



FACULTY OF SURGICAL TRAINERS
THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

Standards for Surgical Trainers

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on behalf of the **FACULTY OF SURGICAL TRAINERS**



FROM HERE, HEALTH

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USING THIS DOCUMENT

We envisage that a wide variety of groups and individuals will have an interest in this document but that interest will vary with their perspective. In order to help the reader find the material they need we have divided the report into three sections:

Part 1: Rationale and introduction

Why the document has been written, the background to the GMC standards and the approach that we have taken in adapting these standards to a surgical context whilst retaining their congruence with the original format.

Part 2: Standards for surgical trainers

A straightforward statement of the GMC standards as they apply to surgical trainers.

Part 3: Evidence to meet the standards

What evidence is needed to verify that an individual has met or will meet the standards? How might that evidence be assembled for inspection by any interested authority?



Foreword

Throughout the developed world the emphasis on surgical care is changing from quantity to quality. With a changing environment around us, it is always important to look to the principles of safe patient care that will define and direct what we do. This applies equally to surgical training since the end product of that training is a surgeon who provides safe patient care. This means that the emphasis for surgeons who also train must be to adapt and provide first-class training in changing circumstances. That our Faculty of Surgical Trainers has proven so popular with surgeons, with nearly 500 trainers having joined in the first year, confirms that the desire to provide good training continues to motivate surgeons throughout the profession.

This document, the product of hard work and much consideration by a small group dedicated to surgical training, provides a framework for assuring ourselves and others that we are indeed delivering high quality training for our colleagues. The community of surgeons who take their training responsibilities seriously owe a debt of gratitude to the authors of this document. I commend it to you since I am sure that it will both support you in your job as a surgical trainer and give you the confidence to know that you are providing effective training for the next generation of surgeons.

Ian Ritchie

President, Royal College of Surgeons of Edinburgh

April 2014

Introduction: Rationale for this document

‘SURGICAL TRAINING IS PATIENT SAFETY FOR THE NEXT 30 YEARS.’

‘CONSULTANTS FORMALLY AND DIRECTLY INVOLVED IN TRAINING SHOULD BE IDENTIFIED AND THEY MUST BE TRAINED, ACCREDITED AND SUPPORTED.’

Professor Sir John Temple - Time for Training

The quality of surgical training that we provide dictates the quality of surgical care both now and in the future. While the standards of surgical training are for the most part very high, we know from surgical training’s position at the bottom of the satisfaction stakes in the GMC training survey that there is room for improvement. As a Faculty of Surgical Trainers we want to champion not only continuing excellence in surgical training as a whole but also the personal journey towards excellence as a trainer for the benefit of both our patients and trainees.

Our colleagues in primary care have led the way in ensuring a high quality, standardised approach to the delivery of post-graduate training. This inequality between primary and secondary

care was flagged up by Lord Patel in his report into medical education and training in 2010. He recommended that processes for trainer accreditation in primary and secondary care should be more closely aligned.

In 2012 the General Medical Council (GMC) produced its implementation plan for the recognition and approval of all trainers in secondary care. These processes mean that trainers will need to demonstrate that they are properly trained and equipped for their training role. In the realm of surgical training the approval process will apply to both named educational and clinical supervisors.

The framework that the GMC will use for this recognition and approval process is that set out previously by the Academy of Medical Educators (AoME) . This framework consists of seven domains, listed below and reproduced with the permission of the Academy of Medical Educators. Named educational supervisors will need to map their activity to all seven of the domains while named clinical supervisors will need to map to five of the domains (A, B, C,D,G).

The seven training domains developed by the Academy of Medical Educators

- A** Ensuring safe and effective patient care through training
- B** Establishing and maintaining an environment for learning
- C** Teaching and facilitating learning
- D** Enhancing learning through assessment
- E** Supporting and monitoring educational progress
- F** Guiding personal and professional development
- G** Continuing professional development as an educator.

The need for surgical standards

Uniqueness of surgical training

The practice of surgery differs from other avenues of medical practice in two ways: firstly, in the degree to which it incorporates a set of practical skills alongside technical knowledge and professional attitudes; secondly, in that it is practised mainly in an operating room context where care is being given to patients in critical circumstances. Surgeons need to have expert knowledge of their subject matter, and be able to apply that knowledge in specific clinical situations, while demonstrating excellent communication, leadership and teamworking skills.

Surgical trainers need to be able to teach all of these skills in an environment where both they and their trainees are engaged in the process of surgical care for patients. With an ever-expanding surgical curriculum, and ever-shrinking time for training, it is essential that our surgeons of the future are trained effectively and efficiently. If we place less emphasis on this rigorous pursuit of continuing excellence in surgical training, we do so at risk not only to ourselves but to our patients now and in the future.

Changes in the landscape

For centuries, postgraduate medical education has relied on learning through observation and graded participation. In surgery in particular the training model of learning by osmosis and trying, like an apprentice, to emulate the master has been commonplace. Although this system did perhaps have more rigour than is at times now suggested, it lacked structure, focus and, perhaps most important in these “post-Francis” times, accountability.

This apprenticeship model, where the main indicator is time served, and where trainees are expected to absorb knowledge from their long hours of service provision, has been largely abandoned in today’s NHS. We now have to train in a much more structured and educationally sound way with more focus on the outcome we want to achieve at the end of the training programme.

“IF YOU ARE INVOLVED IN TEACHING YOU MUST DEVELOP THE SKILLS, ATTITUDES AND PRACTICES OF A COMPETENT TEACHER.”

GMC Good Medical Practice



Changes in the landscape

Trainees now work in an environment where they (and their patients) are protected from excessive hours. They also now train in a more distributed environment – with almost complete fragmentation of the old ‘surgical firm’ structure. While this is often seen as a negative influence on training, in fact we now need to ensure that our trainees are prepared to work and function within such a multi disciplinary team environment demonstrating specific non-technical skills in teamworking, leadership and communication. There is now no place for *ad hoc* and unregulated training schemes and we need to continue to move along the path towards a truly competency-based model of training.

Learning to be a surgeon, with the operative, clinical and non-technical skills that this requires always has been, and always will be, something that has to be learned ‘on the job’. Despite the changes discussed above, we firmly believe

that high quality and safe surgical training must be delivered by trained trainers in an appropriate and graded fashion within a service environment. However, the current landscape means that surgical trainers must adopt new methods and approaches to education and training to ensure that the clinical setting maintains this central role in training.

These new demands provide us, as surgical trainers, with an opportunity to embrace change and to champion high quality surgical training.



Professionalisation of training

These changes in our training landscape have driven a move towards the ‘professionalisation’ of medical training; and surgeons need to remain at the forefront of this change. We are working in an environment where there has been an inexorable growth in accountability not only to patients, service, and regulators but also to our surgical colleagues in training themselves. Continuing to maintain excellence in surgical training means that we need to embrace rather than resist this professionalisation.

In order to continue to deliver the highest quality training in our changing (and some would say challenging current) environment we need to shift our paradigm for thinking about surgical trainers. In our new paradigm surgical trainers need to be appropriately trained and accredited to deliver the highest quality training in the changing workplace. This accreditation process should be seen as a first step moving us closer to a world where training activity is properly resourced, recognised and rewarded.

We welcome a process for the formal accreditation and professional development of trainers. Until recently there were no agreed standards across the UK for appointing Educational Supervisors nor for determining the minimum acceptable training or qualification; no agreement on the continuing professional development needs of surgical trainers, no defined quality markers, no defined syllabus for the skills a trainer should acquire, and no consistency as to the time allocated for educational activity within job plans.

As a surgical body we need to ensure that this accreditation of trainers is not just an added bureaucratic burden but that it adds value and benefits the trainer, the trainee and ultimately our patients. In this new world our watchwords are quality and safety in all that we do, and this applies as much in the training arena as it does in patient care. Our training schemes and the products of those schemes need to be open to public scrutiny; we need to be able to stand proudly as surgical trainers and continue to ensure the provision of excellent and safe surgical care for the next generation.

Developing surgical standards for trainers

In 2012 the GMC published the implementation plan for the recognition and approval of all trainers in secondary care. The framework devised by the Academy of Medical Educators (AoME) provides a sound framework on which to base such an accreditation process. However, these AoME descriptors lack a surgical context. The Faculty of Surgical Trainers of the RCSEd responded by forming a small working group to review the standards and to place them within a framework that would be of practical use to a surgical trainer.

The original standards were reviewed in depth, creating alternative phrasings applicable in a surgical context, and adapting or adding elements where necessary to fit surgical training practice. Throughout the process the original framework headings were maintained.

With the eventual aim in mind that the standards would form the basis for appraisal and accreditation, a detailed list of appropriate evidence was compiled. The original broad-brush references to sources of evidence were replaced by a detailed list, each linked to a specific standard to ensure that all of the standards could be demonstrated and evidence gathered or generated.

This produced a comprehensive and extremely detailed document but one which was unwieldy and impractical for routine use by surgical trainers. This document was therefore edited to produce a useful set of standards using the following criteria:

1. Each framework area should have no more than seven elements, including standards for the excellent trainer.
2. Standards should focus on areas that are clearly indicative of effective or excellent behaviour rather than be an exhaustive list of all behaviours.
3. The standards should have high face validity and reflect surgical training practice.

A workable document was created and an in depth background analysis conducted. Following this an outline of evidence that would support the trainer in demonstrating that they had achieved the standards was extracted. This became the “Trainer’s Journal” which describes a wide variety of possible evidence for each descriptor, in addition to defining items considered essential or mandatory.

Standards for surgical trainers

The standards themselves are laid out in the pages that follow. It is intended that all educational and clinical supervisors meet the standards of effectiveness in framework areas 1 to 4 and 7. It is also hoped that all trainers will strive over time to achieve the standards of excellence in these areas. Framework areas 5 and 6 apply only to named educational supervisors.

Each framework area contains 4 elements:

1. A title that gives first the focus and also links to the same framework areas in other standards.
2. A simple summary of the framework area's focus.
3. Standards for the effective supervisor.
4. Standards for the excellent supervisor.

Effective or excellent

The original framework is set under two headings – that for the Effective and that for the Excellent Supervisor respectively.

The Effective standards are described in terms of trainer behaviours that are readily demonstrable and behaviour focused. This should enable a trainer to have clarity of purpose about the role of a surgical trainer and also facilitate the gathering of evidence related to that domain or element.

The Excellent standards are deliberately more broad-brush in description with a maximum of two elements per domain. They generally refer to the trainer's activities within the wider landscape of surgical education and training outwith the immediate workplace-based training environment.



Framework Area 1:

Ensuring safe and effective patient care through training

As a trainer you demonstrate the highest standards of safe surgical care, and are able to incorporate high quality training into your care delivery.

The Effective Trainer

- A.** Acts to ensure the health, wellbeing and safety of patients at all times, balancing the needs of service delivery with training through an effective job plan.
- B.** Ensures that the trainee has an explicitly identified supervisor available in all clinic and theatre lists.
- C.** Adapts their working practice to maximise training opportunities.
- D.** Ensures their trainee has a safe and thorough induction to the unit.
- E.** Provides the trainee with graded supervision appropriate to their stage of training.

The Excellent Trainer

- F.** Uses training opportunities to improve quality of care and patient safety.
- G.** Acts to protect and promote training within the workplace.

Framework Area 2:

Establishing and maintaining an environment for learning

As a trainer you are able to identify and use a wide variety of learning opportunities and promote a culture of learning within your unit.

The Effective Trainer

- A.** Demonstrates positive attitudes and behaviour towards training and to safe patient care.
- B.** Provides training opportunities for all trainees sent to the unit.
- C.** Selects training opportunities that develop the trainee's knowledge, skills and attitudes appropriately.
- D.** Organises theatre and clinic lists to provide suitable learning opportunities.
- E.** Manages the trainee's workload to ensure compliance with EWTR while protecting training time.

The Excellent Trainer

- F.** Involves the trainee in improving the educational environment.
- G.** Involves the wider surgical team in teaching and training.

Framework Area 3:

Teaching and facilitating learning

As a trainer you plan and implement suitable learning and training activities for all your trainees.

The Effective Trainer

- A.** Knows the curriculum outcomes for the trainee.
- B.** Provides the trainee with practical training experience appropriate for their stage.
- C.** Utilises a range of teaching and training techniques within a variety of clinical environments.
- D.** Coaches the trainee in self-directed learning activities.
- E.** Encourages trainees to undertake appropriate external training opportunities.

The Excellent Trainer

- F.** Demonstrates exemplary knowledge, skills and attitudes in surgical training
- G.** Actively engages in development and delivery of training beyond the immediate surgical workplace.

Framework Area 4:

Enhancing learning through assessment

As a trainer you are able to use available assessment tools to assess and progress your trainee's performance in all aspects of surgical care.

The Effective Trainer

- A.** Regularly observes and assesses the trainee's technical and non-technical performance.
- B.** Gives appropriate, specific and regular feedback to improve trainee performance.
- C.** Supports the trainee in optimising learning from all curriculum-defined assessment tools.
- D.** Supports the trainee in preparation for professional external examinations.

The Excellent Trainer

- E.** Engages in depth with Workplace Based Assessments, supports and encourages colleagues in their use.
- F.** Engages in wider surgical specialty assessment projects, research and development.

Framework Area 5:

Supporting and monitoring educational progress

As a trainer you are able to set appropriate goals and review your trainee's progress in regard to these and the agreed curriculum.

The Effective Trainer

- A. Sets an appropriate learning agreement with the trainee that complies with current curriculum stage.
- B. Reviews and monitors the trainee's progress through regular meetings.
- C. Uses e-portfolios (e.g. ISCP) to monitor the trainee's progress.
- D. Provides written structured reports on the trainee's progress.
- E. Identifies and engages with the trainee in difficulty.

The Excellent Trainer

- F. Engages in research, development and governance activities in the wider surgical training context.
- G. Provides coaching and mentoring for trainees beyond basic requirements.

Framework Area 6:

Guiding personal and professional development

As a trainer you are able to act as a role model and source of guidance in the wider sphere of professionalism in the surgical workforce.

The Effective Trainer

- A. Demonstrates exemplary professional behaviour.
- B. Builds effective supervisory relationships balancing confirmation with challenge.
- C. Sets and maintains personal and professional boundaries when supervising trainees as laid out in Good Medical Practice.
- D. Identifies the need for careers or personal advice or support (e.g. occupational health, counseling, deanery careers unit) and refers on to other agencies in a timely manner.

The Excellent Trainer

- E. Is involved in the wider context of professional development of trainees
- F. Develops skills related to coaching and mentoring above the standard supervisory role.

Please note: Framework areas 5 and 6 apply only to Assigned Educational Supervisors

Framework Area 7:

Continuing professional development as a trainer

As a surgical trainer you continuously review and enhance your own performance as a trainer.

The Effective Trainer

- A.** Gathers feedback on their own performance as a trainer to benchmark against training curriculum.
- B.** Acts to improve their performance as a trainer.
- C.** Maintains up to date professional practice in all contexts in keeping with the principles of Good Medical Practice.

The Excellent Trainer

- D.** Actively challenges poor practice and champions positive change in themselves and others.
- E.** Engages in further self-development as a trainer and promotes development in others.

Providing evidence for the standards

As with any form of evidence, we need to demonstrate that it is necessary, its value as an indicator of performance and whose performance it reflects.

The need for evidence

Standards for trainers are irrelevant without the evidence to prove to all concerned, not least to the trainer him/ herself, that they are being met. In order to prove that a surgical trainer is meeting (or exceeding) the required standards, and to identify areas for development, a mechanism is needed to generate and summarise this evidence. This mechanism or device is described in detail in section four as the “Trainer’s Journal”.

The surgical workplace provides unique problems for assessment of any type. In the operating theatre surgeons and their trainees provide treatment for their patients within a high-risk environment. This environment is hostile to both time for reflection and the mechanisms to capture such reflection. With this in mind considerable thought has been given to the mechanisms and devices that might be used by trainers to gather evidence of their training practice.

Using the evidence

In order to provide evidence that each of the standards is being met, all submitted evidence should fit a common structure. For the trainer to receive adequate professional recognition of his or her functions and the appropriate time to perform the trainer role the provision of evidence will inevitably be necessary. It is most likely that recognition will become an essential

part of appraisal and revalidation for those with a training role. It is hoped that a standard set of behaviours expected of surgical trainers, and evidence that these standards are being met will increase the recognition of the importance of the role of the surgical trainer. In the future, being an accredited trainer will be “a badge of honour reserved for the very best” (HEE 2013). Because trainers are individuals and will undoubtedly vary in their approach to the evidence generating task, it is unlikely that this will become the sort of tick box exercise that can be reduced to a computer protocol and it is undesirable that this should be so. The connections that we have made in mapping the Trainer’s Journal to the standards also link to the evidence that may be used by the trainer to demonstrate the meeting of the standard. The use of each source of evidence will depend on how the individual trainer has generated it.

Use of the standards

These standards have been developed with the surgical trainer in mind. They are designed to be useful and practical and to reflect what actually happens within the surgical training environment. These standards, while primarily designed with the process of accreditation of the trainer in mind, may also serve a number of other purposes: at a personal level, a peer level and a regulatory level.

Personal reflection

Probably the most important use of these standards will be in self-evaluation. These standards provide a framework against which surgical trainers can measure themselves and their current training activities. They can be used as a basis for personal reflection as a trainer. They also enable the trainer to identify areas of weakness, possibilities for improvement and further learning needs. At a simple level, these standards can be thought of as a road map for the behaviours of a surgical trainer. These standards should provide a useful framework for self-reflection on current training practice. Most surgeons are used to reflecting on their clinical practice as a matter of course, and this framework will enable trainers to reflect on their training practice with similar effectiveness and rigour.

Peer review

The standards can be used as a common language for evaluation of your training practice by your peers, or conversely for review of colleagues' training practice. The most powerful and useful feedback for a trainer can come from peers but is rarely sought. In this regard these standards can act as a useful scaffold on which to base mutually beneficial conversations to improve the quality of training.

Recognition and accreditation

These standards are, of course, an adaptation of the standards that the GMC will use as the framework for the recognition and approval of trainers. They are explicitly mapped to the AoME standards and so will fulfill the requirements of this process. As such, they provide a useful framework for the educational appraisal of trainers, from the viewpoint of both appraiser and appraisee. The College and in particular the Faculty of Surgical Trainers would hope to see all standards met as part of the behaviour expected of our members.

Meeting the standards

In meeting the standards we need to satisfy the interests of all stakeholders. These standards should provide a benchmark of quality for trainers and so ensure excellent training for our trainees. The ultimate beneficiaries of high quality surgical training are the patients themselves, present and especially future. The GMC has not stipulated a strict level of pass or fail. At the time of writing of this document the responsibility for benchmarking has been left to Educational Organisers (EOs). The individual EOs such as the Deaneries or Local Education and Training Boards will define how the framework areas can be met, and requirements may vary.

The Faculty of Surgical Trainers wants these surgical standards to act as a focus for what an effective and an excellent surgical trainer should do. We also want these standards to be aspirational – ensuring that a trainer strives to meet the next level, or to fulfil the next domain. It should be borne in mind however that EOs will have the ultimate say in whether an individual passes the approval process and that there is likely to be variation in assessing the standards depending on the views of the EO.

The standards are divided into 7 framework areas, each with a number of elements. Five of these framework areas apply to named Clinical Supervisors (Areas 1,2,3,4, and 7) and all seven apply to named Educational Supervisors. It is hoped that all trainers who are committed to excellence throughout their surgical practice would provide evidence of success in meeting 100% of the “Effective” level standards for the majority of their career as a trainer. While this may seem onerous, it should be realised that the Effective elements from all the domains are activities which should be taking place in the normal day to day work of supervising trainees and so should be achievable over a five year cycle without the need for excessive additional commitment.

With this in mind, and acknowledging that there is no reliable evidence base to support a definitive view we recommend the following:

1. All trainers should be formally reviewed on a five year cycle.
2. Clinical Supervisors should meet 100% of the “effective” standards in domains 1,2,3,4, and 7 over this five year cycle.
3. Educational Supervisors should meet 100% of the “effective” standards in all seven domains over this five year cycle.
4. All Trainers should aim to provide some evidence within each of their relevant domains annually.
5. A trainer who fails to generate satisfactory evidence in any relevant domain must provide evidence for that domain in the next year.
6. A trainer who fails to meet 60% of the standards or has major deficiencies in a particular area at a formal review should undergo further review in a shorter time period eg 12 months.
7. Trainers who consistently fail to meet 80% of the standards at Effective level should re-examine their role as a trainer.
8. Any trainer acting in a senior role e.g. Programme Training Director should meet 100% of the standards at Effective level and a significant proportion at Excellent level.

Generating and collecting evidence: The Trainer's Journal

The following have been established earlier in this document:

- Evidence is needed that an individual trainer is meeting the standards on an ongoing basis.
- The standards will provide a useful and effective framework to help the individual reflect on their effectiveness as a trainer.
- The environment within which surgical training is practiced is hostile to writing down reflective notes at the time of many learning incidents.

It is also likely, unless there is a major change in the healthcare system, there will be little time available to set aside for not only the generation of evidence but also its analysis and the judgement as to whether that evidence indicates that the standards are being met.

With this in mind, a physical system will be needed to help trainers generate, collect, collate and submit their evidence to an appraiser. Without such a system the standards themselves are of little value. That system must not only serve the trainer's purpose but must also be fit for the purpose of the appraiser.

With this in mind, the system must possess the following features as part of its design:

1. Thorough

The system must generate evidence for all aspects of the standards. If evidence cannot be generated and collected for a particular standard then the value of that standard should be questioned.

2. High face validity

The links between the evidence collected and the standards it links to should be as obvious as possible. The trainer must be able to see clearly why they are collecting any particular piece of evidence. If the purpose is unclear the trainer may not be sufficiently motivated.

3. Proactive

The system must provide the prompt to the trainer for the ongoing reflective activity which results in the collection of evidence. This might take the form of diary reminders or alerts requiring attention

4. Intuitive/user friendly

The system must be physically easy to use. In particular where any form of web navigation is required, its use must be clear without the need for training.

5. Mobile

The collection system itself must be mobile, ideally on a smartphone or tablet platform. The evidence itself must also be mobile with the possibility of transferring it to a variety of uses without re-entering data. This will inevitably raise questions of interoperability which must be answered at the earliest opportunity.

6. Cost-effective

Build costs must be kept to a minimum by effective development but most importantly the system must not require costly maintenance or updating once in place.

7. Open architecture

It must be anticipated that change in this area is inevitable. The system must be so constructed that it can be easily adapted to a variety of other systems and be effectively modified to cope with changing circumstances.

To satisfy the design requirements above we envisage the development of a “Trainer’s Journal”. Initially this will need to be developed as a series of paper-based forms in order to test the concept but eventually it must be available as an “app”, website or both.

We describe below the content for the Journal. We have mapped the evidence required by each standard to the content of the Journal in detail. This detail cannot be presented fully within this document. Further details will be available in a webinar on the Faculty of Surgical Trainers website at www.rcsed.ac.uk/fst.

Broadly speaking, most trainers have access to four sources of evidence that can be used to provide evidence of their training activity:

1. Reports gathered directly from trainees
2. Evidence gathered from colleagues and peers
3. Personal reflections on the practical performance of the training role
4. Training related continuing professional development undertaken through reading, courses etc.

Examples of a series of questionnaires, reflections and profiles that can be used as evidence of meeting the standards can be found on the Faculty of Surgical Trainers website.

Following a thorough review of the demands of the standards and bearing in mind all of the required design features, a seven section Trainer's Journal has been devised.

The sections of the Journal are described briefly below:

1. Trainer profile

A trainer *resume*, to be used in relationship building and learning agreements with trainees. The profile outlines what the trainer offers to a trainee and is itself a form of evidence of the trainer's reflection on his/her own provision. The profile will contain a number of elements in a standard format, such as a mini-CV, and a detailed outline of training opportunities offered. This section can be updated by the individual for verification of engagement with good practice in training.

2. Trainee feedback form

This consists of factual feedback from the trainee to the trainer. One form can be completed per attachment or per year. The questions are designed so that the trainee answers as objectively as possible via tick box and optional comments avoiding subjective opinion wherever possible.

3. TPD/Peer feedback form

Gathering factual observation on behaviour from other trainers and the Training Programme Director through tailored 360 degree assessment forms that ask for an objective judgement and examples where possible.

4. Assessments conducted

An automatically generated section, linked to trainee logbooks such that a trainee entering an assessment automatically generates an assessment record for the trainer.

5. Reflective notes

In the eventual app trainers will select from a variety of forms designed to help record their reflection on different types of experience (lecture, event, paper...) with the option for trainers to design their own format. The forms will contain boxes to tick, sentences to complete, free text areas, questions to answer.

6. Documents library

Imported copies or scanned documents as evidence of training activities.

7. Update checklist

A proactive reminder to the trainer to review documents, create records etc. with an automatically generated record of activity. These sections will as a whole map to all the domains of the standards. Our vision is that the finished version of the Trainer's Journal should enable easy, guided data entry at the point of training via a smartphone app or via the internet.

More information about the Trainer's Journal and its ongoing development will be found on the Faculty of Surgical Trainers website www.rcsed.ac.uk/fst



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