Feedback and annual surveys

Trainee feedback

Each year, we reach out to our NTN holders and their supervisors to gather feedback through our annual surveys. This process allows our HCS community to provide confidential input on the quality and progression of training. The surveys complement our other QA methods, including the training plan and ARCP cycle, and help us monitor and improve training programmes.

The 2023 trainee survey was distributed to all HCS trainees who held a NES NTN at any time during the financial year.

Trainee feedback survey 2023

306 trainees were invited to participate

158 responded, resulting in a response rate of **52%**

A significant improvement from the previous year's **26%**

Requests for completion of the survey were changed this year to a more personalised request, and the significant increase in survey responses indicated this has been successful. The survey was completed by trainees across various themes, as shown in Figure 32.
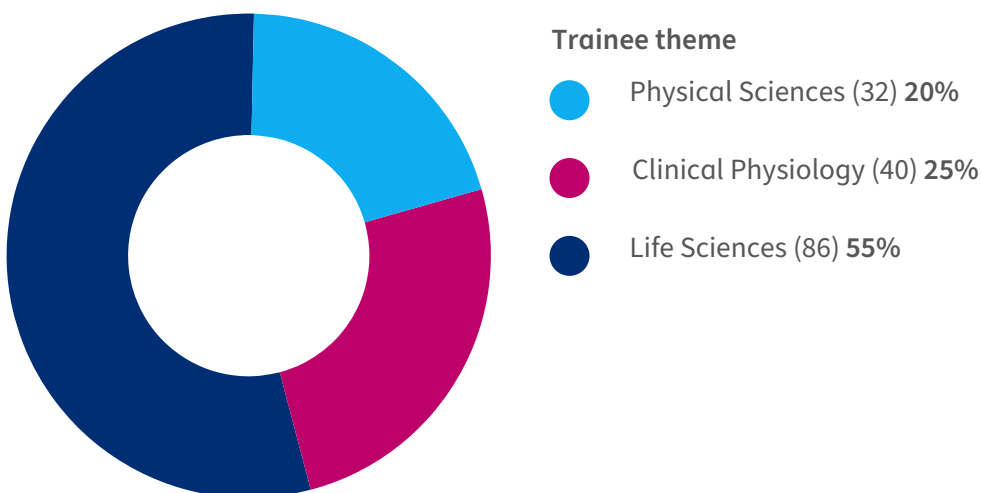

Trainee theme

- Physical Sciences (32) **20%**
- Clinical Physiology (40) **25%**
- Life Sciences (86) **55%**

Figure 32: Confidential trainee feedback responses by training theme

Trainee feedback and supervision

82% of trainees were aware of a clear and agreed training plan and a further **5%** had a plan in some format

The trainees who felt they did not have a training plan were assessed by theme:

+ 50% were within Clinical Physiology

+ 25% were within Life Sciences

+ 25% within Physical Sciences

Although the 13% of trainees who do not feel they have a training plan in place is unacceptable, it does reflect the proportion of training plans received by NES this year (88.6%). NES will follow up on these training plans in the next QA cycle to ensure completion and communication.
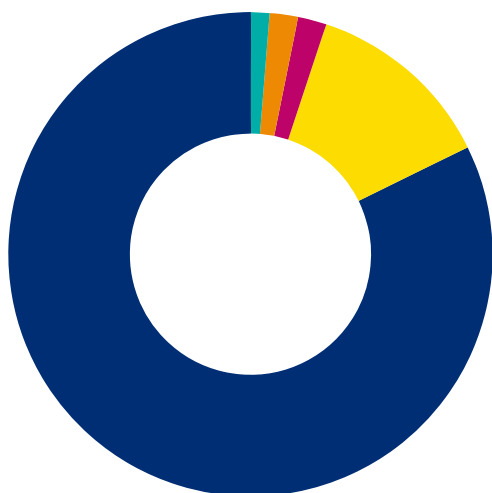
Agreed training plan

- Yes, but changes frequently (2) **1%**
- Overall objectives but no training plan (3) **2%**
- Have previously but not currently (3) **2%**
- No (20) **13%**
- Yes (130) **82%**

Figure 33: Responses to the question: Are you aware of having a clear and agreed training plan?

Respondents aware of their progress being documented within the NHS training department amounted to **89%**, with some commenting that their academic institution also documented their progress. Respondents that did not think their progress was being documented amounted to **11%**.

A variety of methods of annual review were reported across the trainee group as shown in Figure 34.

Respondents who felt they did not have a formal review process in place despite being in their post for over a year amounted to 7%. This figure is much lower than the figure in the previous year (17%), which reflects our communication of the importance of a thorough review during training. It is important that annual reviews are completed and communicated effectively to trainees, and we will work with trainees and supervisors further in the coming year to ensure an effective review is in place.

Formal review process in place

- N/A as in training for less than 1 year (14) **6%**
- No formal review (17) **7%**
- Structured review of my progress by a panel (27) **11%**
- Brief chat to fill in ARCP form for NES (50) **20%**
- Structured review specific to my training (51) **20%**
- My annual Turas appraisal (89) **36%**

Figure 34: Responses to the question on what format the annual review took, respondents were free to select more than 1 response

Respondents that rated their supervision as either excellent or good amounted to 66%, with 14% rating their supervision as either poor or very poor, as shown in Figure 35.

Respondents were also asked to rate the level they were made to feel like a valued team member, with 96% reporting that they felt valued to some level and only 4% feeling that they were not valued at all. When assessing the data, it appears that

71% of the trainees who do not feel valued are within the Physical Sciences stream, and therefore, work would be beneficial within this area of HCS to ensure trainees feel valued. All trainees who reported not feeling valued also reported that their level of feedback and supervision was poor or very poor, which may indicate the effect feedback and supportive supervision have on the trainee's impression of whether they were valued.

Level of feedback and supervision

- Very poor / insufficient (5) **3%**
- Poor (18) **11%**
- Average (31) **20%**
- Excellent (37) **24%**
- Good (67) **42%**

Figure 35: Responses to the question which asked respondents to rate the level of feedback and supervision they have receive

Feel like a valued member of the team

- Not valued at all (7) **4%**
- Slightly valued (8) **5%**
- Moderately valued (20) **13%**
- Valued (55) **35%**
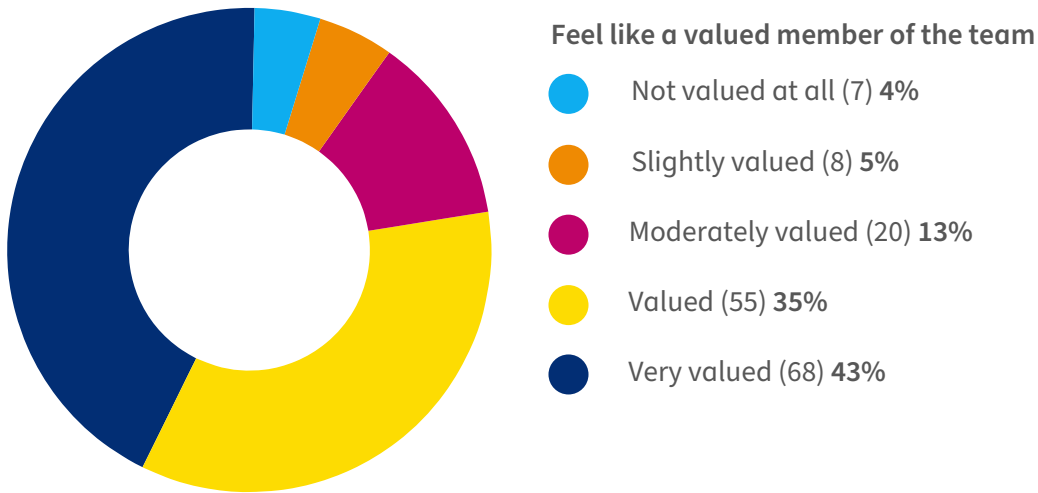- Very valued (68) **43%**

Figure 36: Responses to the question on whether trainees were made to feel like a valued member of the team

Training

Overall, 68 trainees (43%) reported encountering barriers during training. These barriers included:

+ Limited access to training (18.4%)

+ Inadequate departmental staffing (14.6%)

+ Inadequate training time (8.9%)

+ Insufficient supervision (8.2%)

+ Personal barriers (3.1%)

These barriers were felt consistently across the 3 themes.

Trainees rated their access to learning resources, with the majority (63.3%) rating their access as either excellent or good. Additionally, 10.8% rated their access as either poor or very poor, and these responses were spread across the 3 themes.

Access to training resources and opportunities

- Poor (8) **5%**
- Very poor (9) **6%**
- Average (41) **26%**
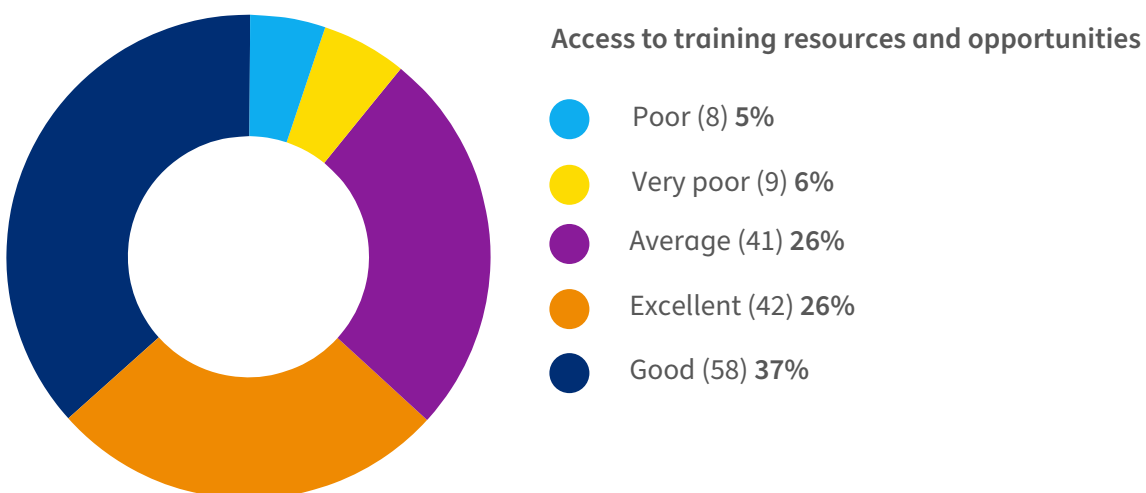- Excellent (42) **26%**
- Good (58) **37%**

Figure 37: Responses to the question asking the trainees to rate their access to training resources and opportunities

Respondents that stated they were not provided with enough time for training within their role amounted to 40.5%; an increasing issue noted by NES from trainee communications.

Only 53.2% of respondents stated that they had access to sufficient resources, space and time to engage in e-learning within their workplace. A further 41.8% are provided with the appropriate resources, but not the time and space to utilise them. This result has huge implications for the e-learning resources produced by the NES team, and we will have to engage further with supervisors to ensure trainees have adequate time to utilise the appropriate e-learning resources.
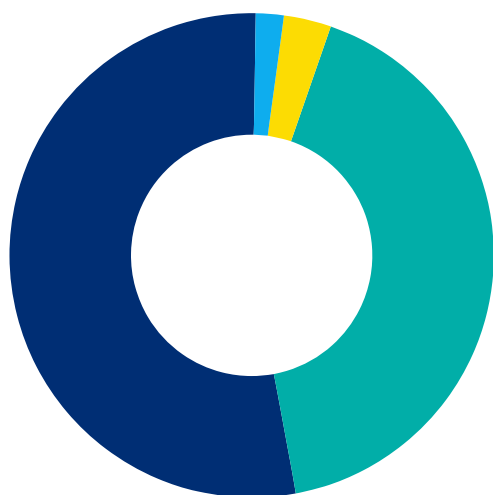
Access to necessary equipment and, sufficient space and time for e-learning

- No (3) **2%**
- Partly – sufficient space and time but not necessary equipment (5) **3%**
- Partly – necessary equipment but not sufficient space or time (66) **42%**
- Yes – fully (84) **53%**

Figure 38: Responses to the question asking the trainees whether they had access to necessary equipment, and the space and time to use e-learning resources

Suggestions and issues

Trainees were asked if they were encouraged to suggest improvements to the training programme with **70.6%** reporting that they were, and 4.9% reporting that they were not. Trainees were also asked if they were encouraged to raise concerns, with **75.9%** reporting that they were, and 24.1% reporting that they were not. Even within the trainees who felt encouraged to raise concerns, there was a feeling that those concerns were not being listened to or acted upon.

Trainees that reported facing bullying or harassment, either within their training department or external training department, numbered 10.1%. This is a concerning figure, and NES will investigate the possible circumstances surrounding this and implement more training to counteract it.

Overall satisfaction

Trainees reported their overall satisfaction with their training experience, with **74%** reporting a feeling of satisfaction and 10% being unsatisfied with their training experience.

Additionally, **85%** of respondents said that they would recommend their training programme to others, although 2% of those would not recommend carrying it out within their department.

Unfortunately, 13% of respondents said they would not recommend their training programmes, with comments including lack of support and the unachievable expectations of the training.
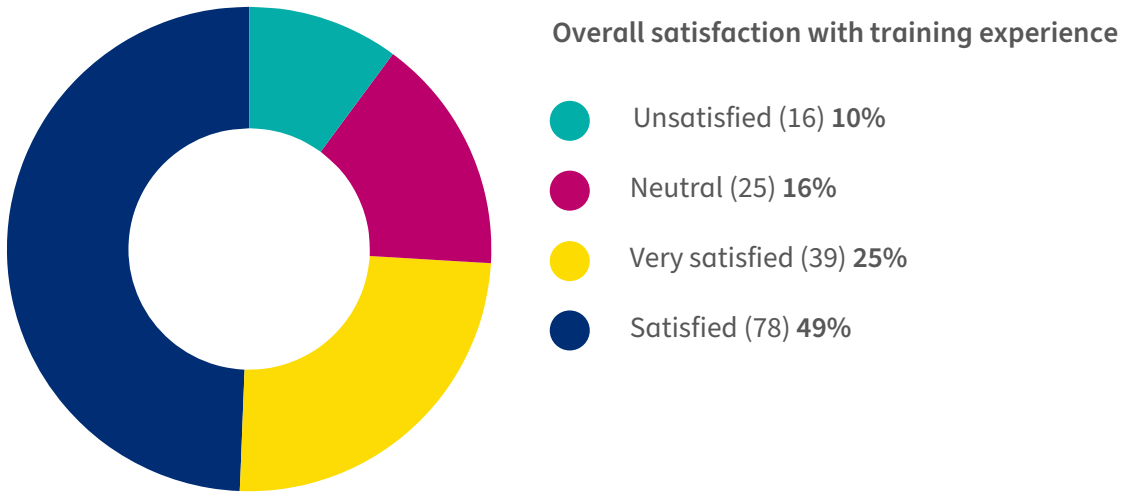
Overall satisfaction with training experience

- Unsatisfied (16) **10%**
- Neutral (25) **16%**
- Very satisfied (39) **25%**
- Satisfied (78) **49%**

Figure 39: Trainees overall rating of their satisfaction with their training experience to date

Would you recommend your training programme to others

- Yes – outwith specific department (3) **2%**
- Possibly / unsure (4) **2%**
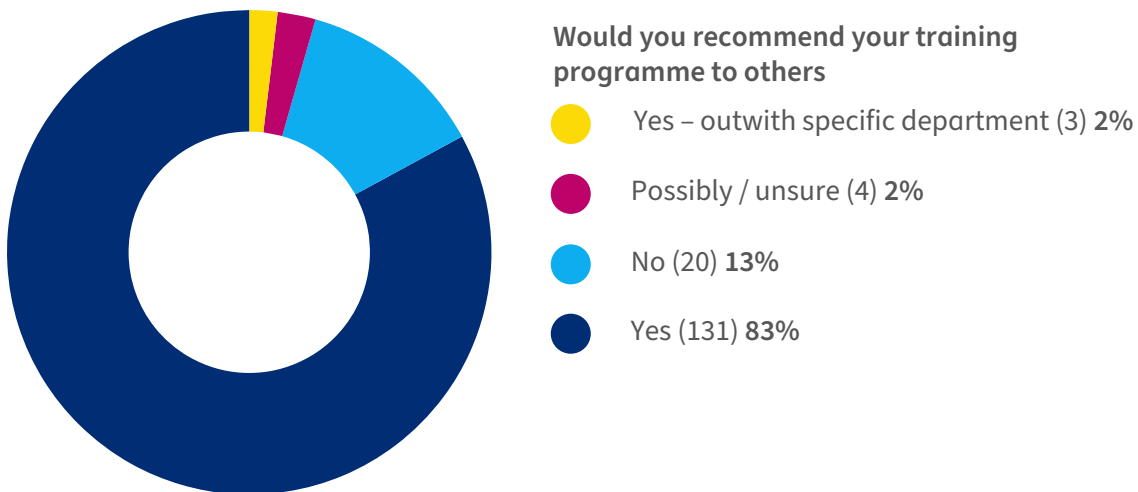- No (20) **13%**
- Yes (131) **83%**

Figure 40: Responses to the question asking whether trainees would recommend their training programme to others

During the confidential survey process, 6 trainees indicated that they would like to discuss their individual circumstances with NES and left their contact details to allow this conversation to take place. NES are supporting them in their training and will continue to work with them to ensure their individual training issues improve.
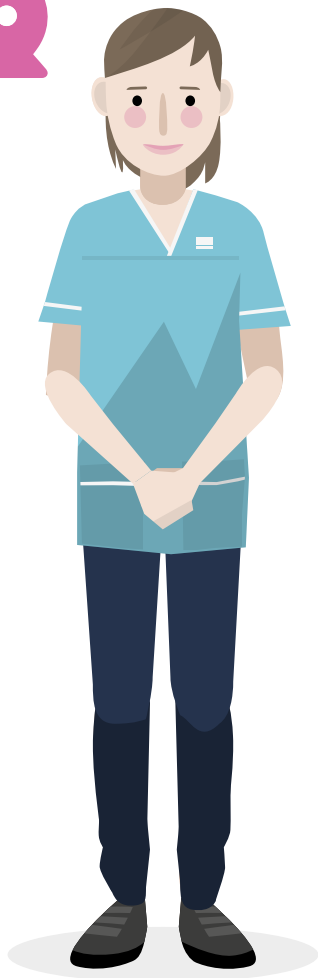
Trainee comments

> "This has been a very positive experience for me, and I have been extremely well supported in the department. Any issues with my training have been a reflection on the service pressures faced across the country."

> "Training centres have insufficient staff / time to provide adequate supervision and / or regular feedback."

> "There is a clear disconnect between the university and the health board with regards to the training programme, and it appears there is very little communication."

> "Thorough and well-structured training experience, with frequent valuable opportunities to play significant roles in projects while having visible and approachable supervision. This has prepared me well for my role after registration, and I would highly recommend the training centre based on my training experience."

Supervisor feedback

Supervisor feedback survey

224 supervisors across Scotland were invited to participate, with a resulting response rate of **47%**

Responses were from all themes:

+ 51 from Life Sciences (48.6%)
+ 31 from Clinical Physiology (29.5%)
+ 23 from Physical Sciences (21.9)

Training theme

- Physical Sciences (23) **22%**
- Clinical Physiology (31) **29%**
- Life Sciences (51) **49%**

Figure 41: Respondents of the confidential supervisor survey by HCS theme

Grade / level of trainee(s) supported

- Other (12) **8%**
- Postgraduate – bursary / training number awardee (20) **13%**
- Graduate-level / practitioner (42) **27%**
- Postgraduate – pre-registration CS / BMS trainee (80) **52%**

Figure 42: Grade/ level of trainees being supported by the respondents. Respondents were able to choose more than one category

Feedback and supervision

The number of supervisors reporting to have a clear and agreed training plan with their trainee numbered 98.1%, with the other 1.9% reporting that they had a partial training plan which was undergoing review.

This is at odds with the 13% of trainees who reported not having a training plan. This may be an issue of communication, and NES will discuss the importance of collaborating with trainees when writing training plans and ensuring communication of them is highlighted during the next QA cycle.

The majority of supervisors (90%) reported that putting a training plan in place was straightforward, either in isolation or with others who are more familiar with the process.

Annual reviews were reported to be carried out in a variety of ways, with 3% of supervisors stating that they have not carried out an annual review. It is unclear from the responses whether this is because a line manager carries out the annual review, but regular feedback outside of the annual review process is crucial.
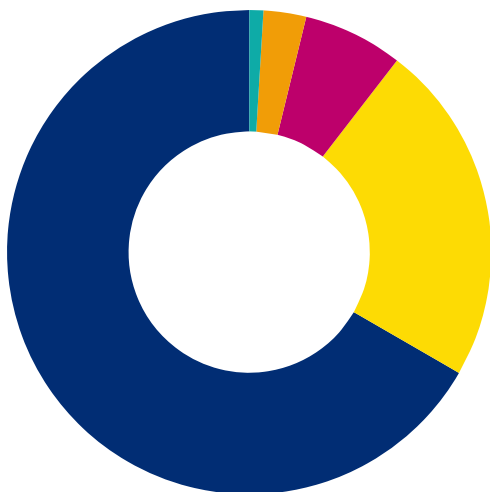
Is putting a training plan in place straightforward?

- No – I am not always sure what is required or who to enlist (1) **1%**
- Partly – it is up to the trainee(s) to sort out the detail (3) **3%**
- Partly – some information from rotational departments or academia can be difficult to obtain (7) **6%**
- Partly – I rely on the support of others who are more familiar with the programme (24) **23%**
- Yes – I know what is required of the training and where to get reliable support for it (70) **67%**

Figure 43: Responses to the question on whether supervisors felt that putting a training plan in place for their trainees was straightforward
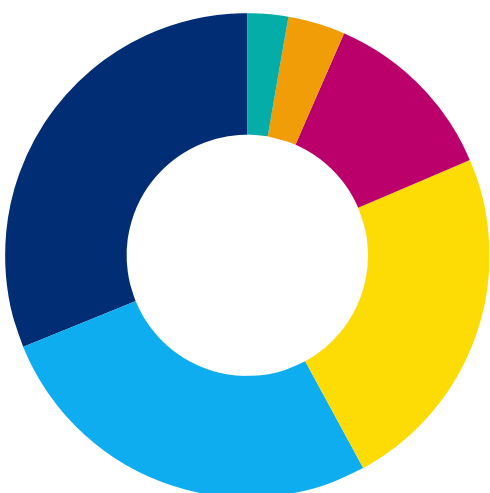
Annual review

- No ARCP / formal review carried out in last year (5) **3%**
- N/A - trainee(s) in training for less than one year(7) **4%**
- Structured progress review by panel / assessors (22) **12%**
- Brief chat to fill in ARCP form (43) **23%**
- Annual Turas appraisal (49) **27%**
- Structured review specific to their training (57) **31%**

Figure 44: Responses to the question on the structure of the annual review the responding supervisors carried out with trainees. Respondents were able to select more than one option

Supervisors that felt there was a collaborative and supportive learning environment for trainees numbered 91.4%. Supervisors that provided constructive feedback to trainees on their performance and progress numbered 97.1%, with the other 2.9% stating that feedback was out-with their scope.

Supervisors that stated their supervisory approach is tailored to meet the individual needs of each trainee numbered 97.1%, with the other 2.9% stating that they tried to do this, but time constraints made it difficult.

All respondents felt they provided trainees with the opportunity to provide feedback, suggestions, or improvements on the training provision.

Training barriers

It was reported that 37.1% of supervisors encountering barriers during their supervision of trainee(s). Barriers reported included:

+ Staffing issues (36.5%)
+ Time (15.4%)
+ Funding (9.6%)
+ Communication with trainees (5.8%)
+ Access to training (5.8%)
+ Effort level of trainees (5.8%)
+ Lack of understanding of trainee requirements (5.8%)
+ Communication with academia (3.8%)
+ Organisation of rotations (3.8%)
+ Plagiarism (1.9%)
+ Mental health of trainees (1.9%)
+ Space and resources (1.9%)
+ Trainee inability to take on feedback (1.9%)

Some of the issues highlighted are in keeping with the barriers reported by the trainees, and the NES team are reviewing these barriers to see where assistance can be provided.

It was reported that 15.2% of supervisors had a trainee in difficulty, which is a substantial increase on the figure reported in the previous year (9.1%).

Reasons for the difficulty included:

+ Significant leave
+ Personal circumstances
+ Inadequate academic progression

NES is aware of at least some of these situations from ARCP reports and communication directly with supervisors and trainees, and are supporting the processes as required.
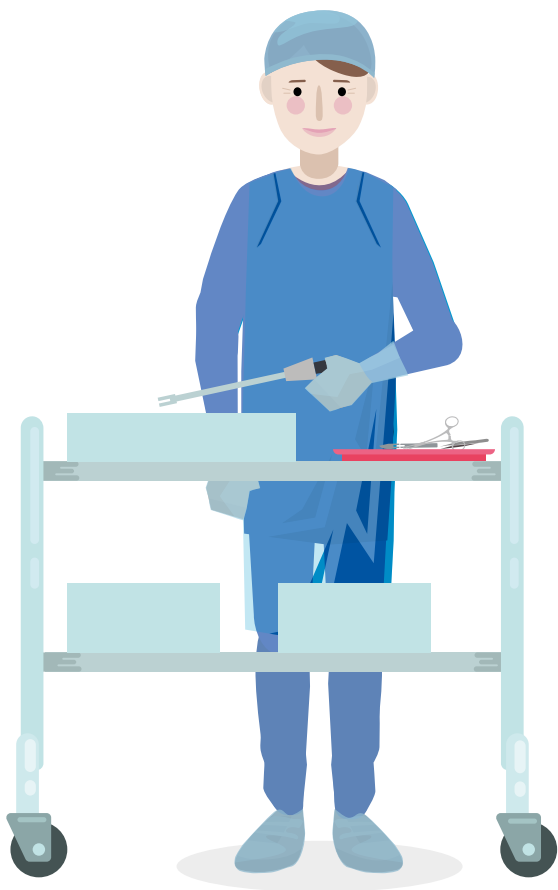
Support

Supervisors reported accessing a variety of courses in the supervision of trainees, include NES-provided courses, courses provided by professional bodies, and the National School of Healthcare Science.

Only 57.1% of supervisors stated that they are provided with sufficient time to enable them to supervise training effectively, with a further 3.8% stating that this was sometimes the case dependent on service pressure.

Respondents said they felt supported in their role as supervisor (88.6%), with the other 11.4% stating staffing issues, lack of time, lack of transparency of training requirements, and lack of training as reasons they felt unsupported. During the confidential survey process, 2 supervisors asked to be contacted and NES are working with them to ensure support is provided as required.

The feedback from both trainees and supervisors provides valuable insights into the strengths and areas for improvement within the NES Healthcare Science training programmes.

These insights will inform future quality assurance measures and support initiatives to enhance the training experience and outcomes for all involved.

Supervisor comments

"Training and developing clinical scientists (at all levels) is one of my favourite parts of my job. I like helping them meet their full potential."

"This has been my most challenging year as a supervisor. It feels like there is a large gap between trainee expectations and the reality of working in the NHS."

"Supervising is such a rewarding experience, but there should be more 1-to-1 time devoted to training. It's simply not feasible going forward with the number of other commitments... to dedicate good quality time to support the trainees fully."

"I love being a supervisor but truly wish I could commit more time and energy to it, but there really aren't enough hours to cover all aspects at the moment."

Summary of combined Equality, Diversity and Inclusion (EDI) responses

Every individual working within HCS, along with all other healthcare staff within NHSScotland, has a responsibility to help ensure equality, diversity, and inclusion (EDI).

We at NES Healthcare Science are guided by the following principles:

+ We will examine challenges and barriers in training and education equality to **eliminate discrimination**; creating an environment where **differences are valued**

+ We will continue to promote a **culture of inclusion**, recognising and celebrating differences, acknowledging the benefits of a diverse training workforce

+ We will create a **non-judgemental safe space**, allowing open discussions around issues relating to equality, diversity and inclusion

+ We will **promote equality**, **diversity** and **inclusion** across all levels of the HCS community.

In our 2023 annual surveys sent to all trainees and their supervisors, we asked respondents if they would answer some EDI monitoring questions to help us better understand the diversity of our HCS training workforce.

The questions and options presented to them were based upon the [NHSScotland equality and diversity monitoring form](careers.nhs.scot/blog/recruiting-and-supporting-a-diverse-workforce-equality-and-diversity-monitoring) (careers.nhs.scot/blog/recruiting-and-supporting-a-diverse-workforce-equality-and-diversity-monitoring), aligning with the Census and the Scottish Government guidance on equalities monitoring.

Of the **259** respondents to our surveys, 185 (71.4%) provided responses summarised in the following pages. It is worth noting that each individual question was optional, so not all 185 respondents answered every one.

We first captured EDI data in the [NES Healthcare Science Annual Report 2022–23](www.hcstraining.nhs.scot/media/yj4ou5u3/nes-hcs-annual-report-22-23_finallr.pdf) (www.hcstraining.nhs.scot/media/yj4ou5u3/nes-hcs-annual-report-22-23_finallr.pdf). We were pleased with the significant increase in the number of respondents this year and our aim is to use the information gathered to assist our application of the principles in future.

Age, sex and sexual orientation

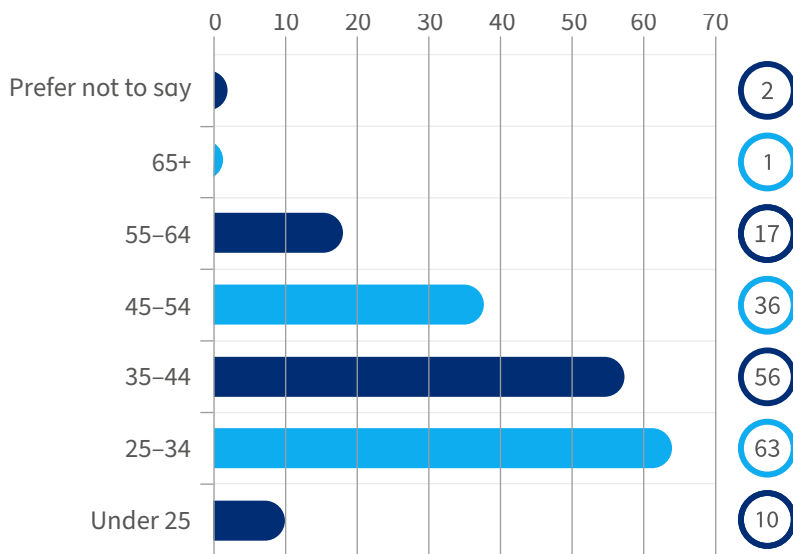Respondents had a wide range of ages, as illustrated in Figure 45.

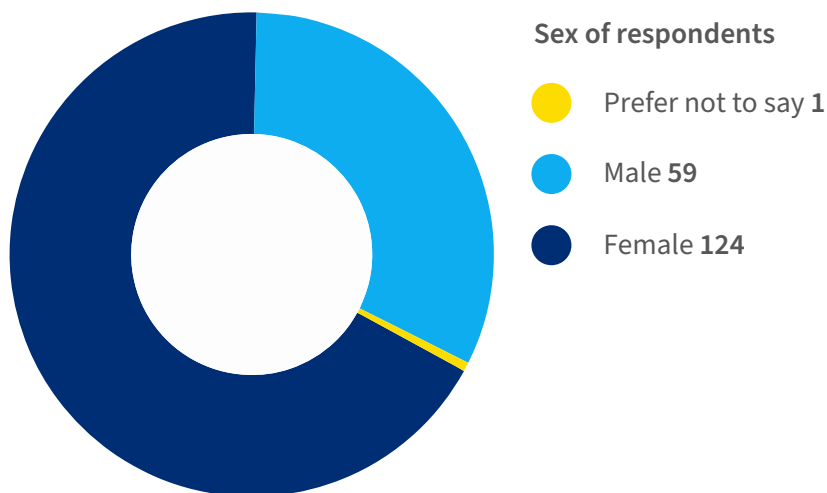Figure 45: Age range of respondents

Figure 46: Sex of respondents

As illustrated in Figure 46, the majority of respondents (67.4%) were female, 32.1% were male and 1 preferred not to disclose their sex. In a subsequent question, no respondents considered themselves to be trans or having a trans history.

In terms of what they felt best described their sexual orientation, 164 (89.1%) indicated straight or heterosexual, 3 (1.6%) indicated gay or lesbian, 13 (7.1%) indicated bisexual, and 4 preferred not to say (Figure 47).
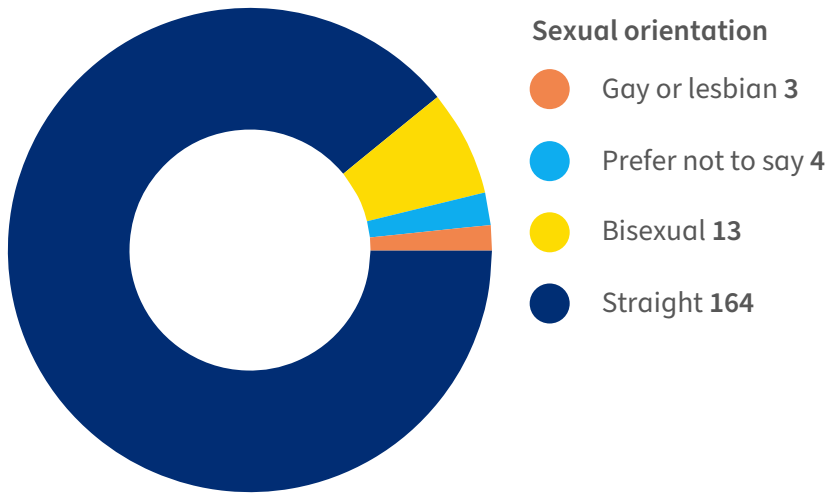
Figure 47: Sexual orientation of respondents

Sexual orientation

- Gay or lesbian **3**
- Prefer not to say **4**
- Bisexual **13**
- Straight **164**

Religion, national identity and ethnic group

Figure 48 illustrates which religion, religious denomination or body respondents belonged to.

Religion, religious denomination or body

- Buddhist (1) **0.5%**
- Muslim (2) **1.1%**
- Other (2) **1.1%**
- Hindu (3) **1.6%**
- Prefer not to say (3) **1.6%**
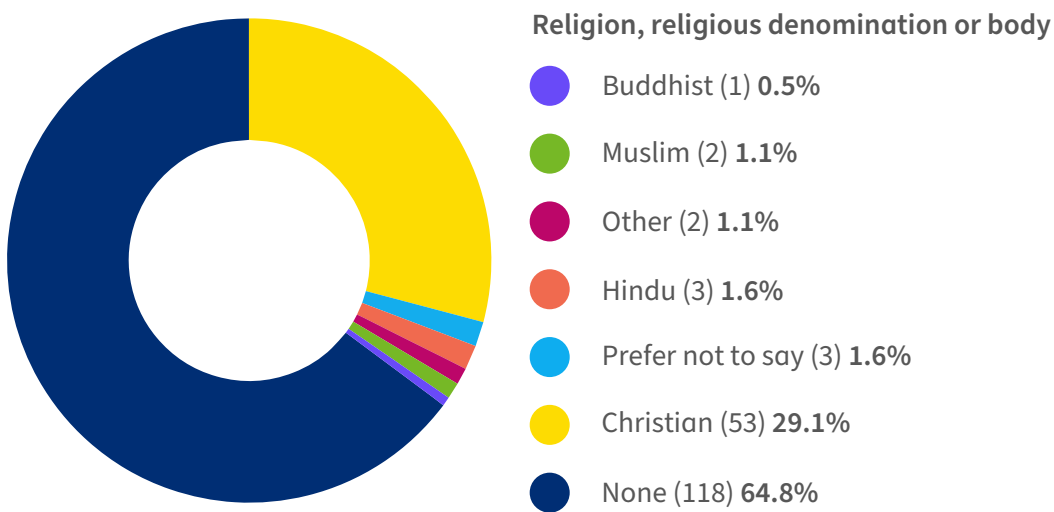- Christian (53) **29.1%**
- None (118) **64.8%**

Figure 48: Religion, religious denomination or body respondents belong to

The majority of respondents indicated they felt their national identity was either Scottish (48.4%) or British (38.5%). Many respondents selected more than one option and the data in the table overleaf illustrates a broad diversity of national identities. In terms of ethnic group, 169 respondents (91.8%) reported White, 4 (2.2%) reported African, Scottish African or British African, 4 (2.2%) reported Asian, Scottish Asian or British Asian, 4 (2.2%) reported Mixed or multiple ethnic groups, 1 (0.5%) reported Other and 2 preferred not to say.

National identity of respondents	No.
Scottish	103
British	82
English	8
Northern Irish	4
Prefer not to say	4
Irish	3
American	2
Mixed heritage	1
Greek	1
Finnish	1
Spanish	1
European	1
Polish	1
Italian	1

Health conditions and caring responsibilities

The respondents that indicated they had one or more conditions which had lasted or were expected to last at least 12 months numbered 35 out of 164 (21.3%). These conditions included deafness or partial hearing loss, developmental disorders, learning difficulties, long-term illnesses, mental health conditions and physical disabilities.

The respondents that indicated they look after or give help to support others because of ill health, disability or old age numbered 34 out of 184 respondents (18.5%). With 29 reported doing so for 1–19 hours/week, 2 for 20–34 hours/week and 3 for 50 or more hours/week. Only 1 respondent indicated they had ever been in care themselves.

Armed Forces service leavers and working patterns

The respondents that indicated they were an Armed Forces Service Leaver, Veteran or Forces Family member numbered 4 out of 184 respondents (2.2%).

Finally, 160 respondents (87%) indicated their current working pattern could be best described as full-time, 14 (7.6%) indicated part-time, 9 (4.9%) indicated flexible (including compressed hours) and 1 preferred not to say.