

## **Fourth Annual Report of the JCST trainee survey**

### **INTRODUCTION**

This report examines the findings of the two surveys open during training years 2016/2017 and 2017/2018 and builds on the findings of the three previous annual reports. You can find these on the JCST website: [www.jcst.org/quality-assurance/trainee-survey/](http://www.jcst.org/quality-assurance/trainee-survey/)

The survey was developed in 2011 to measure the achievement of the Quality Indicators (QIs) which detail the JCST's standards for Core Surgical and Specialty Surgical training posts. The QIs are reviewed on an annual basis by the JCST QA Group in partnership with the Specialty Advisory Committees (SACs) and Core Surgical Training Advisory Committee (CSTAC) to ensure that they remain relevant and fit for purpose. The first 9 QIs are generic and applicable to all surgical training posts at both specialty and Core level. The second section comprises QIs that are relevant to all posts in the given specialty (or Core), and the third section comprises QIs relevant to specialty trainees at certain levels of training (or certain specialty themed posts in Core training). The QIs are available on the JCST website: <https://www.jcst.org/quality-assurance/quality-indicators/>. Individual specialty standards for the QIs relating to operating sessions, outpatient clinics, hours of formal teaching and numbers of Workplace-Based Assessments (WBAs) to complete can be found in Appendix A.

Trainees are asked to complete one survey outcome per training placement via the ISCP. Access to survey reports is available via the ISCP to Heads of School of Surgery, Training Programme Directors, SAC Chairs, SAC QA Leads and SAC Liaison Members, to help inform and support the quality assurance of surgical training.

### **SURVEY DEVELOPMENTS**

In October 2016, the following changes were made to the survey questions:

- Generic question 10 was re-added to the survey, in recognition of the importance of monitoring trainee feedback on undermining behaviour in their training placements;
- Specialty specific questions for Cardiothoracic Surgery, Neurosurgery, Oral & Maxillofacial Surgery (OMFS), Paediatric Surgery, Plastic Surgery and Urology were included for the first time;
- Two new specialty specific questions for trainees in Otolaryngology (ENT) were added;
- One new specialty specific questions for trainees in Trauma & Orthopaedic Surgery (T&O) was added;
- Specific questions for Core trainees in T&O placements were added.

In October 2017, the following changes were made to the survey questions:

- Generic question 15 was re-added to the survey to allow better measurement of generic QI 2, which recommends that surgical trainees should receive 2 hours of facilitated formal teaching each week.
- An amended set of specialty specific questions for Cardiothoracic Surgery trainees was added.
- A new question on ward round provision was added to the Otolaryngology (ENT specialty specific questions.
- A new set of specialty specific questions for trainees in Vascular Surgery was included.

The full text of the questions used in the surveys can be found in Appendix B.

## **RESPONSE RATES**

**Figure 1** provides a visual summary of the response rates for the 2016/17 and 2017/18 survey. The overall response rate is (i) 75% for 2016/17 and (ii) 63% for 2017/18. All trainees in TPD-validated training placements, starting between (i) 1 August 2016 and 31 July 2017 and (ii) between 1 Aug 2017 and 31 July 2018, were invited to participate in the survey via the ISCP.



Note: Vascular Surgery has not been calculated as we are verifying our data set for the new specialty's response rate.

## **SURVEY OUTCOME DATA**

The survey outcome data presented below provides an overview of the outcomes of the generic questions included in the 2016/17 and 2017/18 survey. The focus is the achievement rate of key QIs, with additional areas of good practice and concern also presented. The analysis is divided into four themed sections – Patient Safety, Working Conditions, Training Opportunities and Quality of Experience.

Where the data is presented in table format, the outcomes are presented as follows:

<b>xxx</b>
16/17
17/18

## **PATIENT SAFETY**

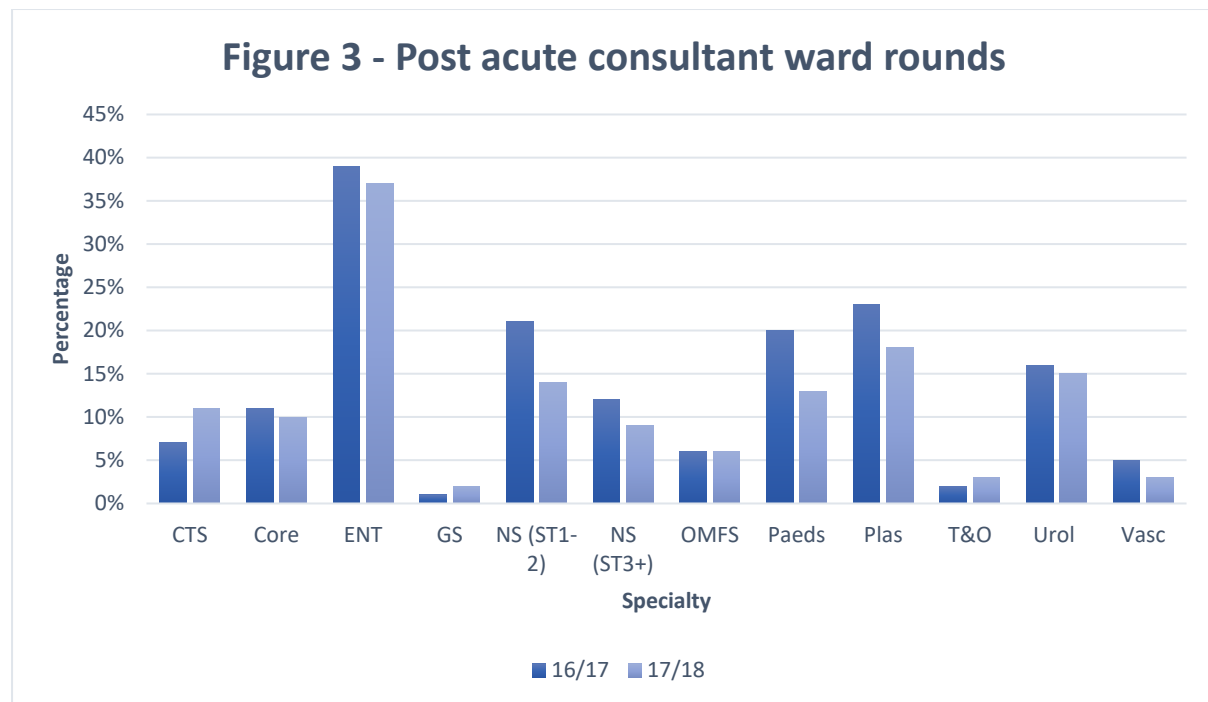
### Good practice

**Figure 2** below demonstrates a span of survey outcomes demonstrating good practice in the area of patient safety.

<b>Figure 2 Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent? (YES)	92% 99%	97% 95%	100% 100%	100% 99%	97% 88%	98% 100%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	99% 99%	100% 100%	99% 99%	100% 100%	96% 99%	99% 99%
<b>Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
Were you only asked to undertake unsupervised procedures in which you had been trained? (YES)	99% 99%	96% 96%	97% 99%	99% 98%	94% 100%	98% 98%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	99% 99%	100% 100%	98% 99%	99% 98%	99% 98%	99% 99%
<b>Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
Were you given appropriate responsibility for your level of training? (YES)	99% 95%	94% 94%	99% 100%	99% 98%	100% 97%	97% 98%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	100% 100%	91% 94%	98% 99%	98% 98%	98% 100%	98% 98%

## Concerns

**Figure 3** demonstrates the proportion of trainee responders per specialty who indicated that there was not usually a post-acute consultant ward round during their current placement.



## WORKING CONDITIONS

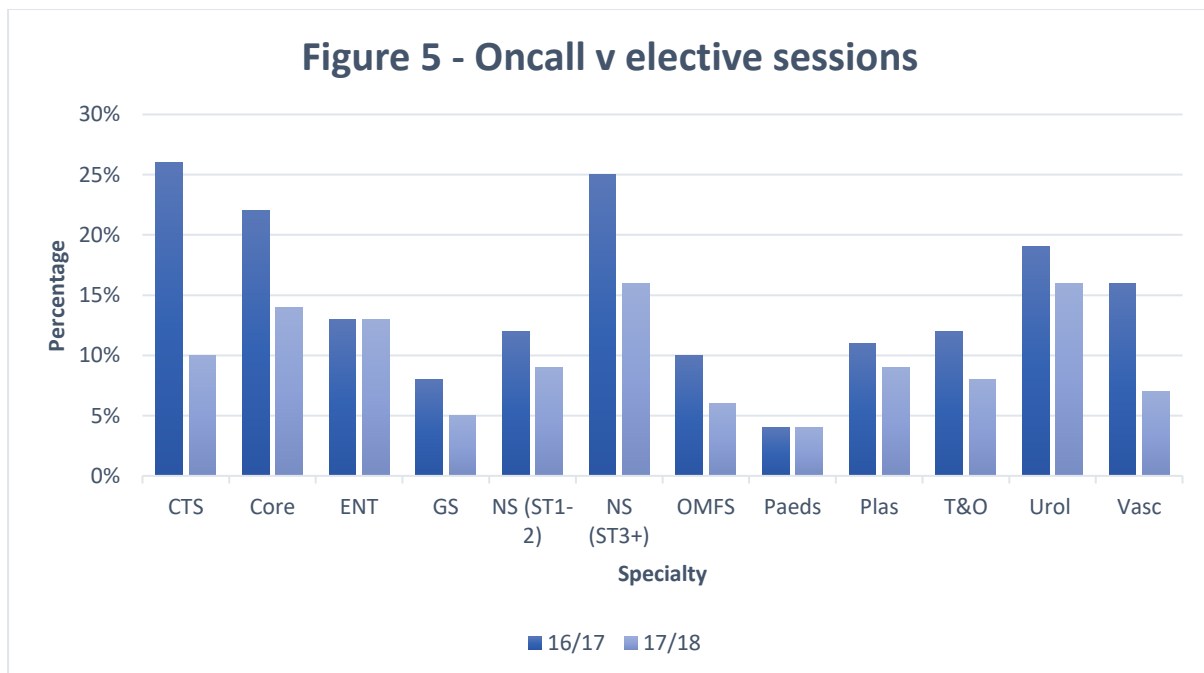
### Good practice

**Figure 4** below demonstrates trainee responder impressions of the availability of clinical work at the unit in relation to the number of trainees in post.

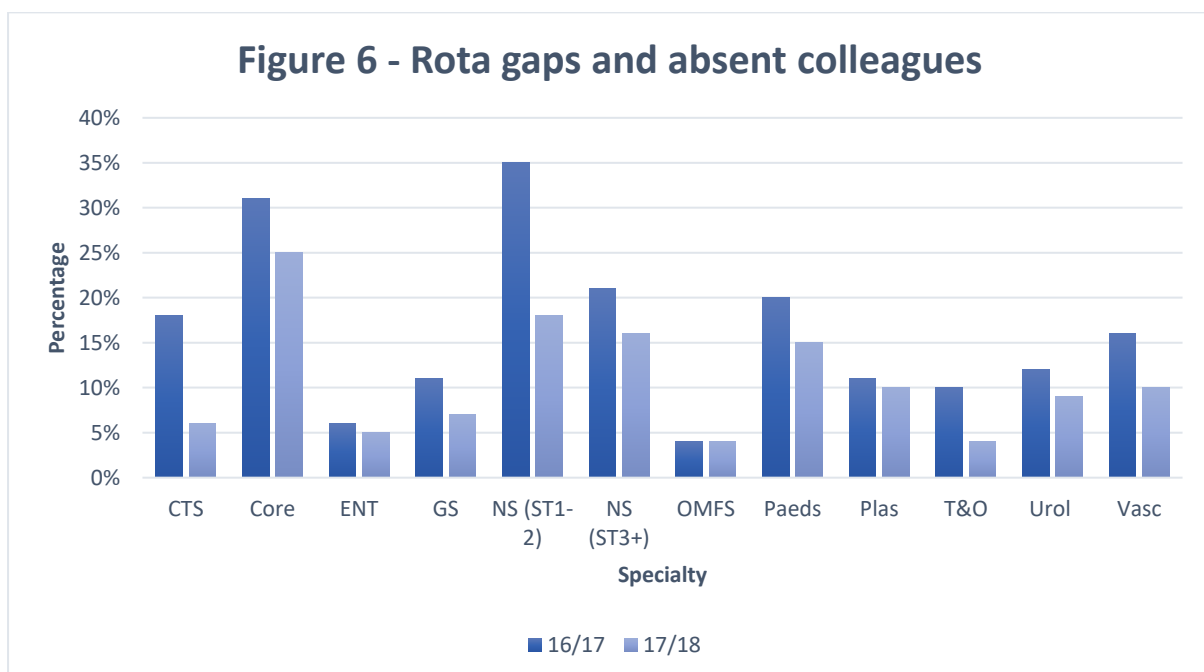
<b>Figure 4</b>	CTS	Core	ENT	GS	NS (ST1-2)	NS (ST3+)
<b>Question</b>						
Was there enough clinical work in the unit to support the number of trainees working there? (YES)	95%	92%	95%	91%	91%	94%
	95%	92%	92%	88%	100%	96%
	OMFS	Paeds	Plas	T&O	Urol	Vasc
	94%	91%	95%	96%	96%	90%
	92%	87%	94%	96%	93%	88%

## Concerns

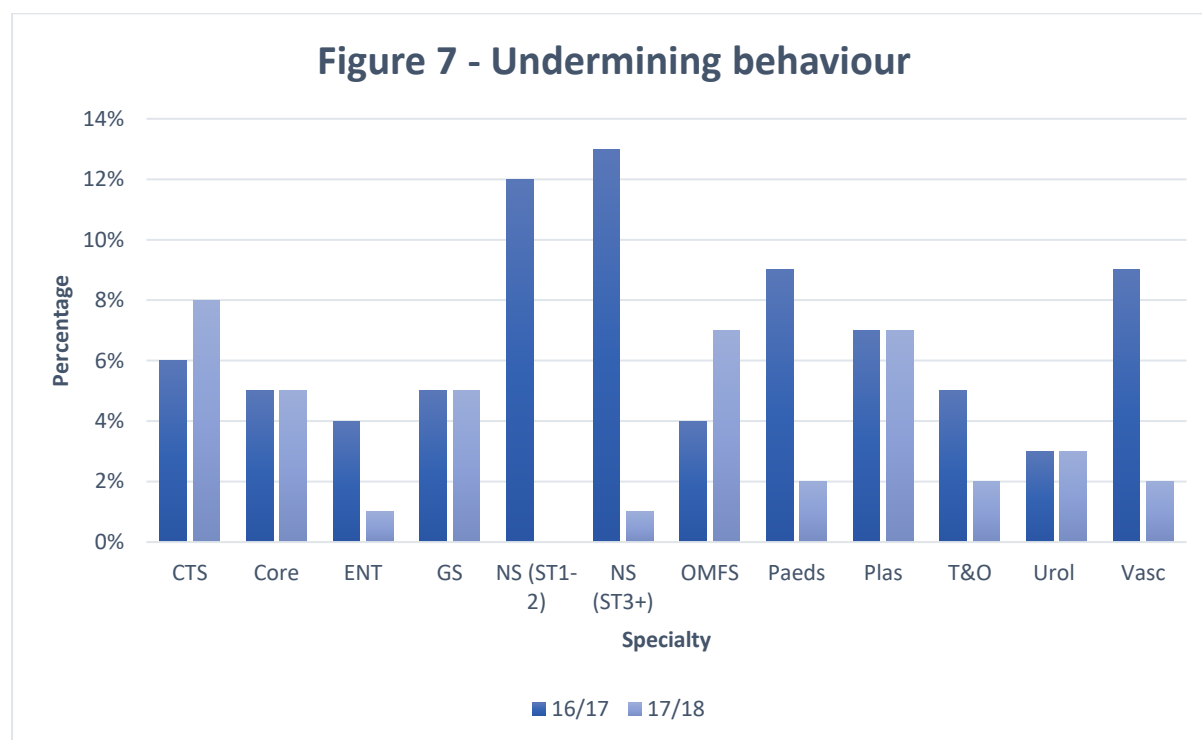
**Figure 5** demonstrates the number of trainee responders who felt that their on-call commitments were arranged in such a way that they had an impact on their elective operating sessions.



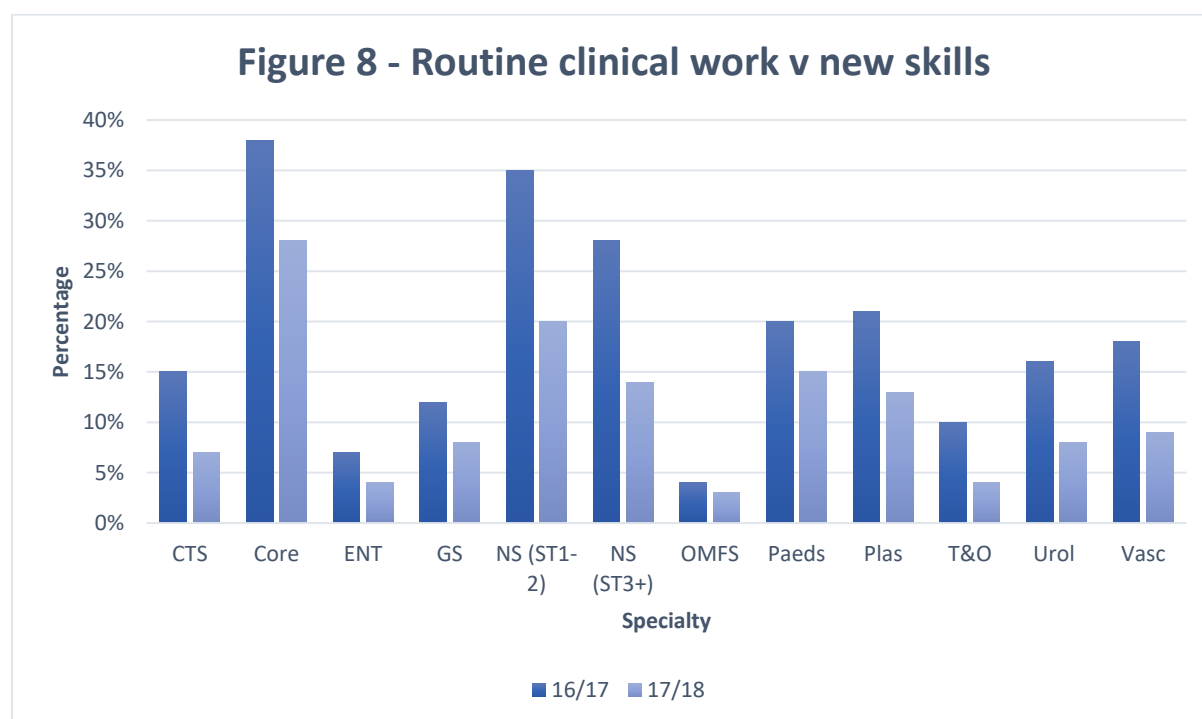
**Figure 6** demonstrates the number of trainee responders who reported that they regularly had to miss training opportunities to cover absent colleagues or fill rota gaps.



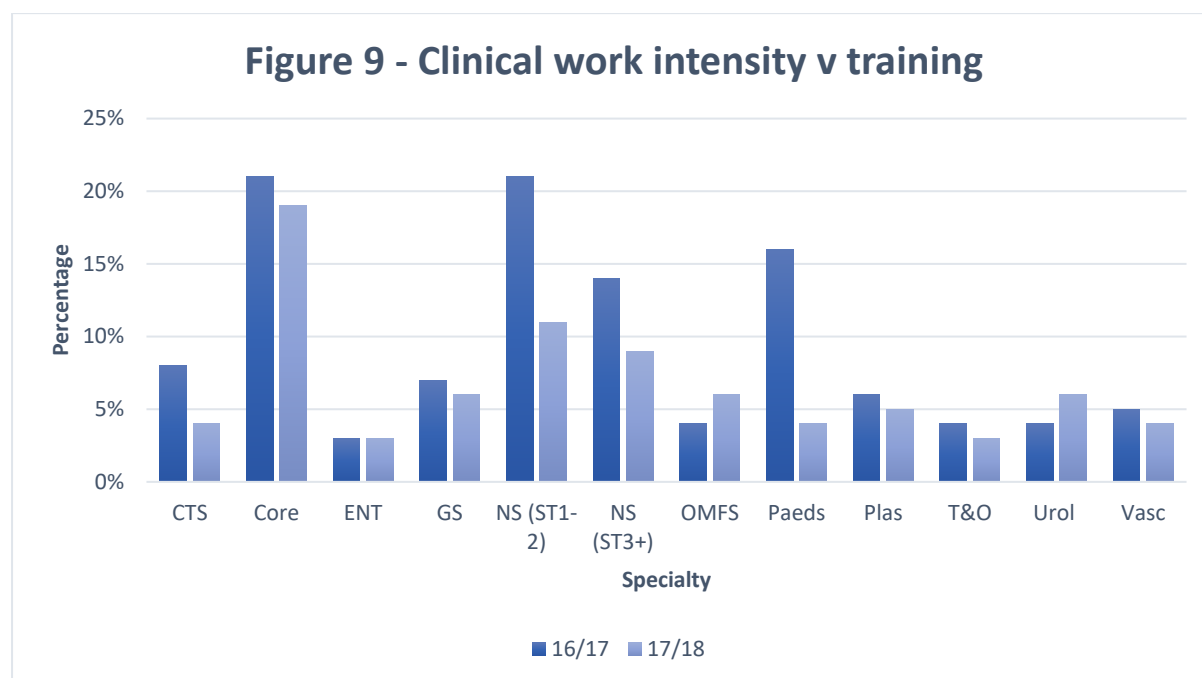
**Figure 7** demonstrates the number of trainee responders who reported that they had been personally subjected to persistent behaviour that had undermined their professional confidence or self esteem.



**Figure 8** demonstrates the number of trainee respondents who reported that they were required to undertake routine clinical work that prevent the acquisition of new skills.



**Figure 9** demonstrates the proportion of respondents who reported that the clinical work intensity in their placement did not allow sufficient time for consultant teaching and training.



## TRAINING OPPORTUNITIES

### Good practice

The QI for WBA completion stipulates that all surgical trainees at both specialty and Core level should have the opportunity to complete a minimum of 40 WBAs per year, which equates to approximately one per working week. **Figure 10** demonstrates the number of trainee responders who indicated that they completed at least one WBA per working week in their training placement.

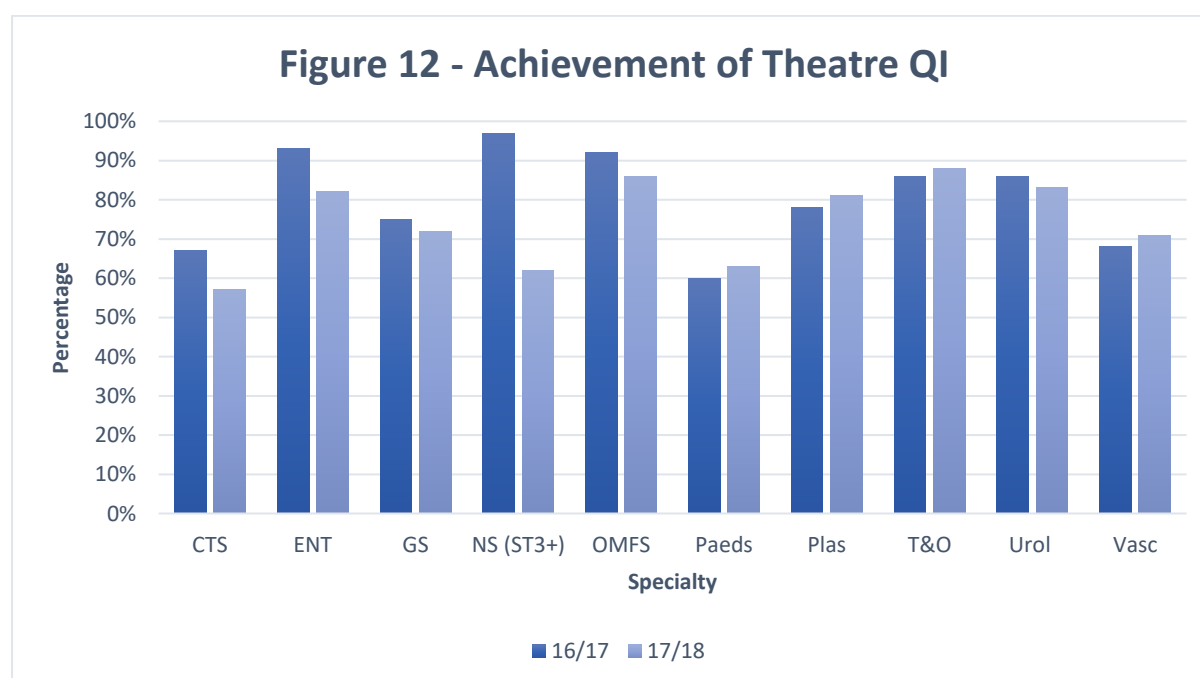
<b>Figure 10</b>	CTS	Core	ENT	GS	NS (ST1-2)	NS (ST3+)
<b>Question</b>						
On average, how many WBAs did you complete each week? ( $\geq 1$ )	99%	97%	98%	98%	97%	95%
	95%	97%	97%	97%	100%	96%
	OMFS	Paeds	Plas	T&O	Urol	Vasc
	99%	95%	98%	98%	98%	98%
	94%	100%	97%	99%	97%	100%

**Figure 11** demonstrates that a significant proportion of trainees feel that they receive good support in the completion of workplace based assessments (WBAs).

<b>Figure 11</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
<b>Question</b>						
On average, how long after the event was the assessment undertaken and entered onto the ISCP? (<=1 month)	90% 93%	96% 96%	95% 98%	92% 94%	97% 86%	90% 85%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	94% 96%	98% 100%	92% 95%	95% 96%	98% 95%	93% 92%
<b>Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments? (YES)	96% 96%	90% 90%	97% 96%	96% 94%	97% 97%	88% 95%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	94% 91%	91% 93%	95% 95%	97% 97%	97% 98%	95% 95%

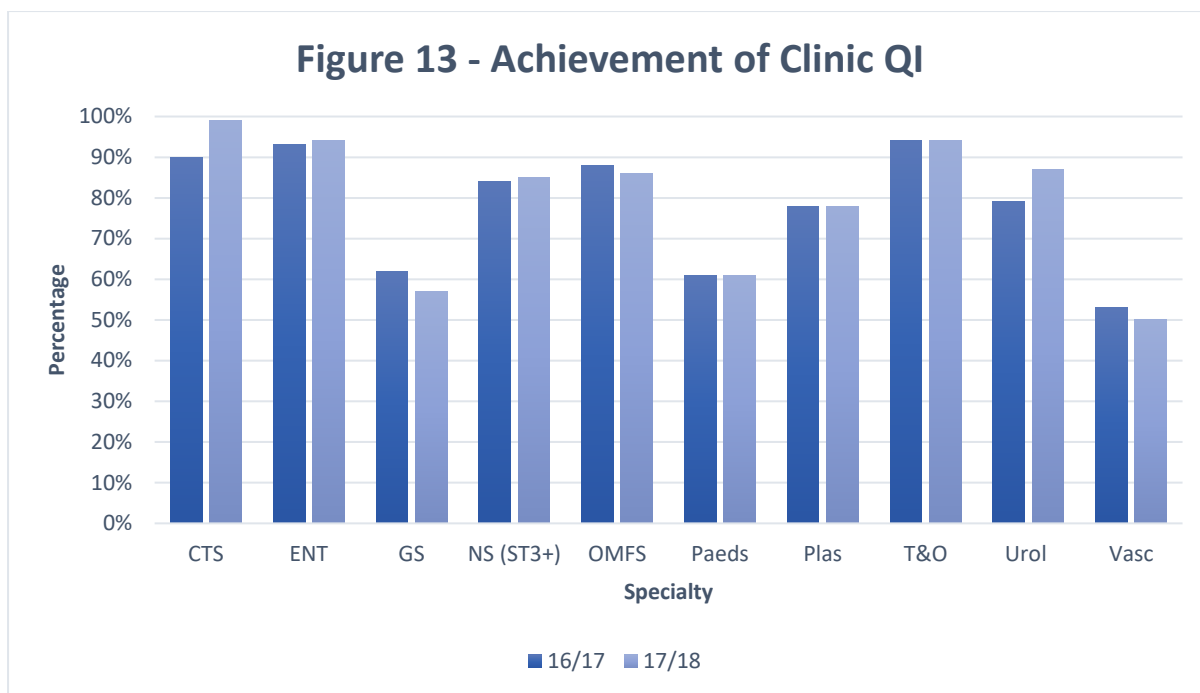
## Concerns

**Figure 12** demonstrates the proportion of survey responses indicating that trainees have achieved or exceeded the number of weekly theatre sessions set out in their specialty's QIs. The recommended number for each specialty is given in Appendix A.

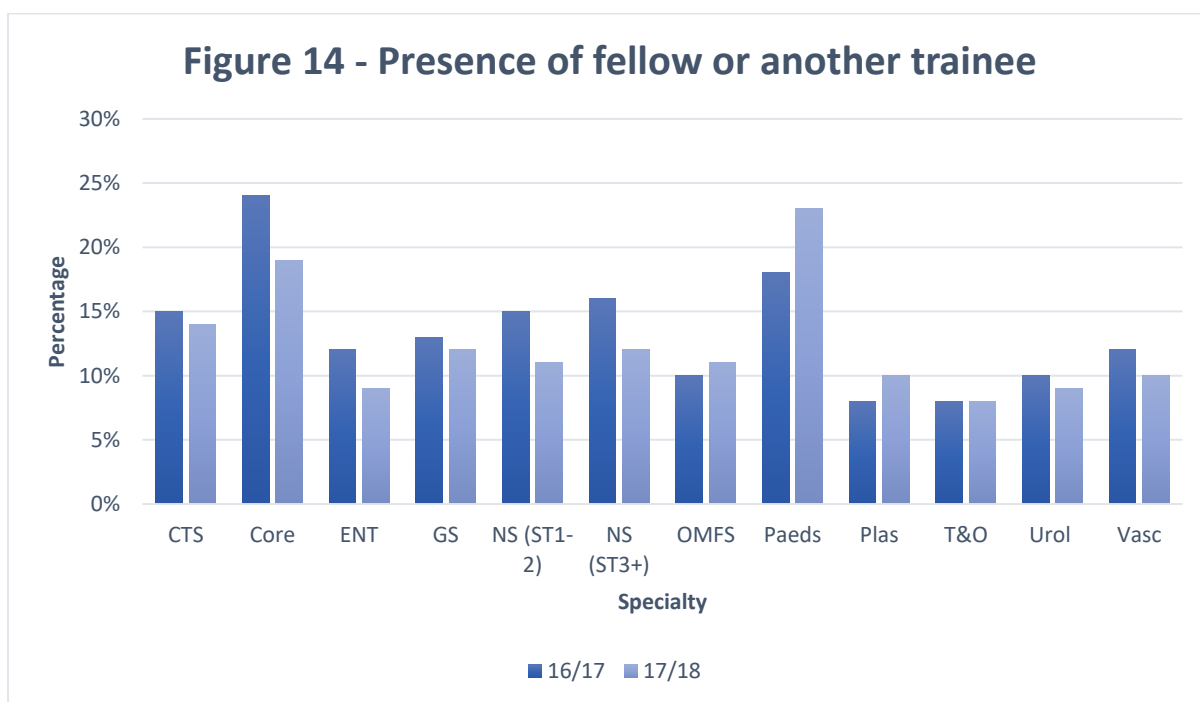


**Figure 13** demonstrates the proportion of survey responses indicating that trainees have achieved or exceeded the number of weekly outpatient clinics set out in their specialty's QIs. The recommended number for each specialty is given in Appendix A.





**Figure 14** demonstrates the number of trainee responders indicating that they felt that another trainee or fellow in the unit had impacted on their training opportunities in their current placement.



The responses demonstrated in **Figure 15** show the number of Core-level trainee responders who indicated that they were unable to attend emergency theatre regularly.

Figure 15 Question	Core	NS (ST1-2)
Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)? (NO)	21% 19%	18% 23%

## QUALITY OF EXPERIENCE

### Good practice

**Figure 16** demonstrates the number of trainee responders indicating that they would recommend their training post to another trainee.

<b>Figure 16</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
<b>Question</b>						
Would you recommend this attachment to other trainees at the same level? (YES)	90% 92%	79% 80%	99% 97%	92% 89%	91% 97%	94% 94%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	97% 96%	96% 89%	94% 95%	94% 94%	92% 92%	87% 90%

In compliment to the previous chart, **Figure 17** demonstrates that a significant proportion of trainees rate the key elements of their teaching and training as 'satisfactory', 'good' or 'very good'.

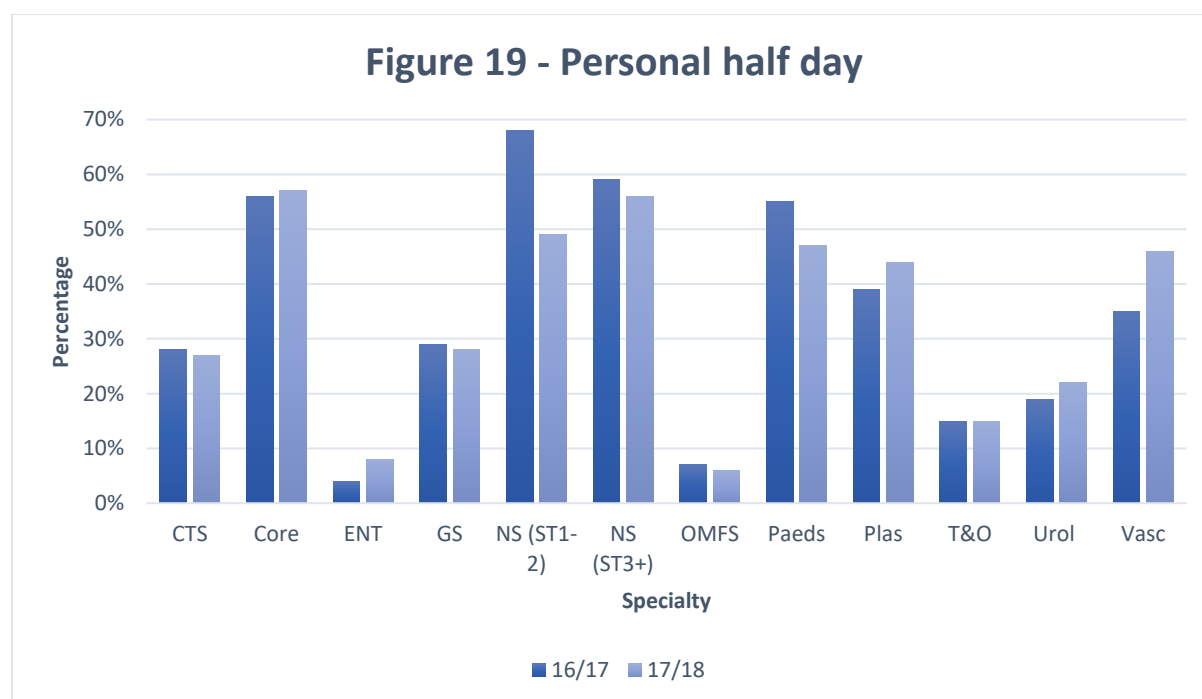
<b>Figure 17</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
<b>Question</b>						
How would you rate the quality of consultant teaching & training in the operating theatre? (GOOD or VERY GOOD)	85% 88%	78% 75%	89% 91%	85% 87%	76% 83%	85% 89%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	93% 92%	90% 87%	83% 86%	90% 91%	90% 85%	92% 89%
<b>Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
How would you rate the quality of consultant teaching and training in outpatients? (GOOD or VERY GOOD)	78% 81%	67% 66%	72% 74%	71% 71%	56% 65%	67% 76%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	86% 79%	66% 77%	62% 84%	82% 83%	69% 62%	70% 76%
<b>Question</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
How would you rate the quality of consultant teaching and training on ward rounds? (GOOD or VERY GOOD)	71% 75%	54% 57%	55% 60%	68% 66%	50% 55%	63% 68%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	78% 79%	57% 61%	63% 63%	70% 74%	67% 58%	64% 67%

**Figure 18** demonstrates trainee impressions of the administrative/secretarial support available in their placement.

<b>Figure 18</b>	<b>CTS</b>	<b>Core</b>	<b>ENT</b>	<b>GS</b>	<b>NS (ST1-2)</b>	<b>NS (ST3+)</b>
<b>Question</b>						
Did you experience any difficulties with access to administrative/secretarial support in this training post? (NO)	93% 96%	91% 91%	95% 95%	94% 95%	88% 89%	89% 91%
	<b>OMFS</b>	<b>Paeds</b>	<b>Plas</b>	<b>T&amp;O</b>	<b>Urol</b>	<b>Vasc</b>
	94% 90%	89% 91%	92% 92%	93% 97%	96% 94%	92% 90%

### Concerns

**Figure 19** presents the number of trainee indicating that they did not receive the equivalent of a half day per week in their timetable for to allow for personal study, audit and research.



**Figure 20** exemplifies concern in terms of Core-level trainees being able to see new patients during outpatient clinics.

<b>Figure 20</b>	<b>Core</b>	<b>NS (ST1-2)</b>
<b>Question</b>		
In outpatients did you regularly see new patients? (NO)	20% 20%	44% 48%

## **CONCLUSIONS**

### **Patient safety**

The survey continues to show very strong outcomes in the majority of patient safety focused questions, across all specialties and core.

The exception to this relates to trainee opportunity to participate in post acute ward rounds, where a number of trainees indicate that was not usually a post-acute take consultant ward round during their placement. This is particularly marked in Otolaryngology. The SAC for the specialty has introduced a new specialty specific quality indicator to address this issue.

### **Working conditions**

The vast majority of trainee responders in all specialties and Core indicated that there was enough clinical activity to support the number of trainees in post.

Concerns were noted in some specialties regarding the impact of the on call rota on elective operating opportunities, the impact of routine clinical work and the overall impact of rota gaps and covering absences on training. However, it should be noted that the proportion of negative reports fell across the board between the two surveys examined in this report. There were also some concerns raised about the impact of clinical work intensity on training but, again, the most recent survey had seen a reduction of reports across most specialties when compared to the previous.

The JCST continues to monitor reports of undermining behaviour via the survey, and has undertaken a dedicated piece of work on addressing these behaviours with a number of organisational partners.

### **Training opportunities**

Survey outcomes indicate that the vast majority of trainees in all specialties and Core are meeting the terms of the quality indicator for the completion of WBAs in completing an average of one per week (40 per year) and that they felt well supported by their trainers in completing their WBAs.

Messages regarding trainee opportunity to attend operating theatre lists and outpatient clinic sessions have been fed back to the relevant SACs, as have messages regarding reports of competition between trainees and fellows for training opportunities. The JCST continues to monitor reports of Core-level trainees in particular who report limits on opportunities to attend emergency theatre sessions.

### **Quality of experience**

Outcomes to questions in this domain show a significant amount of good practice, in relation to feedback on training in specific environments and in terms of overall satisfaction with the given placement. Furthermore, the majority of respondents indicated that they were broadly satisfied with the administrative/secretarial support they received in their training placement.

However, a significant proportion of respondents across all specialties and core indicated that there are ongoing issues with accessing protected time for personal study, audit and research.

Furthermore, a number of respondents at core-level indicated that they did not regularly see new patients in the outpatient setting.

## **FUTURE PLANS**

The survey questions are subject to an annual review by the JCST QA Group, to ensure that they remain up to date and fit for purpose.

Analysis of the survey outcomes is embedded in SAC practice. SAC Liaison Members (LMs) are asked to consider the outcomes of the JCST and GMC trainee surveys for their liaison regions and comment on these as part of their regional reports. Furthermore, SAC Chairs and SAC QA Leads are asked to consider the annual survey data for their specialties when completing their specialty submission for the GMC's Annual Specialty Report. Specialty-wide observations are fed back to the wider SAC, providing LMs with the opportunity to discuss these in their liaison regions.

A significant review of the quality indicators for all specialties and core and the JCST survey is planned for 2020 in order to ensure that JCST guidance and measurement criteria is in keeping with the terms and content of the new generation surgical curricula.

It remains a strategic aim of the JCST to increase the overall annual survey response rate to 90% and possible methods of achieving this are under discussion.

## APPENDIX A – Quality Indicator (QI) standards for 2016/17 and 2017/2018

### QIs for Specialty Trainees

**Theatre QI** – the minimum number of half-day consultant supervised theatre sessions a trainee should attend per week.

**Clinic QI** – the minimum number of outpatient clinics a trainee should attend per week.

**Teaching QI** – the minimum number of hours of formal teaching a trainee should receive per week.

**WBA QI** – the minimum number of WBAs a trainee should complete per year.

Specialty	Theatre QI	Clinic QI	Teaching QI	WBA QI
Cardiothoracic Surgery	4	1	2	40
General Surgery	3	2	2	40
Neurosurgery (ST1 & ST2)	-	-	2	40
Neurosurgery (ST3+)	2 (16/17) 3 (17/18)	1	2	40
Oral & Maxillofacial Surgery	3	2	2	40
Otolaryngology (ENT)	4	3	2	40
Paediatric Surgery	3	2	2	40
Plastic Surgery	3	2	2	40
Trauma & Orthopaedic Surgery	3	2	2	40
Urology	3	2	2	40
Vascular Surgery	3	2	2	40

### QIs for Core Surgical Trainees

Generic Core Surgery QI 10 for trainees in all placements stipulates that trainees should have the opportunity to attend five consultant supervised sessions of 4 hours each week. There is variation depending on the specialty of placement the trainee is undertaking:

**Theatre QI** – the recommended number of operating sessions a trainee should attend per week.

**Clinic QI** – the recommended number of outpatient clinics a trainee should attend per week.

**Teaching QI** – the minimum number of hours of formal teaching a trainee should receive per week.

**WBA QI** – the minimum number of WBAs a trainee should complete per year.

Specialty of Core Surgery placement	Theatre QI	Clinic QI	Teaching QI	WBA QI
Cardiothoracic Surgery	3	1	2	40
General Surgery	3	2	2	40
Neurosurgery	1	1	2	40
Oral & Maxillofacial Surgery	3	3	2	40
Otolaryngology (ENT)	3	3	2	40
Paediatric Surgery	3	1	2	40
Plastic Surgery	3	1	2	40
Trauma & Orthopaedic Surgery	3	1	2	40
Urology	3	1	2	40
Vascular Surgery	2 (16/17) 3 (17/18)	1	2	40

## APPENDIX B – JCST trainee survey generic questions for 2016/17 and 2017/18

### GENERIC QUESTIONS

No (16/ 17)	No (17/ 18)	Question text	Answer options
1	1	Was there usually a post-acute consultant ward round?	Y/N N/A
2	2	Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent?	Y/N
3	3	Were you only asked to undertake unsupervised procedures in which you had been trained?	Y/N
4	4	Were you given appropriate responsibility for your level of training?	Y/N
5	5	Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised?	Y/N N/A
6	6	Were you required to undertake routine clinical work that prevented the acquisition of new skills?	Y/N
7	7	Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps?	Y/N
8	8	Did the clinical work intensity allow sufficient time for consultant teaching and training?	Y/N
9	9	Was there enough clinical work in the unit to support the number of trainees working there?	Y/N
10	10	In this post, were you personally subjected to persistent behaviour by others that undermined your professional confidence or self esteem?	Y/N
11	11	Have you ever considered training less than fulltime? Y/N a) If yes to a) above, did you decide to train less than fulltime? b) If no to b) above, why did you decide not to train less than fulltime?	Y/N Y/N/N/A Free text
12	12	Please indicate the number of surgical staff in this department (including yourself). Foundation Trainees: Core Surgical Trainees: ST3/4: ST5/6: ST7/8: Staff grade/trust doctor/associate specialist or similar: Nationally appointed fellow: Other type of fellow: Consultants: Other (specify):	0, 1, 2-3, 4-5, >5
13	13	In an average week (excluding leave, on-call, compensatory rest)... a) How many consultant supervised theatre sessions did you attend (including elective and emergency/CEPOD theatre work)? (½ day list = 1 session, all day list = 2 sessions) b) How many consultant supervised outpatients sessions did you attend? c) On average, how many workplace-based assessments did you complete each week? d) On average, how long after the event was the assessment undertaken and entered into the ISCP?	0/1/2/3/ 4/5/>5  0/1/2/3/ 4/5/>5 0/1/2/3/ 4/5/>5 At the same time/The

		e) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?	same day/2-4 weeks later/More than 1 month later Y/N
14	14	In an average week, did you receive the following types of teaching? Local departmental teaching: Regional teaching: Journal clubs: X-ray meetings with an educational component: MDTs with an educational component:	For each option:  0-14 mins / 15-29 mins / 30-59 mins / 1-2 hours / 2 hours / No / N/A
N/A	15	During an average week, how many total hours of formal teaching did you receive?	0/1/2/3/4/5/>5
15	16	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Y/N / N/A
16	17	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Y/N
17	18	In the past year, have you received technical skills simulation training? (This could include cadaveric and animal tissue, task trainers, laparoscopic boxes and high fidelity simulators).	Y/N N/A
18	19	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	
19	20	Did you have access to a skills centre, skills room or take-home equipment for practice: a) During normal working hours? b) Outside of normal working hours?	Y/N N/A
20	21	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Y/N N/A
21	22	In the past year, have you received non-technical skills/human factors simulation training? (This could include ward or theatre-based communication skills training, case-based scenarios, patient case conferences and team training).	Y/N N/A
22	23	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme?	



		c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	
23	24	How would you rate the quality of consultant teaching & training on ward rounds (including pre-op cases)?	Very poor/ Poor/ Satisfactory/ Good/ Very good
24	25	How would you rate the quality of consultant teaching & training in outpatients?	Very poor/ Poor/ Satisfactory/ Good/ Very good
25	26	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor/ Poor/ Satisfactory/ Good/ Very good
26	27	In outpatients did you regularly see new patients?	Y/N
27	28	Did you experience any difficulties relating to the geographical location of this training post?	Y/N
28	29	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Y/N N/A
29	30	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Y/N N/A
30	31	Would you recommend this attachment to other trainees at the same level?	Y/N