Comhairle na nDochtúirí Leighis
Medical Council

"Your Training Counts"

We asked …
You said …
We will …

A summary of consultation responses

March 2014

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Foreword

In December 2013, I invited everyone to give us their views on our plans to launch "Your Training Counts", the National Trainee Experience Survey. I am pleased that people took the opportunity to share their ideas with us and would like to thank everyone who provided us with feedback.

"Your Training Counts" is a key initiative for the Medical Council in 2014. In our new Statement of Strategy, we have committed to creating supportive learning environments that enable good professional practice. One way we will achieve this is through listening to what doctors in training have to say about their experience and using this information to lead change. In the practice of medicine, we need to measure what we do so that we can benchmark our progress and take steps to improve. In the same way, through surveying the experience of trainees, we can determine how training in Ireland measures up, celebrate and learn from achievements, and identify areas that need to be better.

This report summarises what we heard when we invited everyone to give us their views on our plans to launch "Your Training Counts". We heard and learned a lot through this process. Importantly, this document also describes the actions that we will take, reflecting the feedback received, to ensure that the National Trainee Experience Survey is a useful and worthwhile initiative.

The key message I heard in reviewing this feedback is that trainees want to feel confident that their views will be listened to and will be used to make training better. Through "closing the loop" in this document on our recent consultation, I want to reassure trainees that their views count, that their ideas are respected, and that the Medical Council is committed to improving the standards of medical education and training in Ireland.

Professor Freddie Wood
President
Medical Council

Introduction

In December 2013 the Medical Council initiated a consultation process for its upcoming National Trainee Experience Survey – "Your Training Counts".

The consultation document outlined:

- The role of the Medical Council;
- A summary of understanding about how people learn, how they relate to medical education and their relevance to measuring trainee experience;
- A rationale for the outlined National Trainee Survey;
- A summary, and critique, of two different instruments for measuring trainees' experiences;
- Examples of Trainee Experience Surveys from other health systems;
- A summary of how results may be used to influence change; and,
- A set of questions seeking opinions on the outlined approach.

Each response given to the Medical Council was read in full. This document summarises what we heard and learned through this consultation.

Who took part?

The Medical Council invited all trainee doctors on its register, Post-Graduate Medical Training Bodies, Intern Training Networks, and other key stakeholders (e.g. medical schools, professional associations etc.) to take part in the consultation.

The Medical Council received 59 complete responses, including responses from:

- 24 trainee doctors;
- 4 doctors (who were not in training);
- 12 responses from Post-Graduate Medical Training Bodies;
- 1 response from an Intern Training Network representative; and,
- 4 responses from other key stakeholders (including the Dept. for Health and the Irish Medical Organisation).

The following pages provide a summary of responses for each question asked in the "Your Training Counts" consultation document and highlights emerging themes by using some of the comments given by respondents.

Summary of responses received

We asked,

"What aspects of the training experience do you think that trainees should be invited to feedback on so that their training can be enhanced?"

You said

Respondents thought that trainees should be invited to comment on a very wide variety of aspects of training. In total, 22 different themes were identified by respondents as being core to better understanding, and improving, trainees' experiences.

Themes included, in order of the most frequently mentioned:

- The balance between educational opportunities and service provision responsibilities;
- The quality of educational experiences;
- Trainees' relationships with trainers;
- If posts supports an appropriate work/life balance;
- What supervision, assessment and feedback arrangements were in place;
- The facilities and resources available on sites;
- Career and training pathways;
- The balance between administrative and surgical duties;
- The appropriateness of tasks given to trainees;
- Induction processes;
- The workplace atmosphere (if trainees felt supported, if they felt part of a team, whether there was a supportive atmosphere, was team work encouraged etc.);
- The health and well-being of trainees;
- The availability and cost of training opportunities, and how fairly these opportunities were distributed;
- How prepared trainees felt for the next stage of their career; and,
- Some changes respondents would like to see to structural and organisational practices.

Balancing educational opportunities with service provision

"Training and performing ones duties are two separate, often overlapping activities of the trainee. I think that more discussion on the amount of time set aside for training, study and courses would benefit the training process and enable the trainees to provide a better service"

"Hospitals who deliver a poor training experience should have their trainees withdrawn. Trainees should not be seen solely as service providers"

"Study days are notoriously difficult to attend as there are very few available dates, and it is difficult for us to get leave for them as we are short staffed!"

Trainees' relationships with trainers/consultants

"Trainee - trainer interaction"

"Interaction with trainers"

"How aware consultants are of their [trainees'] training needs and how willing they are to both provide that training and facilitate learning"

"I believe that trainees should have to sign trainers off at the end of a given period. Trainers are often completely absent and provide no training whatsoever. This is endemic and is at the core of the problem"

"Trainees should be asked regarding to their experiences of teaching and assessment by their trainer and if they are regularly given feedback and if that experience can be improved upon"

"Feedback on trainers and whether or not trainees found it easy to get the e-portfolio filled (in my experience a lot of trainers either can't/aren't bothered about it)"

"Trainer involvement and contact"

Encouraging a work/life balance

"Consideration towards family especially where a trainee's partner is also in medical training"

"Impact of EWTD (European Working Time Directive)"

"Whether consideration was given to their family circumstances"

"Flexibility RE: locations to help family life"

"Flexibility of training to balance family and other issues with training"

We will

The Medical Council has learned that trainees want to comment on a wide variety of aspects within their training environment; we cannot be too restrictive or narrow in our approach to designing the survey and to the areas where we invite trainees to feedback on their experiences. We will talk later in this document about our choice of the core instrument we will use to collect feedback. But what we have heard is that our approach needs to be comprehensive. As a result, the National Trainee Experience Survey will contain questions which encompass over 15 themes, including: supervision arrangements; the quality of teaching; coaching, assessment and feedback mechanisms; and, if trainees are given tasks that are suitable for their level of experience.

The feedback also highlighted some new areas for us to consider in designing the survey. We also heard that respondents emphasised the importance of an appropriate work/life balance and as a result we will include questions on this specific issue in the survey. We will also looks at issues like equality and diversity and whether trainees feel undermined, since these themes have emerged as important to the respondents to this consultation.

We asked,

"What, in your view, is the single most important aspect of training experience which should be measured so as to enhance the quality of trainees' experience?"

We heard

Respondents considered the following as the most important aspects of the training experience to be measured (in order of what was mentioned most frequently):

- The balance between time spent training, working under direct supervision, and delivering services;
- Supervision and feedback arrangements;
- Trainees' relationships with consultants;
- Trainees' competency and knowledge;
- How rounded and diverse training experiences are;
- Work/life balance and health & wellbeing;
- The atmosphere of sites/rotations;
- Facilities and the physical environment;
- Whether trainees felt they had a specific, appropriate, role;
- Job satisfaction; and,
- Whether trainees felt their training was relevant to their future career.

While some of the ideas which respondents identified are inter-related, there were different views and no clear consensus on the single most important aspect of training experience.

Balance of time spent training, working under supervision, and delivering services

"The actual amount of time performing clinically relevant jobs/teaching/training etc. within the speciality. Not answering bleeps, rewriting drug kardexs, writing discharge letters, taking blood, putting in venflons...etc."

"Hours of 1 to 1 teaching with consultant"

"I mean this seriously: GETTING ACTUALLY TRAINED - currently the training in Ireland is based on giving it a lash and learning by your mistakes"

"I think formal education / length of time performing direct patient care / decision making"

Supervision and feedback arrangements

"Quality of supervision and teaching by consultants"

"If the trainer gives regular feedback on how trainee is doing both positive and negative and how that may be improved upon"

"Exposure to well-trained and informed trainers that can assess, mentor, provide feedback and educate young trainees"

"This is a difficult question… For me, the exposure to feedback from experienced clinicians in their role as trainers was most valuable. Traditionally, this means presenting your admission and management of a patient on a ward round, for example, or an overview of a condition at a weekly clinical meeting, to a supervising consultant and hearing back what you did well and what you did not do so well. The positive reinforcement of this interaction stays with you"

Rounded, diverse, and relevant training experiences

"The provision of relevant experience, as identified in an Irish context that will afford trainees with a broad range of learning needs an opportunity to advance their personal adult learning objectives. Currently in G.P. training we are conducting a DELPHI process with regard to each training post with regard to which learning experiences are 'Core' and which are 'desirable'"

"The clinical rotation as a learning platform: Measure the subjective benefit to trainees of each rotation and aim to improve the weaker rotations"

"Structure of the relevant training scheme: duration, hospitals rotated through, relevance of training posts to future job prospects"

Facilities and the physical environment:

"The world of IT (electronic medical records, tablets, functioning PCs and a decent universal medical software package that is the same in each hospital) seems to have been overlooked in Ireland. No one in any other industry has to put up with such outdated systems which are seriously impeding our ability to provide safe care and obtain decent training. Thousands of hours are wasted by trainees using these antiquated systems"

We will

Consultation responses did not point to a consensus on the single most important aspect of trainee to be measured in the survey. This fits with the Medical Council's understanding that there are many different elements to a good training environment and that any survey needs to be comprehensive. But the feedback on this specific question has helped us to feel assured that we have not missed an aspect of training which people think is important.

Relationships between trainee & trainer/consultant and feedback arrangements attracted more comments than any other areas. The final questionnaire will reflect this by having a number of questions on supervision, feedback, and consultants' roles. We will ensure that our report focusses on highlighting these aspects of trainee's experiences. Other consultation feedback noted the importance of trainees achieving job satisfaction in their posts. We will include a new item on this theme in our final questionnaire.

We asked,

"The Medical Council is examining DRECT and PHEEM as potential ways to gather trainee views on training. Having considered the description of these two approaches, which do you think has more merit for use in Ireland? Why?"

You said

This question attracted a mix of views.

Some respondents thought PHEEM was more useful as it was viewed to be:

- more applicable to Irish trainees;
- more evidence based;
- more established;
- more inclusive of issues on induction and important social aspects of the environment;
- shorter; and,
- more appropriate in terms of language.

Others thought that D-RECT should be used as it was viewed to be:

- easier to compare results across specialities;
- more comprehensive in its ideas about the environment, with more subsets than PHEEM;
- more focussed on key areas such as coaching, assessment, feedback, teamwork and formal education;
- developed in a more robust fashion (e.g. Delphi process, empirical research);
- be more relevant in a modern complex healthcare environment;
- targeted at environmental factors that resonated with some respondents regarding difficult scenarios that had to deal with;
- more objective;
- more capable of producing results that are more actionable (i.e. results are better directed at specific elements of the environment); and,
- a validated instrument.

Other comments recommended that the language in D-RECT be adapted to better fit the Irish context and to note that there were important aspects in each questionnaire that did not appear in both.

We will

The Medical Council, like the majority of respondents, preferred D-RECT over PHEEM, but it recognised that there is a need to be attentive to comments regarding the language in D-RECT being in need of adaptation and is making arrangements for this to happen. Our conclusion takes account of and is consistent with the views of respondents. We were also conscious of the responses to the first questions and the idea that a "good" measure of trainee experience needs to be very comprehensive; as identified by respondents, the fact that D-RECT offers the capacity to measure, report on, and therefore address a wider range of issues, makes it very useful. However, we will retain some of the aspects of environment which are examined in PHEEM but not in D-RECT (e.g. equality and diversity).

We asked,

"What approaches can the Medical Council and other stakeholders take so as to maximise trainee participation in the survey?"

You said

To attract high participation rates in the Trainee Experience Survey respondents recommended (with the most frequently mentioned recommendation appearing first) that the Medical Council should:

- instil a sense in trainees that survey results will influence change;
- make participation in the survey mandatory;
- engage with trainee representative groups and training bodies to champion the survey;
- ensure that results will not be traceable to any particular trainee;
- ensure that reminders to participate are sent to trainees;
- use participation incentives; and,
- keep the questionnaire short.

Results influencing change

"Somehow communicate that participation may effect change. Sadly there are many scenarios where a commitment to recommendations are reneged upon"

"Belief among NCHDs (non-consultant hospital doctors) that it will lead to change and is not another exercise in lip service"

"Evidence of feedback being acted upon would be a very positive move. Trainees feel wholly unsupported currently with poor career prospects and very little influence over their training"

"Actually act on the results!"

"A plan for change once recommendations are met"

"Indicate that the results of the survey will be formally reviewed at board and education & training meetings, at annual assessment and at future hospital inspections"

"It will be important to explain … that 'the Regulator' in this context is acting according to its remit of regulating and improving training"

"Results from this annual survey should be circulated to all trainees, as well as the actions taken by the Medical Council on foot of the survey"

Mandatory participation

"Make it mandatory for end of year assessments to hand in or complete survey on line. The colleges could help with this- upload to eportfolio sites"

"Make completion a condition of annual progression at yearly CAPA (Competency Assessment and Performance Appraisal)"

"Mandatory performance surveys at the end of each structured training year"

"Make participation at least at some level a condition of registration"

"Some interventions we found helpful in increasing response rate include … making the survey compulsory. However, allowing trainees to return the questionnaire blank could circumvent bias in results. If return of the survey is optional a low response rate is likely"

Ensuring anonymity/confidentiality

"I think trainees, especially in jobs where perhaps their experience isn't so good, should be able to give an opinion freely without any fear of repercussions from trainer and hospital"

"Balance between 'identifiable' and 'anonymous' input … yet enable frank participation without fear of recrimination/consequences of participation"

"Do not require trainee identification, guarantee confidentiality"

"Will data collection be anonymised? Clarity in regard to whether the data is anonymous or confidential, and information regarding the ways in which data will be reported/ returned to individuals/ clinical sites, is important"

We will

We found the feedback on this particular question especially useful.

We heard that we need to plan carefully and put some time and effort into engaging with trainees so that they are aware of the initiative and are motivated to take part. As a result, we have designed a number of activities which will take place in the run up to and in the course of the survey so everyone can take part.

We thought carefully about the question of making participation in the survey mandatory and could see pros and cons to this approach: while it might ensure a high response rate, is feedback provided under some perceived duress really useful and is this the way we want to talk to trainees about their training experience? However, there were some good ideas about how participation might link with the training process and we are engaging with postgraduate bodies on this point to explore it further. We won't make participation in the survey mandatory in 2014, but it is something we might explore further based on our experience this year and taking account of the views we heard.

We heard and need to respond to trainees' concerns, apprehension and potential cynicism and scepticism about being asked to give feedback.

Firstly, we are committed to ensuring that all the information we receive is treated in strict confidence. We want to reassure everyone that their individual and personally identifiable feedback will not be published or shared with a third party unless they specifically ask us to do this. We will not be sharing individual and personally identifiable views of specific trainees with training bodies, clinical sites or other stakeholders. We will be careful to provide clear and comprehensive information on this point and will explain our duties and responsibility in relation to data protection.

Secondly, we will try to ensure that the completion of the survey is user-friendly and quick. For example, we will use straightforward closed-ended questions with simple "pick one" type responses. We are designing the delivery of the survey through an ICT system which will safeguard respondent's confidentiality but will also be easy to use. However, we also heard through the consultation that people want use to gather a very comprehensive picture of training experience so it will be necessary to include a relatively large number of questions. At this point, our estimate is that it will take trainees approximately 15 minutes to complete the survey; this is similar to some of the trainee survey systems which we described in the consultations document.

Thirdly, we will provide participation incentives/rewards to trainees. We value people taking the time to tell us their thoughts on their environments.

Finally, and most importantly, we heard a degree of potential cynicism and scepticism from respondents regarding the idea that the survey will inform and drive change. We heard and acknowledge this challenge and are designing ways in which we can use the survey to lead improvement. For example, we will shortly be consulting on our requirements for sites where specialist training takes place and how we plan to inspect these sights.

The Medical Council has significant powers in this area and we will be sharing our thoughts on these, and how the use of these powers will link with the survey results, shortly. We also, through our approval of training bodies and programmes, have the opportunity to have critical discussions with postgraduate bodies and with the Health Service Executive about training quality. We see the results to this survey as being the basis to those discussions.

We asked,

"How do you think the results of the trainee survey should be used to improve medical education and training in Ireland?"

You said

Responses demonstrated that in order to use results for change the Medical Council should:

- Work in partnership with training bodies, sites and other key agencies (e.g. HSE MET) to implement changes to environments that are perceived as having many challenges;
- Use results to set standards and take action against poor environments;
- Provide site, training body, and speciality specific results as well as a national picture; and,
- Highlight (at national and local levels) what needs to change.

Working in partnership to implement change

"Work with the Postgrad Training Bodies"

"MC (Medical Council) & Training bodies should form working group with specific timelines to address the issues"

"I would suggest a collaborative approach in addition to each specialty analysing their own feedback. This will allow specialties to share their relative strengths and weaknesses for symbiotic gain"

"It would be great if the training bodies, MET (HSE-Medical Education and Training Unit) and the Medical Council could actually meet to review the results"

"Feedback to training bodies and HSE/MET and involve these two critical stakeholders in the design of a continuing improvement process of which this survey forms a part"

"Depending on the outcomes, all training bodies could collaborate with the IMC (Medical Council) and other stakeholders (HSE etc.) to drive the agenda of quality of training for our future doctors"

Using results to set standards and drive improvement

"Provide a menu of issues weighted according to importance or necessity. This menu should be used to inform the MC and then the training bodies"

"Set clear standards of medical education & training so that those who are not providing this level can be identified. Unless steps are taken to improve the training, these sites/trainers should not have trainees assigned to them"

"Publish them. It makes consultants accountable and means if they're not up to scratch they won't attract the candidates they want"

"Use it to develop a minimum standard of acceptable training. Maybe score the feedback and a course has to get a minimum number of points to say the trainees are happy with the experience-if they don't attain this, then have more in depth discussions with trainees on these courses to identify what's going wrong in order to rectify the situation"

"Disperse the information openly to dept. heads and consultants and request a response as to how they intend to address areas of weakness in the coming 12 months"

"The results need to feed into the CAPA (Competence Assessment and Performance Appraisal) assessment process and review of training within each specialty with additional support for persistently poorly performing units +/- withdrawal of trainees from these units ultimately"

"The weakest sites should be threatened with withdrawal of trainees unless facilities etc. are improved"

"If trainees are to have confidence in this process, trainees (and training license) should be pulled from these units. This is not happening at present. This issue in my view is being continually deferred, with the net result that trainees do not have confidence in the training body's sanction for poorly performing units"

Providing local and national level results

"Results should be site specific and shared directly with the training bodies"

"It would be very useful to have insight into the information gathered, that is relevant to the specific training body, as well as how the training body's data is compared with national findings"

"Keep training body and trainers informed followed by ranking of training sites and training bodies"

"For units and programs that exhibit excellent performance and training experiences, these need to be praised and promoted (i.e. results published). At a minimum, programmes (or individual hospitals) that are failing need to be criticized"

We will

The views we heard in response to this question were especially important, given some of the earlier feedback regarding the need for the Medical Council to demonstrate to survey respondents that the survey results will have an impact on training quality.

The ideas presented by consultation respondents fit well with our statutory role and our current strategy and plans regarding use of the survey results.

It is our absolute intention to be open and transparent about what we hear from trainees; this feedback document is evidence of our commitment to that principle. The results of this survey will be collated and a detailed national report will be published for all to consider. As an independent regulator of medical education and training in Ireland, we act without fear or favour when it comes to safeguarding standards.

The Medical Council will bring the views we heard from trainees into the discussions we have with individual postgraduate bodies, the HSE and other key stakeholders about the quality of postgraduate training in Ireland. We will ensure that these stakeholders have detailed information, based on the survey results, which enable them to take necessary action to address quality issues.

The survey results may highlight strengths and areas of training that are working well; these will need to be acknowledged and good practice shared. However, we will also take a critical and independent stance as a regulator and will constructively challenge clinical sites and aspects of training experience which are not good enough.

We have heard from respondents that they think we have a responsibility to use the survey results to lead improvement in the standards of medical education and training, and we clearly see this as central to our role. Not only is this is a core principle underpinning our work, it is part of our statutory role.

We will shortly be consulting on how we will take forward our role regarding the regulation of clinical sites. This is an aspect of our function, new under the Medical Practitioners Act 2007, which will become active in 2014. This role complements our plans to invite trainees to provide feedback and their views will help us to prioritise the inspection of specific clinical sites. Crucially, we can take action in relation to clinical sites, which in our view and based on feedback from trainees, are simply not fit-for-purpose.

We asked,

"What, if any, other comments would you like to make about the outlined approach for the Trainee Experience Survey?"

You said

Other comments regarding our plans for the Trainee Experience Survey included:

- That the survey was welcome and something the sector was looking forward to;
- Scepticism about the willingness of the sector and the Medical Council's desire to bring about change;
- Ensuring the survey was simple, short and included social aspect of environments;
- Increasing the survey population to include other types of doctors;
- Making sure feedback was apportioned to the right bodies;
- Ensuring the survey complemented existing research on learning environments;
- Making sure the survey was tailored to the Irish context; and,
- Demonstrating that there was follow-through and actions on results.

A welcome development

"Glad it's happening"

"I fully support the principle of a trainee survey"

"Long overdue"

"I feel this is a progressive, dynamic development that should evolve and be refined for the Irish context"

"RCPI welcomes this initiative that will provide a national view of training of doctors in Ireland, linking the postgraduate bodies, the hospitals, HSE, IMC and the trainers and trainees themselves"

Scepticism about change

"Nice try to show you are doing something- but why only now? Its 2014! You need to actually show you can do something now"

"Needs buy-in from the colleges and people who are actually willing to implement change and make difficult decisions - too many people are in positions of power within the colleges that are allowing the same structures to continue to exist without intervening to improve the situation for trainees"

"Waste of time?"

"Whether stakeholders are committed to respond to it, whether there is genuine commitment by management to promote and believe in value of excellence in PGMT and graduate retention in Ireland"

"I am sceptical that any real change will take place… No motivation to change within the system. Another survey/information gathering without any real desire to change. Placing more work/paperwork on junior doctors"

Increasing the survey population

"Include all NCHDs in this debate. I have yet to meet a NCHD who did not consider themselves a trainee"

"It is very disappointing for the many trainees around the country that are not enrolled on the Trainee Register (i.e. people in research posts / lecturer posts etc.) who very much see themselves as trainees but are not deemed worthy to have a say to the Medical Council. It really sends out the message that our experience does NOT count, and our training does NOT count."

We will

It is good that people took the opportunity of the consultation to welcome the National Trainee Experience Survey as a positive initiative.

We absolutely hear the genuine frustration, cynicism and scepticism from some trainees regarding the Medical Council's (and others') interest in and power to bring about positive change to learning environments. In some ways, the only means to address these concerns is through dialogue and action. The Medical Council is committed to involving trainees and to improving the quality of medical education and training in Ireland. We have recently established a Student and Trainee Consultative Forum so we can better understand how we can pursue our role regarding medical education and training in a more informed, responsive and effectively. "Your Training Counts", the National Trainee Experience Survey, is specifically designed to hear the view of trainees. We are committed to listening to trainee feedback and using it to drive change. However, we hear the challenge which some trainees have put to us through this consultation process and we recognise that, as well as talking about training quality, we need to demonstrate action where this is required.

We also hear the frustration from some doctors not registered in the trainee specialist division that their views are not being sought on learning environments at this time. The reason why we have chosen to adopt, what some may perceive as, a limited definition of 'trainee' is that this is a specific function of the Medical Council contained within the Medical Practitioners Act 2007, through which we have a duty to look at the quality of officially recognised training programmes and sites. Critically, this is where we also have powers to take action. We do not have a specific role or powers to address the experience of doctors who are pursuing experience outside recognised training posts and programmes.

This does not mean that we want to ignore the circumstances facing NCHDs that are not in recognised training posts, nor does it mean that we do not value those doctors' opinions. We hope all doctors avail of opportunities to participate in upcoming research from the Medical Council in 2014 and beyond.

The Medical Council has been encouraged by the responses from training bodies and other key stakeholders that displayed a common understanding that improvement in training environments is desirable and necessary. Key to any resulting quality improvement plans will be the full engagement of all parties that have a say in creating positive and supportive training environments; doctors, training bodies, sites, governance bodies and professional associations. In any sector, a "blame culture" does not foster improvement. We need to build on a shared interest for high standards of medical education and training in Ireland, and work with everyone to make this ambition a reality.

Conclusions and next steps

We are grateful to everyone who took the time to read and respond to our consultation document.

Your responses provided us with lots to consider – and a lot to do as a result. For example, due to the comments we received we have:

- Added new questions to the survey to capture perceptions on social aspects of the environment, induction, work/life balance and job satisfaction;
- Developed an trainee engagement plans to help increase understanding of the aims and purpose of the National Trainee Experience Survey;
- Developed arrangements to ensure trainee feel safe and secure in providing feedback and understand that their personal information will not be misused or their honest views will not be held against them;
- Ensured that there is an appropriate emphasis on what respondents considered as crucial aspects of training environments (supervision arrangements, the quality of teaching, coaching, assessment and feedback mechanisms);
- Adopted D-RECT as the core survey instrument but have also made sure that important aspects of PHEEM are reflected in our questionnaire;
- Committed to publicising survey results and the impact of future quality improvement activities with all stakeholders; and,
- Finalised our plans on how we will take forward our statutory powers in relation to the standard of sites where specialist training takes place in Ireland, and developed a consultation document so that we can heard everyone's feedback on these.

We believe that the consultation process has enriched our approach to the National Trainee Experience Survey and we look forward to launching the survey in the 2nd Quarter of 2014.

We thank you for your contribution to the consultation process and hope that you will help us achieve the kind of participation rates needed to ensure that we have secure data foundations upon which to base any quality improvement activities.

We look forward to sharing the results of the Trainee Experience Survey with trainees, other doctors, training bodies and all key stakeholders later this year.

Annex: D-RECT Questions

D-RECT: Domains measured and items used	
Domains measured	Items
Supervision (3 Items)	• The guidelines clearly outline when to request input from a supervisor • The amount of supervision I receive is appropriate for my level of experience • It is clear which attending supervises me
Coaching and assessment (8)	• I am asked on a regular basis to provide a rationale for my management decisions and actions • My attendings coach me on how to communicate with difficult patients • My attendings take the initiative to explain their actions • My attendings take the initiative to evaluate my performance • My attendings take the initiative to evaluate difficult situations I have been involved in • My attendings evaluate whether my performance in patient care is commensurate with my level of training • My attendings occasionally observe me taking a history • My attendings assesses not only my medical expertise but also other skills such as teamwork, organisation or professional behaviour
Feedback (3)	• My attendings give regular feedback on my strengths and weaknesses • Observation forms are used to structure feedback • Observation forms are used periodically to monitor my progress
Teamwork (4)	• Attendings, nursing staff, other allied health professionals and residents work together as a team • Nursing staff and other allied health professionals make a positive contribution to my training • Nursing staff and other allied health professionals are willing to reflect with me on the delivery of patient care • Teamwork is an integral part of my training
Peer collaboration (3)	• Residents work well together • Residents, as a group, make sure the day's work gets done • Within our group of residents it is easy to find someone to cover or exchange a call
Professional relations between attendings (3)	• Continuity of care is not affected by differences of opinion between attendings • Differences of opinion between attendings about patient management are discussed in such a manner that is instructive to others present • Differences of opinion are not such that they have a negative impact on the work climate

Work is adapted to residents' competence (4)	• The work I am doing is commensurate with my level of experience • The work I am doing suits my learning objectives at this stage of my training • It is possible to do follow up with patients • There is enough time in the schedule for me to learn new skills
Attendings' role (8)	• My attendings take time to explain things when asked for advice • My attendings are happy to discuss patient care • There is/are NO attending physician(s) who have a negative impact on the climate • My attendings treat me as an individual • My attendings treat me with respect • My attendings are all in their own way positive role models • When I need an attending I can always contact one • When I need to consult an attending they are readily available
Formal education (4)	• Residents are generally able to attend scheduled educational activities • Educational activities take place as scheduled • Attendings contribute actively to the delivery of high-quality formal education • Formal education and training activities are appropriate to my needs
Role of the specialty tutor (6)	• The speciality tutor monitors the progress of my training • The speciality tutor provides guidance to other attending's when needed • The speciality tutor is actively involved in improving the quality of education and training • In this rotation evaluations are useful discussions about my performance • My plans for the future are part of the discussion • During evaluations, input from several attendings is considered
Patient sign out (4)	• When there is criticism of a management plan I have developed in consultation with my attending physician, I know the attending physician will back me up • Sign out takes place in a safe climate • Sign out is used as a teaching opportunity • Attendings encourage residents to join in the discussion during sign out