JCST Joint Committee on Surgical Training | ASiT | BOTA | CoPSS Confederation of Postgraduate Schools of Surgery

Making the most of every training opportunity – national bodies, trainers and trainees

State of surgical training in surgical specialties after first wave

- Significant and sustained reduction in operative experience
- Logbook numbers down >50% in all surgical specialties since April and not recovered to 2019 levels
- Adverse impact all other and less well recorded areas of work, including but not limited to:
  - Outpatient clinics
  - Ward rounds
  - Multi-disciplinary meetings
- Differential impact across specialties
  - Greatest impact is in elective non-cancer conditions across all specialties
  - Trauma also reduced
  - Some specialties therefore impacted across the board – Trauma and Orthopaedics
- Differential impact between special interests within specialties
  - Broad based specialties with elective non-cancer, cancer and emergency workloads have suffered more impact on their elective non-cancer work than on other areas
- Differential geographical impact
  - All areas of the UK have suffered an adverse impact
  - There is no pattern describing how specialties are affected in the different geographical areas
- Differential impact across training levels
  - Early years and senior trainees have suffered most impact due to examination cancellations and pressure to complete curriculum requirements
- This has all resulted in a clearly measurable impact on training progression
  - 20% of surgical trainees on outcome 10
  - 1/3 of ST7 on outcome 10.1.or 10.2
  - 12% of ST8 on outcome 10.2
- Front of the train has hit the buffers. Need to act now to prevent the rest of the train crashing in behind
  - Logbooks and ARCP outcomes will continue to be monitored

Action

- Emphasise the importance of continuing elective and emergency surgical training delivery at every level, through communications to and from each level
  - Statutory Education Bodies[1] (SEBs) – to government (across the UK)
  - Royal Colleges – to government (across the UK) and to hospital management (through local representatives)
  - Postgraduate Deans – to Trusts, Health Boards and independent sector providers
  - Heads of School – as for Postgraduate Deans
  - Training Programme Directors (TPDs) – to Clinical Directors and Clinical and Educational Supervisors
  - Assigned Educational Supervisors (AESs) and Clinical Supervisors (CSs) – emphasise importance of training and use every opportunity to train
- Maximise access to and use of all available training capacity, including the independent sector
- Training delivery needs to make use of every opportunity and become active rather than passive
- Awareness central of the importance of getting trainees to CCT for workforce supply in the next 1-2 years and beyond. #NoTrainingTodayNoSurgeonsTomorrow

[1] Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education for Scotland (NES) and Northern Ireland Medical & Dental Training Agency (NIMDTA)

Local measures

- Expose trainees to every possible training opportunity
    - Carry out a training delivery impact assessment for each service change that is considered and act on it
        - Statutory Education Bodies to consider making this a requirement
    - Protect against redeployment as long as possible
    - If redeployment inevitable then selective protection of CT2 and ST6/7/8 so that they are best able to reach the end of curricula
    - Plan training delivery for all trainees on a unit on a weekly basis to maximise efficiency of delivery
    - Deliver specific training needs as much as possible, especially for those trainees nearing the end of their curriculum and for those at the start of their training
    - Ensure access to green sites and normalise training in the independent sector
        - Escalate challenges in delivering training in the independent sector to the Regional Postgraduate Dean if not resolved locally
    - Ensure release of trainees to independent sector training opportunities, for example by making best use of the Extended Surgical Team
    - Working hours must be prioritised for training in theatre, clinics and other procedures rather than ward cover
    - Develop remote access possibilities such as Hololens, Proximie and 360 degree video as alternatives to observing in theatre, and to extend this to as many trainees as possible
- Maximise and maintain elective service delivery and training
    - Optimize COVID-light sites
    - Increase testing of surgical teams to protect COVID-light sites
    - Maintain staffing of surgical teams with minimum redeployment
- Encourage and support trainers
    - Highlight the gravity of the problem and the pivotal role of trainers on the front line - 'your trainees need good trainers like never before'
    - Provide real world examples of how to make the most of each training encounter, including where services, such as outpatient clinics, have changed due to COVID (as suggested in the Appendix and on JCST videos)
    - Develop local teaching events to replace any cancelled elective activities, for example, examination preparation, virtual grand round, journal club
    - Attempt to ring-fence actual, rather than notional, educational supervision time
    - Improve feedback – provide examples of how to do this for each encounter (e.g. https://www.aomrc.org.uk/reports-guidance/improving-feedback-reflection-improve-learning-practical-guide-trainees-trainers/)
    - Engage with the Multiple Consultant Report (MCR) on the ISCP and trainee self-assessment tools
        - Provides bespoke detailed and rich feedback
        - Details specific training needs as identified by both trainers and trainees
        - Identifies trainees ready to complete training
            - Places less emphasis on granular requirements (e.g. indicative numbers)
            - Especially useful if pressure on case throughput continues

Local stakeholders

- Trainers, reached directly by communications from JCST, SEBs, Schools and Colleges
- College Tutors and TPDs to understand agenda, and support delivery
- DMEs, MDs, national employer groups to be on board to direct implementation of the above around redeployment priorities

Regional

- Heads of School and TPDs key to delivery of local objectives above, with support from Postgraduate Deans in areas of difficulty and reluctance
- Ensure independent sector training opportunities are available and used to best advantage
- Work towards normalising the use of the independent sector to deliver training
- TPDs can now monitor logbooks by procedure, hospital and trainer through improved e-logbook functionality
    - Make TPDs aware of how to use this functionality to help them plan training delivery and placements for individual trainees
- More flexibility in regional training delivery
    - Trainees to move to training opportunities at short notice in order to achieve curriculum requirements
        - Identify and address specific training gaps, particularly for those close to the end of training – active process led by TPDs
    - Use contracted Clinical and Educational Supervisor time to most benefit by ensuring training is delivered within it on whichever site is most appropriate
- Use simulation teaching where it is relevant, available and deliverable
- Ensure pastoral support and care is available and that trainees know how to access it

National

- Confederation of Postgraduate Schools of Surgery (CoPSS), with collaboration from Colleges, to build on existing good examples of online faculty training
- Provide recognition, support and encouragement for trainers to train
- Head of School (HoS) to lead on planning and delivery of high quality national syllabus knowledge teaching
    - Create, or develop existing, recorded webinars delivering teaching mapped to syllabus objectives by national experts across all specialties and Core Training
    - Alternatives include media delivering reusable learning objects, e.g. podcast, video)
    - Video conferencing platforms allow UK national delivery to whole specialty
    - Learning objects (including webinar recordings) to be placed in online repository
        - e.g. YouTube (free), existing Virtual Learning Environments (Hubs), other regional solutions
    - Allows access from home or work and is time and resource efficient
    - Whole syllabus can be covered over a cycle and updated in the future as required
    - Early experience in the pandemic shows that models such as this have already delivered a huge increase in quality of teaching
    - A legacy model post COVID if set up well
    - Requires resource (person time and technical support) to advise on technical aspects and to co-ordinate structured placement of outputs in online repository
- Raise the profile of the importance of training delivery onto a par with that of maintaining general population health through retaining elective service delivery
    - “Keep elective services running for the public’s health now”
    - “Keep training running for the public’s health in the future”
    - #NoTrainingTodayNoSurgeonsTomorrow
- Trainee organisations to be involved early – this done with trainees, not to trainees

How do we know it works?

- Logbook numbers, ARCP outcomes, trainee numbers completing Core and achieving certification
- Uptake of MCR and self assessment tool
- Feedback from trainers and trainees
- Heat map of syllabus coverage in online teaching programmes

Appendix

Suggestions to maximise surgical training delivery

The below is an aide memoire of good practice, undertaken in large part by many trainers, but practiced in entirety by few. If more trainers include more components in their daily practice, this would increase the delivery of feedback and valuable learning opportunities.

Clinical Supervisors

- Involve a trainee (any level) in all the clinical work you do
    - Clinics, wards, emergencies, theatre, MDM, clinical paperwork
- Aim to get a training interaction on every patient (almost – long stay in patients present fewer opportunities for training)
    - This does not have to be long or detailed, it might just be a sentence or two for feedback, to give a tip or to impart a gem of information
    - On some patients you could simply refer back to a previous training encounter – "remember, just like that case we discussed the other day…". That would be a training encounter in itself
- Use spare moments to teach
    - Get the trainee to describe how to do a procedure over coffee in theatre
    - Discuss options for that tricky case on the ward while walking along the corridor
    - While waiting to get into theatre with an emergency case
- Adapt your approach to maximise opportunities
    - Make the time to listen to your trainee conducting a telephone consultation in clinic. You can be doing some paperwork at the same time.
      Give some feedback and tips.
    - Ask your trainee to do the ward round while you watch. Depending on the trainee you might need to pay full attention or you could stand back more and catch up on reading while keeping a loose eye on proceedings.
      Give some feedback and tips.
    - Watch your trainee assess some emergencies and ask them to make their plans and set them in motion.
      Give some feedback and tips.
    - Stretch the level of responsibility you are prepared to give to trainees while keeping an eye on them quietly. Trainees respond well to being trusted and get a lot out of it.
    - Deliver all the training you can from theatre cases.
        - Two trainees? Give the junior one the opening and closing and simpler components, give the senior one the more complex components
        - Dual consultant? Take it in turns to supervise the trainee while the other takes a break. If some components need both consultants to be operating, describe your thought processes and what you are doing in detail, giving the trainee every chance to see and feel the operative site.
        - At the pre-theatre briefing, explain the threat there is to training, how every opportunity must be taken and what the trainee will be doing today. The anaesthetists will be doing the same.
        - Ask the trainee to describe all that happened after the case – the operative procedure, any surgical or anaesthetic challenges there were, how the whole theatre team worked, the impact of any outside messages that came through
        - Give feedback and tips.
    - Ask your trainee to take ownership of some cases for the MDM and to lead the discussion
        - You might want to tell the meeting at the start that this will be the case so that the trainee can get the most out of it.
    - Every time you look at a scan or set of imaging, try to have a trainee present to explain or discuss it.

- Encourage your trainees to get the most out of every day and to reflect on what they have learned at the end of the day – you could help them do that if you have a chance to do so.
- Do spend some time with your trainee chatting:
    - How are they managing with the current challenges
    - What their career aspirations are and has the pandemic changed these
    - Any non-work interests
    - Build up a rapport
    - Make your trainee feel like they belong on, and are important to, the unit

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