

Quality Indicators for the Training Interface Group (TIG) Fellowships – Mohs Micrographic Surgery

Quality Indicator	
1	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3	Trainees in surgery should have the opportunity and study time to complete and present one audit or quality improvement project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
4	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this.
5	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year (not including those done in a simulated setting), with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
8	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
9	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.
10	Fellows in Mohs micrographic surgery should have the opportunity to attend one or more outpatient clinics per week with a mix of new and follow-up Mohs surgery patients
11	Fellows in Mohs micrographic surgery should have the opportunity to develop their Mohs micrographic and reconstructive surgical skills under the direct supervision of surgeons that are Fellows of the Royal College of Surgeons or Royal College of Ophthalmologists
12	Fellows in Mohs micrographic surgery should have the opportunity to attend at least 4 theatre sessions per week of Mohs micrographic surgery
13	Fellows in Mohs micrographic surgery should have the opportunity to assist with and perform Mohs micrographic surgery and/or reconstruction under general anaesthesia
14	Fellows in Mohs micrographic surgery should have the opportunity to assist with and/or perform complex facial reconstruction including microsurgical techniques
15	Fellows in Mohs micrographic surgery should, in addition to being first operator and reading slides for 100 Mohs resections, have access to stored slides and maps from previous cases to enhance their histology experience
16	Fellows in Mohs micrographic surgery should have the opportunity to attend

	and participate in the specialist skin multidisciplinary meeting
17	Fellows in Mohs micrographic surgery should have one session per week protected study time, which would usually be expected to result in at least one submission of work for publication and/or presentation
18	Fellows in Mohs micrographic surgery should have the opportunity and be encouraged to visit other Mohs surgery units in the UK to develop and broaden their understanding of Mohs surgery practice and management