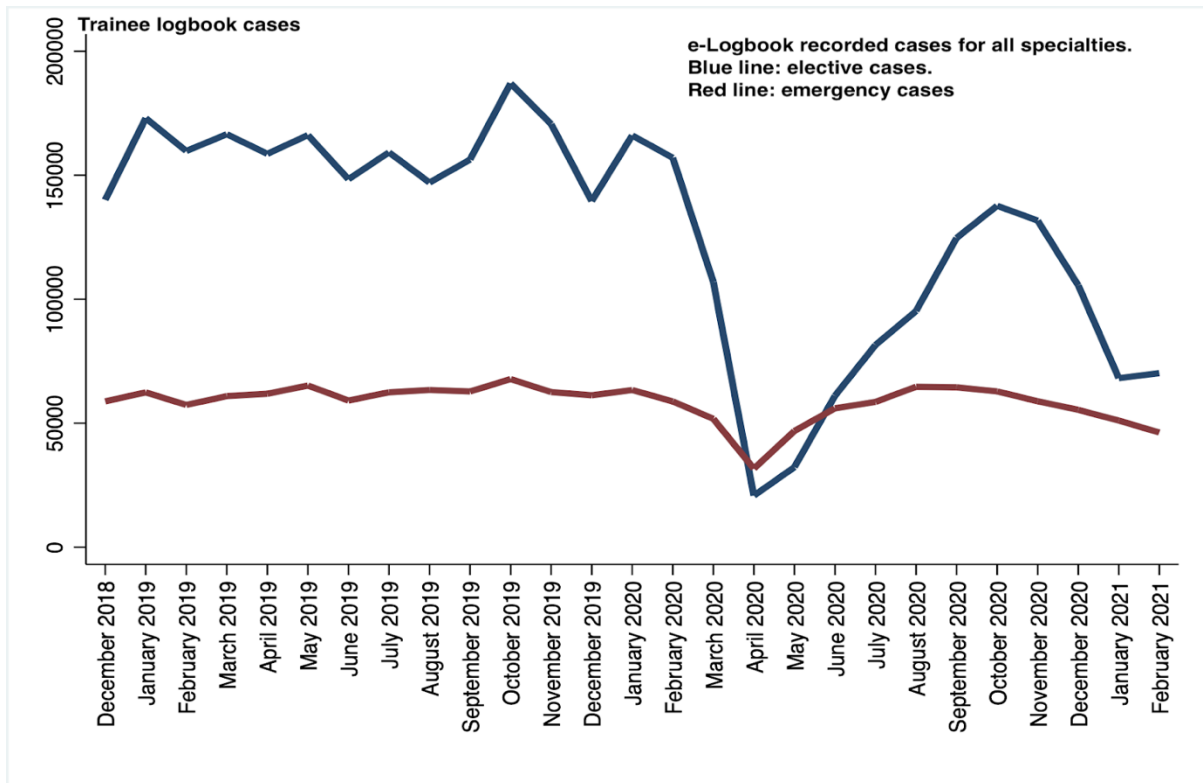


## COVID-19 recovery – Training any time, any place, every case - no excuses

### Impact of COVID-19 on operative experience



### This is everyone's problem: everyone needs to part of the solution

All involved in surgical services have a part to play in the training recovery. All consultants were surgeons in training at some point. All consultants can train. No ifs or buts.

### There is no case that is not a training case

Each and every one of the 4.5 million patients waiting for treatment should have at least one trainee involved in their care.

### There is no operation that a trainee cannot do at least part of

All surgical trainees can gain experience from each case and should have practical involvement in at least part of the procedure. If more than one trainee is present then both can benefit from different parts of the same case.

### Training in all areas, not just operative skills, needs attention

Surgical training goes beyond the theatre setting. Supervision and training in wards, clinics, MDT meetings, administration and other meetings all have educational value. All trainer - trainee contact time is an educational opportunity.

## State of surgical training after a year of pandemic.

- Operative experience after the first wave did not return to normal levels. The second wave had a further prolonged impact on logbook numbers, affecting all specialties in all regions.
- COVID-19 had an impact on trainee progression in the 2020 round of ARCPs, with 1 in 5 on outcome 10 and 1 in 8 of ST8s on outcome 10.2.
- The long-term impact of COVID-19 is recognised by the Statutory Education Bodies (SEBs). Outcomes 10 will remain available in the coming years and derogations to curricula will continue to apply as long as there is a need.
- Many, especially those redeployed, have been physically and emotionally exhausted by their experiences in the last 12 months. This includes colleagues in other specialties required for surgery to function, especially anaesthesia and intensive care medicine, as well as colleagues in theatres and other areas of the hospital. Return to full activity will need to reflect time for colleagues to recover.

## Everyone is part of the solution...

### Trainees

- Assess the gap between where you are and where you would be if there had been no pandemic:
  - Compare your own records with the certification guidance and checklists for your specialty: <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists> (For those moving to the new curricula from August 2021, these will be found in appendix 4 of the curricula).
  - Perform an honest and open self-assessment of Generic Professional Capabilities (GPCs) and Capabilities in Practice (CiPs) for your phase of training (log into ISCP and follow the links to 'Trial MCR').
  - Take the output of your self-assessment to your trainers and educational supervisor and agree bespoke training targets for the next few months to address your self-identified learning needs.
  - Talk to your Training Programme Director (TPD) and develop an 'Individualised Training Prescription'
- Identify all training opportunities (theatre lists (both inpatient and day case), clinics, MDT meetings, consultant ward rounds, etc. including simulation opportunities) at least 1 to 2 weeks ahead and work as a team with your colleagues to allocate the person who's training needs best fit that opportunity to that session where possible.
- If cases have moved to 'green sites' or Independent Sector providers, make sure that you have completed the necessary paperwork to access those cases (for IS sites this is summary pages of last ARCP and Form R (see HEE guidance [here](#)) and remind consultants to involve you as operating surgeon (rather than assistant) in these cases.
- Be flexible in taking up opportunities for training. If you wish, you may demit from European Working Time Regulations, but make sure you retain a work life balance and make sure you are remunerated for extra time.
- Train those less experienced than yourself. Train them as you would like to be trained.

## Consultants and SAS doctors

- Consider how every patient might be an opportunity for you to train
  - Theatre
    - Incorporate training into the WHO briefing at the start of the list to inform everyone that you will be training during the list (an optional Surgical Education Checklist can be found below – appendix 1)
    - Ask trainee(s) what they would like to achieve during the list
    - If there are 2 trainees, then split the opportunities according to their level of training
    - If there are 2 consultants operating, then take it in turns to train
    - At the end of each case make sure you give constructive feedback. It does not matter if this is informal or via a WBA because it's the dialogue at the end of the case between trainee and trainer that is important
    - If NHS cases have moved off site, then make sure the site is recognised for training and make trainees aware of the upcoming list(s). Please give as much notice as you can. This will allow trainees to plan/organise their attendance.
  - Outpatients
    - Make sure your trainees are coming to outpatients – it's easy to prioritise theatre, but developing capability in managing outpatients is just as important
    - Let the trainee see new and follow up cases of a suitable complexity for their stage of training
    - Discuss a plan for the consultation from the referral letter
    - Depending on the stage of the trainee and the complexity of the patient, discuss a management plan at the end of the consultation.
    - Telephone/video clinics are ideal for training. You can observe the trainee and guide the conversation if required
  - Ward Rounds
    - Let the trainee lead the ward round and guide the consultations where required
    - If time is limited then agree that the trainee will see a proportion of the patients or have a proportion of the time available allocated for them to lead
    - Ensure time is set aside at the end of ward rounds to have a constructive feedback dialogue with the trainee
  - Emergency take
    - Encourage the trainee to lead the take ward rounds as above, and encourage supported decision making
    - Emergency/Trauma theatre lists should consider exactly the same suggestions as in 'theatre' above
  - Multidisciplinary meetings
    - Give trainees a voice
    - Let them present cases
    - Involve them in discussion and guide them in decision making
    - Ensure time is set aside at the end of ward rounds to have a constructive feedback dialogue with the trainee
- Assess the capability of trainees relative to what is expected of a day 1 consultant
  - With your colleagues, discuss each trainee. You might find it helpful to perform a Multiple Consultant Report (MCR) for each of your trainees (log into ISCP and follow links to 'Trial MCR'). This will allow you to identify specific learning needs for each trainee over the next few months

- Compare your thoughts as trainers (or the MCR output) with the trainee self-assessment. Agree a training plan and access to most relevant opportunities over the next few months. Be flexible with trainee's timetabled commitments
  - Compare the trainee self-assessment with your assessment as a group of trainers. A significant gap might be a gap in confidence, rather than competence, but this should be addressed as much as any other area
- If there is service pressure, impress on business managers, etc. how central training recovery is to delivery of surgical care and the future of their organisation  
#NoTrainingTodayNoSurgeonsTomorrow
  - Make the most of any Extended Surgical Team you have to release trainees for training opportunities

### **Schools of Surgery and TPDs**

- Training Programme Directors to perform 1:1 training evaluation with trainees and develop an 'Individualised Training Prescription'
- Educate trainers and trainees about the new curriculum
- Be flexible about moving trainees to the most appropriate training opportunities between rotation dates if required
- Ensure all sites where NHS patients are treated are recognised for training by the GMC

### **Employers**

- All departmental meetings where service delivery is planned need to consider the needs of trainees. All lists, clinics and meetings need to consider which trainees will benefit from attending and partaking in each learning opportunity. These meetings need to consider all activity whether in an NHS site or IS provider
- Trainees are your future. If you look after them well now, they will come back as consultants later
- Trainees are the second greatest income stream for most Trusts and deliver lots of service as part of training. This should be recognised and supported
- Trainees gave a year to Trusts and the NHS to support COVID-19 treatment through redeployment. With the end of the COVID-19 pandemic it is time for employers to pay back that commitment by putting training at the centre of recovery plans

### **Royal Colleges**

- Trainees are a significant membership group and are the future of the Colleges
- Colleges will unite in their support of training recovery and encouragement of all members and fellows to train at every opportunity
- Colleges will also exert political influence to highlight the risk to workforce supply of the current state of training and encourage adequate funding of training recovery

# Surgical Education Checklist

## Start-of-list briefing

1

### Introductions

**Who** is attending the list?  
**What** are their roles?  
**How** much experience do they have?

2

### Goals

**Overall** goals for list?  
**Specific** goals for specific cases?  
Discuss both **trainee** and **trainer** goals

3

### List outline

**Broadly decide:** who is doing which steps of which cases?

## Education checklist

1

### Time out \*

**Check:** who is doing what?  
**Review:** what are the goals?  
**Agree:** what is the rescue?  
**Proceed** if everyone is happy

*\* Can perform whilst scrubbing*

2

### Sign out \*\*

**Reflect:** how did that go?  
**Revisit goals:** were they achieved?  
**Learning points:** give short, specific feedback relevant to this case

*\*\* Can perform whilst closing*

## End-of-list debriefing

### Wrap-up

Get together and ask: What does the trainee want feedback on?



### What happened?

What went well? What did not go well?



### Why?

Be specific



### Goals

Develop a mutually agreed goal or action plan for improvement