Faculty of Surgical Trainers Annual Meeting
Who Makes the Cut? Assessment in Surgical Training

Wednesday 22 October 2014
The Royal College of Surgeons of Edinburgh
Convenor’s Welcome

I would like to welcome you all to the 2014 Faculty of Surgical Trainers meeting “Who Makes the Cut?” We have chosen assessment as this year’s theme, and assessment not only of trainees but also of trainers. Assessment is a vital and integral part of all surgical training programmes – and we assess our trainees constantly and for a variety of reasons – to ensure they are progressing appropriately, to ensure they are safe, and finally to ensure they are fit to be consultants. This assessment process is so central to the entire surgical training process that a meeting dedicated to assessment is essential for a Faculty such as ours.

I am delighted that Professor John Norcini is our first keynote speaker today. Professor Norcini is the acknowledged world expert on the assessment of physician performance in the workplace. We assess our trainees every day in our training role, both formally and informally, but our knowledge of assessment theory can often lag behind our surgical knowledge. I therefore very much look forward to Professor Norcini’s talk on formative assessment in postgraduate training programmes and I suspect that I shall increase my understanding of assessment at an exponential rate.

Our focus later in the day shifts to the assessment of surgical trainers, and this shift is timely. As most of you will be aware, the GMC is mandating from 2016 that all doctors with a named training role will need to be recognised and approved. This approval is already well developed in primary care, and so I am grateful to Professor Moya Kelly for giving us an insight into how this works in their training programmes. We do have significant differences in secondary care – and I am sure Humphrey Scott will highlight these as he gives a view of what these changes may mean to a head of school of surgery. This GMC process will be based on a framework devised by the Academy of Medical Educators (AoME). This however lacks grounding in surgical training, which is why the Faculty has produced its own set of standards – and David Pitts will discuss these further today.

I would like to welcome Dr Steven Yule over to this side of the ‘pond’ again from Harvard Medical School. Dr Yule has worked with the College over a number of years in developing the Non-Technical Skills for Surgeons (NOTSS) taxonomy. These non-technical skills are as vital as the technical ‘knife and fork’ skills in ensuring optimal surgical outcomes. As a Faculty we firmly believe that training in these non-technical skills should be fully integrated into all surgical curricula. This is exactly what is happening in the USA, and Dr Yule will update us on the latest in non-technical skills and their assessment.

I also hope you will be able to stay until the end of the day and listen to the free paper sessions. I see one of the key roles of the Faculty as being to promote interest in improved surgical training and education, and research and audit projects are a vital cog in this process.
MR IAN RITCHIE
President, The Royal College of Surgeons of Edinburgh

President’s Welcome

“With the advent of accreditation of trainers by the General Medical Council in 2016, the Faculty of Surgical Trainers offers all surgeons the opportunity to examine their practice”

The third Annual Conference of the Faculty of Surgical Trainers on Assessment in Surgical Training follows logically from last year’s conference on Simulation and Patient Safety. The surgical Royal Colleges have been leaders in the assessment of knowledge through our examinations system but only recently have we begun to examine the need for assessment, both formative and summative, of surgical skills.

The programme for the day, which includes some of the foremost names in surgical assessment within the UK and North America, promises to fill a large part of the CPD requirements for a surgical trainer.

One of the prime aims in forming the Faculty of Surgical Trainers was to further the College aims of improving standards for surgical training. This programme, with its focus on the assessment of both surgical trainees and surgical trainers, fulfils that aim.

With the advent of accreditation of trainers by the General Medical Council in 2016, the Faculty of Surgical Trainers offers all surgeons the opportunity to examine their practice as trainers and to meet the standards that will be required of trainers by the GMC.

I commend this meeting to you and look forward to seeing you there.
## Programme

### PLENARY SESSION

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<tr>
<td>08.15</td>
<td>Registration and Coffee</td>
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<tr>
<td>09.15</td>
<td>Welcome, Mr Ian Ritchie, RCSEd</td>
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#### Session one: Assessment of surgical trainees

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<tr>
<td>09.20</td>
<td>KEYNOTE LECTURE: Formative assessment in the context of postgraduate training, Professor John Norcini</td>
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<tr>
<td>09.50</td>
<td>The Gordon Gordon-Taylor Memorial Lecture – The system of surgical assessment in the UK, Mr William Allum</td>
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Regarded the ‘doyen’ of surgery of his generation, Sir Gordon Gordon-Taylor was born in 1878 in London, the only son of the wine merchant John Taylor. He was made consultant surgeon to the Alfred and St Vincent Hospitals in Melbourne and was an honorary member of surgical societies across Europe. He received honours and awards from all over the world; among them were election as President of the Medical Society of London, President of the Association of Surgeons of Great Britain and Ireland, and President of the Royal Society of Medicine, being elected an Honorary Fellow in 1949. An acclaimed orator, his passion was to educate, instruct and help young surgeons from all over the world.

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<th>Time</th>
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<tr>
<td>10.15</td>
<td>Assessment of surgical skills in the UK – Evaluation and evolution, Professor Jonathan Beard</td>
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<td>10.40</td>
<td>The trainee view of assessment, Mr Steve Hornby</td>
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<td>11.00</td>
<td>Coffee Break (Poster Display)</td>
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#### Session two: Assessment of surgical trainers

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<tr>
<td>11.30</td>
<td>The assessment of trainers in the military, Captain Gordon Graham RN</td>
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<td>11.50</td>
<td>The assessment of trainers in primary care, Professor Moya Kelly</td>
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<td>12.10</td>
<td>The practical aspects of trainer assessment, Mr David Pitts</td>
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<td>12.30</td>
<td>Approval of surgical trainers – A head of school of surgery view, Mr Humphrey Scott</td>
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<td>12.50</td>
<td>Faculty of Surgical Trainers update, Mr Craig McIhenny</td>
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<td>13.00</td>
<td>Lunch (Poster Display)</td>
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<td>14.00</td>
<td>KEYNOTE LECTURE: Assessing non-technical skills to improve surgical performance, Dr Steve Yule</td>
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<td>14.30</td>
<td>Do national assessment programmes make a difference in quality of care?, Professor John Norcini</td>
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<td>15.00</td>
<td>Panel discussion – Chair Ian Ritchie RCSEd, All</td>
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<td>15.30</td>
<td>Coffee Break (Poster Display)</td>
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<td>16.00</td>
<td>Free Paper Session X 10 @ 6 mins, Chair: Mr Craig McIhenny</td>
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<td>17.00</td>
<td>Award of presentation of Poster Prize, Mr Ian Ritchie, RCSEd</td>
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RCSEd Awarded 6 Hours of CPD

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Speakers’ Biographies

DR JOHN J NORCINI PHD
President and CEO of the Foundation for Advancement of International Medical Education and Research (FAIMER®)

MR WILLIAM ALLUM
Consultant Upper GI Surgeon at the Royal Marsden NHS Foundation Trust, London

PROFESSOR JONATHAN BEARD
Consultant Vascular Surgeon at the Sheffield Vascular Institute and Chair of Surgical Education at the Royal College of Surgeons of England

MR STEVE HORNBY
Final-year registrar in South West England specialising in UGI and Bariatrics

CAPTAIN GORDON GRAHAM
Senior Weapon Engineer and CBRN customer for the Royal Navy

MOYA KELLY MBE
Director of Postgraduate General Practice Education in Glasgow and Co-chair of the National Recruitment Office for General Practice Specialty Training

MR DAVID PITTS
Senior Education Adviser to the Royal College of Surgeons of Edinburgh

MR HUMPHREY SCOTT
Consultant Colorectal Surgeon at Ashford and St Peter’s NHS Trust, Surrey, and Head of the School of Surgery and Associate Dean for KSS.

MR CRAIG MCILHENNY
Consultant Urologist at NHS Forth Valley and Surgical Director of the FST

DR STEVEN YULE PHD
Director of Education and Research at the STRATUS Center for Medical Simulation at the Brigham and Women’s Hospital, Boston

MR IAN RITCHIE
President of the Royal College of Surgeons of Edinburgh and Consultant Trauma and Orthopaedic Surgeon at Stirling Royal Infirmary

FROM HERE, HEALTH
Speakers’ Biographies

DR JOHN J NORCINI PhD
Dr John J Norcini PhD, is President and CEO of the Foundation for Advancement of International Medical Education and Research (FAIMER®). FAIMER has an active research programme on international health professions education and physician migration, global fellowship programmes for faculty from health professions schools, and databases of recognised medical schools around the world. For the 25 years before joining the Foundation, Dr Norcini held a number of senior positions at the American Board of Internal Medicine. His principal academic interest is in the assessment of physician performance. Dr Norcini has published extensively, lectured and taught in many countries, and is on the editorial boards of several peer-reviewed journals in educational measurement and medical education.

MR WILLIAM ALLUM
Mr William Allum is Consultant Upper GI Surgeon at the Royal Marsden NHS Foundation Trust, London. His main area of clinical interest is in oesophageal and gastric cancer with a research interest in perioperative multimodality therapy. Following undergraduate and postgraduate training in Birmingham he spent time at MD Anderson Cancer Centre in Houston, Texas. He has held consultant posts in Leicester (as Senior Lecturer), St Bartholomew’s Hospital London and Epsom and St Helier Hospital before moving to the Royal Marsden. He has just demitted office as President of the Association of Upper GI Surgeons (AUGIS). He was recently appointed Chair of the Upper GI Surgery Clinical Reference Group, which advises NHS England on specialist commissioning of oesophago-gastric cancer services.

He has maintained an interest in training throughout his consultant career and was a member of the General Surgery SAC from 2003 and Chairman from 2010-12. He is the Surgical Director of the Intercollegiate Surgical Curriculum Project and has recently completed a full evaluation of the role and functionality of the ISCP to re-define surgical training in the UK. He is shortly to succeed to be chair of JCST.

PROFESSOR JONATHAN BEARD
Professor Jonathan Beard has worked as Consultant Vascular Surgeon at the Sheffield Vascular Institute since 1990. He graduated MB BS BSc at Guy’s Hospital, London, in 1979 and obtained his Masters in Surgery from Bristol University in 1987. He has a passion for surgical education and obtained a Masters in Medical Education from the University of Bristol in 2004.

In 2007 he was appointed as Professor of Surgical Education at the University of Sheffield and chaired the Education and Training Committee of the Vascular Society from 2009 to 2012. He was appointed to the Chair of Surgical Education at the Royal College of Surgeons of England in 2012 and is the current President of the Vascular Society. He was Associate Postgraduate Dean responsible for Educational Supervisor training at the Yorkshire and Humber Deanery from 2009-2012.

He is author/contributor to more than 170 scientific papers, editor of three textbooks and was Editor of the European Journal of Vascular and Endovascular Surgery from 1992-2008.

MR STEVE HORNBY
Mr Steve Hornby is a final-year registrar in South West England specialising in UGI and Bariatrics. He graduated from Nottingham Medical School and has undertaken surgical training in the East Midlands and South West. Prior to higher surgical training he was a Simulation Fellow at the Trent Simulation and Clinical Skills Centre. His clinical interests include oesophageo-gastric cancer, bariatrics, abdominal wall reconstruction, human factors and surgical education. He has served as both President and Director of Education of the Association of Surgeons in Training.

He was awarded an MD from Peninsula School of Medicine and Dentistry in screening of oesophago-gastric cancer. In 2013, he was made a Member of Faculty of Surgical Trainees and is due to undertake a fellowship in UGI surgery in Melbourne, Australia, in 2015.

CAPTAIN GORDON GRAHAM
Captain Gordon Graham joined the Royal Navy (RN) from school as a weapon engineer (WE) officer and graduated from the RN Engineering College, Manadon. After becoming one of the first non-specialists to train as a Principal Warfare Officer, he served as an above water warfare communications and WE specialist in HMS Edinburgh. Further sea experience has included HMS Liverpool and, most recently, as the Commander WE of HMS Ark Royal.

Ashore, he has taught engineering to trainee warfare officers and communications systems to engineering graduates. An early appointment to the research and development community gave him responsibility for upgrading the SeaDart missile with new guidance, fuse and warhead subsystems. Having completed Staff College with the army at Camberley, staff appointments have included the Horizon Joint Project Office, the Weapon Systems specialist in the British Defence Staff in Washington DC and three years as the Chief of Staff to the Information Systems member of the JCB in MOD.

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Most recently, he has served in Navy Command as the senior WE and CBRN customer.

**MOYA KELLY MBE**

Moya Kelly MBE is a graduate of Glasgow University. She was awarded a PhD in 1993 for research into Postgraduate Medical Education and holds FRCGP and FRCP(Glas). She was awarded an MBE for Services to Medicine in 2000. She worked as a General Practitioner in Glasgow from 1984 and combined this with a part-time lecturer post in the Undergraduate Department of General Practice at Glasgow University. Her interest moved into the postgraduate arena and in 1993 became Assistant Director with NHS Education. She developed an interest and expertise in assessment and recruitment and in 2011 was appointed to a full-time post as Director of Postgraduate General Practice Education in Glasgow. She is also currently the co-chair of the National Recruitment Office for General Practice Specialty Training.

**MR DAVID PITTS**

Mr David Pitts is a lecturer, facilitator, course designer and executive coach with a background in Occupational Psychology and Management Development. David has contributed extensively to clinical curriculum design, workplace assessment and Training Trainers programmes in the UK and internationally. He was instrumental in the development of the Procedure Based Assessment tool now in use in all UK surgical disciplines and lead author of the first surgical curriculum (in Trauma and Orthopaedics) to be published in the UK in 2006. David is Senior Education Adviser to the Royal College of Surgeons of Edinburgh where he supports numerous training and development initiatives on behalf of the college in the UK and overseas in addition to his own freelance work. Most recently he has been a key collaborator on the development of the new Surgical Standards for Trainers and extension of the College’s Training the Trainers programmes to venues across the UK.

**MR HUMPHREY SCOTT**

Mr Humphrey Scott is Consultant Colorectal Surgeon at Ashford and St Peter’s NHS Trust, Surrey, and Head of the School of Surgery and Associate Dean for KSS.

A Fellow of both the Royal College of Surgeons of England and Edinburgh, he qualified from Charing Cross Medical School and currently Chairs the Confederation of Postgraduate Schools of Surgery.

He was named Silver Scalpel Trainer of the Year by ASiT in 2012 and is a Fellow of both the Academy of Medical Educators and Faculty of Surgical Educators. He has chaired the Pilot Steering Group for national core selection for the last four years and sits on the Selection Board for ST3 in general surgery.

**MR CRAIG MCLHENNY**

Mr Craig McIlhenny is a Consultant Urologist working in NHS Forth Valley specialising in endourology and stone disease. His higher surgical training was in the West of Scotland and the USA. He has a longstanding interest in high quality surgical training, with particular focus on simulation as a training tool, and assessment of surgical trainees and trainers. A member of the RCSEd Patient Safety Board, he also has an interest in human factors and surgical safety. He regularly trains surgeons and surgical teams in non-technical skills. He was appointed founding Surgical Director of the Faculty of Surgical Trainers in 2011.

**DR STEVEN YULE PhD**

Dr Steven Yule PhD is Director of Education and Research at the STRATUS Center for Medical Simulation at the Brigham and Women’s Hospital, Boston, and Assistant Professor at Harvard University. Steven has been involved in the development of a number of assessment tools, most notably the NOTSS (Non-Technical Skills for Surgeons) behavior rating system; a method of observing, rating and providing feedback on four categories of skill: situation awareness; decision making; communication & teamwork; and leadership. This system is being used for education, research and assessment in North America, Europe, Australasia and Japan. Steven’s research programme at Harvard (@NOTSS_lab) focuses on developing behavior assessment tools, demonstrating impact of behavior on outcomes, and implementing scalable interventions to enhance performance and improve patient safety.

**MR IAN RITCHIE**

Mr Ian Ritchie is President of the Royal College of Surgeons of Edinburgh and a Consultant Trauma and Orthopaedic Surgeon at Stirling Royal Infirmary. He previously held the position of Vice-President for External Affairs at the College from 2009 to 2012 and has chaired the International Strategy Group, the Exams Strategy Group and acted as Co-Chair of the Trainee Committee. He has a strong interest in training and supporting trainers and has delivered courses on training techniques and the principles of adult learning since 1996. He also introduced and directed the College’s Regional Surgical Adviser Network.
ASSESS ALL AREAS

The FST’s Annual Conference will become a focal point in the debate on assessment methods when leading experts meet in Edinburgh on 22 October 2014.
Who Makes the Cut? Assessment in Surgical Training – the theme of this year’s Faculty of Surgical Trainers (FST) conference – may seem dramatic to some, but with GMC accreditation for all trainers in secondary care coming in 2016, it is a theme that could become increasingly relevant over the next 12 months.

Assessment – of both trainers and trainees – is a broad and complex topic, and is reflected in the range of speakers at October’s event. The lineup of international experts offers a depth of experience and perspectives that include primary care, psychology and the military.

Keynote lectures will be delivered by two leading figures in the field of assessment in medicine. First, formative assessment in the context of postgraduate education will be discussed by Professor John Norcini, President and Chief Executive of the FAIMER Institute (Foundation for Advancement of International Medical Education and Research). The afternoon keynote address will come from Harvard’s Dr Steven Yule on assessing non-technical skills to assess surgical performance.

Other distinguished speakers include Mr William Allum, Surgical Director of the ISCP, Jonathan Beard and Professor of Surgical Education at RCSEng, plus many others. FST’s Director Mr Craig McIlhenny will also be speaking about the work of the Faculty with a preview of the forthcoming Standards for Surgical Trainers document, which promises to improve transparency, accountability and standards.

With impending accreditation on the minds of many delegates, there will be considerable interest in the contribution from Professor Moya Kelly, Director of Postgraduate General Practice Education, NHS Education for Scotland, who will discuss assessment of trainers in primary care.

Commenting on the GMC accreditation of secondary care trainers, Professor Kelly believes it’s a positive step: “I think it is good to formalise training. It does highlight it as something that is important and needs appropriate time. One of the dangers is that trainers see this as another hoop to jump through rather than part of their personal development and some may choose not to train anymore. Having said that, I don’t think it should be assumed that every consultant should become a trainer.”

Despite a rigorous approval system for both practices and individuals who apply for training responsibilities, Professor Kelly says there’s no evidence of anyone being put off training and, indeed, new practices continue to put themselves forward for training.

Better remuneration for trainers is just one of the factors that Steve Hornby thinks would improve the current system. He also cites better recognition, more time for feedback and extra flexibility for training operating lists. A past president of ASiT, Mr Hornby will be providing a trainer’s view of assessment at the FST conference.

One of the concerns about the formalisation of training is that it will become a form-filling exercise. As an ST8 in Upper GI and Bariatrics, Steve completes 40 WBAs a year but believes there is too much emphasis on ‘raw data’ and not enough on the quality of assessment and feedback.

Steve feels that an increasing realisation that WBAs are a requirement has made it easier to get them completed by trainers, but engagement could be improved with better planning and formalisation of time to discuss the points of a procedure.

Another of this year’s speakers, William Allum agrees that WBAs have been through an ‘evolutionary process’ and outlines further strategies for improving engagement with them from more communication and education around their role in formative and flexible assessments to the introduction of apps for mobile devices.

The role of non-technical skills in patient safety is not a new theme at RCSEd events, but at the FST conference debate will focus on the teaching and assessment of such skills. Steven Yule, Assistant Professor at Harvard Medical School and Boston’s Neil and Elise Wallace STRATUS Center for Medical Simulation, says there are a range of validated tools for assessing non-technical skills which have emerged in the last decade: “We finally have tools and vocabulary to focus on the full range of behavior in the OR that make for high performing teams and successful surgery.

And we can measure and improve these skills in surgeons and trainees using tools like NOTSS. Assessments are becoming more and more objective as these skills taxonomies are refined and used more regularly.”

Steven believes validated tools are best used in direct observation during a real or simulated operative scenario; “Using NOTSS to observe specific behaviors in the OR, categorising them according to the four categories and then rating how well the surgeon performed in each can be very insightful. Saying that, there are a range of options available and questions to answer – how many observers; should they be surgeons or social scientists; how much training do raters require; which tool to select, and whether to assess ‘live’ or from video?”

A key question for many listening to Steven at the FST meeting in October will be should a trainee with great technical skills but poor non-technical skills be allowed to become a consultant? Although he believes this would be a rare situation, he thinks not; “I do not think that a hospital, health board, university or the College should allow someone to proceed to become a consultant if they know they have substandard non-technical skills. Doing so would reflect a wider issue of values in what makes a proficient surgeon. It may also reflect poorly on the comprehensiveness of the training programme to develop surgeons who are fit for purpose. Taking the question to the next level, I believe that surgical trainees should be assessed on their non-technical skills as part of board examinations. This will help them in the long run as we know that assessment drives learning (and is actually better than repeated study in some cases for long-term retention). No future surgeon wants to be an ineffective communicator, poor leader or incapable of making effective decisions.”

A feature-length interview with Steven Yule discussing non-technical skills is available on the FST website: fst.rcsed.ac.uk
As surgeons, we are all aware of how important good surgical training is to the quality and safety of the care we can deliver for the benefit of our future patients. While we still recognise Halstead’s ‘See one, Do one, Teach one’, I am sure we all now realise that this paradigm is no longer fit for purpose in our modern NHS. Shorter working hours and more fragmented working patterns have decreased the face-to-face time we once had with our trainees.

We must now strive to provide high quality training in less time and in a far more distributed environment than before. This shift is not unique to surgical practice, and affects medical education and training as a whole, but surgery feels these changes most acutely, as we are a craft specialty with the breadth of knowledge, skills and attitudes that encompasses.

This can only mean increased dependence on the already vital role of the surgical trainer to provide high quality training. Time, financial and service pressures are often seen to erode time set aside for training, and this will no longer be acceptable if we are to continue to produce highly trained and safe surgeons. We now need to ensure that all time with trainees is effective training time.

To date, there has been no stipulation of the standard needed to become a surgical trainer, and no in depth description of what an effective surgical trainer should do. There has been no single recognised route into becoming a surgical trainer, and indeed, most surgeons expect to become trainers upon appointment. This situation differs in primary care where there is a rigorous selection and training process to be recognised as a GP trainer. This means that our colleagues in primary care are able to ensure that training remains of the highest quality. It also means that GP trainers are properly

The FST is to publish Standards for Surgical Trainers, which, for the first time, sets out the criteria for training excellence in the modern health service.

FRAMEWORK FOR EXCELLENCE

The FST is to publish Standards for Surgical Trainers, which, for the first time, sets out the criteria for training excellence in the modern health service.
recognised and remunerated for their role, whereas in surgery the training role is rarely rewarded. This situation is set to change from 2016 when the GMC has stipulated that all those in secondary care with a named training role will need to be recognised and approved.

This GMC process of trainer recognition will entail demonstrating your activity as a trainer. The GMC has chosen a framework originally devised by the Academy of Medical Educators (AoME). This framework consists of seven domains (see sidebar) in the field of education and training. Each domain has descriptors of what an effective and an excellent clinical or educational supervisor should be doing. While these domains are basically sound they lack a surgical context and do not accurately reflect real life surgical training practices. These domains will be used to ensure that you carry out your job as a trainer effectively.

As a Faculty we wholeheartedly support developments to protect and enhance the high quality of surgical training. This GMC process to recognise and approve trainers has the potential to drive an increase in such quality, and also potentially to reward dedicated surgical trainers by giving them increased recognition for this important role. Until now there has not been a standard set for what defines an effective surgical trainer, or any descriptor of what an effective surgical trainer actually does.

Retention of the original domain headings has ensured that this process will satisfy the GMC trainer approval process. This adaptation process has also taken care to accurately depict what an effective surgical trainer actually does in their day-to-day training job. Detailed and multiple sources of evidence have been compiled that can be used to demonstrate that a trainer meets the GMC trainer approval standard.

Throughout this process, an emphasis was kept on being practical and not forcing an onerous burden of paperwork for the trainer.

Although the original domain headings have been compiled that can be used to review and enhance your own performance as a trainer. The Faculty have therefore adapted the existing standards and rewritten them with the surgical trainer in mind. Rather than a simple and superficial rewrite, an in depth process of analysis and adaptation has been carried out and resulted in the "Standards for Surgical Trainers".

Until now there has not been a standard set for what defines an effective surgical trainer, or any descriptor of what an effective surgical trainer actually does, the concept of the effective and excellent trainer were retained, all the descriptors were altered to ensure that they reflected real-world surgical training practice. These descriptors all describe behaviours that any surgical trainer would recognise and would carry out in their training role. For each descriptor, time was spent detailing a list of sources of possible evidence that could be used by that trainer to prove that they satisfy that particular descriptor and can map to that domain.

A complex list of descriptors was drawn up for each domain, and then were distilled down into a smaller set of behaviours that were indicative of effective surgical training. This forms our Standards for Surgical Trainers. This document will make it easier for surgical trainers to fulfil the GMC trainer approval process. While the Faculty welcome efforts to enhance the quality of training, it is important to ensure that dedicated trainers will not relinquish their training role in light of this impending legislation. The production of a dedicated set of standards for a surgical trainer, rather than the generic AoME standards, should help support surgeons to remain as recognised trainers.

STANDARDS FOR SURGICAL TRAINERS

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.

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.

Framework Area 3: Teaching and facilitating learning
As a trainer you plan and implement suitable learning and training activities for all your trainees.

Framework Area 4: Enhancing learning through assessment
As a trainer you are able to use available assessment tools to assess and progress your trainees performance in all aspects of surgical care.

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.

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.

Framework Area 7: Continuing professional development as a trainer
As a surgical trainer you continuously review and enhance your own performance as a trainer.

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