How deaneries use PMETB survey data

By Mark Rickenbach
Associate Dean, NESC
Trainee Survey Working Group

This year will be the third National Survey of Trainee Doctors as facilitated by PMETB and COPMeD. Deaneries will start to see trends in responses over time. The survey data is a screening tool and the question is how to make the best use of the survey results.

The key players are the local educators who can bring about local changes in educational practice supported by the specialty programme director and the trust's director of medical education.

The best way to find out what is happening in a local area is to look for the red and green triangles on the PMETB survey data website. These flag scores which are in the top or bottom quartile and are outside the 95 per cent confidence intervals of the mean for the national comparison group. The comparison group varies depending on the group of interest. Green indicates you should be congratulating your local team, red means you need to look further at what is happening. Usually by meeting the trainees and discussing the survey results with an enquiring open mind.

Some deaneries have analysed the PMETB survey data further to produce a traffic light system of reporting. The Wessex and Oxford deaneries of NHS Education South Central are an example of this. The Southern Educational Audit Project (SEAP) in Wessex has also related the PMETB trainee survey responses to criteria for twenty five core educational questions and this has enabled a rapid visual summary of how a particular specialty within a trust is performing. This criteria-referenced report sits alongside the national PMETB peer-referenced data.

Of course the survey data are not the whole picture. There is the opinion of educators and visiting organisations such as the Royal Colleges and PMETB itself. The SEAP project in Wessex has attempted to co-ordinate this in one database to generate the list of issues and actions required for the deanery's PMETB annual report.
These issues and actions are fundamental to the quality management of medical education because they set the agenda at local level, trust or programme level and at deanery level. A reliable database is required to collate the issues and actions in these different groups.

The description of the issues and the actions to be taken need to be clear and specific with a statement of who will review them, how they will be reviewed and when by (Issues Actions Review: who when what or IAR.ww). This is a current focus within the SEAP project in Wessex. Issues and actions are identified within local departments and collated at trust level before entry onto the deanery database and circulation to the programme directors. This then forms the work programme for the deanery and all its educators over the subsequent year.

The overall aim is to increase awareness of the issues and help support local professional educators in developing appropriate action plans. Educators are professional in that they review and develop their own practice. The PMETB survey and supporting systems such as SEAP facilitate feedback to encourage this review. It is intended that educational standards will rise, but the ultimate aim is to improve patient care with better educated trainees.

For more about the PMETB and COPMeD survey please visit the PMETB website at: http://www.pmetb.org.uk/traineesurvey.