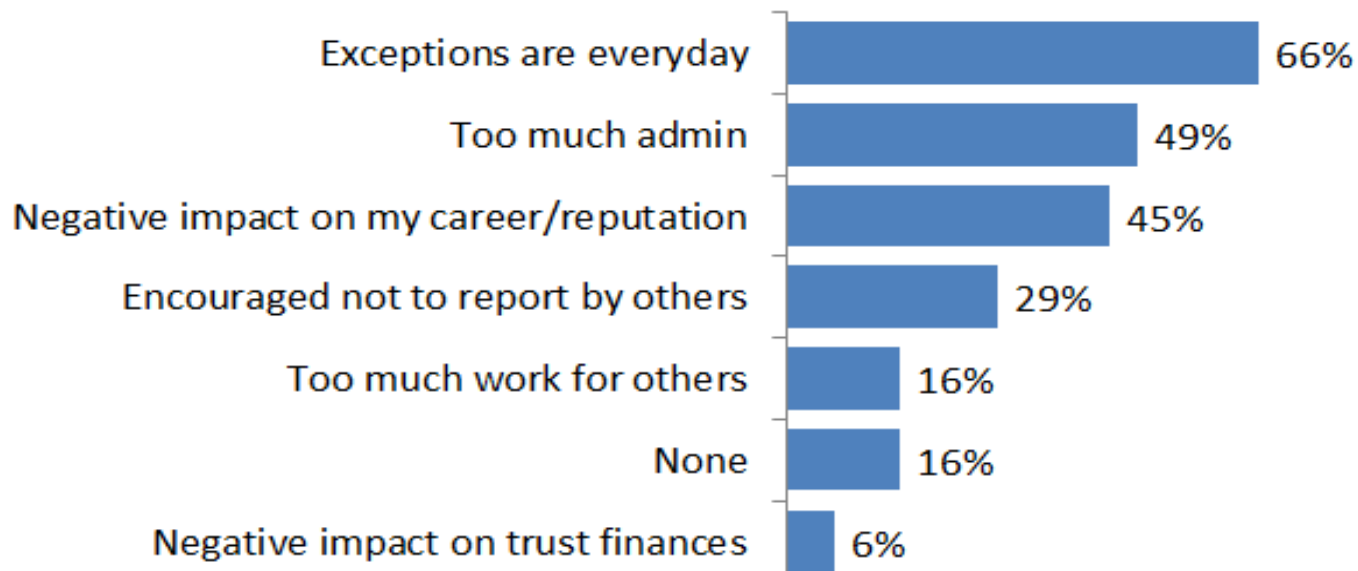
Exception reporting pilot pulse survey

Have you submitted an exception report? And if so, what for?



Multiple choice question – percentages calculated as percentage of respondents, not responses.

Have you experienced pressure not to report? If so, why?



Multiple choice question – percentages calculated as percentage of respondents, not responses.

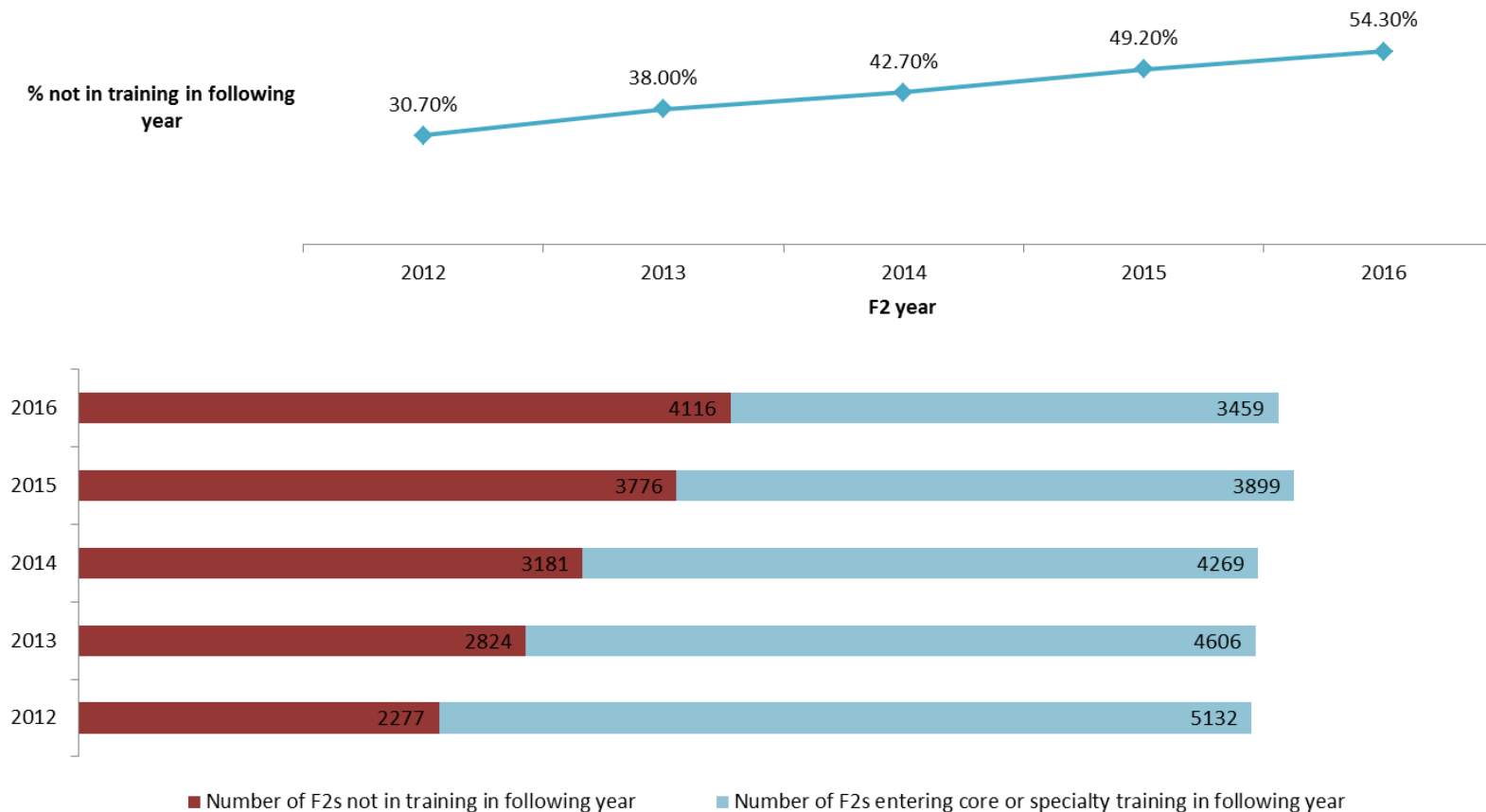
Positive impacts

- St George's Safer Working Guardian gave examples of 6 rotas redesigned due to issues raised by exception reporting
- Guy's and St Thomas' Safer working Guardian gave examples of rota issues raised through exception reporting that were resolved on the same day
- Southend's Safer Working guardian has a slot at induction day teaching followed by an interactive stall showing the logging process for reporting. They have authorised approximately £4000 in overtime payments
- North Cumbria used feedback from an RLS survey to change their administrative process. Doctors now access the system through an intranet icon rather than copy and pasting a link from an email

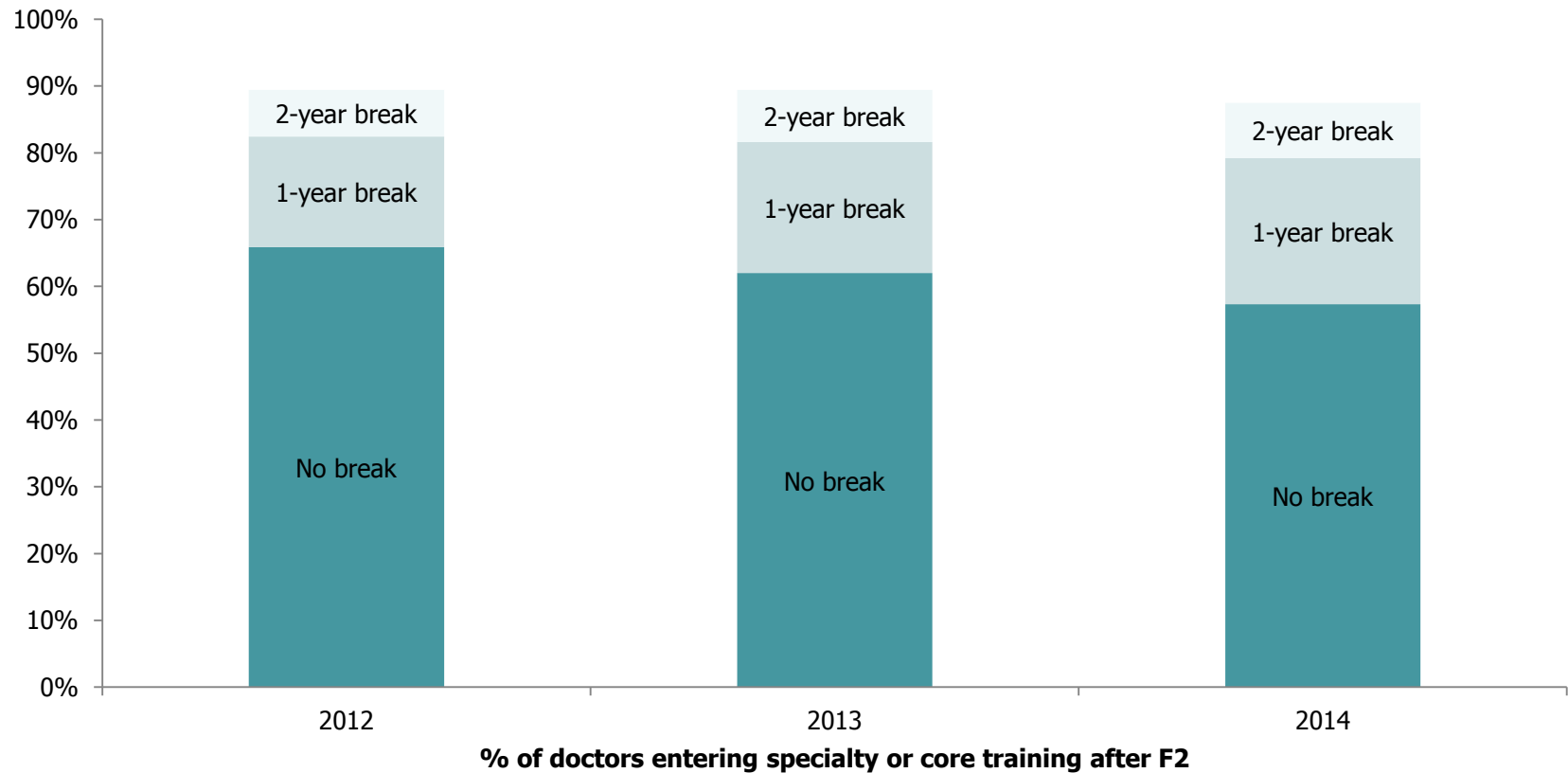
3. Training pathways

Working with doctors Working for patients

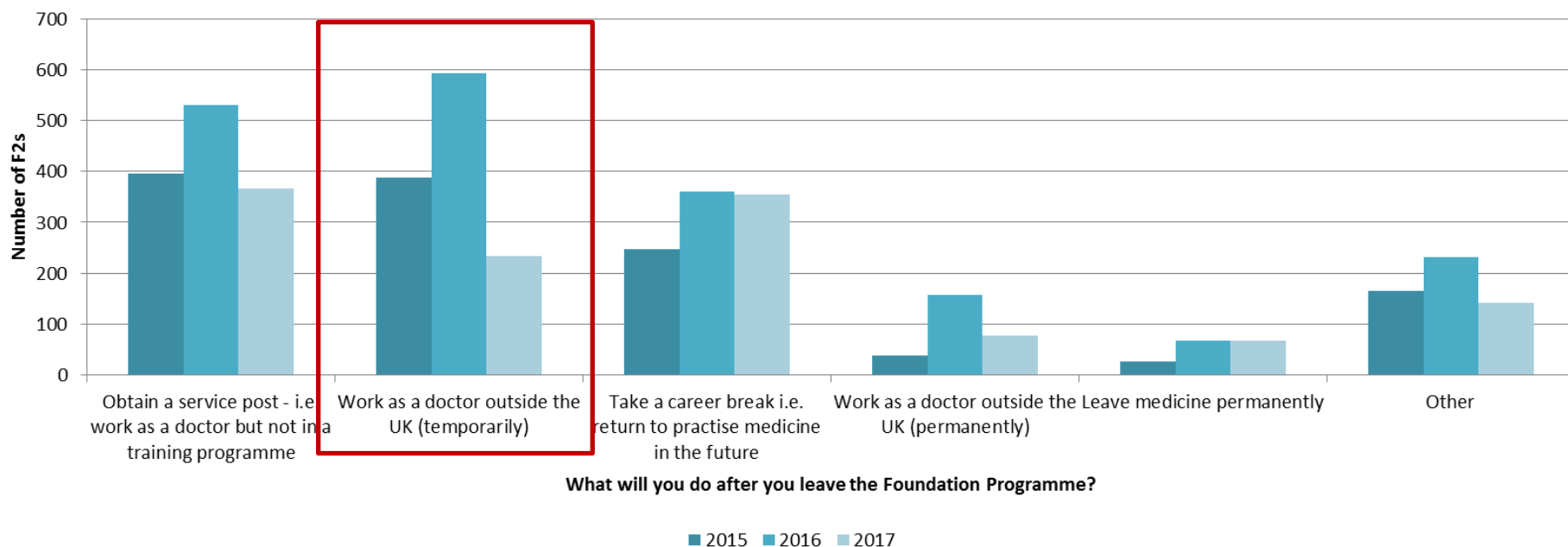
% of doctors taking a break after F2 is increasing



However almost all enter ST or CT within 3 years of foundation training



Fewer doctors appear to want to leave the UK



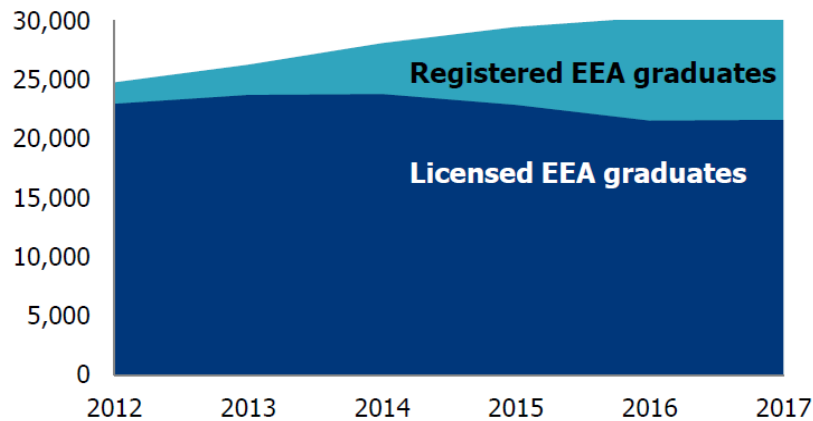
General
Medical
Council

EEA doctors

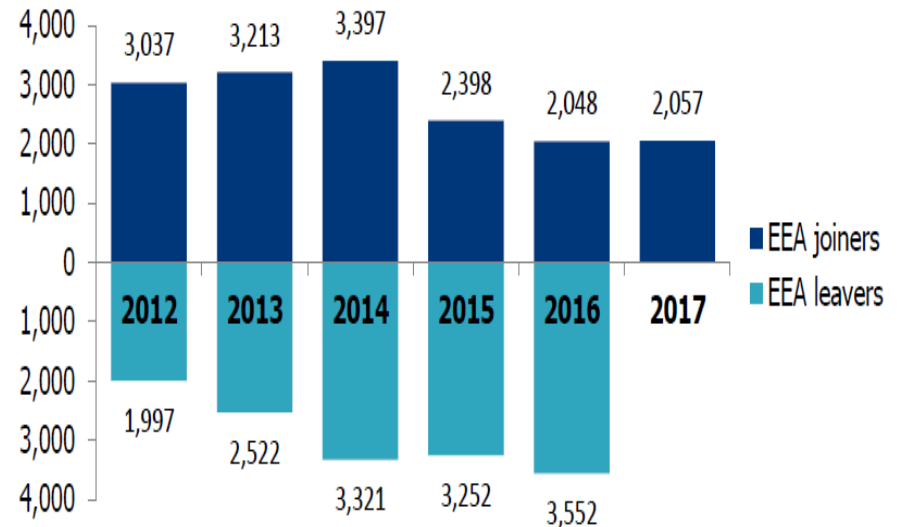
Working with doctors Working for patients

The number of licensed EEA graduates has remained stable from 2016 to 2017 however they remain very mobile

The number of licensed and registered EEA graduates on the UK medical register as at June 30 each year

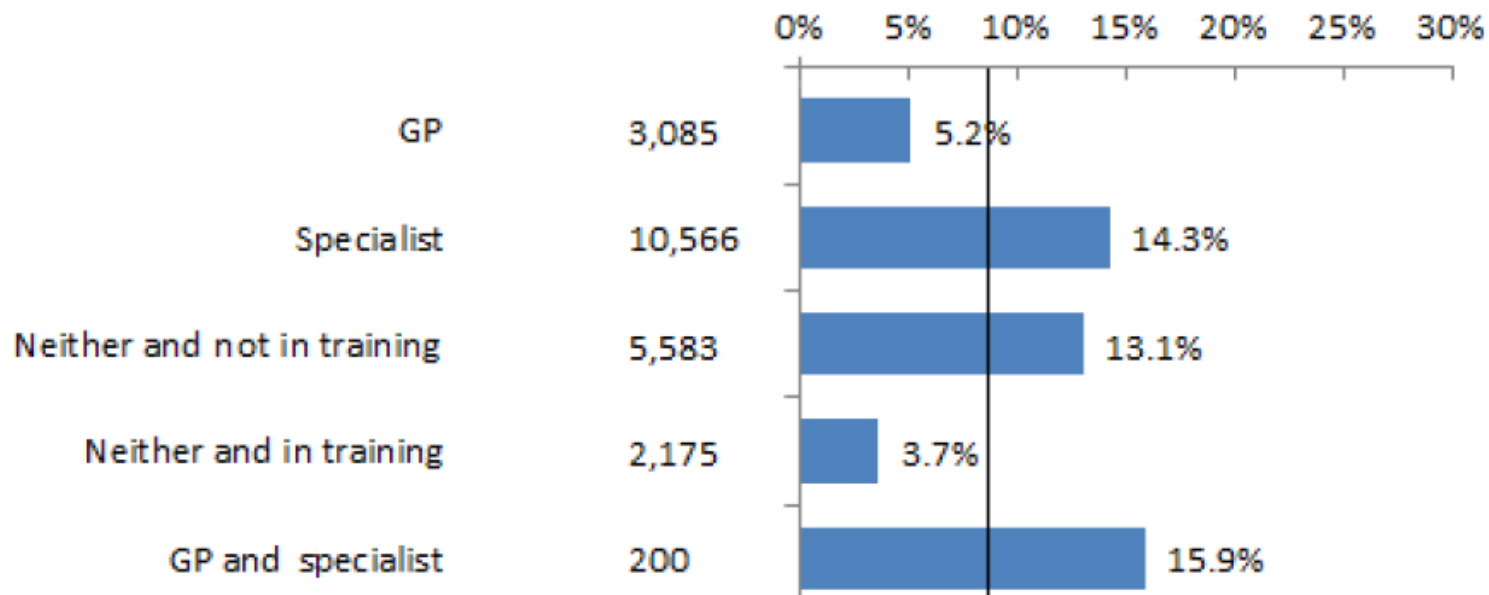


The number of EEA graduates joining (gaining a licence) or leaving (relinquishing a licence to practise for at least one year)



Specialist doctors have a high proportion of EEA graduates in the workforce

All licensed EEA graduate doctors by register type, showing % of each register type that are EEA graduates in 2017



General
Medical
Council

Discussion

Working with doctors Working for patients

GMC data forward plans

DB dashboard and data explorer

- DB Dashboard presentations to ROs, Systems Regulators and Govt officials ongoing - roll out November 2017
- Data Explorer second release December 2017

Other forthcoming publications

- Training Pathways (Nov)
- EEA reports (PMQ and Nationality (Nov)
- NTS reports (Nov)
- SOMEPP (Dec)

NQB is asked to.....

Note:

- the wider range of GMC data available to the public, employing organisations and the wider system
- the emerging findings of the training surveys, training pathway research and EEA doctor data

Explore how:

- What can we do as a collective to address the issues raised re protecting and valuing training and training pathways as part of responding to DiT concerns and commitments made after last year's contractual dispute?
- How can GMC data be used to inform the upcoming Dept Health Workforce Strategy consultation?
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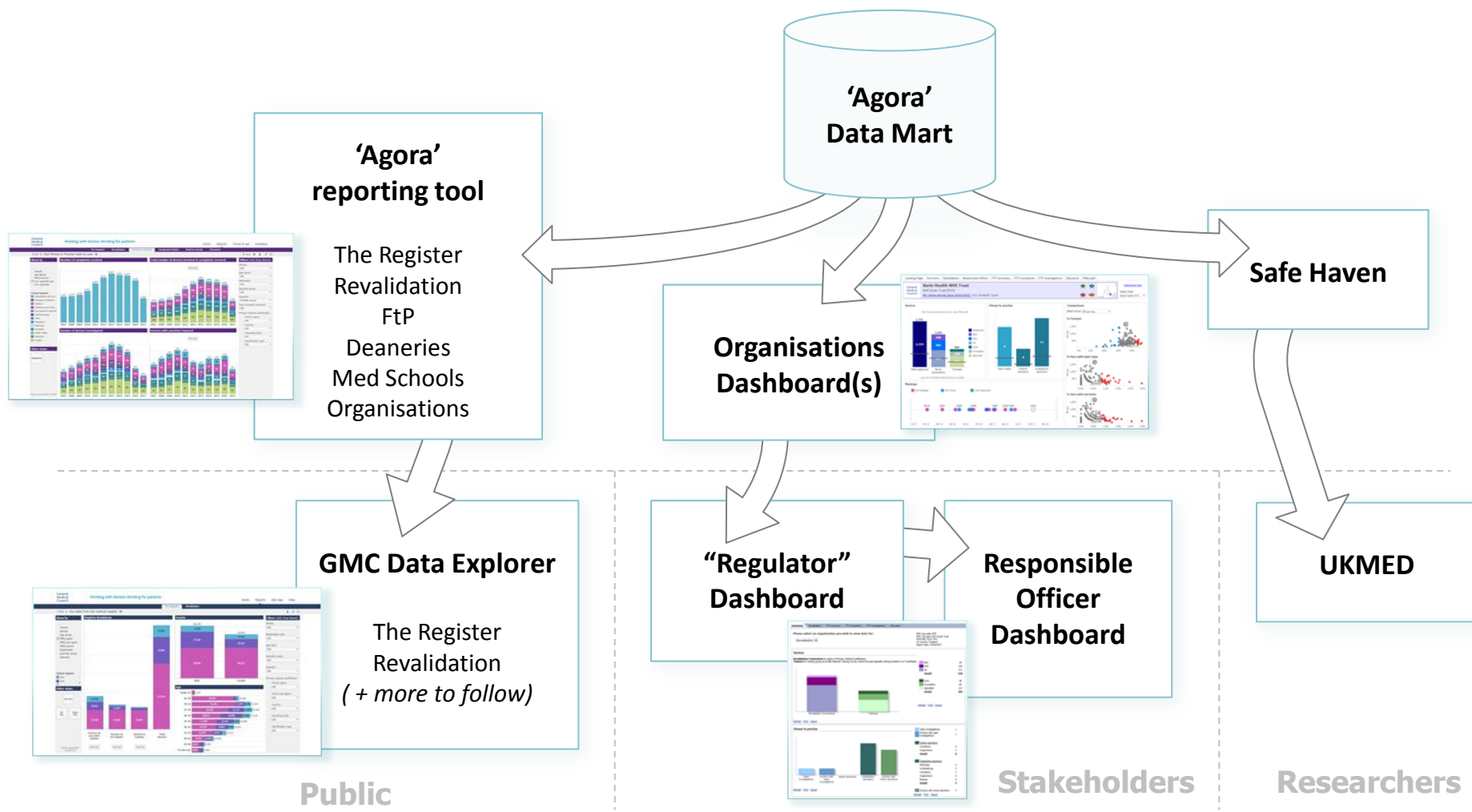
Annex

Reference slides

Our new products

	GMC Data Explorer	DB Dashboard for ROs	DB Dashboard for Regulators
Included	Revalidation and registration data (already available via SOMEPP and medical register)	Data on revalidation, fitness to practise and the NTS – only see information for their own organisation	Data on revalidation, fitness to practise and the NTS- access to all DB information for organisations in their area
Exceptions?	Only information available at DB level is number of connected doctors, their demographics and specialties	Not able to access data about other DBs	
Why?	Accessible, transparent, secure		
How?	GMC website	GMC connect	GMC connect
When?	Soft launch September 2017, expanded launch December 2017	November 2017	Before end of 2017

GMC – making use of our data

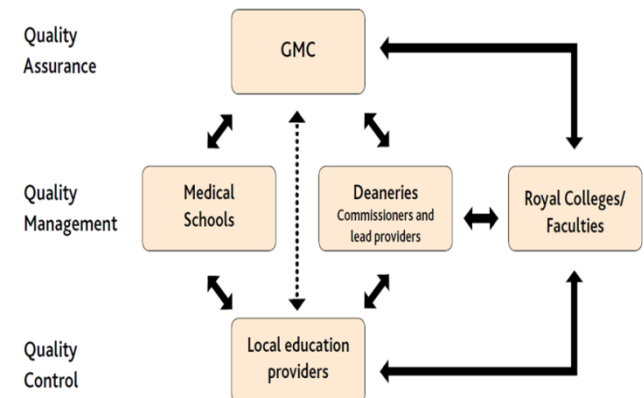
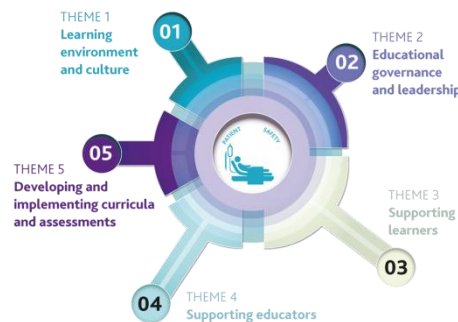


Quality Assurance of medical education and training

Ensuring training programmes and each training environment delivers good quality training & safe care

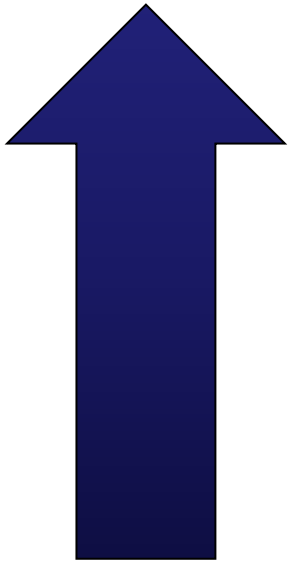
We do this through:

- Setting standards
- Approval against standards
- Gathering evidence to test adherence to standards
- Empowering local quality assurance processes
- Intervening where serious or persistent concerns exist



Where are the risks located?

National intervention



Local intervention

- Multiple units of measurement for different stakeholder lenses:
 - Thematic – eg Rota gaps, attrition, lack of GP applications
 - Programme or level of training – we know grade can affect experience within same department ... some indicators are more relevant eg Regional Training
 - Trust/Board – some specialties train at trust level – Public Health, Mental Health
 - Site – are issues seen across the site – problem of board engagement
 - Department – most risks are centred /actionable within a dept
 - Indicator – some indicators are focused at different levels

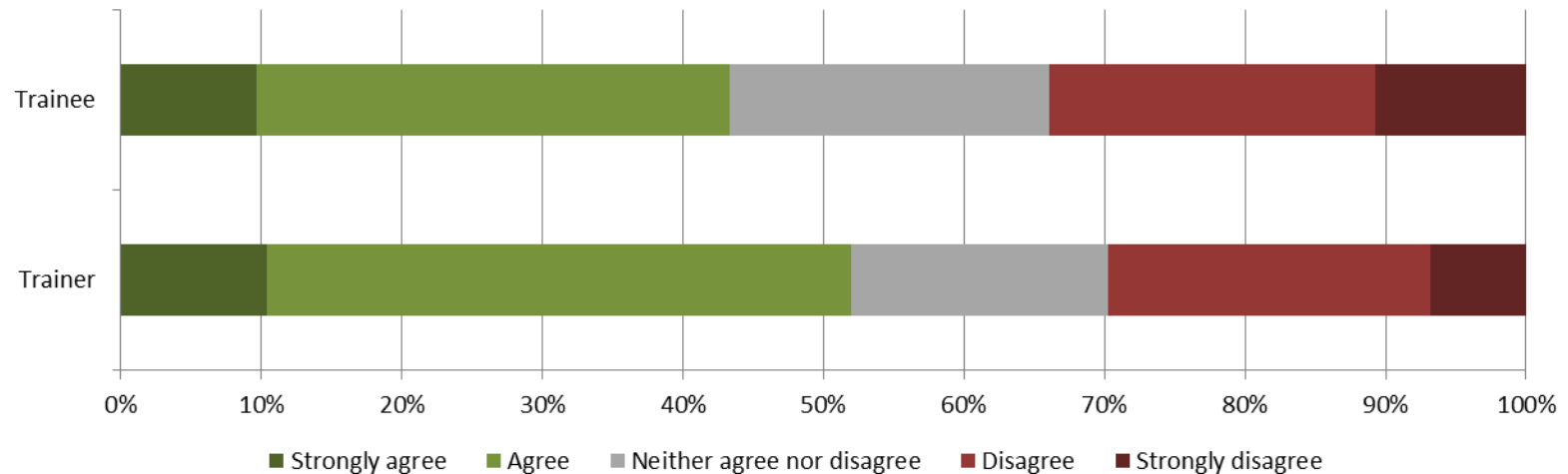
The National Training surveys are one of a range of data sources

A range of quantitative and qualitative evidence is used to review the quality of training posts and programmes and identify risks and concerns

- The national training survey - comprehensive annual survey of doctors in postgraduate training and trainers
- Data on doctors **progression through training**:
 - Exam outcomes
 - Recruitment into further training programmes
 - Annual Review Outcomes
- Visits to medical schools and local education providers (along with pre-visit evidence gathering and questionnaire)
- Reports inform and are informed by **local, regional & national quality management processes** of Medical Royal Colleges, Deans, Medical Schools
- **Internal information sharing** – Registrations, ELS, RLS
- **External data sets** eg CQC

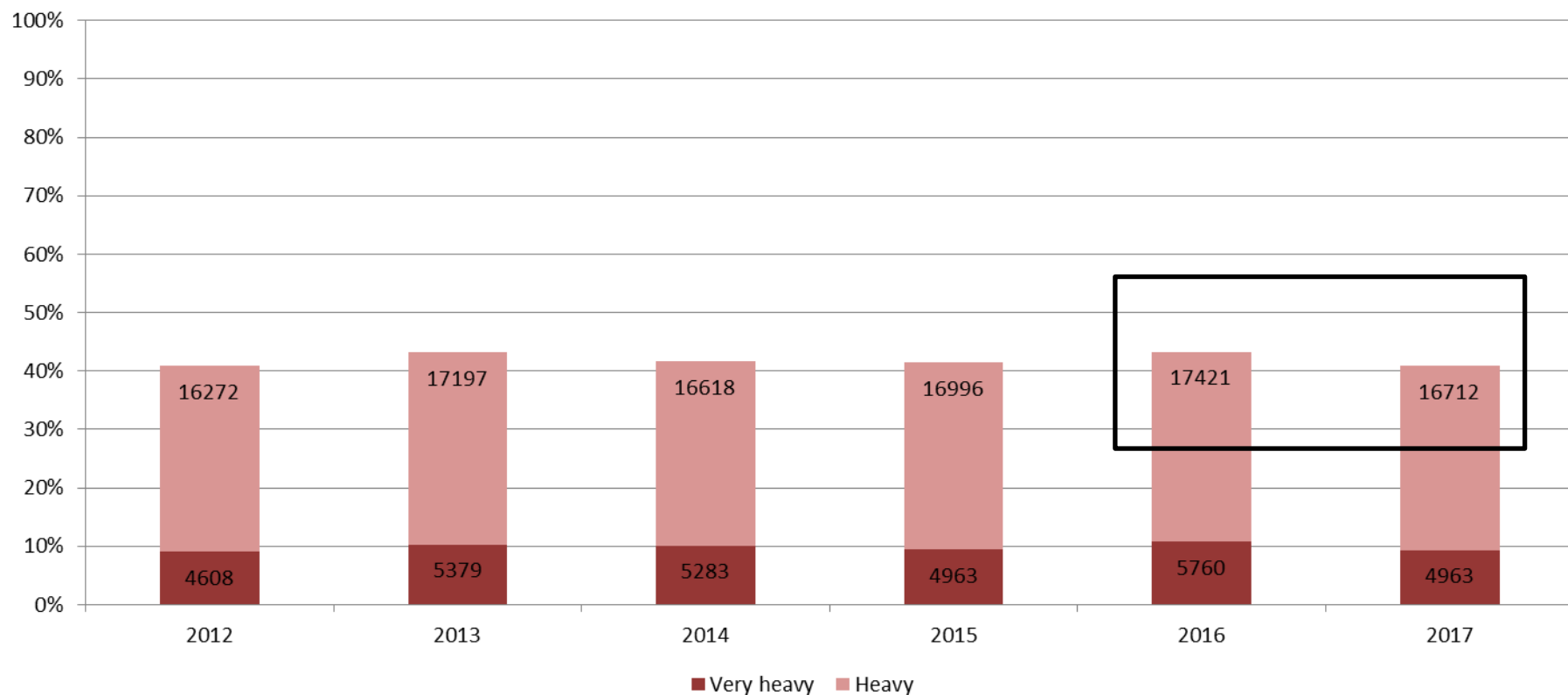
Trainers and trainees believe rota gaps have an impact on training

Educational/training opportunities are rarely lost due to gaps in the rota

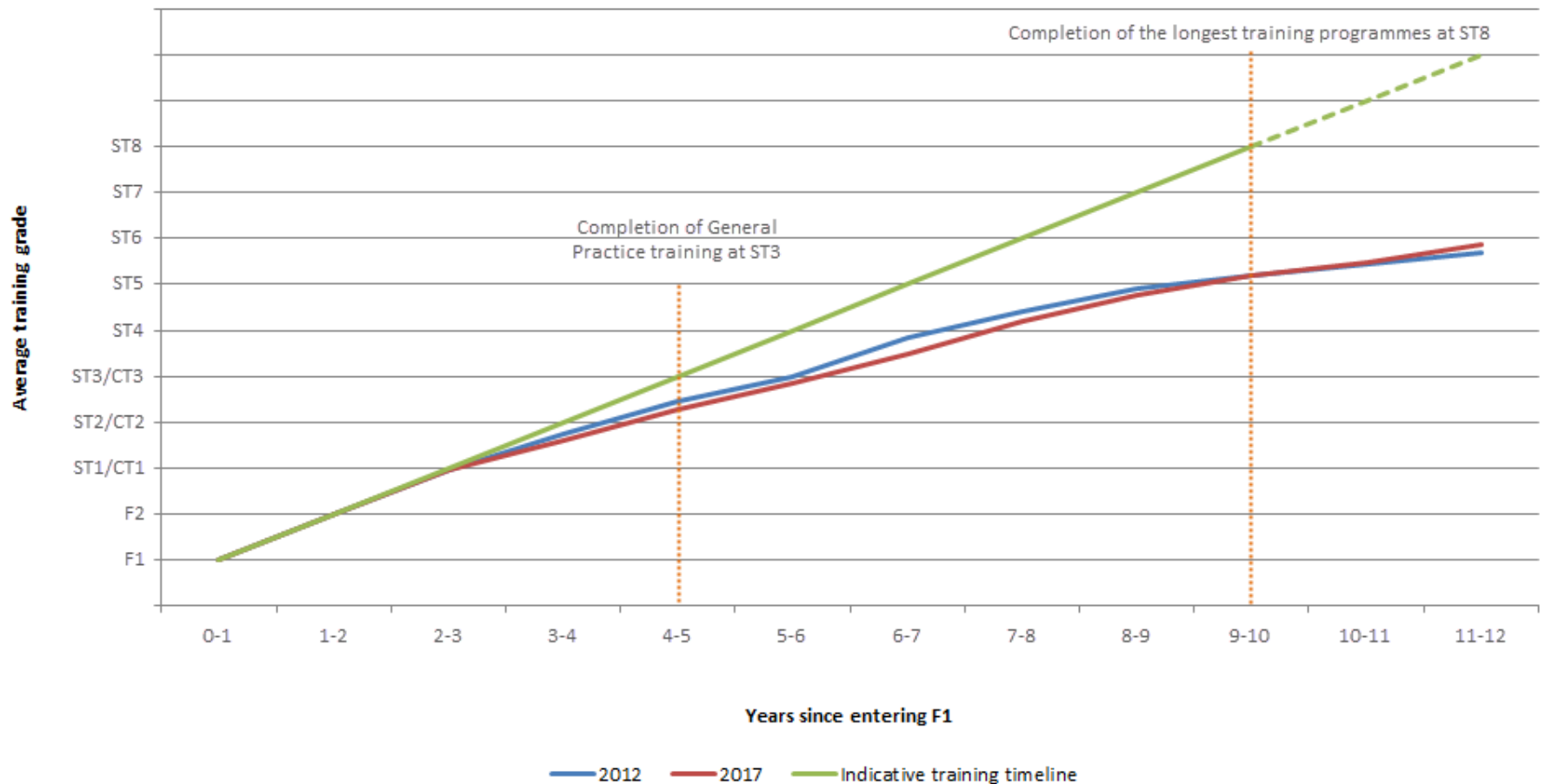


Fewer trainees report a heavy workload this year

How would you rate the intensity of your work, by day in this post?

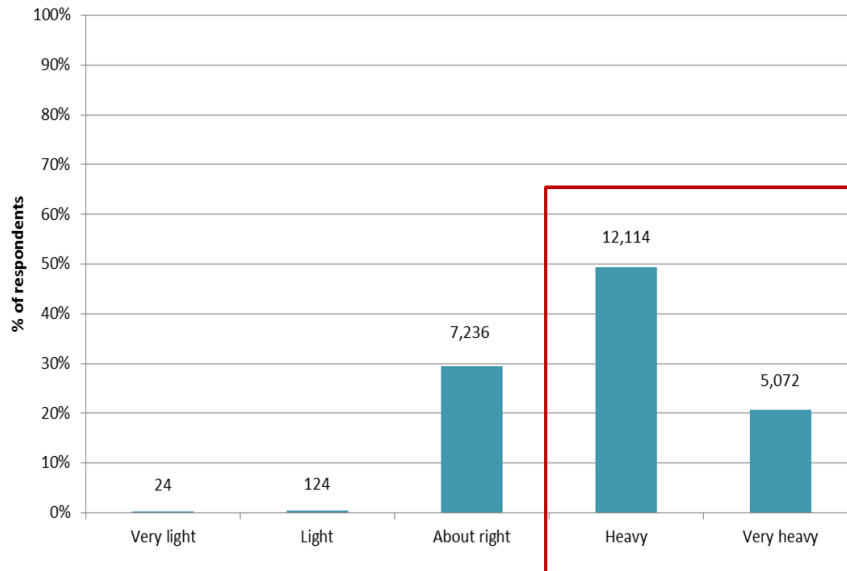


Average time taken to complete training is slower than indicative timelines

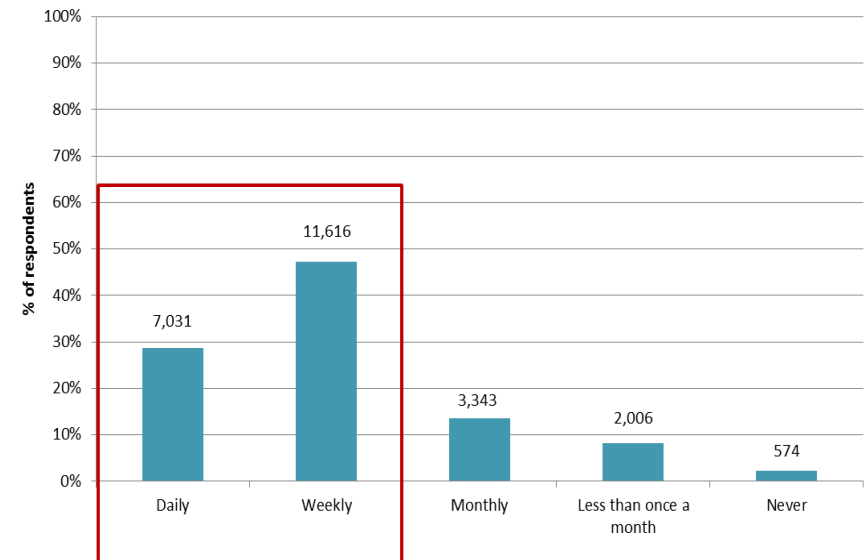


2018 Trainers survey – going above and beyond

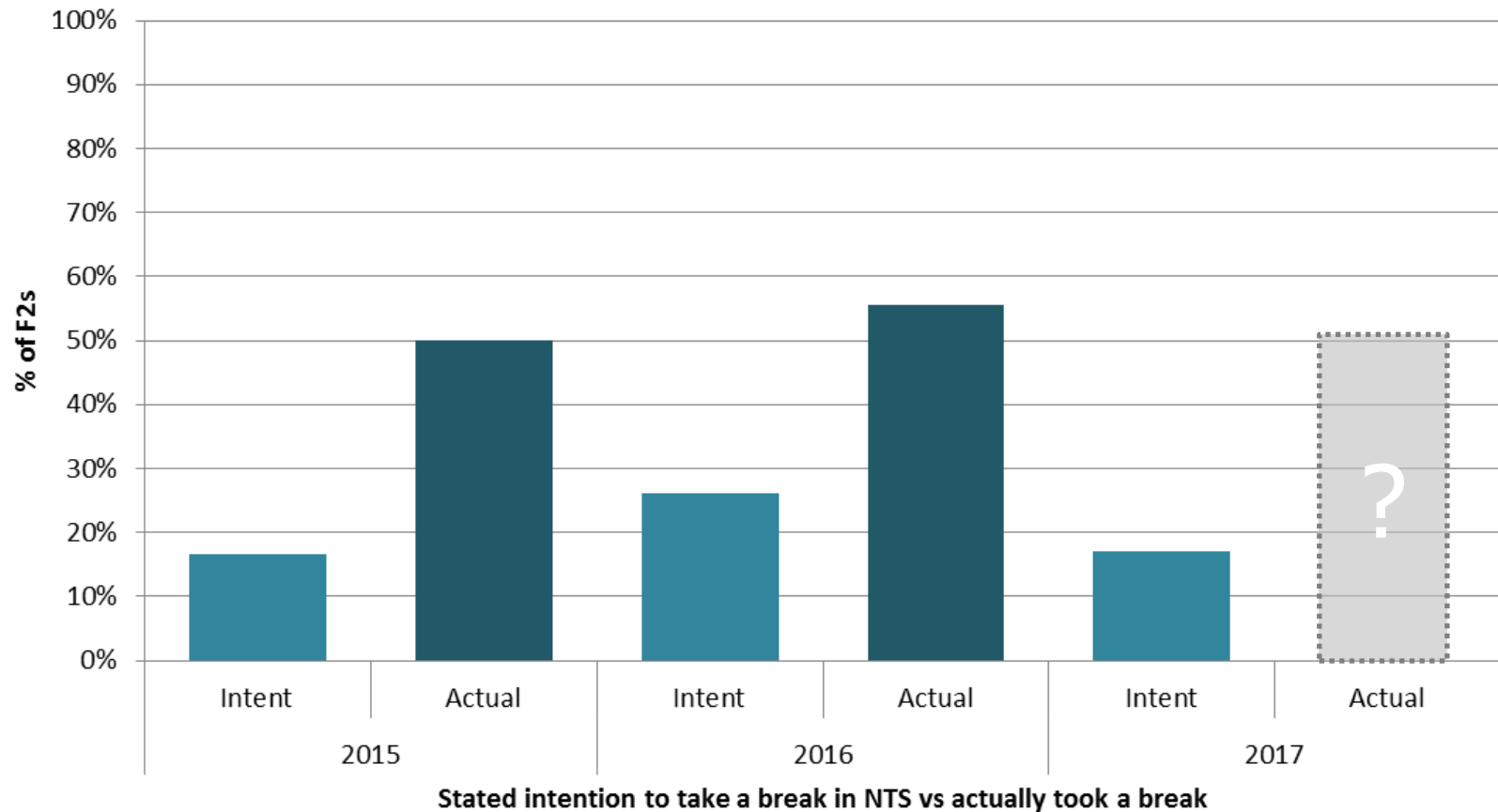
How would you rate the intensity of your work through the day?



How often (if at all) have you worked beyond your rostered hours?



In 2017 fewer F2s told us they intend to take a break



Question: Career intentions seem to suggest that fewer doctors will take a break next year and that fewer doctors want to gain further experience before the next stage of training (the “F3 year”). Does this feel right? What do they know about the F3 issue? Where should we direct our research next in this area?

Fewer doctors appear to want to gain further experience before next stage

