![JCST - Joint Committee on Surgical Training]

First Biennial Report of the JCST Trainer Survey

Introduction

JCST's Quality Assurance Group, in conjunction with the Schools of Surgery and Specialty Advisory Committees (SACs), has developed a survey to explore topics of particular interest to surgical trainers. We report on the 2019 survey, which follows on from earlier pilots (2016 and 2017).

Survey overview

The survey had 24 questions covering the themes: General Information, Personal Experience/ Training, Support for the Role and Specific Training Activities (see Appendix A). The objectives of the survey were:

- To find out about the successes and difficulties of being an Assigned Educational Supervisor (AES).
- To report on good practice and identify areas for improvement.
- To identify any serious concerns that could affect patient or trainee wellbeing.

The survey opened from 26 November 2019 until 6 February 2020. Assigned Educational Supervisors, identified using information from the Intercollegiate Surgical Curriculum Programme (ISCP) – surgery's online training management system, were sent an email invitation. The survey was run via the SurveyMonkey platform. We sent 2 reminder emails - at 6 weeks and at 8 weeks (when the survey deadline was extended by 2 weeks - see section 'Feedback on the process').

Inclusion criteria –

- Current AES included in ISCP immediately prior to the survey.
- Any AES contacting the JCST during the survey period to ask for access to the survey, if they were a current AES included in ISCP.

Exclusion criteria –

- Any individual who answered "No" to the question "Are you an Assigned Educational Supervisor?" (7 respondents).
- Any individual who exited the survey early on (first section) (14 respondents).

Our FAQs advised that some individuals did not need to complete the survey – (i) if not a current AES or (ii) trainers in Ireland. The survey invitation did not exclude 134 trainers in Ireland and 13 trainers in Iceland who were shown as a current AES in ISCP.

Response rate

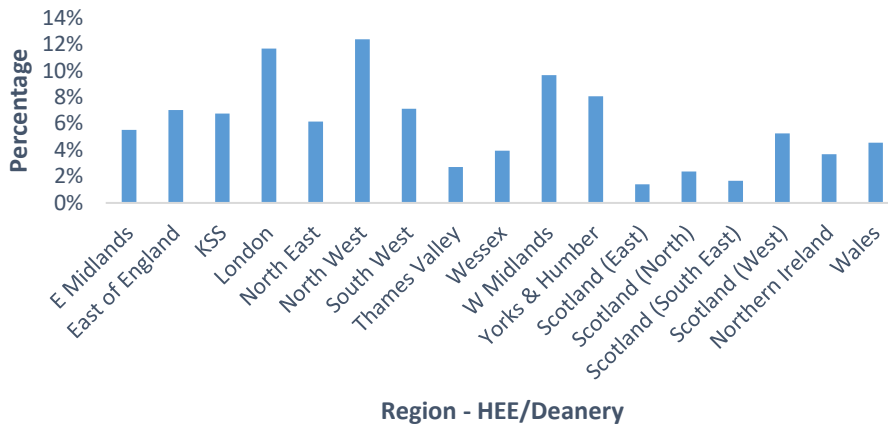The response rate of the survey was 28.3% (1162 responses of 4101 invited to take part).

Survey outcome data

General information

Responses were received from trainers in all UK training regions. 23 respondents did not answer this question (see section 'Feedback on the Process').

Proportion of total responses by region
Question 2


Region - HEE/Deanery

Individuals could select more than one option for their additional roles. 97.4% were also a Clinical Supervisor and 22.5% had "other" additional role(s), with the most mentions - "Training Programme Director", "training foundation students", "training medical students", "Surgical Tutor".

Individuals could select more than one option for the level of trainees that they train. Most train ST3-ST8 trainees (96.3%). 71.7% of individuals train core trainees (including ST1/ST2) and 32.2% of individuals train doctors post-certification.

Responses were received from trainers in all surgical specialties (the highest values are from specialties with more trainers/trainees).

Proportion of total responses by specialty -
Question 3

Specialty
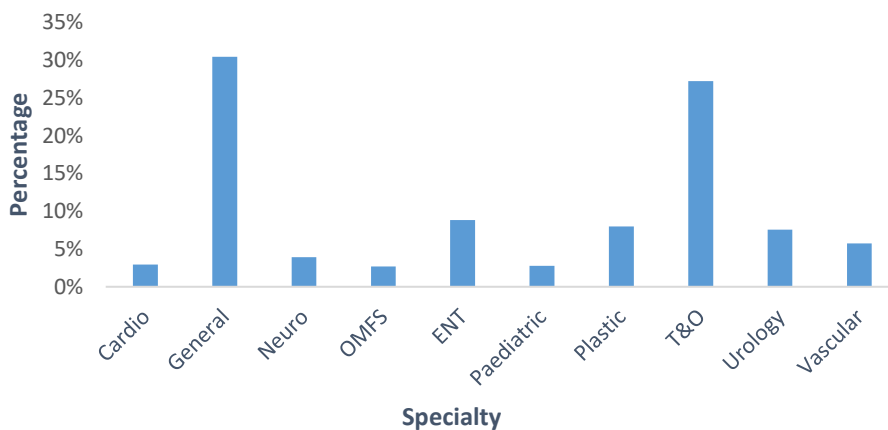
Personal experience/training

Examples of Good Practice:

Most trainers are confident in their own ability and/or knowledge for the following areas -

I am confident in my ability to use the ISCP to effectively record my trainees' progress	
Strongly agree/Agree	85.3%
Strongly disagree/Disagree	3.3%

I have appropriate knowledge of my trainees' curriculum requirements	
Strongly agree/Agree	87.6%
Strongly disagree/Disagree	2.8%

I feel confident to give effective feedback to my trainees on their performance	
Strongly agree/Agree	96.2%
Strongly disagree/Disagree	1.0%

I have knowledge and understanding of how to use WBAs to help my trainees to learn.	
Strongly agree/Agree	90.3%
Strongly disagree/Disagree	2.0%

Curriculum and opportunities for assessment are further explored in the 'Specific training areas' section of the survey.

Support for the role

Support for the role explored Programme Activities (PAs), other training activities (time and travel expenses), support from Trust/Board and School of Surgery/Deanery.

Example of Good Practice:

We explored the mechanism typically used to take time away to participate in training related activity and found that most use "professional leave which is separate from study leave" (36.2%) or study leave (44.0%). 4.6% do not take time away to participate in training related activity.

Professional leave which is separate from study leave	36.2%
Study leave	44.0%
Annual leave	2.9%
Unpaid leave	1.7%
Movement of clinical sessions	10.7%
I do not take time away from my Trust/Board to participate in training related activity	4.6%

Areas for Improvement:

- Almost a quarter of individuals did not receive a Programme Activities. Educational supervision is typically allocated 0.25 support PAs (1 hour) in a consultant's job plan so it is disappointing to see that 61.8% receive less than this amount (*JCST (2019). Quality Indicators for Surgical Training – Specialty and Core training programmes*).

Number of PAs per trainee	
0	24.6%
0.125	37.2%
0.25	34.0%
0.375	0.5%
0.5	3.0%
0.75	0.1%
>0.75	0.5%

- There is almost an equal split between experienced difficulty or not and neutral responses in trainers getting time and getting reimbursement of travel expenses for participation in other training related activities.

I have experienced difficulty in getting time to participate in other activities related to training. (e.g. participation in national selection, examining, membership of an SAC).	
Strongly agree/Agree	32.5%
Strongly disagree/Disagree	40.7%

I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).	
Strongly agree/Agree	28.3%
Strongly disagree/Disagree	32.1%

The following areas have positive results but there is room for improvement:

Trust/Board support

My employing Trust/Board is supportive of me participating in training activity out with my job plan.	
Strongly agree/Agree	54.1%
Strongly disagree/Disagree	13.3%

School of Surgery/Deanery support

My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate).	
Strongly agree/Agree	52.8%
Strongly disagree/Disagree	17.4%

Specific training activities

This section of the survey focused on training opportunities (see also Appendix B 'Comparing survey findings').

Examples of Good Practice:

- Trainers have adequate opportunity to assess their trainees' performance in the following areas:
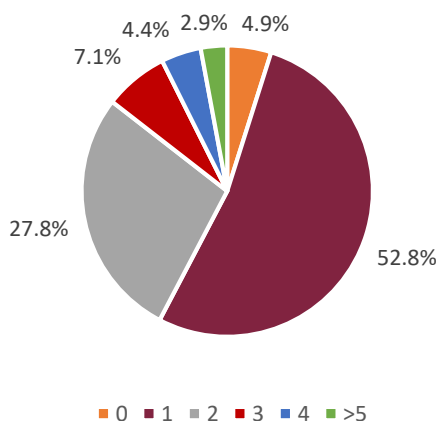
	Strongly Agree/Agree	Strongly Disagree/Disagree
Theatre	80.9%	10.4%
Ward rounds	70.8%	14.3%
Emergency take	73.0%	9.6%
Generic Professional Capabilities (GPCs)	82.3%	5.2%

- Most trainers are able to regularly review their trainees' progress.

I am able to regularly review my trainees' progress	
Strongly agree/Agree	86.0%
Strongly disagree/Disagree	3.8%

- The number of hours spent per average week establishing learning needs was mostly 1 hour (52.8%), followed by 2 hours (27.8%). 4.9% do not spend any time per average week establishing learning needs.

Hours spent per average week establishing learning needs - Question 23

4.4%   2.9%   4.9%
7.1%
27.8%
52.8%

■ 0 ■ 1 ■ 2 ■ 3 ■ 4 ■ >5

Areas for Improvement:

- The opportunities to assess trainees performance appear to be less adequate in outpatient clinics and multidisciplinary teams than in other areas.

	Strongly Agree/Agree	Strongly Disagree/Disagree
Outpatient clinic	62.0%	24.4%
Multidisciplinary teams (MDTs)	56.4%	18.3%

- 52.8% Strongly Agree/Agree that they spend adequate time assessing and establishing learning needs for trainees. This is less satisfactory than other areas (e.g. reviewing progress).

The time I spend assessing and establishing the learning needs of my trainees is adequate to allow for satisfactory engagement with their ISCP portfolios.	
Strongly agree/Agree	52.8%
Strongly disagree/Disagree	21.4%

Feedback on the process

We extended the survey deadline by 2 weeks to ensure sufficient responses. The survey ran over Christmas and this could have caused delays in responding. 26% of our total responses were after the festive period when we sent a 3rd (final) reminder. We changed the title of the reminder email after we received feedback that individuals did not remember seeing the invitation email. A few individuals reported their email service blocked a link to the survey. Some emails were filtered as 'junk' or 'spam' (including replies to us).

At least 2 trainers in Ireland were not sure if they were excluded from the survey. For future surveys our information to accompany the survey will be updated with advice for UK and Ireland and we will amend the survey's question 2 to include Ireland. Additionally, there are small numbers of AES trainers using ISCP from Iceland. We will look at whether the survey will be useful for trainers in Iceland for future surveys.

The survey was mainly multiple-choice questions. At least 4 individuals contacted us to provide additional comments. This feedback was on the topics of ISCP use, travel expenses and time to actually see trainees (theatre). We received a suggestion to provide a certificate for completion of the survey. The feedback has been shared anonymously with the QA Group. We will look at expanding the options to comment before our next survey.

Recommendations and next steps

Our recommendations are mainly in the area of support for trainers:

1. All educational supervisors should be allocated Programme Activities (PAs) in their job plan (at least 0.25 SPAs, i.e. 1 hour, per trainee) so there is protected time for supervising trainees.
2. The listed examples of other training related activities, e.g. participation in national selection, examining and membership of an SAC, are essential for ensuring the quality of training. It is recommended all educational supervisors should be supported, yet almost a third of trainers' experience difficulties in getting time or reimbursement of travel expenses. JCST is already in contact with stakeholders to arrange further communications that re-emphasise a requirement for employer support for these important activities.
3. Trainers need to be provided with adequate time to assess and establish the learning needs for trainees. There appears to be lower satisfaction in relation to the time available for this compared with other specific training activities e.g. theatre, out-patient clinics. It is recommended that adequate time is provided and the JCST continues to monitor compliance with related JCST Quality Indicators, e.g. learning agreements, via both trainee and trainer surveys.
4. Surgeons work in multi-disciplinary teams. There appears to be less opportunity for trainers to assess their trainees' performance in multidisciplinary teams compared with other areas. It is recommended that this continues to be monitored to see the effect of incorporation of Generic Professional Capabilities (includes a team working domain) and the multi-disciplinary team Capabilities in Practice (CiP) in the new curricula due to be introduced in 2020.
5. It is recommended that by working with other organisations we can improve the response rate for the next survey. There will be further discussion with the Heads of Schools (and equivalent) and representatives in Ireland and Iceland. We will also learn from feedback on

the process e.g. timing of survey (further recommendations see section 'Feedback on process').

6. Trainer surveys have a lower response rate than trainee surveys. Possible reasons for this include "survey fatigue" (due to many surveys) and that trainers "move around" less (than trainees) so are less inclined to provide regular feedback via surveys. We are mindful of this and plan to run the JCST trainer survey every two years.

7. Each SAC QA Lead will lead further discussion on the findings, in their surgical specialty.

8. JCST will report our findings to the GMC, Schools of Surgery (and equivalent), local HEE offices and deaneries and raise awareness of the important issues for surgical trainers.

Conclusion

A trainer's role extends beyond directly providing training to include identifying learning needs and delivering feedback. It is encouraging that the survey shows this is happening.

AES trainers' responses show their dedication to delivering training that covers the curriculum. Most trainers are confident they have adequate knowledge of curriculum requirements, understand the use of WBAs and have ability to use ISCP. Generic Professional Capabilities (GPCs) are embedded in postgraduate specialty training and will be integral to new curricula and WBAs, including the Multiple Consultant Report, due to be introduced in 2020. It is encouraging to see GPCs are already understood and assessed by trainers. The new curricula will re-emphasise the importance of establishing learning needs and delivering feedback.

Our recommendations are mainly in the area of support for trainers. Recommendations in these areas will need to be taken forward by local education providers, employers and/or local office or deanery. The findings show that support for trainers is suboptimal. The AES role is formally recognised by the GMC and support for educators is a theme of the GMC's *"Promoting Excellence: standards for medical education and trainers"*. We have looked at Programme Activities in job plans for trainee supervision, participation in other training related activities and support from the Trust/Board and School of Surgery/Deanery. It can be difficult to get time for activities related to the trainer's role, but most trainers are taking part in other training related activities.

The GMC's *"Excellence by Design: standards for postgraduate medical curricula"* illustrate the responsibilities and relationships among organisations. JCST continues to collaborate with many organisations in raising awareness of the important issues for surgical trainers.

Acknowledgements

Thank you to the trainers who took part in the survey and to the Confederation of Postgraduate Schools of Surgery for their help in raising awareness of the survey. Thank you to the JCST's QA Group, Schools of Surgery and Specialty Advisory Committees for developing the questions for the 2019 survey and earlier pilots.

Appendix A - JCST trainer survey questions

Number	Question text	Answer options
1	Are you an Assigned Educational Supervisor?	Yes/No [Require an answer]
2	In which deanery/Local Office do you work?	Options for UK training regions
3	What is your surgical specialty?	Options for all surgical specialties
4	Which other training roles do you undertake?	Clinical supervisor/Other (please specify) – [Can select multiple answers]
5	What level are the trainees that you train?	Core (inc ST1 & ST2) / Specialty (ST3-8) / Post-certification – [Can select multiple answers]
6	**Personal experience/training** To what extent do you agree with the following statements: I am confident in my ability to use the ISCP to effectively record my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
7	I have appropriate knowledge of my trainees' curriculum requirements.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
8	I feel confident to give effective feedback to my trainees on their performance.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
9	I have knowledge and understanding of how to use WBAs to help my trainees to learn.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
10	**Support for the role** How many PAs do you currently have per trainee?	0 / 0.125 / 0.25 / 0.375 / 0.5 / 0.625 / 0.75 / 0.875 / 1 / >1
11	When you need to take time away from your Trust/Health Board to participate in training related activity, what mechanism do you typically use?	Professional leave which is separate from study leave / study leave / Annual leave / Unpaid leave / Movement of clinical sessions / I do not take time away from my Trust/Board to participate in training related activity.
12	To what extent do you agree with the following statements: I have experienced difficulty in getting time to participate in other activities related to training. (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

13	I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
14	To what extent do you agree with the following statement: My employing Trust/Board is supportive of me participating in training activity out with my job plan.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
15	My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree/Not applicable
	Specific training activities To what extent do you agree with the following statements: I have adequate opportunity to assess my trainees' performance in the operating theatre.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
16		
17	I have adequate opportunity to assess my trainees' performance in outpatient clinic.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
18	I have adequate opportunity to assess my trainees' performance on ward rounds.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
19	I have adequate opportunity to assess my trainees' performance in emergency take.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
20	I have adequate opportunity to assess my trainees' performance in working within our MDT.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
21	I have adequate opportunity to assess my trainees' generic professional capabilities.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
22	I am able to regularly review my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
23	In an average week, how many hours do you spend assessing and establishing the learning needs of your trainees (outside of direct clinical care)?	0 / 1 / 2 / 3 / 4 / 5 / 6 / >6
24	The time I spend assessing and establishing the learning needs of my trainees is adequate to allow for satisfactory engagement with their ISCP portfolios.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

Appendix B – Comparing survey findings

GMC trainer survey

The GMC have run an annual trainer survey since 2016. The 2019 survey of 21,812 doctors (UK) had a response rate of 44.8%. The survey comprises approximately 56 questions, including 7 voluntary questions on 'burnout'. A direct comparison of results is not possible between the GMC and JCST surveys. There are differences in survey group, survey methodology and questions, timing of survey, response rate/non-response bias. However, both surveys look at support for trainers.

The key findings from the GMC survey (for all trainers) included:

- Nine in ten trainers describe that they enjoy their role as a trainer
- Almost a third of trainers told GMC that they are not able to use the time allocated to them for training
- More than two-thirds of trainers described the intensity of their work, day by day as heavy.

Red and green colours ('flags') show results that are significantly below (red) or above (green) the national average. Potential areas of concern for the surgical specialties include the indicators "rota design" (13 red flags - total) and "trainer development" (14 red flags – total) in an analysis of outcomes by deanery/HEE office for the surgical specialties.

The highest levels of burnout correlated with workload, rota gaps, supportive environment and overall satisfaction – 46.8% of trainers overall reported moderate or high levels of burnout (national average). The surgical specialties have overall reported moderate or high levels of burnout in 43.1% of trainers.

JCST trainee survey

The JCST publish quality indicators for training placements. A trainee survey has run since 2011 and monitors compliance with the indicators. A direct comparison of results is not possible between the trainer and trainee survey. However, both surveys look at training opportunities. Trainee feedback includes opportunities to attend operating theatre lists, outpatient clinics and emergency theatre sessions and shows variation among the specialties. There is also variation in the requirement depending on the specialty of the placement that the trainee is undertaking. Core-level trainees in particular report limits on opportunities to attend emergency theatre sessions.

References

GMC (2019) National Training Surveys 2019: Initial findings report.

GMC Online Reporting Tool. (i) Trainer specialty by deanery/HEE local office (ii) Burnout.

An annual report of the JCST trainee survey is published online.