Author's response to reviews

Title: A new tool to evaluate postgraduate training posts: the Job Evaluation Survey Tool (JEST)

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Dear Editor

We submit our revised paper entitled “A new tool to evaluate postgraduate training posts: the Job Evaluation Survey Tool (JEST)” for publication in BMC Medical Education. We are grateful to the reviewers for their comments and have addressed each in turn.

Referee 1: No comments to address
Referee 2: 4 revisions required.

1. The objective of the study is clear and the case is well made for the need to quality assure training posts. An attempt to develop an instrument to support this, which is user friendly (short), reliable and valid is a useful exercise. However, the authors have not situated their work in the relevant educational literature. By drawing a comparison with PHEEM, the suggestion appears to be that this is a tool which seeks to measure the quality of the learning environment. The notion of learning environment and the tools which have been developed to measure it are not discussed. Specifically, a very obvious omission is the DRECT tool for the measurement of postgraduate learning environments.

Educational environment has been discussed at the bottom of page 3 and top of page 4 including the fact that a number of tools have been developed including the D-RECT one which has been referenced. In the discussion at the top of page 11, comparison to the D-RECT tool is made.

2. The description of the development of the JEST is confusing in parts – linking both with a previous iteration with fewer items and also with 15 standards generated locally. The main issues, however, are that 1. the questionnaire
development does not appear to have been underpinned by any theory of how trainees learn in the workplace and 2. There is no description of a systematic approach to the development of the 15 standards, such as for instance a Delphi process. This weakens the validity of the instrument.

We have added in further clarification of how JEST was developed including adding the words on page 4 ‘These were based on an earlier questionnaire with 9 standards, drawn up by extensive literature review and an expert panel, piloted and evaluation with collection of over 15,000 individual data sets’. The standards used were our previous ones which had been systematically developed plus those of the General Medical Council. Unfortunately the GMC standards are compulsory and a Delphi process was therefore not applicable. More detail has been added into page 5 to give clarity and how JEST contained many of the same categories as other tools including the D-RECT one.

3. A number of statistical approaches have been employed to demonstrate reliability and construct validity. It should be explained more clearly what each of these analyses adds.

This is clearly stated in the text with generalisability theory being used in addition to Cronbach’s alpha to ensure that variance was between what the doctors think of their jobs rather than between the 15 questions

The factor analysis should be presented in greater detail to clarify exactly what approach was used and the Eigenvalues for each factor.

Clarity has been added into the factor analysis approach with the following sentence on page 7 ‘Factor analysis was undertaken using principal component factor analysis with orthogonal (Varimax) rotation, accepting Eigen values over 1.0, and factor loadings over 0.5’. The range of Eigenvalues have been give in the results on page 10 with the key issue being that all were greater than 1.

4. It is stated that ethical approval was not required as this was service evaluation. I would not agree that this is the case. There are a number of ethical considerations here. Firstly a very high response rate was achieved in the first two rounds of use of this questionnaire - how was this achieved? Was return of the questionnaire compulsory? If so, the responses may be biased. Were the questionnaires returned anonymously? If not what guarantees of confidentiality could be provided and how was the data handled?

This has all been clarified. Added into the Foundation section on page 6 are the words ‘The questionnaire was handed out over a one month time period at weekly protected Foundation teaching which is compulsory and returned to the Postgraduate Centre Manager. Forms were anonymous’. Likewise added into the field testing section on page 6-7 are the words ‘Questionnaires were handed out
at monthly protected paediatric teaching which is compulsory with an email sent to all trainees asking them to complete the questionnaire if they were not at protected teaching due to night shifts or annual leave. The forms were anonymous and collected by the School of Paediatrics administrator.’

It is clear that there is potential risk to a trainee who returns negative feedback on the quality of a recent post. The relationship between the researchers and the trainees in this study is not entirely clear but if they were in a position of power relative to them then these are issues which require reflection and comment from the authors.

This comment has been addressed in the discussion with additional information supplied (page 12) ‘The authors of this study consist of senior clinicians and a senior manager. As questionnaires were distributed by postgraduate centre managers and the school of Paediatrics administrator and completed anonymously we do not feel that the positions of power of the authors compared to the trainees affected the results of the study. The West Midlands has had a culture of encouraging reporting of concerns about posts and for the Deanery to act upon those concerns to improve training. We were fortunate to get excellent returns of the questionnaires in pilot and field testing despite not making return compulsory.

We do hope that you will now find this paper suitable for publication.

Yours sincerely

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