1. All trainees should have a nominated consultant supervisor when on call and/or working out of hours.
2. That supervisor should be a substantively appointed consultant, or a locum consultant who is on the GMC specialist register.
3. Trainees may cover two (or more) admitting units, when it has been deemed safe for this arrangement to be in place. Such arrangements should have approval from the Specialist Training Committee.
4. Every admitting unit which trainees cover on call should have a named on call consultant for each unit.
5. No trainee should be in a position whereby they could be performing emergency work beyond their competence without access to immediate advice and direct supervision from the consultant on call. So there should be a consultant on call for one admitting unit only.
6. Trainees should be expected to discuss all emergency cases which they take to theatre with their on call consultant.
7. Some admitting units are responsible for the management of emergencies presenting to A&E units at peripheral hospitals where there are no in patient ENT facilities, or where such facilities are closed at weekends. There should be robust arrangements in place to ensure trainees remain supervised in their work at either site. Care pathways should be in place to ensure safe management and transfer of patients to the admitting unit. Trainees should know who to call for advice and support in the rare event of a consultant being involved with an emergency at another hospital. These arrangements and pathways should be available at induction and documented in induction booklets.

These arrangements will be monitored by SAC Liaison Members as part of their Annual Specialty Report, and exceptions reported to the relevant School of Surgery.

The remit of the SAC is to advise on the standards for training to ensure high quality training in a safe environment. This guidance therefore applies to emergency care involving trainees. Where emergency care does not involve trainees this guidance does not apply.