Fourth Biennial Report of the JCST Trainer Survey

Introduction

JCST's Quality Assurance Group, in conjunction with the Schools of Surgery and Specialty Advisory Committees (SACs), has developed a survey to explore topics of particular interest to surgical trainers. This is our fourth report for an Assigned Educational Supervisors' (AES)[1] survey that is run every two years.

Survey overview

The 2025 survey had 29 questions covering the themes: General Information, Personal Experience/ Training, Support for the Role and Specific Training Activities (see Appendix A). The objectives of the survey were:

- To find out about the successes and difficulties of being an Assigned Educational Supervisor (AES)[1].
- To report on good practice and identify areas for improvement.
- To identify any serious concerns that could affect patient, trainer or trainee wellbeing.
- To develop campaign messages and talking points in support of a 'training campaign' being planned by JCST to raise awareness of key issues impacting on training.

The survey opened from 8 May 2025 until 17 July 2025 (10 weeks). Assigned Educational Supervisors were sent an email invitation. They were identified from 'active' trainee placements registered in the Intercollegiate Surgical Curriculum Programme (ISCP) – surgery's online training management system. The survey was run via the Survey Monkey platform. We sent 3 reminder emails - at 5 weeks, 8 weeks and 9 weeks. News was shared with the Confederation of Postgraduate Schools of Surgery (CoPSS) and advertised via the Heads of School. There were announcements on JCST website, ISCP and social media to encourage responses. This included encouragement for AES trainers to take part with messaging via (i) Training Programme Directors and (ii) trainees.

Inclusion criteria –

- Current AES (UK or Ireland) included in ISCP prior to the survey (1 April 2025).
- Any AES (UK or Ireland) contacting the JCST during the survey period to ask for access to the survey, if they were a current AES included in ISCP.

Exclusion criteria –

- Any individual who answered "No" to the question "Are you an Assigned Educational Supervisor?" (4 respondents).
- Any individual who exited the survey early on (first section) (17 respondents).

In 2025, there were changes to the survey questions as follows:

- A question was added to explore how many AES trainers are also a 'Lead Clinical Supervisor'.
- A question to explore the number of trainees each AES trainer supervises was modified to show a discrete number '1', '2', instead of a range '1-2'.
- A question on the mechanism AES trainers use to take time away from their Trust/Board to participate in a training activity outside of the curriculum was modified. This question now explores the top 2 mechanisms, and a definition was included for "Professional Leave" and "Study Leave" to avoid ambiguity (BMA current; NHS Employers 2023).

[1] An 'Assigned Educational Supervisor' (AES) is also known as an 'Educational Supervisor' (ES)

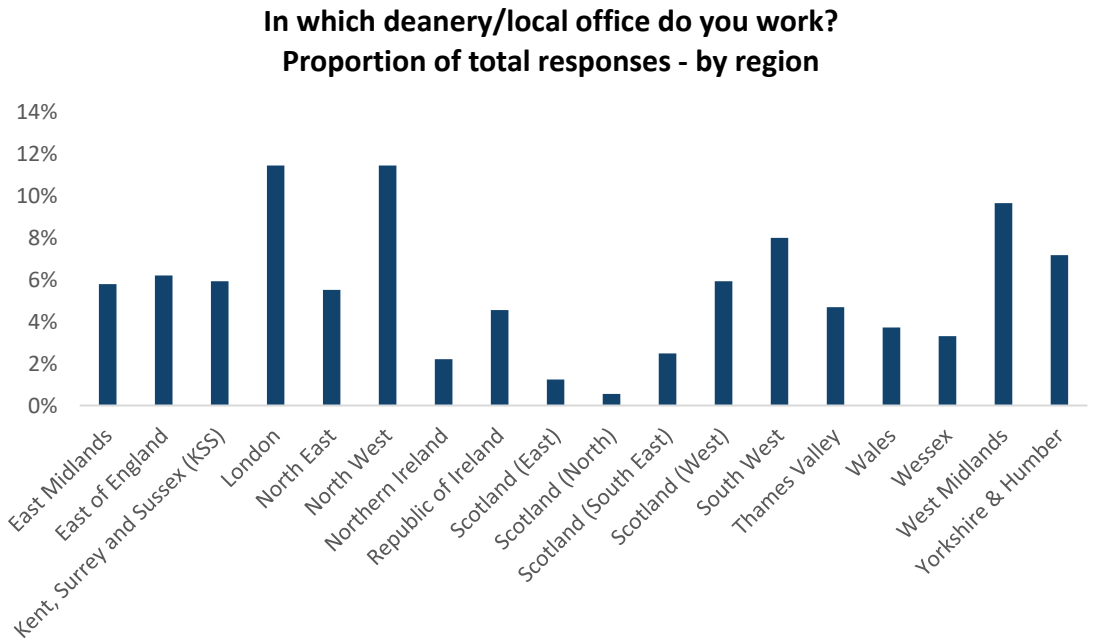
Response rate

The response rate of the survey was 17.9% (724 responses from the 4055 AES trainers invited to take part). This response rate is 9.0% less than the previous survey, 26.9% (2023), 28.3% (2021) and 28.3% (2019). A further breakdown of the response rate (i) by region and (ii) by specialty is shown (Appendix B). There is variation across (i) region (12.7%-24.8%) and (ii) specialty (12.3%-27.5%). Some trainers were noted for more than one specialty and/or region so their survey invitation was 'uncategorised'[2], a limitation that will affect the accuracy of the response rate breakdown (Appendix B).
In 2021 the survey had been expanded to include the Republic of Ireland (for 2025, 4.6% of total responses; 24.8% response rate).

Survey outcome data

General information

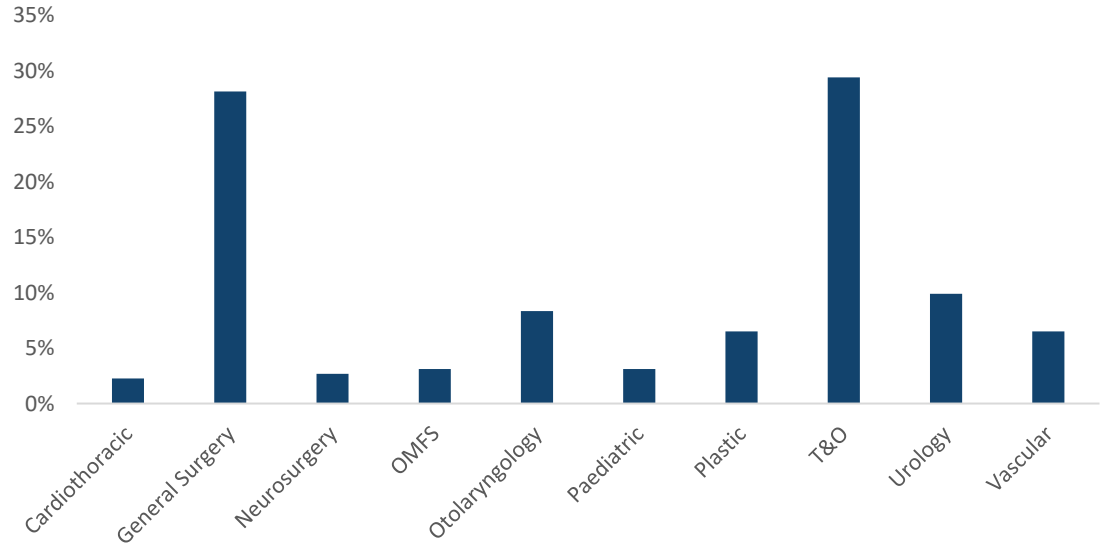
Responses were received from trainers in all training regions (the highest numbers from regions with more trainers/trainees, as expected). Appendix B shows variation between regions for response rate.



[2] Approximately (i) 2.3% of invitations 'uncategorised' by region; (ii) 16.9% of invitations 'uncategorised' by specialty.

Responses were received from trainers in all surgical specialties (the highest numbers from specialties with more trainers/trainees, as expected). Appendix B shows less variation between specialties for response rate. Some of the smaller specialties had a better survey response rate than other specialties, including Paediatric Surgery (27.5%). All specialties had a reduced response rate compared to 2023 (JCST 2023).

What is your surgical specialty?
Proportion of total response - by specialty



Individuals could select more than one option for their additional roles, 98.7% were also Clinical Supervisors and 17.2% had additional roles, with the most mentions being Training Programme Director (TPD), Deputy TPD, JCIE examiner, Specialty Advisory Committee (SAC) Liaison Member, College/Surgical Tutor, Director of Medical Education (DME), Associate Director of Medical Education (ADME), Surgical Training Committee (STC), supervision and education (including medical students, foundation doctors, phD) and Education Lead.

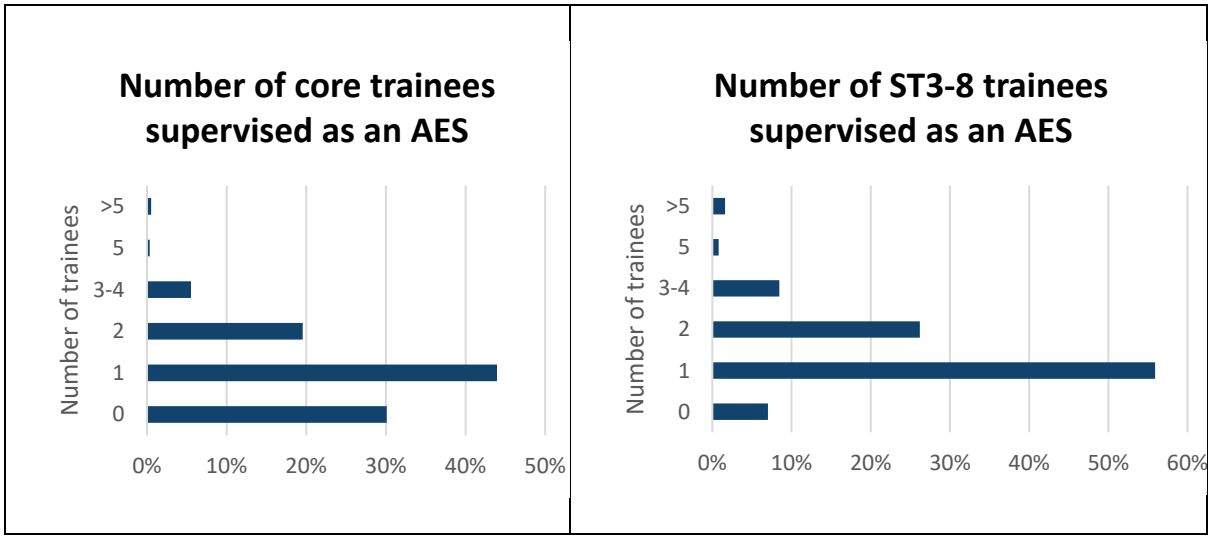
A high proportion of AES trainers are Lead Clinical Supervisors (68%), a new question for 2025.

Individuals could select more than one option for the level of trainees that they train. Most train ST3-8 (97.0%). 64.1% train core level trainees and 29.2% train doctors post-certification. These are similar values to previous surveys (JCST 2021; JCST 2023).

A small proportion of trainers indicate that they supervise core only (3.9%). No trainer indicated the supervision of post-certification fellows only.The majority of ST3-8 trainers have additional responsibility for core trainees and/or post-certification fellows (71.3%).

In the previous survey the majority of trainers indicated that they supervise 1-2 trainees. A closer look for 2025 shows that most trainers supervise 1 trainee (43.9% core = 1 trainee; 55.9% ST3-8 = 1 trainee). The second highest response was 2 trainees (19.6% core = 2 trainees; 26.2% ST3-8 = 2 trainees).

A trainer with responsibility for post-certification fellowships mostly supervises 1 fellow (82.3%, calculated with the total adjusted to exclude trainers without responsibility for fellows).



Personal experience/training

Example of Good Practice:

There is ongoing confidence in knowledge of the curriculum requirements, with similar results to previous surveys:

I have appropriate knowledge of my trainees' curriculum requirements			
	2025	**2023**	**2021**
Strongly agree/Agree	85.6%	85.9%	81.7%
Strongly disagree/Disagree	3.8%	3.3%	4.7%

There is ongoing confidence in how to use WBAs:

I have knowledge and understanding of how to use WBAs to help my trainees to learn.			
	2025	**2023**	**2021**
Strongly agree/Agree	89.9%	87.4%	88.5%
Strongly disagree/Disagree	2.0%	2.2%	2.5%

Trainers appear to be as confident to give effective feedback to trainees on their performance:

I feel confident to give effective feedback to my trainees on their performance			
	2025	**2023**	**2021**
Strongly agree/Agree	95.5%	95.4%	96.2%
Strongly disagree/Disagree	1.1%	0.7%	1.0%

Areas for improvement

The findings for a new question, introduced in 2023, on the Multiple Consultant Report (MCR) will be shared with the ISCP team as this suggests it is an improving area. 65.7% AES trainers strongly agree or agree that they have been able to provide meaningful feedback based on the Multiple Consultant Report, which is an increase compared with previously, 57.5% (2023). The proportion who strongly disagree or disagree has reduced, suggesting increased comfort levels with the MCR.

As AES, I have been able to provide meaningful feedback on the basis of a Multiple Consultant Report (MCR).			
	2025	**2023**	
Strongly agree/Agree	65.7%	57.5%	
Strongly disagree/Disagree	17.3%	21.1%	

As the MCR is a curriculum requirement (since August 2021) and workplace-based assessment (WBA), it seems unlikely, based on the answers to other questions, that the negative responses are due to a lack of confidence around AES knowledge of the curriculum requirements (question 10) or how to use WBAs (question 12). The results suggest that trainers are gaining familiarity with the MCR tool. 'Meaningful feedback' can be related to many factors (including timing, environment, structure and content - availability of comments, role of person delivering feedback etc.). A single question on the MCR is not exploring the introduction of a reporting tool in ISCP in detail. Discussion by the JCST QA Group highlights that the question (and its result) needs some care in interpretation.

A small proportion of trainers are not as confident in their own ability to use the ISCP to effectively record their trainees' progress. Positive responses have increased slightly since the previous survey.

I am confident in my ability to use the ISCP to effectively record my trainees' progress			
	2025	**2023**	**2021**
Strongly agree/Agree	77.8%	74.0%	77.4%
Strongly disagree/Disagree	8.8%	10.1%	6.9%

Support for the role

Support for the role explored Programmed Activities (PAs), other training activities (time and travel expenses), support from Trust/Board and School of Surgery/Deanery. Job plans differ between countries and trusts/boards.

Areas for Improvement:

We explored the mechanisms typically used to take time away to participate in training related activity outside of the curriculum e.g. participation in national selection, examining, membership of an SAC. We became aware of some ambiguity around the wording used for this question in previous surveys, so the question was re-worded for 2025.

The answer options have been updated, so these results are not directly comparable with earlier surveys, but the highest response is still "study leave" (43.3%).

Only 6.3% selected an answer option "activity is specified in my job plan separate from other PA or SPA".

There remains a proportion that do not take time away to participate in training related activity (8.7%).

		2025
	Mechanism typically used 'most' (Question 15)	**Mechanism typically used 'second most' (Question 16)***
Activity is specified in my job plan separate from other PA or SPA	6.3%	2.4%
Professional leave which is separate from study leave	30.7%	7.7%
Study leave	43.3%	16.9%
Annual leave	1.9%	5.4%
Unpaid leave	2.4%	2.3%
Movement of clinical sessions	6.7%	12.9%
I do not take time away from my Trust/Board to participate in training related activity	8.7%	2.3%

*The data shown for question 16 has been adjusted

A second question (question 16) explored if trainers always use the same mechanism and found that only 50.0% do, so trainers are often using more than one mechanism to take time away.

An answer option 'I always use the same mechanism, already answered in question 15' was under-selected (17.5%, adjusted to 50.0%). The answers provided for questions 15 and 16 found a high proportion of responses had the same answer option selected for both questions, i.e. 'duplicate' where the 'same mechanism, already answered in question 15' should have been selected instead. 'Duplicates' were re-calculated as 'I always use the same mechanism'. It is recommended that question 16 is re-worded in the next survey, so that the answer 'I always use the same mechanism' does not appear at the end of a list of options.

The findings for number of Programmed Activities (PAs) per trainee has changed. 16.3% did not receive any PAs (UK) but this is lower than in previous surveys which indicates some improvement, 21.3% (2023) and 20.6% (2021). Educational supervision can be allocated PAs in a consultant's job plan, so it is disappointing to see that although an improvement, there remains more than half (51.0%) of consultants receiving less than 0.25 PAs, 61.2% (2023) and 60.7% (2021).

The results for Ireland have been removed. There are different arrangements for Ireland compared to the UK and 60.6% of trainees in the Republic of Ireland selected '0' PAs per trainee, although this is an improvement on previous surveys (79.4% in 2023, 86.7% in 2021).

There is some variation across 4 UK nations – England 15.9% (20.6% in 2023, 20.0% in 2021); N Ireland 0% (24.0% in 2023, 21.2% in 2021); Scotland 14.9% (21.1% in 2023, 21.0% in 2021); Wales 25.9% (34.1% in 2023, 32.5% in 2021). A reduction in responses for 'O' PAs indicates some improvement for each nation.

Number of PAs per trainee - UK	**2025**	**2023**	**2021**
0	16.3%	21.3%	20.6%
0.125	34.7%	39.9%	40.1%
0.25	45.5%	36.0%	35.7%
0.375	0.3%	0.3%	0.3%
0.5	2.5%	2.1%	2.6%
0.625	0.1%	0.1%	0.1%
0.75	0.1%	0.1%	0.1%
>0.75	0.3%	0.1%	0.5%

The survey also explored support for other activities related to training e.g. time and expenses.

The findings for time are mostly unchanged overall, although the variation across the 4 UK nations is more marked than in the previous survey with Northern Ireland and Wales showing some improvement in 2025. England and Scotland responses suggest it remains difficult for almost a third of trainers, to get time in these countries to participate in other activities related to training.

I have experienced difficulty in getting **time** to participate in other activities related to training. (e.g. participation in national selection, examining, membership of an SAC).			
	2025	**2023**	**2021**
Strongly agree/Agree	32.0%*	29.8%	30.0%
Strongly disagree/Disagree	37.9%	39.0%	39.6%

*There is some variation across 4 UK nations 'Strongly agree/Agree' (England 32.3%, 29.4% in 2023, 29.7% in 2021; Northern Ireland 25.0%, 32.0% in 2023, 33.3% in 2021; Scotland 30.9%, 26.4% in 2023, 29.6% in 2021; Wales 20.0%, 29.6% in 2023, 19.5% in 2021). Republic of Ireland (43.3%, 45.7% in 2023, 51.6% in 2021).

The findings for reimbursement of travel expenses have worsened overall, although the variation across the 4 UK nations is more marked than in the previous survey, with Scotland showing a small improvement. There is also some improvement in the Republic of Ireland, although a high proportion are still experiencing difficulties with reimbursement of travel expenses to participate in other activities related to training.

I have experienced difficulty in reimbursement of **travel expenses** for training related activities (e.g. participation in national selection, examining, membership of an SAC).			
	2025	**2023**	**2021**
Strongly agree/Agree	29.0%*	25.7%	24.3%
Strongly disagree/Disagree	25.3%	31.7%	33.1%

*This is some variation across 4 UK nations 'Strongly agree/Agree' (England 31.2%, 26.5% in 2023, 24.5% in 2021; Northern Ireland 31.3%, 20.0% in 2023, 21.2% in 2021; Scotland 11.8%, 15.4% in 2023, 17.3% in 2021; Wales 24.0%, 22.7% in 2023, 29.3% in 2021). Republic of Ireland (30.0%, 40.0% in 2023, 35.5% in 2021).

For 2025 there is a decrease in employer support for training activity not included in a job plan. Question 19 may not be as 'negative' a finding (reduced support) as it appears. It is worded to explore 'activity not included in a job plan' and some of the decrease could be due to training activity being added to more trainers' job plans. Question 14 found an increase in the use of 'Programmed Activities' (included in a job plan), although this is only a small increase. It is suggested that the wording of question 19 is reviewed before the next survey to avoid any potential for ambiguity in interpretation of the findings:

Trust/Board support

My employing Trust/Board is supportive of me participating in training activity not included in my job plan.			
	2025	**2023**	**2021**
Strongly agree/Agree	41.3%	51.7%	52.7%
Strongly disagree/Disagree	16.5%	13.8%	13.5%

See also - 2025 result breakdown (Appendix C) – Total Surgery by Region

For 2025 there is a decrease in School of Surgery/ Deanery support for trainers to fulfil their role.

School of Surgery/Deanery support

My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate)[3].			
	2025	**2023**	**2021**
Strongly agree/Agree	46.0%	51.3%	53.2%
Strongly disagree/Disagree	20.5%	18.7%	17.0%

See also - 2025 result breakdown (Appendix C) – Total Surgery by Region

[3] Excludes results for 'not applicable' answer option

Specific training activities

This section of the survey focused on training opportunities. It is not inconceivable that an AES trainer will not have much opportunity to directly assess trainees' performance in all these activities, and they will require input from the wider team – including clinical supervisors and the multidisciplinary team.

Trainers have good opportunity to assess their trainees' performance in the following areas:

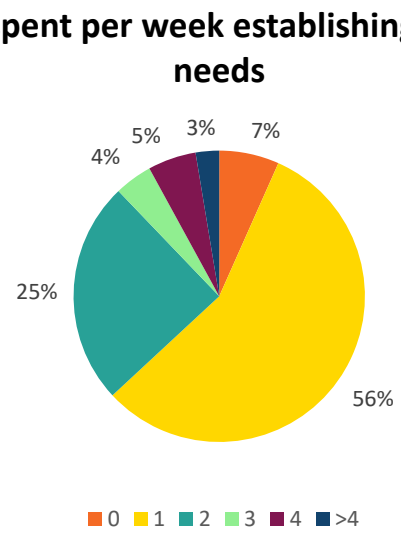
	Strongly Agree/Agree	Strongly Disagree/Disagree
Theatre	82.4% (2025; 76.6% (2023);79.6% (2021)	10.2% (2025); 14.5% (2023);13.4% (2021)
Ward rounds	70.5% (2025); 67.9% (2023);72.0% (2021)	13.8% (2025); 17.1% (2023);13.8% (2021)
Emergency take	76.8% (2025); 76.4% (2023);76.6% (2021)	8.9% (2025); 10.2% (2023);9.8% (2021)
Generic Professional Capabilities (GPCs)	82.9% (2025); 80.4% (2023); 81.2% (2021)	6.4% (2025); 8.8% (2023); 5.4% (2021)

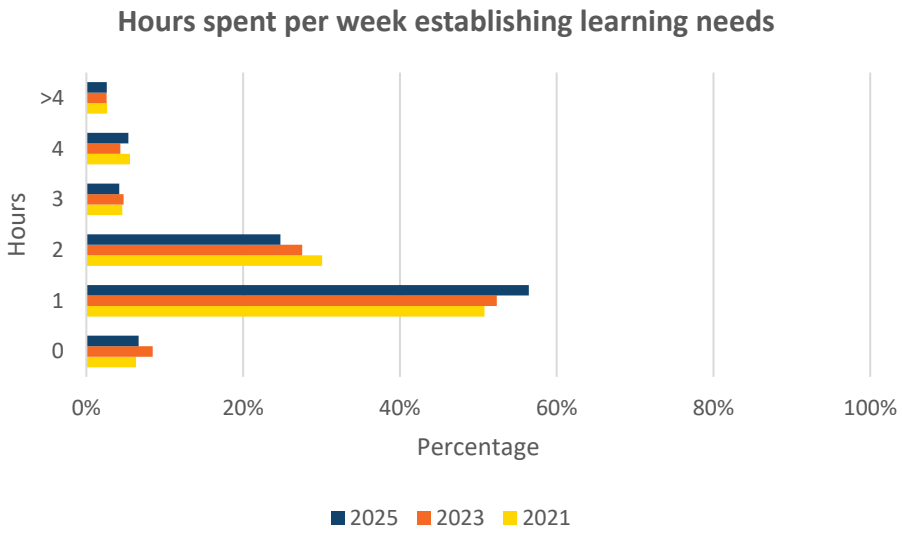
Most trainers are able to regularly review their trainees' progress.

I am able to regularly review my trainees' progress			
	2025	**2023**	**2021**
Strongly agree/Agree	85.6%	83.7%	84.3%
Strongly disagree/Disagree	4.0%	6.0%	4.3%

Areas for Improvement:

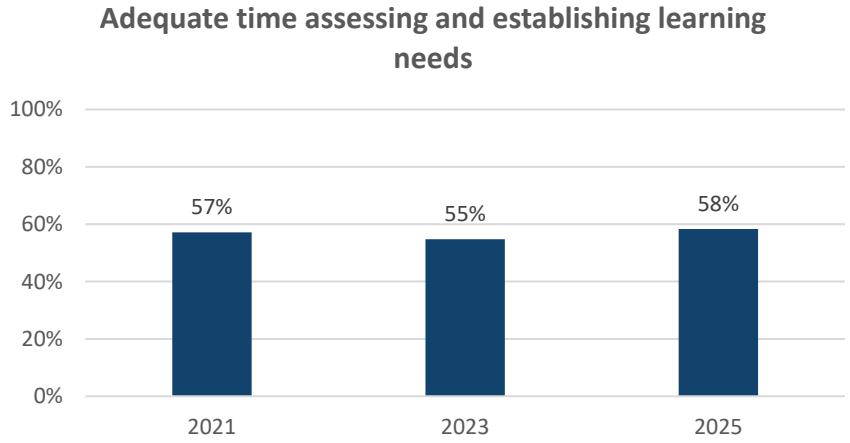
The number of hours spent per average week establishing learning needs was mostly 1 hour (56.4% 2025; 52.4% 2023; 50.8% 2021), followed by 2 hours (24.7% 2025; 27.5% 2023; 30.1% 2021). 6.7% (8.5% 2023; 6.3% 2021) do not spend any time per average week establishing learning needs.


Hours spent per week establishing learning needs
7%
3%
5%
4%
25%
56%
0
1
2
3
4
>4


Hours spent per week establishing learning needs
>4
4
3
2
1
0
Hours
0%
20%
40%
60%
80%
100%
Percentage
2025
2023
2021

58.3% strongly agree/agree they have adequate time assessing and establishing learning needs for trainees. This is less satisfactory than other areas (e.g. reviewing progress).

I have adequate time when establishing the learning needs of my trainees to allow for satisfactory engagement with their ISCP portfolios			
	2025	**2023**	**2021**
Strongly agree/Agree	58.3%	54.7%	57.2%
Strongly disagree/Disagree	20.3%	21.8%	19.0%



The opportunities to assess trainees' performance appear to be less adequate in outpatient clinics and multidisciplinary teams than in other areas. There is an improvement in the values for multidisciplinary teams in 2025:

	Strongly Agree/Agree	Strongly Disagree/Disagree
Outpatient clinic	63.4% (2025), 63.9% (2023);61.9% (2021)	23.9% (2025), 24.5% (2023);26.0% (2021)
Multidisciplinary teams (MDTs)	63.9% (2025), 59.9% (2023);55.7% (2021)	17.3% (2025), 19.1% (2023);22.3% (2021)

This report includes further breakdown by region for questions relating to (i) Support for the Role and (ii) Specific Training Activities (Appendix C).

Recommendations and next steps

We acknowledge that a declining survey response rate is of concern. This is also a concern with the JCST trainee survey (JCST 2025), with a decline in response rates seen there too. A training campaign is being planned to highlight the importance of training and the key role that AES trainers and others play in the delivery of surgical training; these data will inform that plan. The campaign will help us with future surveys as '**the more data we have available, the more useful the output to improve the quality of training'**.

Our recommendations are mainly in the area of support for trainers where there has been little change when compared with previous surveys:

1. JCST will report our findings for the General Medical Council (GMC), Academy of Medical Royal Colleges (AoMRC), Schools of Surgery (and equivalent), local NHS England offices and deaneries. The responsibility for implementing these recommendations is outside JCST's role as an advisory body so it will continue to work closely with these organisations and raise awareness of important issues for surgical trainers. '**Working together' is a key message for us to share.**
2. This report aims to contribute to evidence that will underpin a training campaign to be planned by JCST, especially that '**Support for training, includes support for trainers**'. '**Trainers need adequate time for the educational supervision of trainees and for training and other educational related activity outside of the curriculum**':
    - **Curriculum activities:** All Assigned Educational Supervisors should be allocated Programmed Activities (PAs) in their job plan (at least 0.25, i.e. 1 hour, per trainee) so there is protected time for educational supervision of trainees. Only half of AES trainers agreed they had adequate time to assess and establish the learning needs for trainees. The role of an educational supervisor includes to help the trainee plan their training and responsibility for the trainee's learning agreement. Almost a fifth of AES trainers responded that they have '0' PAs per trainee, although there is variation between countries.
    - **Other educational related activity outside of the curriculum:** Each SAC provides an external view of training to support the schools of surgery. Activities such as participation in national selection, examining, membership of an SAC should be supported by employers. It remains difficult for trainers to receive time and expenses to participate in these activities.
      The mechanisms for obtaining time away to participate in these activities is varied, including use of study leave, professional leave or annual leave. Around half of AES trainers were using more than one mechanism to take time away, with only 6% having this included in their job plan. We highlight this as relevant to all 4 nations.
      There needs to be more clarity and consistency in how this is implemented by employers. In 2022 and 2025, there was a reminder for employers of the value delivered by time allocated in job plans to be supporting professional activities (AoMRC, DHSC, GMC, NHSE 2022; AoMRC, DHSC, DoH (NI), GMC, NHSE, Scottish Government, Welsh Government 2025).
3. The results for a new question, introduced in 2023, on the Multiple Consultant Report (MCR) will be considered by the ISCP team as this suggests it is an improving area as trainers gain familiarity with this new tool. We flag this as an area to discuss in more detail and to continue to monitor.
4. Each SAC QA Lead will lead further discussion on the findings, in their surgical specialty. Charts by region are provided separately for each specialty (Appendix D - Reference charts: Data by specialty and region).

Conclusion

The survey results remain relatively consistent with the previous AES trainer survey, but reconfirmation is still valuable. This helps us illustrate the availability of opportunities to review trainees' progress, confidence in the curriculum requirements and an improvement in the use of the Multiple Consultant Report as trainers gain familiarity with this new tool.

The survey finds that organisations can better support their AES trainers. Trainers need more time available to them. This is not solely for 'curriculum-related activity'- such as establishing trainees' learning needs but includes 'educational activity outside of the curriculum' – supporting wider professional activities such as exams or national selection.

The AES role is formally recognised by the GMC and support for educators is a theme of the GMC's *"Promoting Excellence: standards for medical education and trainers"*. The GMC's *"Excellence by Design: standards for postgraduate medical curricula"* illustrate the responsibilities and relationships among organisations.

JCST continues to collaborate with many organisations in raising awareness of these important issues for surgical trainers.

Acknowledgements

Thank you to the trainers who took part in the survey and to the Confederation of Postgraduate Schools of Surgery for their help in raising awareness of the survey. Thank you to the JCST's QA Group, Schools of Surgery and Specialty Advisory Committees for developing the questions for the 2025 survey and earlier surveys.

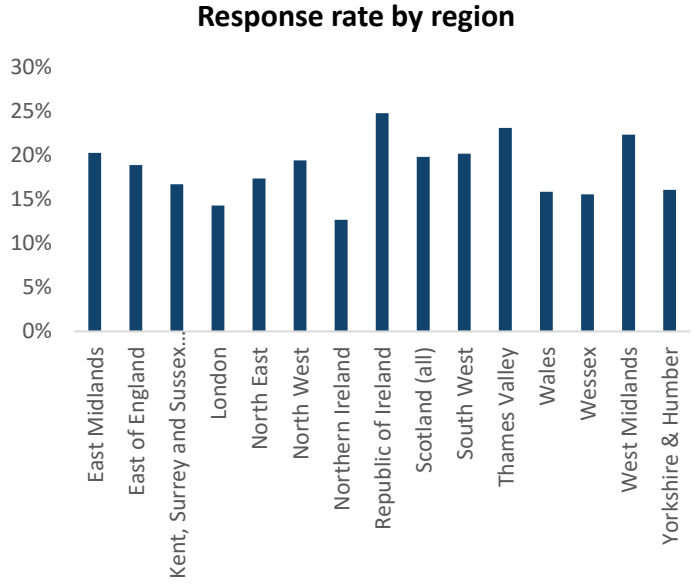
Appendix A - JCST trainer survey questions

Number	Question text	Answer options
1	Are you an Assigned Educational Supervisor?	Yes/No [Require an answer]
2	In which deanery/Local Office do you work?	Options for UK training regions and Ireland
3	What is your surgical specialty?	Options for all surgical specialties
4	Which other training roles do you undertake?	Clinical supervisor/Other (please specify) – [Can select multiple answers]
5	If you answered 'Clinical Supervisor' to question 4: Are you the Lead Clinical Supervisor?	Yes/No/Not applicable
6	What level are the trainees that you train?	Core (inc ST1 & ST2) / Specialty (ST3-8) / Post-certification – [Can select multiple answers]
7	How many trainees do you currently supervise as an AES?	Core (inc ST1 & ST2)/ST3-8 0/1/2/3-4/5/>5
8	How many post-certification fellows do you supervise?	0/1/2/3/>3
9	**Personal experience/training** To what extent do you agree with the following statements: I am confident in my ability to use the ISCP to effectively record my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
10	I have appropriate knowledge of my trainees' curriculum requirements.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
11	I feel confident to give effective feedback to my trainees on their performance.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
12	I have knowledge and understanding of how to use WBAs to help my trainees to learn.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
13	To what extent do you agree or disagree with the following statement: As AES, I have been able to provide meaningful feedback on the basis of a Multiple Consultant Report (MCR).	Strongly agree/ Agree / Neither agree nor disagree / Disagree / Strongly disagree
14	**Support for the role** How many Programmed Activities (PAs) or Supporting Programmed Activities (SPAs) do you currently have per trainee?	0 / 0.125 / 0.25 / 0.375 / 0.5 / 0.625 / 0.75 / 0.875 / 1 / >1

	The following questions look at the top 2 arrangements for taking time away from your Trust/Health Board to participate in a training related activity outside of the curriculum e.g. participation in national selection, examining, membership of an SAC. (Professional leave is defined as separate from study leave by BMA and NHS Employers. 'PA' is 'Programmed Activity'. 'SPA' is 'Supporting Professional Activities'.)	
15	When you take time away from your Trust/Health Board to participate in a training activity outside of the curriculum, what is the mechanism you typically use the most?	Activity is specified in my job plan separate from other PA or SPA/Professional leave which is separate from study leave / Study leave / Annual leave / Unpaid leave / Movement of clinical sessions / I do not take time away from my Trust/Board to participate in training related activity.
16	When you take time away from your Trust/Health Board to participate in a training activity outside of the curriculum, what is the mechanism you typically use the second most?	Activity is specified in my job plan separate from other PA or SPA /Professional leave which is separate from study leave / Study leave / Annual leave / Unpaid leave / Movement of clinical sessions / I do not take time away from my Trust/Board to participate in training related activity/I always use the same mechanism, already answered in question 16
17	To what extent do you agree with the following statements: I have experienced difficulty in getting time to participate in other activities related to training (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
18	I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
19	To what extent do you agree with the following statement: My employing Trust/Board is supportive of me participating in training activity not included in my job plan.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

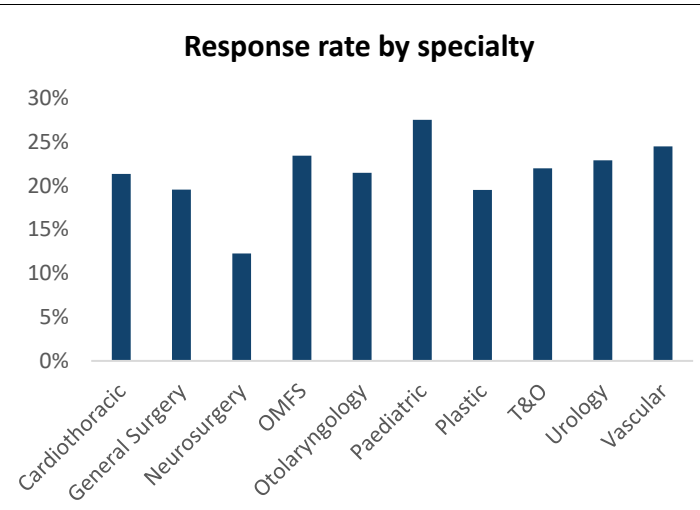
20	My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree/Not applicable
	Specific training activities To what extent do you agree with the following statements:	
21	I have adequate opportunity to assess my trainees' performance in the operating theatre.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
22	I have adequate opportunity to assess my trainees' performance in outpatient clinic.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
23	I have adequate opportunity to assess my trainees' performance on ward rounds.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
24	I have adequate opportunity to assess my trainees' performance in emergency take.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
25	I have adequate opportunity to assess my trainees' performance in working within our MDT.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
26	I have adequate opportunity to assess my trainees' generic professional capabilities.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
27	I am able to regularly review my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
28	In an average week, how many hours do you spend assessing and establishing the learning needs of your trainees (outside of direct clinical care)?	0 / 1 / 2 / 3 / 4 / 5 / 6 / >6
29	I have adequate time when establishing the learning needs of my trainees to allow for satisfactory engagement with their ISCP portfolios	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

Appendix B – Response rate breakdown



	Responses/ AES count total (%)
E Midlands	42/207 (20%)
E of England	45/238 (19%)
KSS	43/257 (17%)
London	83/580 (14%)
N East	40/230 (17%)
N West	83/427 (19%)
N Ireland	16/126 (13%)
Republic of Ireland	33/133 (25%)
Scotland (all)	74/373 (20%)
S West	58/287 (20%)
Thames Valley	34/147 (23%)
Wales	27/170 (16%)
Wessex	24/154 (16%)
W Midlands	70/313 (22%)
Yorks & Humber	52 /323 (16%)

2% of AES count (approximate) is not shown in calculation response rate by region because 'uncategorised'. Due to invitations that cannot be categorised by region e.g. AES works in multiple regions, non-AES trainers (see 'exclusion criteria').



	Responses/ AES count total (%)
Cardiothoracic	16/75 (21%)
General Surgery	199/1019 (20%)
Neurosurgery	19/155 (12%)
OMFS	22/94 (23%)
Otolaryngology	59/275 (21%)
Paediatric	22/80 (28%)
Plastic	46/236 (19%)
T&O	208/947 (22%)
Urology	70/306 (23%)
Vascular	46/188 (24%)

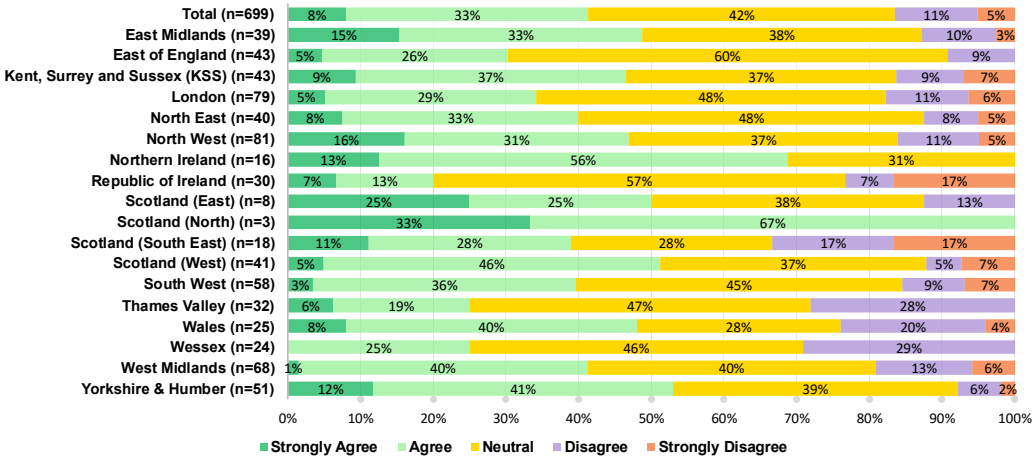
17% of AES count (approximate) is not shown in calculation response rate by specialty because 'uncategorised'. Due to invitations that cannot be categorised by specialty e.g. AES works in multiple specialties, non-AES trainers (see 'exclusion criteria').

Appendix C - Total (surgery) – by region

n = number of responses.

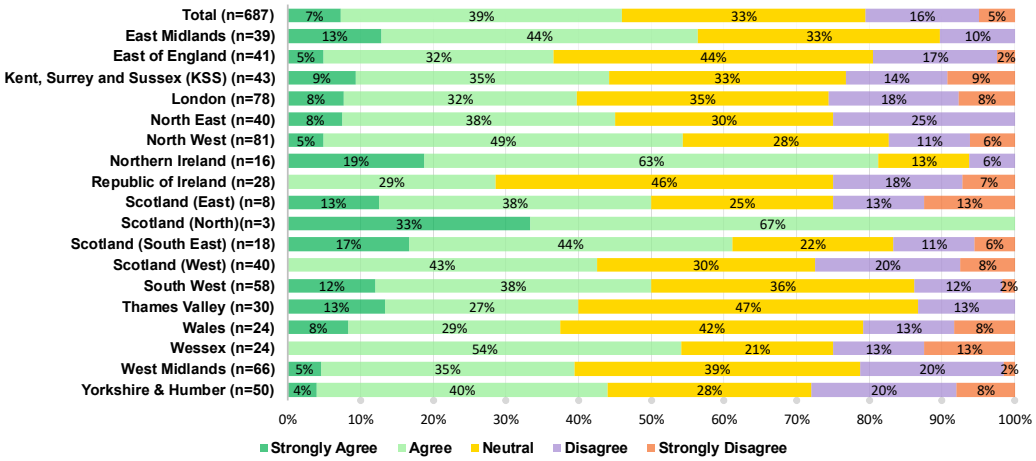
Details are not shown if less than 3 responses – to avoid conclusions being based on small numbers and prevent individuals becoming identifiable.

My employing Trust/Board is supportive of me participating in training activity not included in my job plan:

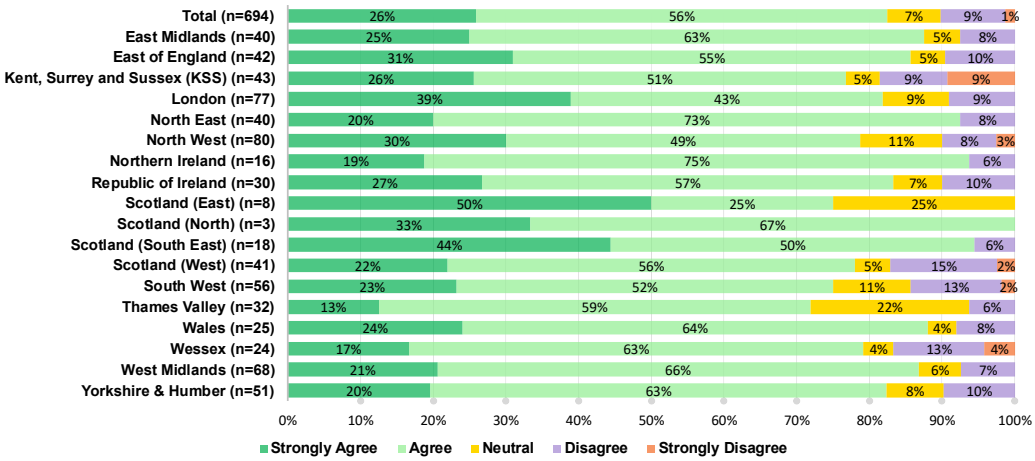


My School of Surgery/ Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate):

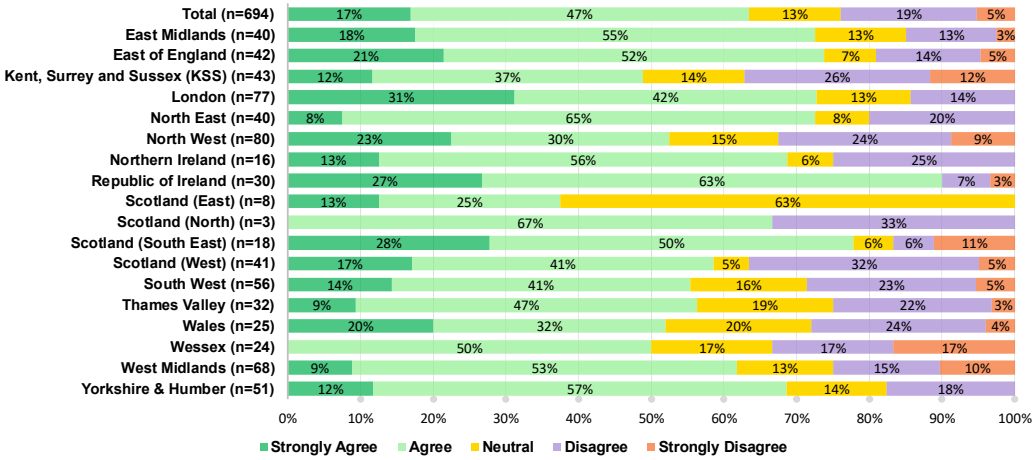
Excludes results for 'not applicable' answer option



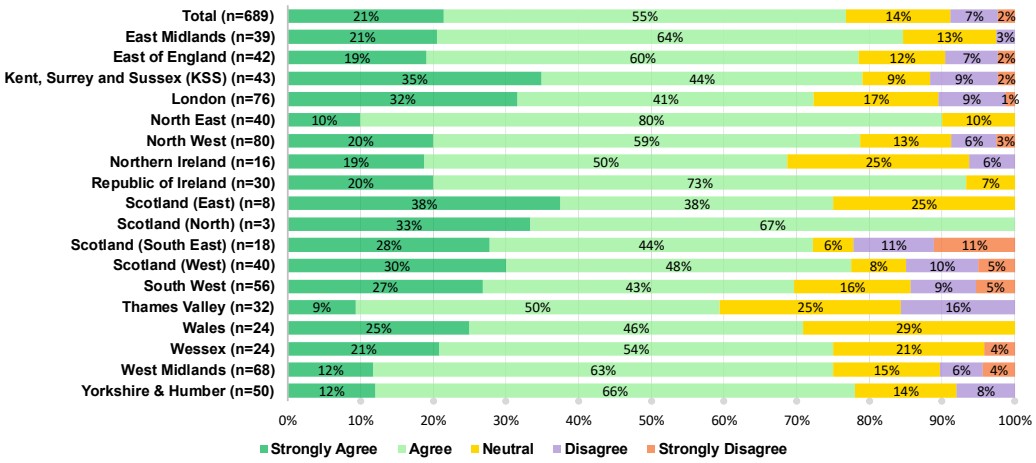
I have adequate opportunity to assess my trainees' performance in the operating theatre:



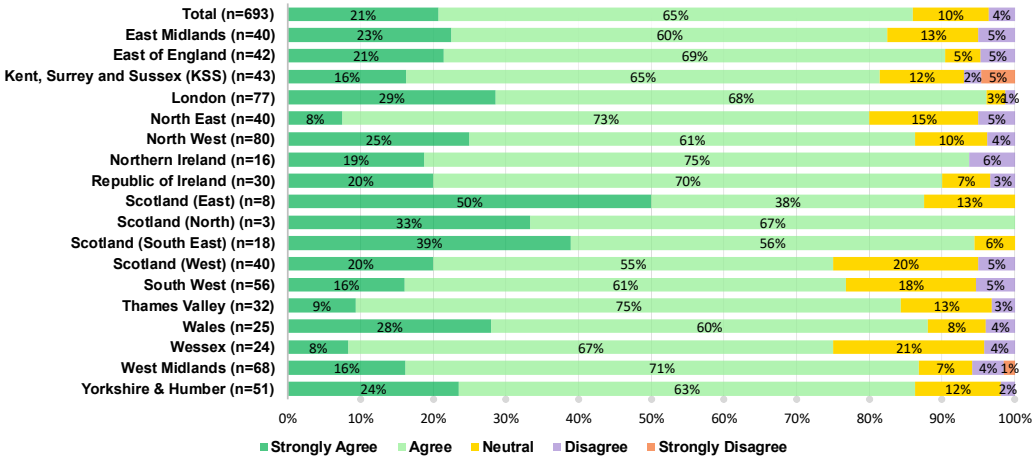
I have adequate opportunity to assess my trainees' performance in outpatient clinic:



I have adequate opportunity to assess my trainees' performance in emergency take:



I am able to regularly review my trainees' progress:



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