



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH

The Faculty of Surgical Trainers

Faculty of Surgical Trainers

Standards for Surgical Trainers



Faculty of Surgical Trainers

The Faculty of Surgical Trainers aims to promote and professionalise the role of the surgical trainer. We are the first and only faculty of our kind in the UK dedicated to supporting and developing surgeons in their role as surgical trainers. We want to increase the profile and recognition of surgical education and training and disseminate the message that excellent surgical training means excellent and safe patient care.

Further details of the Faculty and how to join can be found at fst.rcsed.ac.uk

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Foreword

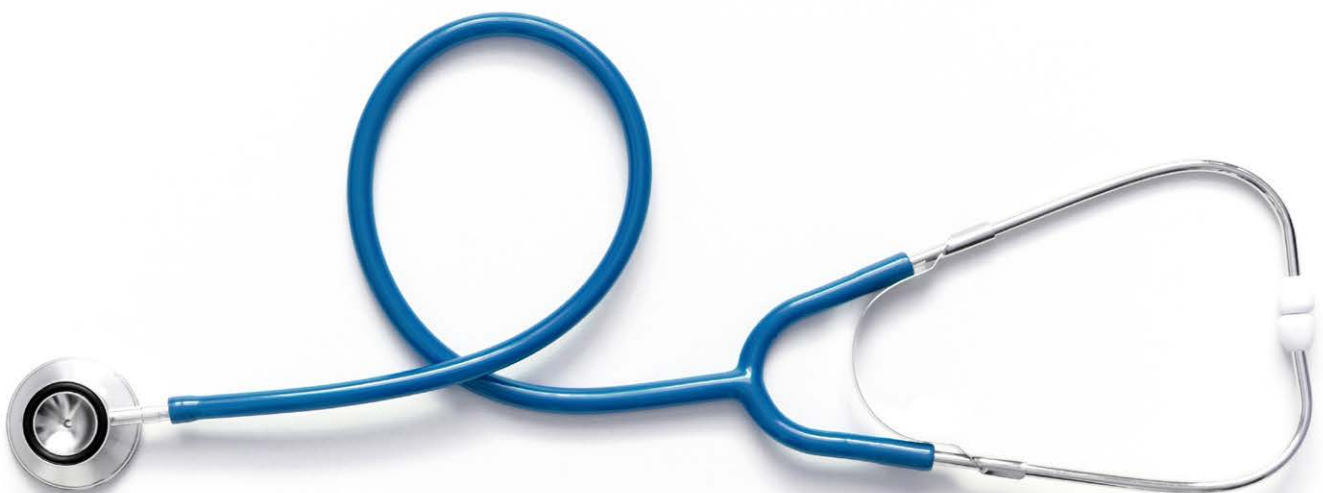
Since the first edition of Standards for Surgical Trainers which was launched by our Faculty of Surgical Trainers in April 2014, recognition of the importance of high quality surgical training has proceeded apace. The standards which were outlined in that document have been endorsed by the Joint Committee of Surgical Training and by the General Medical Council (GMC) and are seen as an example of good practice having been adopted as the gold standard for surgical trainers throughout the UK. During the past three years the Faculty has also gone from strength to strength, with a membership now exceeding 500 in the UK and in the international community. This second edition of Standards for Surgical Trainers builds on the experience of the last three years and takes into account the GMC's implementation in 2016 of a process for the formal recognition of all trainers in surgical care.

While the framework for the standards of surgical training outlined here remains unchanged, the concept of a Trainer's Portfolio to record training activity has matured. The Faculty of Surgical Trainers has worked closely with the UK Intercollegiate Surgical Curriculum Programme (ISCP) project board to develop a dedicated Trainer's Area, within the latest version of the ISCP website. This will enable you to gather the necessary evidence on your performance

as a trainer which will be automatically mapped to the relevant domains of the standards framework outlined in this document. This Trainer's Portfolio – which is now embedded within ISCP – contains, with refinements, the same seven elements that define a surgical trainer as described within the original Trainer's Journal. The evidence that you collect, relating to these elements within the portfolio, can be used to generate a record of your training activity in support of your appraisal and continued recognition as a surgical trainer.

It is our hope that the principles and framework outlined in this document will be of use to you wherever you practice, either in the UK or in the international community, and we look forward to hearing your feedback and your experiences as you apply these Standards. Finally, I would like to extend my thanks to the dedicated team in the Faculty of Surgical Trainers, led by Mr Craig McIlhenny, for their hard work and sustained commitment in developing and refining this set of standards for the benefit of all of us who strive to deliver high quality surgical training wherever we might practice.

**Professor Michael Lavelle-Jones, President,
The Royal College of Surgeons of Edinburgh**



Introduction – Rationale for this Document

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 are working 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.

In 2016 the General Medical Council implemented a process for the formal recognition of all trainers in secondary care. This recognition process means that trainers are now required to demonstrate that they are properly trained and equipped for their training role.

The framework upon which the GMC built this recognition process is that set out by the Academy of Medical Educators (AoME). This framework consists of seven domains, listed below. 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.

Acknowledgement of the importance of this recognition process led the Faculty of Surgical Trainers to release the first edition of the Standards for Surgical Trainers in 2014. These Standards were endorsed by the GMC and adopted by the Joint Committee of Surgical Training as the standard for surgical trainers in the UK. Since then, the Faculty has worked closely with the Intercollegiate Surgical Curriculum Project (ISCP) to integrate the Standards into the new version of the ISCP website.

To coincide with this collaboration, we have written this second edition of Standards for Surgical Trainers. The Standards themselves have not changed, but the context for the Standards has, as has the way in which you as a trainer can now access (ISCP) project board to develop a dedicated Trainer's Area, within the latest version of the ISCP website. This will enable you to gather the

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.

“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 Need for Surgical Standards

Uniqueness of Surgical Training

The practice of surgery differs from other avenues of medical practice in that it incorporates a set of practical skills alongside technical knowledge and professional attitudes. Surgeons need to have a high level of technical dexterity, an 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 the 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 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 program.

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 multidisciplinary team environment demonstrating specific non-technical skills in teamworking, leadership and communication.

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 must 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. The current landscape, however, 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.

The Need for Surgical Standards

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.

“The FST Standards form the basis of our graduate programmes in surgical education at the University of Melbourne and the Royal Australasian College of Surgeons, and are reflected in our curriculum. It is valuable having these standards articulated.”

Debra Nestel,
Professor of Surgical Education,
University of Melbourne



Developing Surgical Standards for Trainers

In 2012 the GMC published its initial implementation plan for the formal recognition of all trainers in secondary care. The framework devised by the Academy of Medical Educators (AoME) was adopted to provide a framework on which to base such an accreditation process. These AoME descriptors, however, lacked a surgical context. The Faculty of Surgical Trainers of the RCSEd responded by forming a small working group to review the AoME 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 trainer 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 two 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.

Since their initial launch, the Standards have been quoted by the GMC as an example of good practice and have been presented to and approved by the Joint Committee on Surgical Training (JCST) who have endorsed their use as the standard for surgical trainers throughout the UK.



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. Framework areas 5 and 6 apply only to named Educational Supervisors.

Each framework area contains four elements:

A. A title that gives first the focus and also links to the same framework areas in other standards.

B. A simple summary of the framework area's focus.

C. Standards for the effective supervisor.

D. Standards for the excellent supervisor.

Effective or Excellent

The original AoME 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.

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, trainees and safe patient care.
.....
- B. Provides training opportunities for all trainees sent to the unit.
.....
- C. Selects training opportunities that develop 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 trainees 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 trainees 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
.....
- D. supervising trainees as laid out in Good Medical Practice.
.....
- E. 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

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

Framework Area 7:

Continuing Professional Development as a Trainer

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

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

The Need for Evidence

Standards for trainers are irrelevant without the evidence to prove to all concerned, not least to the trainer themselves, 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. Throughout the development of these standards a method of evidence collection has been developed in tandem that we have named the Trainer's Portfolio.

Using the Evidence

For a surgical 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. This recognition has become an essential part of appraisal and revalidation for those with a named trainer role. It is hoped that this described 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).

Use of the Standards

These standards are designed to be useful and practical and to reflect what actually happens within the surgical training environment. While primarily designed with the process of accreditation of the trainer in mind, they 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 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, and 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 have adopted as the framework for the recognition 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 when it comes to being recognised as a trainer. At the time of writing of this document the responsibility for benchmarking has been left to Educational Organisers (EOs). The individual Educational Organisers 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.

As a Faculty of Surgical Trainers we hope 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 annually within a five year appraisal cycle.
2. Clinical Supervisors should meet 100% of the effective standards in domains A, B, C, D, and G 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.
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 Portfolio in ISCP

We believe that it is vital that gathering evidence that you as a trainer meet these standards should be effective, should minimise duplication of effort and should not be reduced to a tick box exercise or present an unnecessary bureaucratic burden. Therefore after initial design of a series of evidence gathering tools by the Faculty, we have worked closely with the Intercollegiate Surgical Curriculum Programme (ISCP) to integrate these tools into the current version of ISCP (Version 10).

As a trainer you are already familiar with the ISCP interface, and use it to enter evidence that your trainees can use to document their training progress. With the addition of a new trainer's area, you will now also be able to use the ISCP website to gather evidence on your performance as a trainer, and have this evidence automatically mapped to the relevant domains in the Standards framework. The Trainers Portfolio is integral to ISCP and is contained within the new trainer's area. It is divided into the following sections for evidence collection-

Trainer Dashboard

The Trainer Dashboard will provide an at a glance summary of what evidence has already been provided in all framework areas.

Trainer profile

The trainer profile outlines what you as a trainer can offer to a trainee and is itself a form of evidence of the trainer's reflection on his/her own provision. Within the profile you will designate your training role, and give details of any formal and informal additional training roles that you hold. You will also give details of what clinical areas you can provide training in, as well as what opportunities you provide for training in Generic Professional Capabilities.

Trainee feedback

This consists of factual feedback from the trainee to the trainer. One form can be completed for each trainee for each training attachment. The questions are designed so that the trainee answers as objectively as possible via tick box and optional comments avoiding subjective opinion wherever possible. This form can be sent electronically to your trainees and the output will only be visible to you as a trainer after a minimum of five forms have been completed, to help preserve anonymity.

Peer feedback

This form can be sent to peers and other trainers to gather further feedback mapped to the relevant domains. The data from the questionnaire will again only be visible after a minimum of five forms have been collated to preserve anonymity.

Assessments Summaries

This is an automatically generated section, linked to the workplace based assessments (WBAs) that you fill in for your trainees. It will collate the numbers and types of WBAs that you complete and automatically map this training activity to the relevant framework areas to provide evidence of your assessment activity.

Reflective notes

In this section trainers can select from a variety of forms designed to help to record their reflection on different types of training activity. This will be useful in allowing trainers to provide evidence in framework areas where they have not previously gathered any evidence.

Documents library

The documents library will import copies of certificates or scanned documents as evidence of training activities such as attending training related courses. The trainer will be able to select the relevant framework areas that the document will map to.

The Trainer's portfolio will produce, at its simplest, a PDF output that is mapped to the framework areas of the standards. This output will clearly indicate to the trainer's appraiser where they have provided evidence of their training activity over the past 5 years. This should provide a clear and unambiguous record of training activity that can be used to maintain GMC recognition as a trainer.



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