

## JCST Trainee Survey Annual Report – 2020/21 and 2021/22

### Introduction

The JCST's Quality Assurance Group, in conjunction with the Schools of Surgery and Specialty Advisory Committees (SACs), has developed a trainee survey to establish the quality of surgical training across the UK. The survey, introduced in 2011, aims to drive improvements in surgical training and monitor the quality of training placements by measuring the achievement of JCST's Quality Indicators (QIs). This survey report is for training/survey year 2020/21 and 2021/22.

The QIs and survey questions are subject to review by the JCST QA Group. The QA Group is a sub-committee of the JCST, with a specific focus on matters relating to quality and covers ten surgical specialties, Core Surgical Training and the Training Interface Groups.

The QIs are available on the JCST website with updates in August each year:

<https://www.jcst.org/quality-assurance/quality-indicators/>. The first section of QIs are generic and applicable to all surgical training posts, both specialty and uncoupled core posts. QIs that are specific to each specialty follow the generic section. In 2021, the QIs and survey questions were updated to align with new curricula. The timing of the 2020/21 survey relates to earlier versions of curricula and QIs.

### Survey overview

The trainee survey has 31 (2020/21) or 32 (2021/22) generic questions (see Appendix A) and additional questions for each surgical specialty, less than full-time and academic trainees.

Trainees are invited to complete one survey per end of training placement via the Intercollegiate Surgical Curriculum Programme (ISCP) – the surgical online training management system. 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 (LMs), to help inform and support the quality assurance of surgical training.

The reporting period for each 'survey year' relates to the start/changeover date (normally August or October) for most surgical trainees.

#### Inclusion criteria –

- Trainees in the UK (uncoupled core and specialty) with a trainee placement registered in ISCP, 2020-21 - placement start date 1 August 2020 to 31 July 2021 (survey completed before the end of October 2021); 2021-22 - placement start date 1 August 2021 to 31 July 2022 (survey completed before the end of October 2022). This includes Locum Appointments for Training, Fixed-term Specialty Training Appointments. In addition, some out-of-programme trainees (e.g. Interface Fellows and some OOPR) and academic trainees, when they register a 'core' or specialty trainee placement on ISCP.

## Exclusion criteria –

- Trainees completing the survey after the reporting deadline (October each year). Out-of-programme trainees who do not need to register a trainee placement on ISCP (e.g. OOPC, OOPP and some OOPR). The following individuals do not receive a survey invitation via ISCP - trainees in the Republic of Ireland or Iceland, other post holders (e.g. SAS doctors, Locum Appointments for Service) that may use ISCP.

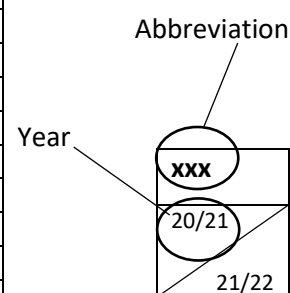
The uncoupled core trainees' results are shown as 'Core'. The specialty trainees' results, shown by corresponding placement specialty, include run through trainees and academic trainees. A limitation of the data is that some run through trainees do not enrol with JCST at the start of training (ST1) so have their results combined with 'uncoupled core' trainees.

Each SAC considers the annual survey data for their specialty. This report focuses on specialty-wide findings for the generic questions. Each SAC will discuss these findings along with any additional analysis of their specialty-specific questions, undertaken by each SAC Liaison Member and SAC QA lead.

The survey outcome data presented below provides an overview of the outcomes of the generic questions included in the 2020/21 and 2021/22 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. The reporting of Simulation Training, Overall Satisfaction, Less Than Full-Time Training (LTFT) is shown. The training environment and curriculum delivery are covered by the survey.

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

Abbreviation	Specialty
Core	Core Surgical Training
CTS	Cardiothoracic Surgery
ENT	Otolaryngology
GS	General Surgery
NS	Neurosurgery
OMFS	Oral & Maxillofacial Surgery
Paed	Paediatric Surgery
Plastic	Plastic Surgery
T&O	Trauma & Orthopaedic Surgery
Urol	Urology
Vasc	Vascular Surgery



In October 2020, there were changes to the survey questions, as follows:

- A new question for Core Surgical Trainees in England on reporting exceptions to their work schedule.
- A set of questions added to Trauma and Orthopaedic Surgery on ARCP outcomes and additional training time, due to disruption caused by a Covid pandemic. This expands on a question already being monitored by Trauma and Orthopaedic Surgery on “winter pressures”.

In August 2020 there were no changes to the Quality Indicators. The implementation of new curricula was delayed by 12 months during a Covid pandemic and the corresponding release of new Quality Indicators was therefore delayed until August 2021.

In August 2021, changes to the Quality Indicators included the following:

- The annual target number for WBAs has been removed but whether there is sufficient opportunity to undertake Workplace-based Assessments will continue to be surveyed\*.  
*\*A new assessment, the Multiple Consultant Report, is mandated by the new curricula. This will be evaluated as part of a separate evaluation required by the GMC for the new curricula.*
- Neurosurgery increased the theatre QI for trainees (in Phase 2 and Phase 3) from 3 to 4 consultant-led sessions each week (on average) when the new curriculum was introduced (August 2021).

The JCST survey already included questions relevant to 9 'Generic Professional Capabilities' and 5 'Capabilities in Practice' that are laid out in the new curriculum for each specialty. Where there are common areas, questions were moved to the generic section. Further work will be undertaken in 2022/23 to further refine the survey questions, with an aim to avoid duplication and show areas that apply across all surgical specialties.

The Covid-19 pandemic (March 2020 onwards) has widely impacted on all of society, including postgraduate medical training. The survey focuses on monitoring achievement of the QIs. It covers training overall and does not aim to specifically explore the complexities of pandemic disruption.

Six specialties had run through training pilots occurring within the reporting period:

- Otolaryngology (ENT) and General Surgery (pilot started 2018)
- Urology and Vascular Surgery (pilot started 2019)
- Trauma and Orthopaedic Surgery (pilot started 2020)
- Paediatric Surgery (pilot started 2021).

ST1/2 trainees' placement specialty may not be the same as their parent specialty. For example, results for Urology (ST1/2) are by placement so will include General Surgery run through trainees with a placement in Urology.

### Response rate

We plan to develop a methodology to report a response rate. The response rate depends on the number of discrete training placements that trainees undertake during the year and we are unable to confirm this number at present. It is expected that the response rate will be less due to disruption caused by a pandemic (JCST 2020). We have a high number of responses (total 2020/21 = 2615 responses; total 2021/22 = 1998) but it is noted this declined in 2021/22. This does not necessarily equate to the number of trainees who have taken part. We plan to improve communications, with a look at survey invitations and to show trainees more about the benefits of the survey, especially how we use the survey results.

### Patient safety

There are examples of good practice relating to pre-operative briefings, safe supervision and adequate levels of responsibility.

**Figure 1. Survey outcomes that demonstrate good practice in the area of patient safety**

Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
96% 94%	100% 100%	100% 100%	100% N/A	100% 100%	100% N/A	98% 98%	100% 100%	98% 100%	
854/890 <sup>1</sup> 620/660 <sup>2</sup>	7/7 <sup>1</sup> 10/10 <sup>2</sup>	35/35 <sup>1</sup> 20/20 <sup>2</sup>	23/23 <sup>1</sup> N/A <sup>2</sup>	154/154 <sup>1</sup> 106/106 <sup>2</sup>	71/71 <sup>1</sup> N/A <sup>2</sup>	410/418 <sup>1</sup> 291/297 <sup>2</sup>	12/12 <sup>1</sup> 10/10 <sup>2</sup>	48/49 <sup>1</sup> 40/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
100% 100%	N/A 100%	100% 100%	99% 99%	100% 85%	100% 100%	100% 100%	99% 98%	100% 100%	97% 100%
48/48 <sup>1</sup> 37/37 <sup>2</sup>	N/A <sup>1</sup> 5/5 <sup>2</sup>	48/48 <sup>1</sup> 33/33 <sup>2</sup>	90/91 <sup>1</sup> 75/76 <sup>2</sup>	23/23 <sup>1</sup> 17/20 <sup>2</sup>	526/526 <sup>1</sup> 461/461 <sup>2</sup>	20/20 <sup>1</sup> 6/6 <sup>2</sup>	72/73 <sup>1</sup> 64/65 <sup>2</sup>	15/15 <sup>1</sup> 22/22 <sup>2</sup>	73/75 <sup>1</sup> 42/42 <sup>2</sup>

Were you only asked to undertake unsupervised procedures in which you had been trained? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
96% 95%	100% 100%	94% 95%	100% N/A	99% 98%	96% N/A	98% 99%	83% 100%	98% 100%	
854/890 <sup>1</sup> 631/664 <sup>2</sup>	7/7 <sup>1</sup> 10/10 <sup>2</sup>	33/35 <sup>1</sup> 19/20 <sup>2</sup>	23/23 <sup>1</sup> N/A <sup>2</sup>	153/155 <sup>1</sup> 104/106 <sup>2</sup>	68/71 <sup>1</sup> N/A <sup>2</sup>	409/417 <sup>1</sup> 293/296 <sup>2</sup>	10/12 <sup>1</sup> 10/10 <sup>2</sup>	48/49 <sup>1</sup> 40/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
94% 97%	N/A 80%	98% 100%	97% 99%	100% 100%	97% 99%	100% 100%	99% 98%	100% 100%	95% 100%
45/48 <sup>1</sup> 37/38 <sup>2</sup>	N/A <sup>1</sup> 4/5 <sup>2</sup>	47/48 <sup>1</sup> 33/33 <sup>2</sup>	87/90 <sup>1</sup> 75/76 <sup>2</sup>	23/23 <sup>1</sup> 20/20 <sup>2</sup>	512/528 <sup>1</sup> 456/461 <sup>2</sup>	20/20 <sup>1</sup> 6/6 <sup>2</sup>	72/73 <sup>1</sup> 63/64 <sup>2</sup>	15/15 <sup>1</sup> 22/22 <sup>2</sup>	72/76 <sup>1</sup> 42/42 <sup>2</sup>

Were you given appropriate responsibility for your level of training? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
94% 93%	100% 100%	94% 95%	100% N/A	99% 100%	100% N/A	97% 96%	92% 80%	100% 93%	
832/886 <sup>1</sup> 615/661 <sup>2</sup>	7/7 <sup>1</sup> 10/10 <sup>2</sup>	33/35 <sup>1</sup> 19/20 <sup>2</sup>	23/23 <sup>1</sup> N/A <sup>2</sup>	152/154 <sup>1</sup> 106/106 <sup>2</sup>	71/71 <sup>1</sup> N/A <sup>2</sup>	404/417 <sup>1</sup> 282/294 <sup>2</sup>	11/12 <sup>1</sup> 8/10 <sup>2</sup>	48/48 <sup>1</sup> 37/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
98% 97%	N/A 40%	100% 94%	98% 93%	100% 95%	98% 98%	100% 100%	96% 98%	100% 100%	97% 100%
47/48 <sup>1</sup> 37/38 <sup>2</sup>	N/A <sup>1</sup> 2/5 <sup>2</sup>	48/48 <sup>1</sup> 31/33 <sup>2</sup>	87/89 <sup>1</sup> 71/76 <sup>2</sup>	22/22 <sup>1</sup> 19/20 <sup>2</sup>	515/526 <sup>1</sup> 449/458 <sup>2</sup>	20/20 <sup>1</sup> 6/6 <sup>2</sup>	70/73 <sup>1</sup> 64/65 <sup>2</sup>	15/15 <sup>1</sup> 22/22 <sup>2</sup>	74/76 <sup>1</sup> 42/42 <sup>2</sup>

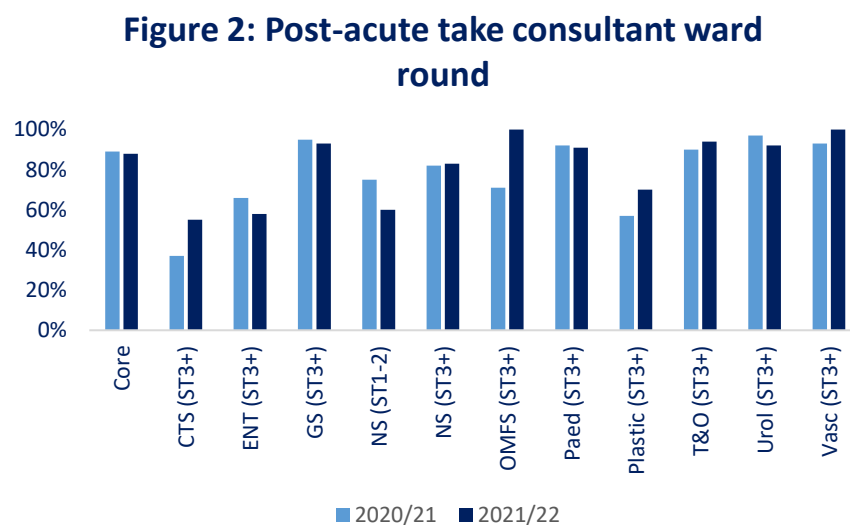
<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.  
2021/22 – first year of run-through pilot for Paed

## Area for improvement:

A concern for some specialties is the post-acute take consultant ward round, an indicator of safe continuity of care.

In 2019, the Otolaryngology SAC wrote to TPDs to remind them of a specialty-specific quality indicator on trainee participation in the post-acute take consultant ward round. We have continued to monitor this QI as it remains an area for improvement (2020/21 and 2021/22). There is a higher proportion of trainees from Cardiothoracic Surgery and Plastic Surgery that indicate this question is 'not applicable' to their placement so they also have less trainee participation in the post-acute take consultant ward round.

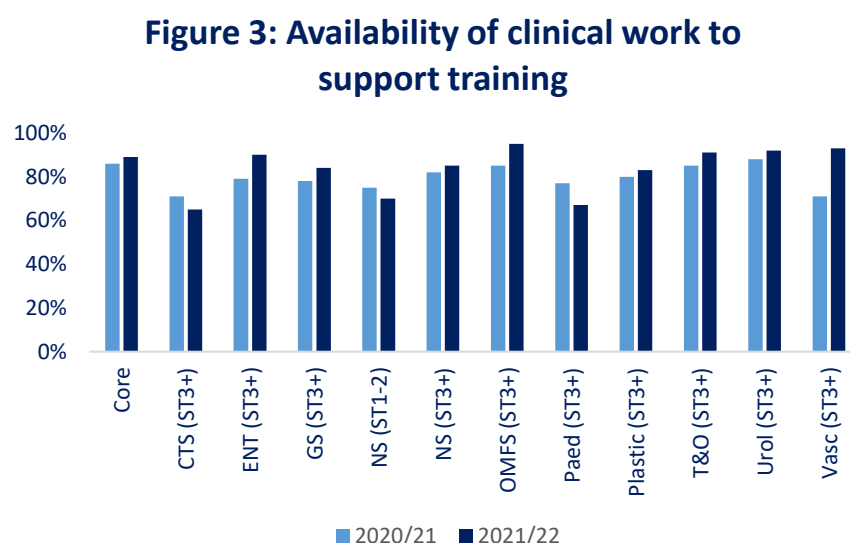


	n (2020/21) =	n (2021/22) =
Core	794/892	585/665
CTS (ST3+)	13/35	11/20
ENT (ST3+)	102/155	61/106
GS (ST3+)	398/419	277/298
NS (ST1-2)	9/12	6/10
NS (ST3+)	40/49	33/40
OMFS (ST3+)	34/48	38/38
Paed (ST3+)	44/48	32/35
Plastic (ST3+)	52/91	53/76
T&O (ST3+)	474/527	432/460
Urol (ST3+)	71/73	60/65
Vasc (ST3+)	71/76	42/42

## Working conditions

### Areas for improvement:

Trainees from all specialties have concerns about the amount of clinical work to support the number of trainees. The impact of a pandemic was particularly notable in 2020/21 (and in an earlier report, 2019/20). This impact on training was ongoing during 2021/22.



	n (2020/21) =	n (2021/22) =
Core	765/889	591/664
CTS (ST3+)	25/35	13/20
ENT (ST3+)	122/155	95/106
GS (ST3+)	326/418	249/297
NS (ST1-2)	9/12	7/10
NS (ST3+)	40/49	34/40
OMFS (ST3+)	41/48	36/38
Paed (ST3+)	37/48	22/33
Plastic (ST3+)	72/90	63/76
T&O (ST3+)	446/525	419/460
Urol (ST3+)	64/73	60/65
Vasc (ST3+)	54/76	39/42

The survey explores workload (on-call, elective sessions and rota). 28% (2020/21) and 29% (2021/22) of Core trainees reported that routine clinical work prevented the acquisition of new skills. This is higher than pre-pandemic 23% (2018/19). It is also higher for most specialties with run through training (ST1/2) than ST3+. Similarly the proportion of Core trainees who regularly missed training opportunities to provide cover has increased [24% (2020/21); 29% (2021/22)] compared to pre-pandemic 18% (2018/19).

**Figure 4: Survey outcomes that show concerns in the area of working conditions**

Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
14% 16%	14% 10%	11% 15%	13% N/A	13% 15%	14% N/A	5% 7%	0% 10%	4% 15%	
124/887 <sup>1</sup> 106/663 <sup>2</sup>	1/7 <sup>1</sup> 1/10 <sup>2</sup>	4/35 <sup>1</sup> 3/20 <sup>2</sup>	3/23 <sup>1</sup> N/A <sup>2</sup>	20/155 <sup>1</sup> 16/106 <sup>2</sup>	10/71 <sup>1</sup> N/A <sup>2</sup>	21/418 <sup>1</sup> 21/296 <sup>2</sup>	0/12 <sup>1</sup> 1/10 <sup>2</sup>	2/49 <sup>1</sup> 6/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
8% 11%	N/A 0%	6% 3%	11% 13%	4% 15%	10% 9%	0% 50%	8% 9%	7% 0%	11% 2%
4/48 <sup>1</sup> 4/37 <sup>2</sup>	N/A <sup>1</sup> 0/5 <sup>2</sup>	3/48 <sup>1</sup> 1/33 <sup>2</sup>	10/90 <sup>1</sup> 10/76 <sup>2</sup>	1/23 <sup>1</sup> 3/20 <sup>2</sup>	53/526 <sup>1</sup> 41/461 <sup>2</sup>	0/20 <sup>1</sup> 3/6 <sup>2</sup>	6/74 <sup>1</sup> 6/65 <sup>2</sup>	1/14 <sup>1</sup> 0/22 <sup>2</sup>	8/76 <sup>1</sup> 1/42 <sup>2</sup>

Were you regularly required to undertake routine clinical work that prevented the acquisition of new skills? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
28% 29%	14% 20%	14% 11%	22% N/A	3% 7%	16% N/A	12% 12%	42% 20%	6% 5%	
248/887 <sup>1</sup> 192/662 <sup>2</sup>	1/7 <sup>1</sup> 2/10 <sup>2</sup>	5/35 <sup>1</sup> 2/19 <sup>2</sup>	5/23 <sup>1</sup> N/A <sup>2</sup>	5/155 <sup>1</sup> 7/106 <sup>2</sup>	11/70 <sup>1</sup> N/A <sup>2</sup>	50/419 <sup>1</sup> 36/297 <sup>2</sup>	5/12 <sup>1</sup> 2/10 <sup>2</sup>	3/49 <sup>1</sup> 2/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
2% 5%	N/A 40%	6% 12%	18% 29%	30% 30%	10% 8%	10% 50%	11% 9%	7% 18%	9% 17%
1/48 <sup>1</sup> 2/38 <sup>2</sup>	N/A <sup>1</sup> 2/5 <sup>2</sup>	3/48 <sup>1</sup> 4/33 <sup>2</sup>	16/90 <sup>1</sup> 22/76 <sup>2</sup>	7/23 <sup>1</sup> 6/20 <sup>2</sup>	53/526 <sup>1</sup> 37/461 <sup>2</sup>	2/20 <sup>1</sup> 3/6 <sup>2</sup>	8/72 <sup>1</sup> 6/64 <sup>2</sup>	1/15 <sup>1</sup> 4/22 <sup>2</sup>	7/75 <sup>1</sup> 7/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
24% 29%	0% 0%	11% 10%	0% N/A	6% 6%	6% N/A	11% 12%	25% 20%	8% 8%	
213/888 <sup>1</sup> 192/663 <sup>2</sup>	0/7 <sup>1</sup> 0/10 <sup>2</sup>	4/35 <sup>1</sup> 2/20 <sup>2</sup>	0/23 <sup>1</sup> N/A <sup>2</sup>	9/155 <sup>1</sup> 6/105 <sup>2</sup>	4/69 <sup>1</sup> N/A <sup>2</sup>	46/419 <sup>1</sup> 35/295 <sup>2</sup>	3/12 <sup>1</sup> 2/10 <sup>2</sup>	4/49 <sup>1</sup> 3/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
4% 3%	N/A 20%	17% 15%	10% 18%	30% 40%	6% 11%	5% 33%	12% 20%	7% 5%	13% 12%
2/48 <sup>1</sup> 1/38 <sup>2</sup>	N/A <sup>1</sup> 1/5 <sup>2</sup>	8/47 <sup>1</sup> 5/33 <sup>2</sup>	9/90 <sup>1</sup> 14/76 <sup>2</sup>	7/23 <sup>1</sup> 8/20 <sup>2</sup>	32/525 <sup>1</sup> 51/461 <sup>2</sup>	1/20 <sup>1</sup> 2/6 <sup>2</sup>	9/73 <sup>1</sup> 13/65 <sup>2</sup>	1/15 <sup>1</sup> 1/22 <sup>2</sup>	10/75 <sup>1</sup> 5/42 <sup>2</sup>

Did the clinical work intensity allow sufficient time for consultant teaching and training? (NO)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
17% 24%	14% 0%	14% 5%	0% N/A	5% 4%	23% N/A	8% 7%	17% 20%	0% 13%	
151/889 <sup>1</sup> 159/664 <sup>2</sup>	1/7 <sup>1</sup> 0/10 <sup>2</sup>	5/35 <sup>1</sup> 1/20 <sup>2</sup>	0/23 <sup>1</sup> N/A <sup>2</sup>	8/154 <sup>1</sup> 4/105 <sup>2</sup>	16/70 <sup>1</sup> N/A <sup>2</sup>	34/419 <sup>1</sup> 21/294 <sup>2</sup>	2/12 <sup>1</sup> 2/10 <sup>2</sup>	0/49 <sup>1</sup> 5/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
8% 3%	N/A 40%	6% 3%	9% 12%	13% 15%	5% 5%	5% 17%	7% 9%	7% 9%	7% 19%
4/48 <sup>1</sup> 1/38 <sup>2</sup>	N/A <sup>1</sup> 2/5 <sup>2</sup>	3/48 <sup>1</sup> 1/33 <sup>2</sup>	8/90 <sup>1</sup> 9/76 <sup>2</sup>	3/23 3/20 <sup>2</sup>	26/526 <sup>1</sup> 23/460 <sup>2</sup>	1/20 <sup>1</sup> 1/6 <sup>2</sup>	5/73 <sup>1</sup> 6/65 <sup>2</sup>	1/15 <sup>1</sup> 2/22 <sup>2</sup>	5/76 <sup>1</sup> 8/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

In this post, were you personally subjected to persistent behaviour by others that undermined your professional confidence or self esteem? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
4% 7%	- 0%	20% N/A	0% N/A	2% 5%	4% N/A	6% 6%	- 0%	- 10%	- -
36/888 <sup>1</sup> 46/661 <sup>2</sup>	N/A <sup>1</sup> 0/10 <sup>2</sup>	7/35 <sup>1</sup> N/A <sup>2</sup>	0/23 <sup>1</sup> N/A <sup>2</sup>	3/155 <sup>1</sup> 5/106 <sup>2</sup>	3/70 <sup>1</sup> N/A <sup>2</sup>	25/419 <sup>1</sup> 18/296 <sup>2</sup>	N/A <sup>1</sup> 0/10 <sup>2</sup>	N/A <sup>1</sup> 4/40 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
- -	N/A -	- 13%	4% 9%	0% -	3% 4%	0% 0%	- 5%	0% -	5% -
N/A <sup>1</sup> N/A <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>	N/A <sup>1</sup> 4/32 <sup>2</sup>	4/90 <sup>1</sup> 7/75 <sup>2</sup>	0/23 <sup>1</sup> N/A <sup>2</sup>	16/525 <sup>1</sup> 18/458 <sup>2</sup>	0/20 <sup>1</sup> 0/6 <sup>2</sup>	N/A <sup>1</sup> 3/65 <sup>2</sup>	0/16 <sup>1</sup> N/A <sup>2</sup>	4/76 <sup>1</sup> N/A <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.

2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

Due to a small incidence of reported undermining behaviour it is not possible to identify trends. We cannot make correlation with specialty or level. A value for Cardiothoracic Surgery ST3+ [20% (2020/21)] is of concern and will continue to be monitored. We have established that this relates to 7 reports (2020/21) and that action was taken at the time. We take care in reporting so that any individual(s) is not identifiable and have removed any results that relate to one or two reports. Any undermining behaviour is unacceptable (GMC 2015). Some respondents may not report unprofessional behaviour (Clements JM et al 2020).

## Training opportunities

### Consultant sessions

The QIs for consultant-supervised theatre and clinic sessions are shown in Appendix B. A decline in training opportunities in surgery has been a concern for many years and the reasons are multifactorial, not solely due to a pandemic.

### Areas for improvement:

All specialties have seen a reduction in the achievement of their Theatre QI target compared with pre-pandemic (2018/19). The impact of a pandemic was particularly notable in 2020/21 (and in an earlier report, 2019/20). This impact on training was ongoing during 2021/22. In Paediatric Surgery only 36% met their Theatre QI target of 3 sessions (2021/22), despite early signs in the previous year of a possible recovery (58% 2020/21; 39% previous report, 2019/20) (figure 5).

Neurosurgery had increased their theatre QI target from 2 sessions to 3 sessions in 2017/18 and again from 3 sessions to 4 sessions in 2021/22. 57% (2020/21) met the target [3 sessions] for Neurosurgery ST3+ but when the target was increased [4 sessions] at the time of a new curriculum, the proportion meeting the new target [4 sessions] can be seen to decline to only 31% (figure 5).

All specialties at core level have a target of 3 theatre sessions. Overall, the figures for achieving this target are low for core [45% (2020/21); 47% (2021/22)].



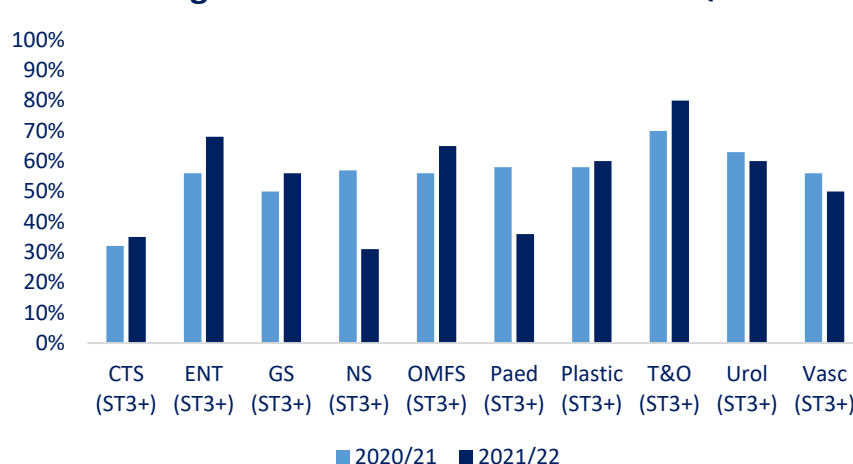
Neurosurgery (core level) increased their theatre QI target in 2019/20 from 1 session to 3 sessions for core level trainees. Only a small proportion of trainees are meeting this new target. It is unclear how many of the trainees are in a Neurosurgery placement as part of 'uncoupled core' and likely the CT1/2 data includes specialty trainees (who are incorrectly recorded as CT1/2). However, the theatre QI results for any trainee in a Neurosurgery placement in the first two years of training are disappointing [ST1/CT1/ST2/CT2 combined, 26% (2021/22)].

Achievement for the theatre and outpatient clinic QIs is generally lower for Core (figures 6 and 8), compared with ST3+ specialty trainees (figure 5 and 7).

The pandemic appears to have caused less disruption to training opportunities for ST3+ trainees in clinic than other areas (figures 7). However, there is some variation between specialties in meeting the clinic QI requirements so this is shown as an area for improvement.

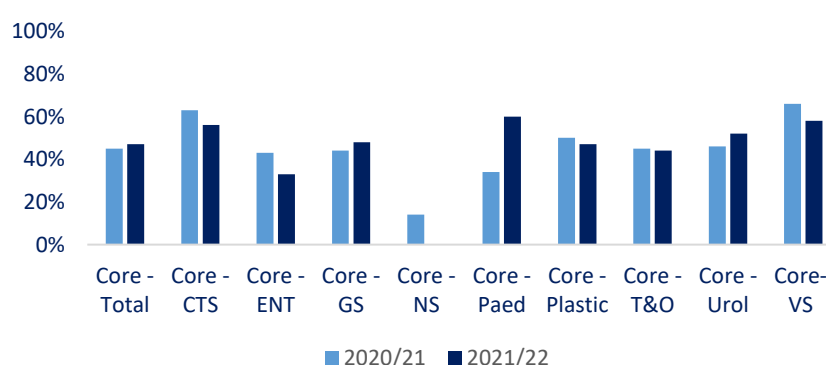
Overall for Core trainees, almost a third [29% (2020/21); 27% (2021/22)] did not attend any clinic sessions per week. The targets are higher for ENT (core) [3 sessions] and General Surgery (core) [2 sessions] and the numbers meeting these targets are lower (figure 8).

**Figure 5: Achievement of Theatre QI**



	n (2020/21) =	n (2021/22) =
CTS (ST3+)	11/34	7/20
ENT (ST3+)	87/155	72/106
GS (ST3+)	209/417	166/297
NS (ST3+)	28/49	12/39
OMFS (ST3+)	27/48	25/38
Paeds (ST3+)	28/48	12/33
Plastic (ST3+)	52/90	46/76
T&O (ST3+)	368/525	367/459
Urol (ST3+)	46/73	39/65
Vasc (ST3+)	42/75	21/42

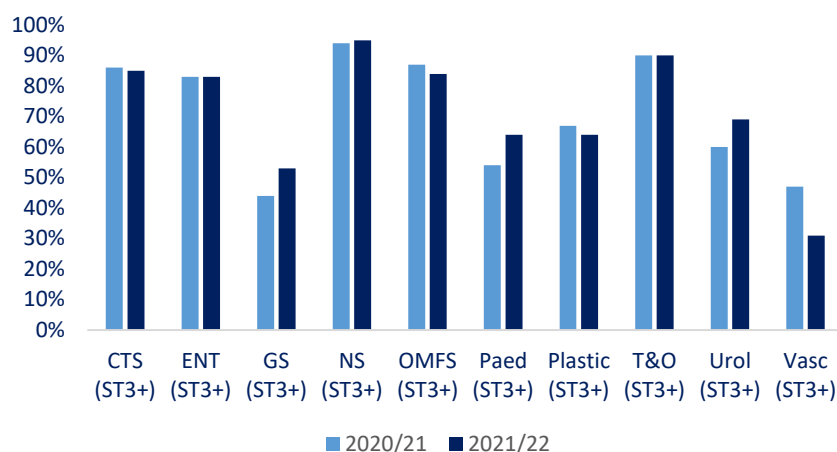
**Figure 6: Achievement of Theatre QI  
Core training**



	n (2020/21) =	n (2021/22) =
Core - Total	400/888	311/662
Core - CTS	12/19	8/14
Core - ENT	33/76	22/67
Core - GS	132/299	97/203
Core - NS	2/15	0/7
Core - Paed	10/29	12/20
Core - Plastic	43/85	32/68
Core - T&O	102/227	76/173
Core - Urol	39/85	36/69
Core - VS	31/47	23/40

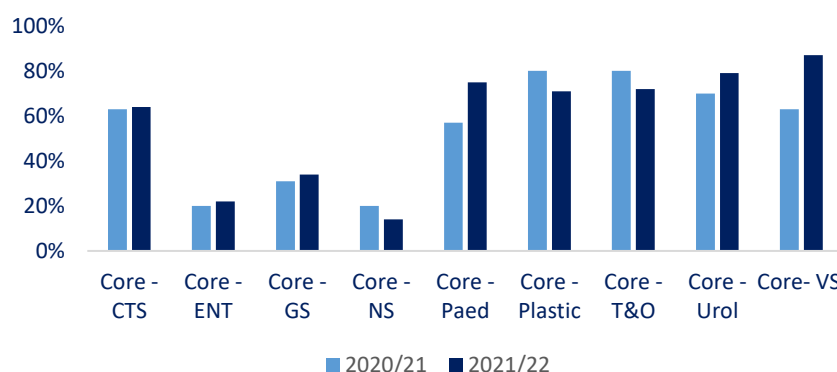
2020/21 and 2021/22: Core - OMFS < 3 responses.

**Figure 7: Achievement of Clinic QI**



	n (2020/21) =	n (2021/22) =
CTS (ST3+)	29/34	17/20
ENT (ST3+)	129/155	88/106
GS (ST3+)	183/417	157/297
NS (ST3+)	46/49	37/39
OMFS (ST3+)	42/48	32/38
Paeds (ST3+)	26/48	21/33
Plastic (ST3+)	60/89	49/76
T&O (ST3+)	472/524	414/460
Urol (ST3+)	44/73	44/64
Vasc (ST3+)	36/76	13/42

**Figure 8: Achievement of Clinic QI  
Core training**

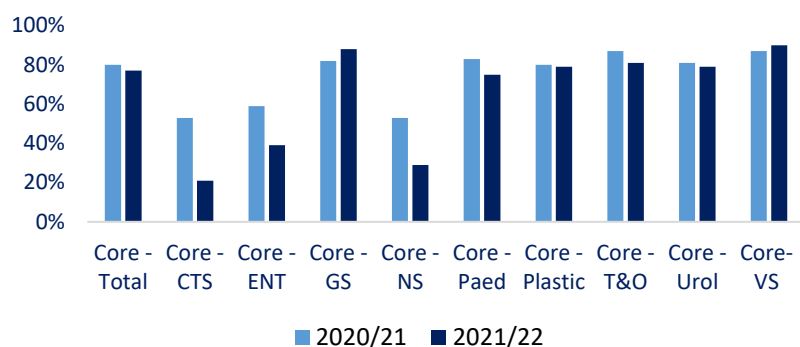


	n (2020/21) =	n (2021/22) =
Core - CTS	12/19	9/14
Core - ENT	15/76	15/67
Core - GS	93/300	67/202
Core - NS	3/15	1/7
Core - Paed	17/29	15/20
Core - Plastic	69/86	48/68
Core - T&O	182/227	124/172
Core - Urol	60/85	56/71
Core - VS	30/47	35/40

2020/21 and 2021/22: Core - OMFS < 3 responses.

In previous surveys, a concern was that Core trainees reported attendance at emergency theatre sessions was not regular. This continues to be an area for improvement in some specialties (figure 9). There is a specific target to attend one emergency session per week for Core placements in some specialties. It is recognised that, due to the nature of the work, opportunities are less in some specialties, e.g. ENT, compared to others, e.g. General Surgery.

**Figure 9: Emergency Theatre QI  
Core training**



	n (2020/21) =	n (2021/22) =
Core - Total	711/889	511/664
Core - CTS	10/19	3/14
Core - ENT	45/76	26/67
Core - GS	245/299	179/203
Core - NS	8/15	2/7
Core - Paed	24/29	15/20
Core - Plastic	69/86	54/68
Core - T&O	197/227	140/173
Core - Urol	69/85	56/71
Core - VS	41/47	36/40

## Workplace-based Assessments

### Example of good practice

The QI target to exceed >1 WBA per working week no longer existed after 2020/21. The survey (2021/22) reflects a new outcomes-based curricula and we continue to monitor if there is sufficient support to enable trainees to complete workplace-based assessments. The results show that trainees mostly consider that they are provided with sufficient opportunity to complete workplace-based assessments, are entering assessments promptly onto the ISCP and have sufficient support from their supervisors.

The Multiple Consultant Report (MCR) is a new mandatory workplace-based assessment which is being monitored separately in an evaluation of new curricula, as required by the General Medical Council. We plan to also include a specific question on the MCR in our next survey (2022/23).

**Figure 10: Survey outcomes that show good practice in Workplace Based Assessments**

Do you think your placement provided sufficient opportunity to complete Workplace Based Assessments (WBAs)? (YES) (New question 2021/22)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
86%	100%	90%	N/A	97%	N/A	94%	80%	90%	
N/A <sup>1</sup> 570/663 <sup>2</sup>	N/A <sup>1</sup> 10/10 <sup>2</sup>	N/A <sup>1</sup> 18/20 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>	N/A <sup>1</sup> 102/105 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>	N/A <sup>1</sup> 276/294 <sup>2</sup>	N/A <sup>1</sup> 8/10 <sup>2</sup>	N/A <sup>1</sup> 35/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97%	80%	94%	88%	85%	97%	67%	94%	91%	93%
N/A <sup>1</sup> 37/38 <sup>2</sup>	N/A <sup>1</sup> 4/5 <sup>2</sup>	N/A <sup>1</sup> 31/33 <sup>2</sup>	N/A <sup>1</sup> 67/76 <sup>2</sup>	N/A <sup>1</sup> 17/20 <sup>2</sup>	N/A <sup>1</sup> 445/459 <sup>2</sup>	N/A <sup>1</sup> 4/6 <sup>2</sup>	N/A <sup>1</sup> 61/65 <sup>2</sup>	N/A <sup>1</sup> 20/22 <sup>2</sup>	N/A <sup>1</sup> 39/42 <sup>2</sup>

2020/21 and 2021/22: Core - OMFS < 3 responses.

On average, how long after the event was the assessment undertaken and entered onto the ISCP? (<=1 month)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
96% 94%	100% 100%	91% 90%	100% N/A	95% 92%	97% N/A	93% 92%	92% 90%	92% 92%	
851/886 <sup>1</sup> 623/663 <sup>2</sup>	7/7 <sup>1</sup> 10/10 <sup>2</sup>	31/35 <sup>1</sup> 18/20 <sup>2</sup>	23/23 <sup>1</sup> N/A <sup>2</sup>	147/154 <sup>1</sup> 98/106 <sup>2</sup>	69/71 <sup>1</sup> N/A <sup>2</sup>	388/417 <sup>1</sup> 272/296 <sup>2</sup>	11/12 <sup>1</sup> 9/10 <sup>2</sup>	45/49 <sup>1</sup> 36/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
83% 92%	N/A 100%	96% 82%	93% 91%	96% 100%	97% 95%	80% 100%	97% 92%	100% 100%	99% 93%
40/48 <sup>1</sup> 34/37 <sup>2</sup>	N/A <sup>1</sup> 5/5 <sup>2</sup>	46/48 <sup>1</sup> 27/33 <sup>2</sup>	84/90 <sup>1</sup> 68/75 <sup>2</sup>	22/23 <sup>1</sup> 20/20 <sup>2</sup>	507/523 <sup>1</sup> 435/458 <sup>2</sup>	16/20 <sup>1</sup> 6/6 <sup>2</sup>	71/73 <sup>1</sup> 60/65 <sup>2</sup>	15/15 <sup>1</sup> 22/22 <sup>2</sup>	75/76 <sup>1</sup> 39/42 <sup>2</sup>

Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
92% 92%	86% 100%	97% 100%	100% N/A	100% 98%	97% N/A	97% 95%	92% 90%	98% 92%	
810/880 <sup>1</sup> 609/662 <sup>2</sup>	6/7 <sup>1</sup> 10/10 <sup>2</sup>	33/34 <sup>1</sup> 19/19 <sup>2</sup>	23/23 <sup>1</sup> N/A <sup>2</sup>	155/155 <sup>1</sup> 103/105 <sup>2</sup>	69/71 <sup>1</sup> N/A <sup>2</sup>	404/416 <sup>1</sup> 281/296 <sup>2</sup>	11/12 <sup>1</sup> 9/10 <sup>2</sup>	47/48 <sup>1</sup> 35/38 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
96% 97%	 100%	96% 97%	97% 93%	96% 100%	98% 99%	100% 83%	97% 98%	87% 100%	97% 98%
46/48 <sup>1</sup> 37/38 <sup>2</sup>	N/A <sup>1</sup> 5/5 <sup>2</sup>	46/48 <sup>1</sup> 31/32 <sup>2</sup>	86/89 <sup>1</sup> 70/75 <sup>2</sup>	22/23 <sup>1</sup> 20/20 <sup>2</sup>	508/518 <sup>1</sup> 452/457 <sup>2</sup>	20/20 <sup>1</sup> 5/6 <sup>2</sup>	71/73 <sup>1</sup> 62/63 <sup>2</sup>	13/15 <sup>1</sup> 22/22 <sup>2</sup>	74/76 <sup>1</sup> 41/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.

2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

## Simulation training

### Area for improvement

A QI requires that trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery. The opportunities for simulation training decreased across most specialties and levels for 2020/21 – a marked impact compared to pre-pandemic (earlier survey reports). There appears to be some recovery in 2021/22. There is opportunity across surgical training for simulation training to be developed to greater potential, including human factors simulation training.

**Figure 11: Survey outcomes that demonstrate availability of simulation training**

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). (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
55% 77%	100% 80%	57% 85%	61% N/A	55% 82%	66% N/A	47% 59%	50% 90%	16% 46%	
490/891 <sup>1</sup> 511/664 <sup>2</sup>	7/7 <sup>1</sup> 8/10 <sup>2</sup>	20/35 <sup>1</sup> 17/20 <sup>2</sup>	14/23 <sup>1</sup> N/A <sup>2</sup>	85/155 <sup>1</sup> 87/106 <sup>2</sup>	47/71 <sup>1</sup> N/A <sup>2</sup>	196/417 <sup>1</sup> 175/297 <sup>2</sup>	6/12 <sup>1</sup> 9/10 <sup>2</sup>	8/49 <sup>1</sup> 18/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
44% 63%	N/A 80%	52% 67%	42% 60%	57% 75%	32% 56%	60% 83%	37% 62%	47% 77%	41% 76%
21/48 <sup>1</sup> 24/38 <sup>2</sup>	N/A <sup>1</sup> 4/5 <sup>2</sup>	25/48 <sup>1</sup> 22/33 <sup>2</sup>	38/91 <sup>1</sup> 45/75 <sup>2</sup>	13/23 <sup>1</sup> 15/20 <sup>2</sup>	168/525 <sup>1</sup> 256/461 <sup>2</sup>	12/20 <sup>1</sup> 5/6 <sup>2</sup>	27/73 <sup>1</sup> 40/65 <sup>2</sup>	7/15 <sup>1</sup> 17/22 <sup>2</sup>	31/76 <sup>1</sup> 32/42 <sup>2</sup>

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). (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
55% 50%	57% 50%	50% 60%	74% N/A	54% 50%	65% N/A	44% 49%	33% 30%	38% 53%	
476/865 <sup>1</sup> 324/647 <sup>2</sup>	4/7 <sup>1</sup> 5/10 <sup>2</sup>	17/34 <sup>1</sup> 12/20 <sup>2</sup>	17/23 <sup>1</sup> N/A <sup>2</sup>	80/149 <sup>1</sup> 52/105 <sup>2</sup>	45/69 <sup>1</sup> N/A <sup>2</sup>	178/404 <sup>1</sup> 142/290 <sup>2</sup>	4/12 <sup>1</sup> 3/10 <sup>2</sup>	18/47 <sup>1</sup> 20/38 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
55% 47%	N/A 60%	46% 40%	45% 54%	52% 65%	39% 51%	53% 67%	37% 66%	47% 50%	30% 40%
26/47 <sup>1</sup> 17/36 <sup>2</sup>	N/A <sup>1</sup> 3/5 <sup>2</sup>	21/46 <sup>1</sup> 12/30 <sup>2</sup>	41/91 <sup>1</sup> 41/76 <sup>2</sup>	12/23 <sup>1</sup> 13/20 <sup>2</sup>	189/484 <sup>1</sup> 228/447 <sup>2</sup>	10/19 <sup>1</sup> 4/6 <sup>2</sup>	26/70 <sup>1</sup> 42/64 <sup>2</sup>	7/15 <sup>1</sup> 11/22 <sup>2</sup>	22/74 <sup>1</sup> 16/40 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

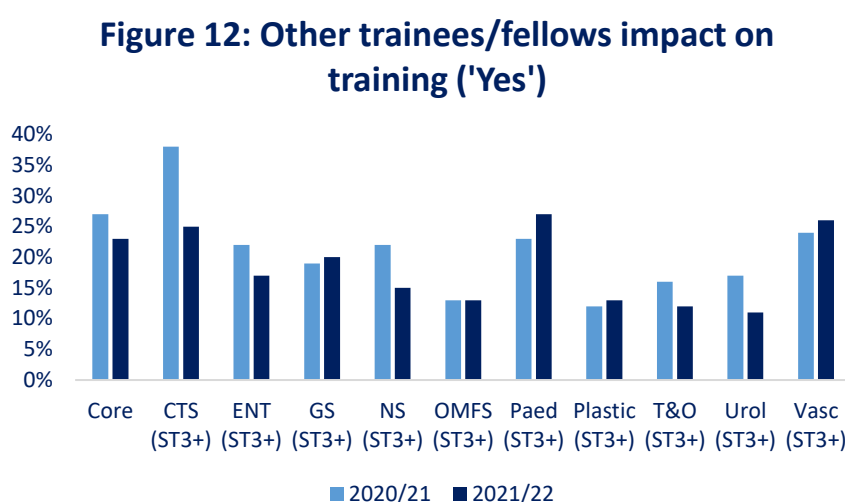
2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.

2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

## Presence of other trainees

### Area for improvement

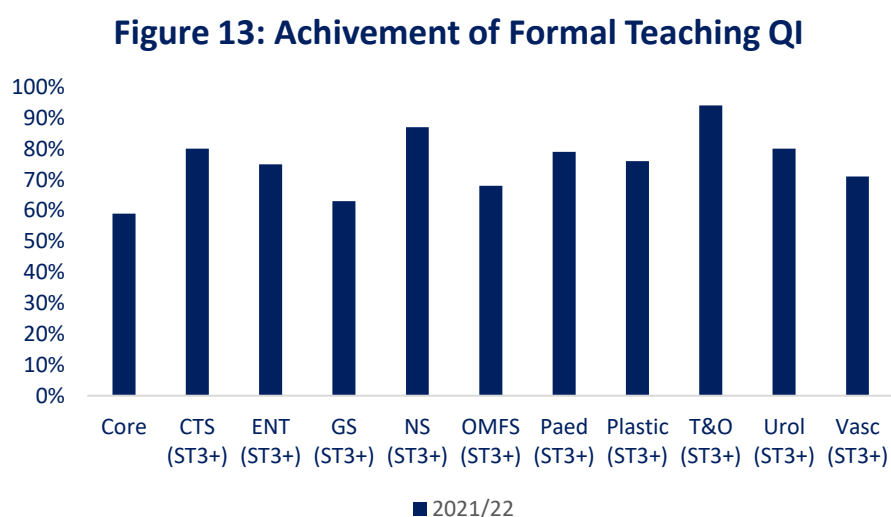
The recent survey highlights that a potential constraint for pandemic recovery will be the presence of other trainees.



	n (2020/21) =	n (2021/22) =
Core	240/888	152/662
CTS (ST3+)	13/34	5/20
ENT (ST3+)	34/153	18/106
GS (ST3+)	79/415	59/296
NS (ST3+)	11/49	6/39
OMFS (ST3+)	5/47	5/38
Paeds (ST3+)	11/48	9/33
Plastic (ST3+)	11/91	10/76
T&O (ST3+)	83/522	55/459
Urol (ST3+)	12/72	7/65
Vasc (ST3+)	18/76	11/42

## Formal teaching

Q1 2 requires that 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). In 2021/22 a new question was introduced to monitor this target following concerns there was some ambiguity with earlier survey questions. We have included results for interest and will continue to pilot the new survey question.



	n (2021/22) =
Core	392/664
CTS (ST3+)	16/20
ENT (ST3+)	80/106
GS (ST3+)	186/295
NS (ST3+)	34/39
OMFS (ST3+)	26/38
Paeds (ST3+)	26/33
Plastic (ST3+)	57/75
T&O (ST3+)	433/461
Urol (ST3+)	52/65
Vasc (ST3+)	30/42

## Quality of experience

The quality of training in the operating theatre is an example of good practice (although we have already noted training opportunities will have been less during the pandemic, especially in 2020/21).

In 2021/22, two surgical specialties show much lower satisfaction at ST1-2 level than ST3 level. The ST1-2 training was mostly described as 'satisfactory' (40% Cardiothoracic Surgery ST1-2; 80% Paediatric Surgery ST1-2).

The quality of training in outpatients has been mostly good or very good.

**Figure 14: Survey outcomes in the area of quality of consultant teaching and training**

**Examples of good practice**

How would you rate the quality of consultant teaching & training in the operating theatre? (GOOD or VERY GOOD)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
78% 73%	100% 60%	80% 85%	91% N/A	92% 91%	65% N/A	88% 86%	75% 100%	92% 82%	
691/886 <sup>1</sup> 481/659 <sup>2</sup>	7/7 <sup>1</sup> 6/10 <sup>2</sup>	28/35 <sup>1</sup> 17/20 <sup>2</sup>	21/23 <sup>1</sup> N/A <sup>2</sup>	142/154 <sup>1</sup> 96/106 <sup>2</sup>	46/70 <sup>1</sup> N/A <sup>2</sup>	366/416 <sup>1</sup> 254/295 <sup>2</sup>	9/12 <sup>1</sup> 10/10 <sup>2</sup>	45/49 <sup>1</sup> 31/38 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
83% 92%	N/A 20%	90% 90%	83% 83%	78% 70%	87% 90%	89% 67%	92% 89%	67% 82%	90% 93%
40/48 <sup>1</sup> 35/38 <sup>2</sup>	N/A <sup>1</sup> 1/5 <sup>2</sup>	43/48 <sup>1</sup> 30/33 <sup>2</sup>	75/90 <sup>1</sup> 63/76 <sup>2</sup>	18/23 <sup>1</sup> 14/20 <sup>2</sup>	452/519 <sup>1</sup> 411/457 <sup>2</sup>	17/19 <sup>1</sup> 4/6 <sup>2</sup>	66/72 <sup>1</sup> 57/64 <sup>2</sup>	10/15 <sup>1</sup> 18/22 <sup>2</sup>	68/76 <sup>1</sup> 39/42 <sup>2</sup>

How would you rate the quality of consultant teaching and training in outpatients? (GOOD or VERY GOOD)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
68% 76%	85% 70%	75% 75%	92% N/A	82% 78%	58% N/A	67% 72%	54% 70%	80% 72%	
599/881 <sup>1</sup> 499/656 <sup>2</sup>	6/7 <sup>1</sup> 7/10 <sup>2</sup>	26/35 <sup>1</sup> 15/20 <sup>2</sup>	21/23 <sup>1</sup> N/A <sup>2</sup>	127/155 <sup>1</sup> 83/106 <sup>2</sup>	41/71 <sup>1</sup> N/A <sup>2</sup>	277/413 <sup>1</sup> 211/293 <sup>2</sup>	6/11 <sup>1</sup> 7/10 <sup>2</sup>	39/49 <sup>1</sup> 28/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
83% 82%	N/A 100%	75% 69%	77% 80%	74% 65%	83% 84%	85% 67%	58% 74%	74% 81%	82% 76%
40/48 <sup>1</sup> 31/38 <sup>2</sup>	N/A <sup>1</sup> 5/5 <sup>2</sup>	36/48 <sup>1</sup> 23/33 <sup>2</sup>	69/90 <sup>1</sup> 61/76 <sup>2</sup>	17/23 <sup>1</sup> 13/20 <sup>2</sup>	434/523 <sup>1</sup> 383/456 <sup>2</sup>	17/20 <sup>1</sup> 4/6 <sup>2</sup>	41/71 <sup>1</sup> 48/65 <sup>2</sup>	11/15 <sup>1</sup> 18/22 <sup>2</sup>	62/76 <sup>1</sup> 32/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.

2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

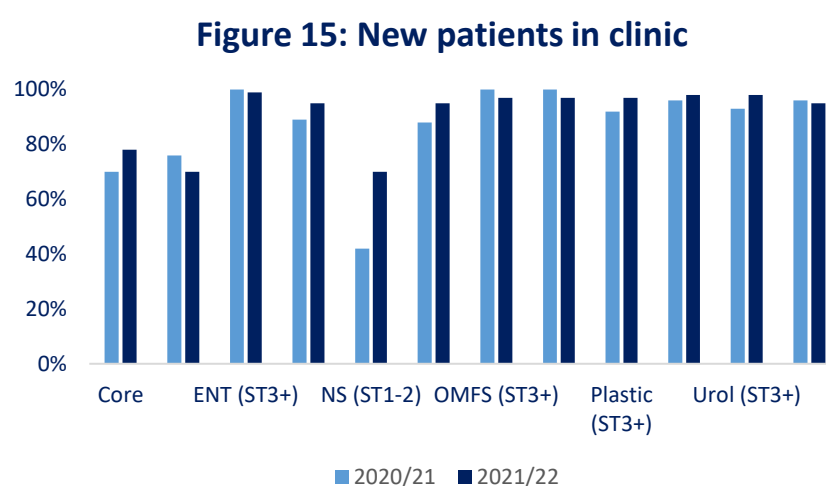
The quality of consultant teaching on ward rounds varies between specialties.

How would you rate the quality of consultant teaching and training on ward rounds? (GOOD or VERY GOOD)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
58% 55%	86% 40%	69% 70%	87% N/A	65% 68%	53% N/A	72% 71%	42% 70%	74% 69%	
514/887 <sup>1</sup> 364/661 <sup>2</sup>	6/7 <sup>1</sup> 4/10 <sup>2</sup>	24/35 <sup>1</sup> 14/20 <sup>2</sup>	20/23 <sup>1</sup> N/A <sup>2</sup>	100/154 <sup>1</sup> 72/106 <sup>2</sup>	38/71 <sup>1</sup> N/A <sup>2</sup>	300/416 <sup>1</sup> 202/294 <sup>2</sup>	5/12 <sup>1</sup> 7/10 <sup>2</sup>	36/49 <sup>1</sup> 27/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
71% 74%	N/A 20%	71% 57%	56% 66%	44% 55%	74% 74%	80% 67%	63% 68%	73% 82%	79% 71%
33/47 <sup>1</sup> 28/38 <sup>2</sup>	N/A <sup>1</sup> 1/5 <sup>2</sup>	34/48 <sup>1</sup> 18/32 <sup>2</sup>	50/90 <sup>1</sup> 50/76 <sup>2</sup>	10/23 <sup>1</sup> 11/20 <sup>2</sup>	386/522 <sup>1</sup> 338/457 <sup>2</sup>	16/20 <sup>1</sup> 4/6 <sup>2</sup>	45/72 <sup>1</sup> 44/65 <sup>2</sup>	11/15 <sup>1</sup> 18/22 <sup>2</sup>	60/76 <sup>1</sup> 30/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS. 2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

There was concern in previous survey reports that trainees in their initial training years do not regularly get to see new patients in clinic (outpatients). This has improved for Core [70% (2020/21); 78% (2021/22)] but the results are mostly better for specialty trainees than Core.



	n (2020/21) =	n (2021/22) =
Core	615/883	511/654
CTS (ST3+)	26/34	14/20
ENT (ST3+)	154/154	101/102
GS (ST3+)	369/415	278/293
NS (ST3+)	43/49	37/39
OMFS (ST3+)	48/48	37/38
Paeds (ST3+)	48/48	32/33
Plastic (ST3+)	83/90	74/76
T&O (ST3+)	504/525	445/454
Urol (ST3+)	67/72	63/64
Vasc (ST3+)	72/75	40/42



## Overall satisfaction

The survey monitors overall satisfaction in training with a question “Would you recommend this attachment to other trainees at the same level?”

### Area for improvement

Satisfaction is less amongst core trainees (figure 16). This has also been seen in other surveys (GMC 2022). There is variation in satisfaction between placement specialties. Satisfaction was 0% in Paediatric Surgery at ST1-2 level (2021/22) but this may be a spurious result as it does not reflect the results for other ST1-2 level specialty placements. There are currently a number of run through training pilots that will explore trainee satisfaction in more detail.

**Figure 16: Survey outcomes that demonstrate the overall level of satisfaction**

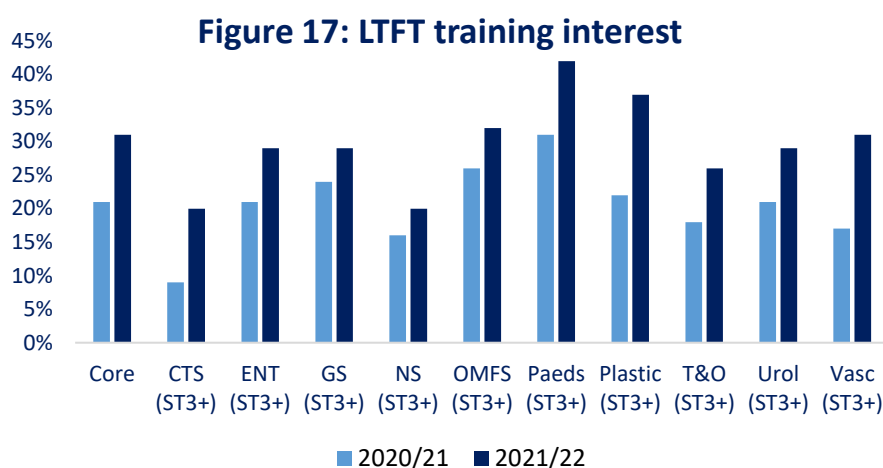
Would you recommend this attachment to other trainees at the same level? (YES)									
Core	CTS (ST1-2)	CTS (ST3+)	ENT (ST1-2)	ENT (ST3+)	GS (ST1-2)	GS (ST3+)	NS (ST1-2)	NS (ST3+)	OMFS (ST1-2)
81% 78%	86% 80%	80% 85%	96% N/A	97% 95%	90% N/A	88% 84%	75% 80%	98% 92%	
721/889 <sup>1</sup> 515/661 <sup>2</sup>	6/7 <sup>1</sup> 8/10 <sup>2</sup>	28/35 <sup>1</sup> 17/20 <sup>2</sup>	22/23 <sup>1</sup> N/A <sup>2</sup>	149/154 <sup>1</sup> 101/106 <sup>2</sup>	64/71 <sup>1</sup> N/A <sup>2</sup>	367/417 <sup>1</sup> 248/295 <sup>2</sup>	9/12 <sup>1</sup> 8/10 <sup>2</sup>	47/48 <sup>1</sup> 36/39 <sup>2</sup>	N/A <sup>1</sup> N/A <sup>2</sup>
OMFS (ST3+)	Paed (ST1-2)	Paed (ST3+)	Plastic (ST3+)	T&O (ST1-2)	T&O (ST3+)	Urol (ST1-2)	Urol (ST3+)	Vasc (ST1-2)	Vasc (ST3+)
96% 97%	N/A 0%	94% 84%	88% 86%	83% 80%	93% 91%	100% 50%	89% 83%	87% 86%	88% 93%
48/48 <sup>1</sup> 37/38 <sup>2</sup>	N/A <sup>1</sup> 0/5 <sup>2</sup>	45/48 <sup>1</sup> 27/32 <sup>2</sup>	80/91 <sup>1</sup> 65/76 <sup>2</sup>	19/23 <sup>1</sup> 16/20 <sup>2</sup>	488/525 <sup>1</sup> 417/458 <sup>2</sup>	20/20 <sup>1</sup> 3/6 <sup>2</sup>	64/72 <sup>1</sup> 54/65 <sup>2</sup>	13/15 <sup>1</sup> 19/22 <sup>2</sup>	67/76 <sup>1</sup> 39/42 <sup>2</sup>

<sup>1</sup> number of responses (2020/21); <sup>2</sup> number of responses (2021/22)

2020/21 and 2021/22: OMFS (ST1-2) < 3 responses. 2020/21 – final year of run-through pilots for ENT and GS.  
2021/22 – first year of run-through pilot for Paed. Q10 (undermining behaviour) – see text for discussion, some results removed.

## Less than fulltime

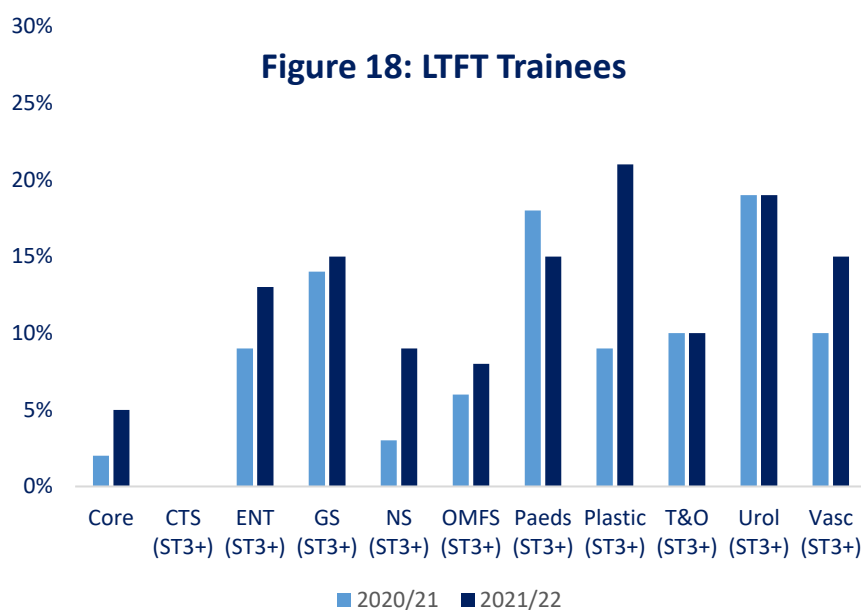
Following a JCST policy statement on ‘Less than fulltime’ (JCST 2017) we continue to monitor this area. There is variation amongst the specialties in interest to work less than fulltime (LTFT) but the interest appears to have increased overall, perhaps linked to the pandemic and pilots in England in other specialties (Emergency Medicine, Paediatrics and Obstetrics and Gynecology, LTFT category 3). LTFT Category 3 training, will allow trainees to request the opportunity to undertake a period of LTFT for personal choice. The opportunity to apply for LTFT Cat 3 was extended to all specialties in England in February 2022 and will be discussed in future survey reports (HEE 2022).



	n (2020/21) =	n (2021/22) =
Core	186/889	202/661
CTS (ST3+)	3/35	4/20
ENT (ST3+)	33/155	31/106
GS (ST3+)	100/418	86/295
NS (ST3+)	8/49	8/40
OMFS (ST3+)	13/47	12/38
Paeds (ST3+)	15/48	14/33
Plastic (ST3+)	20/90	28/76
T&O (ST3+)	95/525	120/460
Urol (ST3+)	14/73	19/65
Vasc (ST3+)	13/76	13/42

### Area for improvement

Only a small proportion went on to choose less than fulltime training (0-21%, 2021/22).



	n (2020/21) =	n (2021/22) =
Core	10/649	26/518
CTS (ST3+)	0/20	0/16
ENT (ST3+)	102/113	11/86
GS (ST3+)	39/277	31/206
NS (ST3+)	1/31	3/32
OMFS (ST3+)	3/33	2/25
Paeds (ST3+)	7/38	4/27
Plastic (ST3+)	6/67	13/62
T&O (ST3+)	34/344	33/325
Urol (ST3+)	10/52	8/43
Vasc (ST3+)	5/49	4/27

### Recommendations and next steps

Our recommendations are mainly in the areas of training opportunities, curricula and new modes of delivery:

- The annual report looks at the training/survey year overall. SAC Liaison Member monitoring and reporting occurs as part of the regular contact with the Local Office/Deanery. It is recommended that the LMs continue to monitor the latest survey results via the ISCP survey reporting tool and report their findings. LMs will use data from mixed sources to look at training. We highlight the important role of LMs with the ongoing challenges of training recovery following a pandemic.

- The monitoring of a formal teaching QI continues to be a challenge and we have updated our survey question in 2021/22. The impact of a Covid-19 pandemic is leading to innovation and changes to how we work. The SACs have an advisory role and it is recommended that they continue to encourage the development of new technologies e.g. webinars, virtual learning platforms and to raise awareness, including specialty association teaching and education programmes. An aim is to increase understanding of all the methods of learning that are available to trainees.
- The pandemic is impacting on operative numbers (eLogbook numbers are being looked at separately by each SAC). It is recommended that surgery pursues the opportunities provided by simulation for training outside of the operating theatre – to ensure that simulation is delivered to its full potential. The JCST survey will continue to monitor a QI for simulation.
- Human factors training (non-technical surgical skills) has an important role in surgical training but a concern is noted that it is not more widely available for trainees.
- It is recommended that the Neurosurgery SAC looks at the target and training opportunities to confirm the theatre QI requirement (core level and ST3+) – the quality indicators reflect a minimum requirement for a training placement. It is suggested that the new theatre QI target may not be achievable.
- In 2021 new curricula for all surgical specialties were implemented. The survey shows good engagement in recording WBAs via ISCP and we will continue to monitor this. The new curricula are outcomes based and WBAs are according to need rather than number. The new Multiple Consultant Report (MCR) will be the main assessment tool. There are plans to introduce a specific survey question on the MCR in 2023/24.
- QIs that provide quantification targets that are not covered by the new curricula have been removed for 2021. The theatre QI, clinic QI and formal teaching QI will remain as targets for curricula delivery and their usefulness will be kept under review. The new curricula provides opportunity to explore if there are other methodologies that may be better than a survey for measuring some areas e.g. eLogbook and indicative numbers of procedures.
- We are mindful that trainees are under significant pressure. It is recommended that we continue to keep the survey under review to see where it can be shortened whilst balancing the need to retain some questions for a year-on-year analysis.
- As with all research, a survey methodology has some limitations. An example is that there is some inflexibility to explore in depth the many factors that impact on quantification of QIs e.g. theatre QI, clinic QI. These factors include:
  - LTFT trainees (if a specialty has a higher proportion of LTFT trainees)
  - placements with less/no surgery e.g. ITU placements.

Figure 18 shows the proportion of LTFT respondents for each survey. It is recommended that this is considered alongside the results for the theatre QI (figures 5 and 6); clinic QI (figures 7 and 8) and formal teaching QI (figure 13) so there is some context for the findings.

- We report on trainees who are registered as specialty trainees (ST1/ST2) separately from uncoupled core (CT1/CT2). It is suggested that future developments (e.g. new curricula, new training pathway pilots) are used to help us determine the best option for reporting these results (eg. separately or combined ST1/ST2/CT1/CT2 together).

## Conclusion

A Covid-19 pandemic that began in early 2020 has impacted on all of healthcare. This annual survey has its limitations, including some inflexibility with timing and questions to specifically explore the pandemic. This report looks at surgical training overall and continues to provide a year-on-year analysis to look for trends. A need to maximise training opportunities, during and after the pandemic, has been widely highlighted (JCST, ASiT, BOTA CoPSS 2021). Developments relating to new technologies and new modes of training delivery will be of particular relevance at this challenging time – including the use of simulation training (Lund J, Sadler P and McLarty E 2021).

## References

- Clements JM et al on behalf of ASiT, BOTA and JCST (2020). Bullying and undermining behaviours in surgery: A qualitative study of surgical trainee experiences in the United Kingdom (UK) & Republic of Ireland (ROI). *Int J Surg* 84:219-225. <https://doi.org/10.1016/j.ijsu.2020.07.031> (accessed Feb 2023).
- GMC (2015). Building a supportive environment: *A review to tackle undermining and bullying in medical education and training*. [https://www.gmc-uk.org/-/media/documents/under-embargo-05-03-15-building-a-supportive-environment\\_pdf-59988406.pdf](https://www.gmc-uk.org/-/media/documents/under-embargo-05-03-15-building-a-supportive-environment_pdf-59988406.pdf) (accessed Feb 2023).
- GMC (2022) *National Training Survey*. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveys-reports> (accessed Feb 2023)
- Health Education England (2022). *Delivering greater flexibility*. <https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility> (accessed Feb 2023)
- JCST (2017). *JCST LTFT statement*. [https://www.jcst.org/-/media/files/jcst/key-documents/jcst-ltft-statement\\_final.pdf](https://www.jcst.org/-/media/files/jcst/key-documents/jcst-ltft-statement_final.pdf) (accessed Feb 2023).
- JCST (2020). *Guidance on voluntary recording of COVID-19 experience in the ISCP*. <https://www.jcst.org/-/media/files/jcst/key-documents/guidance-on-voluntary-recording-covid19-experience-in-the-iscp.pdf> (accessed Feb 2023).
- JCST (current). *Quality Indicators*. <https://www.jcst.org/quality-assurance/quality-indicators/> (accessed Feb 2023).
- JCST, ASiT, BOTA, CoPSS (2021). *COVID-19 recovery* ('Maximising training opportunities'). [https://www.jcst.org/-/media/files/jcst/key-documents/maximising-training\\_april-2021.pdf](https://www.jcst.org/-/media/files/jcst/key-documents/maximising-training_april-2021.pdf) (accessed Feb 2023).
- Lund J, Sadler P and McLarty E (2021). The effect of Covid-19 on surgical training. *Surgery* 39(12):829-833 <https://doi.org/10.1016/j.mpsur.2021.09.003> (accessed Feb 2023)

## Appendix A - JCST trainee survey questions 2020/21 and 2021/22

Number	Question text	Answer options
1	Was there usually a post-acute take consultant ward round?	Yes/No/N/A
2	Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent?	Yes/No
3	Were you only asked to undertake unsupervised procedures in which you had been trained?	Yes/No
4	Were you given appropriate responsibility for your level of training?	Yes/No
5	Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised?	Yes/No/N/A
6	Were you regularly required to undertake routine clinical work that prevented the acquisition of new skills?	Yes/No
7	Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps?	Yes/No
8	Did the clinical work intensity allow sufficient time for consultant teaching and training?	Yes/No
9	Was there enough clinical work in the unit to support the number of trainees working there?	Yes/No
10	In this post, were you personally subjected to persistent behaviour by others that undermined your professional confidence or self esteem?	Yes/No
11	Have you ever considered training less than fulltime? a) If yes to above, did you decide to train less than fulltime? b) If no to a) above, why did you decide not to train less than fulltime?	Yes/No Yes/No Insert text
12	Please indicate the number of surgical staff in your team (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 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 Insert text

13	<p>In an average week (excluding leave, on-call, compensatory rest)...</p> <p>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)</p> <p>b) How many consultant supervised outpatients sessions did you attend?</p> <p>c) On average, how many workplace-based assessments did you complete each week? (2020/21)</p> <p>c) Do you think your placement provided sufficient opportunity to complete Workplace Based Assessments (WBAs)? (2021/22)</p> <p>d) On average, how long after the event was the assessment undertaken and entered onto the ISCP?</p> <p>e) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?</p>	<p>0/1/2/3/4/5/&gt;5</p> <p>0/1/2/3/4/5/&gt;5</p> <p>0/1/2/3/4/5/&gt;5</p> <p>Yes/No</p> <p>At the same time/The same day/The same week/2-4 weeks later/More than 1 month later</p> <p>Yes/No</p>
14	<p>In an average week, did you receive the following types of teaching?</p> <p>Local departmental teaching:</p> <p>Regional teaching:</p> <p>Journal clubs:</p> <p>X-ray meetings with an educational component:</p> <p>MDTs with an educational component: (2020/21)</p>	<p>For each option:</p> <p>Yes 0-14 mins/Yes 15-29 mins/Yes 30-59 mins/Yes 1-2 hours/Yes &gt;2 hours/No/N/A</p>
15	During an average week, how many total hours of formal teaching did you receive? (2020/21)	0/1/2/3/4/5/>5
14*	On average, did you receive an equivalent of 2 hours formal teaching per week? (2021/22)	Yes/No
15*	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Yes/No/N/A
16*	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Yes/No
17*	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).	Yes/No/N/A
18*	<p>Was this through (tick all applicable options):</p> <p>a) Your regional teaching programme?</p> <p>b) A formal course organised by the training programme?</p> <p>c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital?</p> <p>d) Recommended courses?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>[Can select multiple options]</p>

19*	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?	Yes/No/N/A Yes/No/N/A
20*	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Yes/No/N/A
21*	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).	Yes/No/N/A
22*	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?	Yes/No Yes/No Yes/No Yes/No [Can select multiple options]
23*	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*	How would you rate the quality of consultant teaching & training in outpatients?	Very poor / Poor / Satisfactory / Good / Very good
25*	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor / Poor / Satisfactory / Good / Very good
26*	In outpatients did you regularly see new patients?	Yes/No
27	During an average week how many MDTs did you attend? (2021/22)	0/1/2/3/4/5+
28	Did you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/Local HEE Office committees, involvement in service development? (2021/22)	Yes/No
29*	Did you experience any difficulties relating to the geographical location of this training post?	Yes/No
30*	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Yes/No/N/A
31*	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Yes/No/N/A
32*	Would you recommend this attachment to other trainees at the same level?	Yes/No

\* Question numbering shown for 2021/22 survey (re-numbered 2021/22)



## Appendix B

### Quality Indicator (QI) standards for 2020/21 and 2021/2022

#### 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.

Specialty	Theatre QI	Clinic QI	Teaching QI
Cardiothoracic Surgery	4	1	2
General Surgery	3	2	2
Neurosurgery (ST1-2)	-	-	2
Neurosurgery (ST3+)	3 (2020/21) 4(2021/22)	1	2
Oral & Maxillofacial Surgery	4	2	2
Otolaryngology (ENT)	4	3	2
Paediatric Surgery	3	2	2
Plastic Surgery	3	2	2
T&O	3	2	2
Urology	3	2	2
Vascular Surgery	3	2	2

#### QIs for Core 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.

Specialty of Core Placement	Theatre QI	Clinic QI	Teaching QI
Cardiothoracic Surgery	3	1	2
General Surgery	3	2	2
Neurosurgery	3	1	2
Oral & Maxillofacial Surgery	3	3	2
Otolaryngology (ENT)	3	3	2
Paediatric Surgery	3	1	2
Plastic Surgery	3	1	2
T&O	3	1	2
Urology	3	1	2
Vascular Surgery	3	1	2