

STANDARDS OF SURGICAL TRAINING
(March 2004)

This document sets Standards against which Training will be assessed for:

- **Advanced Interface Training posts in Hand Surgery**

Introduction

For some time there has been concern that the Interface Group has applied variable and inconsistent standards during visits of inspection and that there are no written guidelines as to what is required for best surgical training practice in Hand Surgery. Furthermore, when programmes fall short of the required standards there may be variation in the sanctions applied and the requirements for remedial action. This paper summates work done over the past few years to define standards against which programmes and their component units can be assessed, to promote good practice and indicate the process of securing remedial action. *This document assumes the General Council Guidance on Good Medical Practice.*

The next section of this report considers, for each component of a training programme and its training units, circumstances, which *must be fulfilled* to achieve minimum standards or are necessary to achieve practice norms. Also indicated are conditions that *should* be instituted to improve the quality of training and help to achieve best practice norms.

STANDARDS

Training Programme

There **must** be:

- A structured core-curriculum programme designed to cover the generality of Hand Surgery.
- A system in place to ensure that trainees maintain an up to date personal portfolio containing the items defined by the JCST and any statutory bodies such as the GMC or PMETB.
- A system in place to ensure that trainees, as part of their general portfolio, maintain an up to date research portfolio containing the items suggested by the SAC and JCST.

- Journal review
- Encouragement to do research
- Trainee rotations planned to:
 - 1 Meet individual trainee needs,
 - 2 Provide each trainee with a structured progressive training,
- Completion of the JCST trainee and trainer assessment forms at least once per year and, if rotations occur more frequently, at the end of each placement.
- Trainee assessment linked to the RITA process.
- A Training Programme Director responsible for the training programme to the above standards and who is available to counsel and plan trainees' programmes.
- Cohesion between the Programme Director, Regional Speciality Adviser and Post Graduate Dean.

There **should** be:

- Access to a core-curriculum programme which includes a variety of outside speakers and specific instruction in clinical examination with presentation of clinical cases.
- A well co-ordinated and productive research programme.
- Trainer assessment and feedback provided on a regular basis to individual trainers and units through the RITA process with support from the Interface Group.

Training Standards for Individual Training Units

Facilities

For Hand Surgery Training there **must** be:

- Appropriate facilities consistent with good clinical practice, patient care and training.
- A sufficient number of patients seen in the outpatients and a sufficient number of operations done for the trainees to gain adequate clinical exposure.
- Sufficient beds and sufficient operating lists (the training experience must not be regularly curtailed by cancelled admissions)
- Access to appropriate diagnostic imaging facilities within a reasonable time so that the trainee is able to review the outcome of tests, which are ordered.
- For Units accepting hand trauma an appropriate number of theatre sessions specifically dedicated to hand trauma, directly supervised by a Consultant such that each trainee has, on average exposure to at least one such trauma list per week.
- A secure room for the exclusive use of the surgical trainees.
- Ready access to core Hand Surgery reference and surgical technique textbooks 24 hours a day.
- Regular documented audit meetings.
- A Consultant on-call with a trainee.
- Hand clinics at which consultants are present and are available to teach surgical trainees and at which trainees see new and review patients.

- Appropriate Hand / Occupational Therapists.

For Hand Surgery Training there **should** be:

- Access to paediatric beds as required.
- Access to MRI & CT with a waiting list no greater than three months.
- Adequate numbers of operating lists so that each trainee attends, on average, a minimum of three operating lists per week.
- Adequate secretarial support for the clinical activity and staff.
- An IT system for accurate retrieval of data for the purposes of audit and research and able to provide accurate activity figures.
- Access to computers with appropriate software for word-processing and data processing.
- Audit staff assistance for Hand Surgery.

Staffing & Firm / Team Structure

There **must** be:

- A ratio of Consultant to Middle Grade staff, which is no less than 1:1 for clinical training sessions i.e. operating theatre and training clinics (Middle Grade staff includes Associate Specialists, Staff Grades, Fellows or Trust Doctors taking part in the Registrar rota as well as SpRs).
- No substantial dilution or loss of clinical training material to non training grade staff where the unit staff ratio exceeds 1:1.
- A designated supervising Consultant for each surgical trainee.
- A timetable such that the trainee has continuity of care of patients both in relation to out-patient activity and operating lists.
- A team or firm structure to which each trainee is primarily attached and responsible.
- A balanced trainee timetable which includes no more out-patient sessions than operating lists and at least one ward round or equivalent opportunity for pre / post operative review with the consultant.
- One session for research / study each week.
- One session for core-curriculum teaching each week.

There **should** be:

- Arrangements to maximise the opportunities for a trainee to be on-call with his / her own supervising consultant or team.
- Hand Clinics arranged so that trainees are able to review patients on whom they have operated.
- No more than 7 clinical sessions, which include at least three supervised operating sessions with the balance made up of one ward round or equivalent and no more than three outpatient clinics.

In Service Training

There **must** be:

- Trauma lists in which trainees under supervision do a high proportion of the operating, judged by inspection of logbooks. The amount of supervision will vary according to the seniority and experience of the trainee.
- Hand clinics in which the trainee sees new patients as well as review ones and where there is adequate time for teaching and discussion.
- No regularly scheduled unsupervised operating lists or outpatient clinics: i.e. where the consultant supervisor is scheduled to be elsewhere when the trainee is timetabled for the particular activity.
- At least one elective out-patient clinic per week in which the surgical trainee sees some new patients and discusses the findings and management plan with his / her consultant.
- At least one elective operating list per week at which the trainee receives progressive personal supervised operative skills training.
- A pre-operative ward round or pre-admission clinic at which the trainee is able to discuss with the consultant those patients scheduled for operation.

There **should** be:

- Continuity of trainee involvement with patients admitted when on-call such that the trainee assesses the patient as an emergency, manages them pre-operatively, operates on them and looks after them post-operatively under the supervision of their own supervising consultant.
- A trainee will be expected to carry out about 300 operative procedures per year and record them in the trainee's logbook.
- One clinic per week specifically structured so that the consultant trainer is able to observe the trainee taking a history, performing the clinical examination and discussing the findings and clinical management.
- An additional special interest clinic appropriate to the trainee's stage of training in which the trainee is supernumerary.

Education

There **must** be:

- Freedom for all surgical trainees to attend postgraduate meetings.
- At least one hour per week of designated departmental teaching attended by at least one consultant.
- An audit session attended by the majority of the department with minutes and record of attendance.
- Regular appraisal of each trainee by his trainer with at least a meeting at the beginning of the placement to agree needs and aims, a meeting in the middle of the attachment to review progress and a final conclusion meeting.

- Availability of the Consultant Trainer to attend, when requested, the trainee's formal Programme RITA assessments and to contribute to that assessment and training targets (education contract).

There **should** be:

- A well stocked library, which is accessible to surgical trainees and contains contemporary Hand Surgery texts and the major journals or electronic alternatives.
- The library should provide access to Medline, Cochrane database and Internet searches. Interlibrary loan facilities should be available.
- A Journal Club either in the individual unit or as part of the overall training programme.
- Research facilities supported by a research / audit assistant with designated projects for trainees.
- Basic science research facilities on the rotation in one of the larger teaching units.
- Access to the Medline, Cochrane database and Internet information from a computer in the registrar's room.