



PMETB National Survey of Trainers 2008

Briefing Note 1: Methodology consultation

Introduction

Dear Colleagues,

This note is being sent to last year's nominated contacts for the Trainer Survey and the deans. Many thanks for your help with this work last year. We look forward to working with you again.

To assist with the next round of this survey, please respond to this note by 9 January 2009 at the latest using the on-line form provided. Please note that at this stage PMETB is only asking what data are available; the request for these data to be sent to PMETB will be made in January 2009.

Background

PMETB's Standards for Trainers are included in the revised *Generic Standards for Trainers*.¹ To measure compliance with these standards PMETB is seeking to survey all consultants and all GP trainers. PMETB is seeking to improve on last year's work and ensure that the survey provides the evidence that deaneries need to demonstrate they comply with these standards (quality management); and local education providers the evidence they need to show they comply (quality control).

PMETB's Training Committee² is reviewing the methodology of the trainers' survey for the consultant population. The methodology for the GP trainer population will remain the same as the response rate was 44 per cent.

Last year's methodology detailed in the national report³ did not provide a response rate as high as PMETB would like to achieve from the consultants. UK-wide, the response rate for consultants was 19.4 per cent⁴. This meant it was not possible to report below deanery level⁵: no

¹ PMETN (July 2008) Generic Standards for Training.

http://www.pmetb.org.uk/fileadmin/user/Standards_Requirements/PMETB_Gst_July2008_Final.pdf

² <http://www.pmetb.org.uk/index.php?id=307>

³

http://www.pmetb.org.uk/fileadmin/user/QA/Trainer_Survey/National_Survey_of_Trainers_2007_Summary_Report_20080723-Final.pdf

⁴ PMETB (2008) National Survey of Trainers Summary report:

http://www.pmetb.org.uk/fileadmin/user/QA/Trainer_Survey/National_Survey_of_Trainers_2007_Summary_Report_20080723-Final.pdf

⁵ E.g. For London deanery:

<http://reports.pmetb.org.uk/IndicatorScores.aspx?agg=AGG12%7c2007&groupcluster=4>



reports by specialty group within deanery or provider were published. PMETB assumes that for these data to inform deaneries' quality management processes and local providers' quality control processes we would require results to be reported by PMETB approved programme (generally specialty within deanery) and local education provider. To do this an overall response rate of 50 per cent is required, with the specialties within the sample achieved broadly matching the specialties within the target population.

It is likely that the following contributed to the low response rate to the last survey:

1. There was no national mechanism of enforcing completion; whereas the trainee survey is mandated for specialty trainees.
2. It was not possible to obtain the email addresses of the consultants from the deaneries; so consultants were asked to complete a return by a nominated contact within their trust – a cascade methodology. This meant that targeted reminders were not possible and that the invitation to complete was not personal. Both of these are known to affect response rates.⁶ This was borne out by last's year experience where with GP trainers a response rate of 44 per cent was achieved. GP trainers were surveyed using the same methodology as the trainees: individual emails with reminders to those who did not complete. Interestingly the trainee survey only achieved 21% on one emailing; to achieve a response rate of 50%, four emails were required⁷
3. The cascade methodology employed had a number of other implications: the response rate calculated does not have a denominator but uses an estimate based on the four Departments of Health census data. There was confusion within providers with trainers reporting to more than one deanery. There is no safe way of ensuring there were no duplicates as Survey Access Codes were not individual but issued per provider.
4. Due to the various methods employed it was not possible to produce promotional material, as the leaflets and poster would have required us to have a methodology that could be guaranteed to happen in each location to avoid confusion.

Given these factors PMETB would like to survey consultant trainers directly via email or if necessary by letter and need to establish the availability of

⁶ Edwards P, Roberts I, Clarke M, DiGiuseppi C, Pratap S, Wentz R, Kwan I. (2002). Increasing response rates to postal questionnaires: systematic review. *British Medical Journal*; 324; 1183-1191.

⁷ Table 1 - page 13 of the *National Survey of Trainees Summary Report 2007*- denominator from table 2 Here:
http://www.pmetb.org.uk/fileadmin/user/QA/Trainee_Survey/National_Survey_of_Trainees_2007_Summary_Report_20080723-Final.pdf



consultant trainer email addresses or postal addresses within your deanery in order to boost the response rate.

PMETB is aware that colleagues may feel there are data protection issues. Given this PMETB obtained the following advice from its solicitors:

"PMETB accepts that the data requested is personal data within the meaning of the Data Protection Act 1998 and that the doctors concerned have not given their consent to its release to PMETB. However in undertaking the National Survey of Trainers, PMETB is exercising its statutory responsibilities, and has procedures and safeguards in place to ensure that the eight data protection principles are adhered to in relation to the obtaining, use and retention of the information requested. The processing is therefore lawful under Schedule 1 and paragraphs 5(b) and (d) of Schedule 2 to the Act.

None of the questions asked within the survey request personal information and survey findings are reported in an aggregated format where individual responses remain anonymous. PMETB is therefore satisfied that the undertaking of the survey is DPA compliant.

Whilst the information is primarily being sought in connection with National Survey of Trainers, PMETB may use it for wider purposes in accordance with Section 33 of the Act. This allows us to use data obtained in a research context for purposes other than those for which it was originally sought. Any wider use will comply with Section 33 and the data protection principles, such that it will not involve the disclosure of data from which any individual doctor could be identified and will be proportionate to the purposes for which the wider processing is being undertaken."

Action required

Please complete on-line form here:

http://forms.pmetb.org.uk/ShowForm.asp?fm_fid=61

Password: ****

by 9 January to allow PMETB to draft the final data request for January, with a view to launching the survey in February 2009.



This form is only concerned with data on consultant trainers as PMETB is collecting GP trainer data via the approvals team, for queries on GP trainer data collection please contact quality.assurance@pmetb.org.uk Once we have established what data are available for the consultant trainer work; we will determine how to reach any groups of consultants that we cannot contact directly and how to publicise the survey. Further Briefing Notes containing this information will be released in January.

Trainer survey content

The 2007 items are available to download here:

<http://reports.pmetb.org.uk/TableDownload.aspx>

Trainer Survey 2007: Item Details

Comments are welcome by 9 January 2009.



Queries

To help manage the volume of queries and ensure everything is answered please raise queries using this form:

http://forms.pmetb.org.uk/ShowForm.asp?fm_fid=42

This form can be accessed from

<http://reports.pmetb.org.uk>

and

www.pmetb.org.uk/pmetbsurveys

Kind Regards

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PMETB Surveys Team