

## JCST Trainee Survey Questions

For information on the JCST Trainee Survey - see [JCST website](#). This list of questions is provided for reference only.

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	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 FREE TEXT
13	In an average week (excluding leave, on-call, compensatory rest)... a) How many consultant supervised theatre sessions did you attend (including elective and emergency/CEPOD theatre work)? (½ day list = 1 session, all day list = 2 sessions) b) How many consultant supervised outpatients sessions did you attend? c) On average, how many workplace-based assessments did you complete each week? d) On average, how long after the event was the assessment undertaken and entered onto the ISCP? e) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?	0/1/2/3/4/5/>5 0/1/2/3/4/5/>5 0/1/2/3/4/5/>5 At the same time/The same day/The same week/2-4 weeks later/More than 1 month later Y/N
14	In an average week, did you receive the following types of teaching? Local departmental teaching Regional teaching Journal clubs X-ray meetings with an educational component MDTs with an educational content	Yes (0-14 mins)/ Yes (15-29 mins)/ Yes (30 to 59 mins)/ Yes (1-2 hours)/ Yes (>2 hours)/ No/ N/A
15	During an average week, how many total hours of formal teaching did you receive?	0/1/2/3/4/5/>5
16	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Y/N N/A
17	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Y/N
18	In the past year, have you received technical skills simulation training? (This could include cadaveric and animal tissue, task trainers, laparoscopic boxes and high fidelity simulators).	Y/N N/A
19	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme?	Y/N Y/N Y/N

	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?	Y/N
20	Did you have access to a skills centre, skills room or take-home equipment for practice: a) During normal working hours? b) Outside of normal working hours?	Y/N N/A Y/N N/A
21	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Y/N N/A
22	In the past year, have you received non-technical skills/human factors simulation training? (This could include ward or theatre-based communication skills training, case-based scenarios, patient case conferences and team training).	Y/N/N/A
23	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	Y/N Y/N Y/N Y/N
24	How would you rate the quality of consultant teaching & training on ward rounds (including pre-op cases)?	Very poor / Poor / Satisfactory / Good / Very good
25	How would you rate the quality of consultant teaching & training in outpatients?	Very poor / Poor / Satisfactory / Good / Very good
26	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor / Poor / Satisfactory / Good / Very good
27	In outpatients did you regularly see new patients?	Y/N
28	Did you experience any difficulties relating to the geographical location of this training post?	Y/N
29	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Y/N/N/A
30	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Y/N/N/A
31	Would you recommend this attachment to other trainees at the same level?	Y/N

Improving Surgical Training (IST) pilot trainees (Section 3)		
1	Did you receive an IST induction pack at the beginning of your training year?	Yes – prior to starting in post / Yes – Within one month of starting in post / Yes - more than one month after starting in post / N
2	Were you invited to an educational induction ('bootcamp') at the beginning of your training year?	Yes – prior to starting in post / Yes – Within one month of starting in post / Yes - more than one month after starting in post / N
3	Did you meet with a trainer for an office based clinical teaching session and discussion each fortnight during this placement?	Y/N
4	Did you meet with your AES every month during this placement?	Y/N
5	Did you have one-to-one consultant supervised clinical teaching for an average of 4 sessions a week during this placement?	Y/N
6	Regardless of your rota, did you spend 60% of your time on average in elective daytime training during this placement?	Y/N
Cardiothoracic Surgery ST1+ (Section 4)		
1	Have you received training in vascular access and percutaneous hybrid procedures?	Y/N/N/A
2	If your current placement is in thoracic surgery, have you received specialist training in: a) Anatomical resections using video assisted thoracoscopic surgery? b) Surgery for Emphysema? c) Surgery for Mesothelioma?	Y/N/N/A Y/N/N/A Y/N/N/A
3	If your current training is in cardiac surgery, have you received training in: a) Mitral valve repair? b) Aortic valve repair? c) Transplantation? d) Circulatory support techniques? e) Minimally invasive cardiac surgery?	Y/N/N/A Y/N/N/A Y/N/N/A Y/N/N/A Y/N/N/A
4	Does your region have a structured education programme?	Y/N/N/A
5	Does your region have simulation based training events?	Y/N/N/A
6	What is your special interest within cardiothoracic surgery?	Adult Cardiac / Adult Thoracic / Paediatrics / Adult Congenital / Transplantation / Academic / Undecided / Other

7	Do you regularly see new patients in outpatient clinic?	Y/N/N/A
8	How frequently is a consultant present in the outpatient clinic?	Always / Frequently / Sometimes / Rarely / Never / N/A
9	Do you have timetabled time for research or audit projects during the working week?	Y/N
10	Do you get adequate ICU training and experience to facilitate the perioperative management of patients?	Y/N/N/A
11	Do 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?	Y/N
12	How often (if ever) have you been expected to obtain consent for procedures which you do not have the competence to carry out yourself?	Always / Frequently / Sometimes / Rarely / Never
13	In accordance with proposed revision to the specialty curriculum, do you feel that training can be completed within a seven year run through programme?	Y/N
Please answer the questions in this section if you are a Cardiothoracic Surgery trainee ST8:		
14	Do you have the opportunity to operate independently or with your trainer unscrubbed in your current post?	Y/N/N/A
15	Do you think that you will feel confident to operate independently following the immediate completion of your training?	Y/N/N/A
16	Do you feel confident to provide out of hours care for emergencies in your specialty following completion of your training?	Y/N/N/A
<b>Core Surgical Trainees (Section 5)</b>		
1	Are you able to report exceptions to your work schedule? (Trainees in England)	Y/N
<b>Core Surgical Trainee (CT1 or CT2) in a T&amp;O placement</b>		
1	On average, how many supervised trauma lists do you have access to per week?	0/1/2/3/4/5/>5
2	Do you lose the opportunity to undertake operative trauma cases (with or without supervision) on a weekly or more frequent basis to other doctors?	Y/N
3	Did you enter Core Surgical Training with the possibility of following a career in Trauma and Orthopaedic Surgery in mind?	Y/N
4	If 'yes' to question 3, are you still likely to want to follow a career in T&O in light of your experience of Core Surgical Training?	Y/N

5	If 'no' to question 3, are you likely to want to follow a career in T&O in light of your experience of Core Surgical Training?	Y/N
6	Did you have exposure to T&O as a medical student or Foundation Trainee?	Y/N
<b>General Surgery ST3+ (Section 6)</b>		
1	What is your special interest within general surgery?	Colorectal/Upper GI (includes oesophagogastric and hepatopancreatobiliary)/ Breast/Endocrine/Vascular (trainees appointed before 1.1.13 only)/Transplantation
2	Do you have an additional interest?	Endocrine/General Surgery of Childhood/Remote and Rural/Trauma/None
3	Do you consider that you have sufficient time for special interest training with your current levels of service and emergency work?	Y/N/N/A
4	Are the following available 24/7 with real time reporting: a) CT scanning? b) Interventional radiology?	Y/N Y/N
5	How many days per week is there a CEPOD list?	0/1/2/3/4/5/6/7
6	How many other specialties share this list (counting vascular surgery as a separate specialty)?	0/1/2/3/4/5/6/7
7	How many consultant ward rounds per week do you have?	0/1/2/3/4/5/6/7
8	Do you perform a daily business round of your team's patients?	Y/N
9	Do you attend at least 1 MDT per week?	Y/N
10	Do you have timetabled time for research or audit projects during the working week?	Y/N
11	Are you timetabled to regularly deliver teaching in this post?	Y/N
12	Are the following included in the on-call activity in this post: a) Paediatric emergencies? b) Urological emergencies?	Y/N/N/A Y/N/N/A
13	Do 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?	Y/N



<b>Questions 14 and 15 are only for trainees with a vascular special interest doing a vascular post (appointed to programme before 1.1.13)</b>		
14	Did you receive endovascular training in this post?	Yes, regularly/Yes, but ad hoc with no fixed timetabling/No
15	Did you receive cross-sectional imaging training for: a) Diagnosis b) Treatment planning (e.g. EVAR, TEVAR)	Y/N Y/N
<b>Question 16 is only for trainees with a special interest in colorectal or upper gastrointestinal surgery:</b>		
16	Are you given endoscopy training in this post?	Yes, regularly/Yes, but ad hoc with no fixed timetabling/No
<b>Neurosurgery ST1+ (Section 7)</b>		
1	Are there daily business ward rounds in your unit?	Y/N
2	What type of unit are you currently based in?	Y/N
3	Does the unit have 24/7 MRI availability?	Y/N
4	Does the unit have a 7-day interventional neuroradiology/coiling service?	Y/N
5	If you answered 'no' to question 4, do you have access to a 7-day interventional neuroradiology/coiling service at another unit in the region?	Y/N/N/A
<b>OMFS ST1+ (Section 8)</b>		
1	Did you meet with the OMFS TPD during your placement?	Formally as part of interim review or final ARCP / Informally / No
2	How many formal meetings did you have with the OMFS TPD during your placement	0/1/2/3/More than 3
3	Did you encounter any issues in discussing the move from ST1 to ST3 at the beginning of your ST1 year with any of your trainers (TPD or other)?	Y/N/N/A
4	If you are an ST2 trainee, was progression to the ST2 training year planned from the beginning of your specialty training?	Y/N/N/A
5	Has your placement helped you to prepare for entry to ST3 in OMFS?	Y/N
6	Did you have the opportunity to undertake any OMFS-specific training, teaching or courses during your placement?	Y/N
<b>OMFS ST3+</b>		
1	Does your training region provide training opportunities in all aspects of the OMFS specialty curriculum?	Y/N/Unknown

2	If you answered 'no' to question 1, what areas of the curriculum are you not able to access in your training region ('No' = unable to access / 'Yes' = able to access)? Cleft Lip and Palate Surgery Craniofacial Surgery Microvascular Surgery Temporomandibular Joint (TMJ) Surgery Other	Y/N Y/N Y/N Y/N Y/N
3	If you answered 'no' to question 1, will your deanery/Local HEE Office make arrangements for you to train and gain experience in another region	Y/N/Unknown
4	If you answered 'yes' to question 3, will your deanery/Local HEE Office provide financial support to you to undertake a period of training and experience in another region? If you answer 'yes' to this question, please provide specific examples in the text box.	Y/N/Unknown
5	Did the presence of a fellow or more senior trainee in theatre compromise your operative experience in your training post over the last year?	Y/N/N/A
6	Have you ever had occasions in this post when you have been unable to obtain immediate advice from consultants when on call?	Y/N/N/A
<b>Otolaryngology ST1+ (Section 9)</b>		
1	When on call in this post, do you have immediate access to dedicated cover from consultants so that the on call consultant is not also responsible for admissions to another hospital?	Y/N/N/A
2	Have you ever had occasions in this post when you have been unable to obtain immediate advice from consultants when on call?	Y/N/N/A
3	Out of hours, do you have the following routine timetabled work scheduled: a) Operating list b) Outpatients clinic	Y/N Y/N
4	If 'yes' to either part of Question 3 above, are you supervised by a consultant for this work?	Y/N/N/A
5	Did the presence of a fellow or more senior trainee in theatre compromise your operative experience in your training post over the last year?	Y/N/N/A
6	Do you think your training post provides sufficient operative experience for your level of training?	Y/N/Unknown

7	In this post is it normal practice that emergency admissions are reviewed daily by a Consultant as part of a formal ward round within 24 hours of admission?	Y/N/N/A
<b>Paediatric Surgery ST3+ (Section 10)</b>		
1	Are you planning to develop or do you have a special interest within paediatric surgery?	Y/N/N/A
2	If you answered 'yes' to question 1, what is your area of sub-specialty interest, or what do you plan to develop into?	Colorectal / Upper GI / Hepatobiliary / Oncology / Urology / Thoracic / As yet undecided / Other
3	Do you consider that you have sufficient time for special interest training with your current levels of service and emergency work?	Y/N/N/A
4	Are the following available 24/7 with real time reporting: a. CT scanning? b. Interventional radiology?	Y/N Y/N
5	How many days per week is there a CEPOD list?	0/1/2/3/4/5/6/7
6	How many other specialties share this list?	0/1/2/3/4/5/6/7
7	How many consultant ward rounds per week do you have?	0/1/2/3/4/5/6/7
8	Is there a daily business round of patients?	Y/N
9	Do you attend at least 1 MDT per week?	Y/N
10	Do you have timetabled time for research or audit projects during the working week?	Y/N
11	Are you timetabled to regularly deliver teaching in this post?	Y/N
12	During an average working week, how many theatre sessions do you attend (excluding emergency theatre)?	0/1/2/3/4/5 or more
13	During an average working week, how many outpatient clinics do you attend where you see patients independently?	0/1/2/3/4/5 or more
14	Rota: a) What is the frequency of your on call rota? 1 in... b) How many participants in your on-call rota are not trainees? c) Is your rota 'resident on call' or 'non-resident on call'?	<4 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / >11 0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / >10 Resident on call / Non-resident on call/Other
15	Do 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?	Y/N

Plastic Surgery ST3+ (Section 11)		
1	Do you have a dedicated plastic surgery trauma list in your unit?	Y/N/N/A
2	If you answered 'yes' to question 1, on which day(s) does it operate? Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Y/N Y/N Y/N Y/N Y/N Y/N Y/N
3	If you answered 'no' to question 1, do you have access to a CEPOD list?	Y/N/N/A
4	If you answered 'yes' to question 3, what is the average time to theatre (options given in hours)?	<12/<24/>24/>48/>72
5	Does your training unit offer dedicated orthoplastic trauma lists	Y/N/N/A
6	If you answered 'yes' to question 5, how many sessions a week are available (one session is equivalent to one half day list)?	0/1/2/3/4/5+
7	If you answered '1' or more to question 6, on which days do the lists take place? Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Y/N Y/N Y/N Y/N Y/N Y/N Y/N
8	During an average week, how many LA lists of your own do you have?	0/1/2/3/4/5+
9	What consultant support is available for LA lists in your unit?	Direct consultant support in theatre (trainer scrubbed or unscrubbed) / Consultant support available elsewhere in the hospital / There is no support available / Other
10	During an average week, how many of your own outpatient clinic patient lists do you have?	0/1/2/3/4/5+
11	What consultant support is available for outpatient clinics?	Direct consultant support (in clinic or in adjacent clinic) / Consultant support available elsewhere in the hospital / Consultant support available by phone / No consultant support available / Other



16	In reference to question 15, are you considering taking a fellowship in an area of subspecialty interest?	Y/N/Unknown
17	If you answered 'yes' to question 16, where do you intend to undertake a fellowship?	UK / Elsewhere in Europe / Outside of Europe / Unknown
18	Is your deanery/Local HEE Office supportive of you taking a period of out of programme training or experience to undertake a fellowship?	Y/N/Unknown
19	Have you experienced any difficulties, or do you anticipate experiencing any difficulties, in meeting the terms of the indicative operative numbers in any area of the curriculum? If you answer 'yes', please specify the relevant curriculum area(s) in the free text box.	Y/N/Unknown
20	At the completion of training, would you like to apply for a consultant post within your training region?	Y/N/Unknown
21	On average, how many regional training days are organised in your training region over the course of the year?	0/1-3/4-6/7-9/10-12/13+
22	What support does your region offer to help trainees prepare for the FRCS examination? Practice written examinations Practice OSCE examinations An FRCS(Plas) course None Other	Y/N Y/N Y/N Y/N Y/N
23	Over the duration of the training scheme, how many first author publications does your training programme require you to submit for publication?	0/1/2/3/4/5/6+/Unknown
24	Over the duration of the training scheme, how many case reports and junior author publications does your training programme require you to submit for publication?	0/1/2/3/4/5/6+/Unknown
<b>Trauma and Orthopaedic Surgery ST3+ (Section 12)</b>		
1	In this post, have you attended one or more trauma calls as a member of the trauma team?	Y/N/N/A
2	In this post, did you have access to managing paediatric orthopaedic trauma cases (15 years and under)?	Y/N/N/A
3	Please indicate one improvement to an area of the ISCP that you feel would be beneficial.	Trainee portfolio / Trainer engagement / ARCPs / Other
4	Have you been awarded an Outcome 10.1 at your most recent ARCP?	Y/N/N/A

	(N/A = I have not had an ARCP since the introduction of the Outcome 10.1 option)	
5	If you have been awarded an Outcome 10.1 do you envisage that this will lead to additional training time being required?	Y/N/N/A
6	Have you been awarded an Outcome 10.2 at your most recent ARCP? (N/A = I have not had an ARCP since the introduction of the Outcome 10.2 option)	Y/N/N/A
7	Do you feel that your training in this post was adversely affected by winter pressures?	Y/N/N/A
8	If you answered 'yes' to question 7, what did you do instead of attending any missed operating lists?	Free session / Allocated different theatre session / Allocated outpatient sessions / Other / N/A
9	If you answered 'yes' to question 7, was your training programme proactive in supporting you in the identification of alternative training opportunities	Y/N/N/A
10	During the last 12 months has your period of training been extended through the ARCP process, solely because of logbook deficiencies related to "winter bed pressures"? <i>"Winter bed pressures" is defined as a sustained period of reduced elective operating due to seasonal factors extending over at least six weeks.</i>	Y/N/N/A
11	Since completing medical school, have you undertaken any medical work outside of the UK or Ireland?	Never but I would have like to / Never and I am not interested / Once / 2-5 times / More than 5 times
12	If you have undertaken medical work outside of the UK or Ireland since completing medical school, on what basis did you undertake the work?	During training in an Out of Programme Training (OOPT) capacity / During training in an Out of Programme Experience (OOPE) capacity / During training in an Out of Programme Career Break (OOPC) capacity / During a period that I was not in a training programme / Other / N/A

Urology ST3+ (Section 13)		
1	When a trainer is on leave (other than unexpectedly) what sort of planning occurs in relation to diagnostics sessions e.g. flexible cystoscopy sessions, prostate biopsy sessions?	Session is cancelled / Number of cases are reduced / Alternative consultant cover is provided / No arrangements are made / Arrangements are made but are overruled by service requirements / Other
2	When a trainer is on leave what sort of planning occurs in relation to theatre lists?	List is cancelled / Alternative consultant cover is provided / I undertake a theatre list independently with cases appropriate to my competencies / No arrangements are made / Other
3	Do you have a timetabled session each week for private study, audit and research?	Yes and it is protected / Yes but service requirements frequently mean I cannot take it / Yes but service requirements occasionally mean I cannot take it / No / Other
4	Do you have a timetabled session each week for patient administration?	Yes and it is protected / Yes but service requirements frequently mean I cannot take it / Yes but service requirements occasionally mean I cannot take it / No – session needed / No – session not needed / Other
5	Are you timetabled to regularly deliver teaching in this post?	Y/N/N/A
6	In the normal working week (i.e. non- leave, on call, compensatory rest) how many MDTs do you attend?	0/1/2/3/4/5+
7	Please indicate how much you agree with the following statement. Attending MDTs in my current post is a valuable education experience	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
8	Are you expected to enter data on behalf of your trainer/department into the BAUS Surgical Outcomes Database when you have not been involved with the surgery on a regular basis?	Y/N/N/A
9	Following an on call period are you able to take your compensatory rest/time off duty?	Always / >50% of the time / <50% of the time / Very rarely / No compensatory rest period in job plan / N/A
10	When providing emergency out of hours cover are you expected to attend more than one hospital site?	Y/N/N/A
11	Do 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?	Y/N/N/A



12	Please indicate how much you agree with the following statement. Placements during my time within my current deanery/Local HEE Office training programme have been appropriate to my educational needs / requirements for indicative operative numbers.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
13	Please indicate how much you agree with the following statement. When I have raised concerns regarding the quality of the training I have received during my rotation these concerns have been listened to and appropriate action taken.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
14	Please indicate how much you agree or disagree with the following statement. My training rotation provides sufficient experience/exposure to paediatric urology to meet the requirements of the curriculum.	Strongly agree / Agree/ Neither agree nor disagree / Disagree / Strongly disagree
15	Please indicate how much you agree or disagree with the following statement. My training rotation provides sufficient experience/exposure to female urology to meet the requirements of the curriculum.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
<b>Vascular Surgery ST3+ (Section 14)</b>		
1	What was the training focus of the past year?	12 months of Vascular Surgery / 12 months of General Surgery / 6 months of Vascular Surgery and 6 months of General Surgery / Out of programme / Other
2	How many days per year does your Deanery/Local HEE Office run a vascular skills/teaching programme?	0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / >12
3	Did you have a dedicated interventional radiology list in this post?	Y/N/N/A
4	How many dedicated peripheral interventional sessions did you attend per month?	0 / 1 / 2 / 3-4 / 5-6 / 7-8 / >8
5	How would you rate the support you received in attending your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
6	How would you rate your access to hands on experience during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
7	How would you rate the clinical experience gained during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
8	How many dedicated venous sessions did you attend per month?	0 / 1 / 2 / 3-4 / 5-6 / 7-8 / >8
9	How would you rate the support you received in attending your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
10	How would you rate access to hands on experience during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor

11	How would you rate the clinical experience gained during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
12	Did you attend the relevant ASPIRE course for your level of training, during the last training year?	Y/N
13	Did you attend any external Vascular-Surgery specific courses relevant to your level of training during the last training year?	Y/N
14	Have you received simulation training in any of the following options? Examples might include via Deanery/Local HEE Office training programmes or via courses. Please select all that apply.	EVAR repair / Peripheral limb angioplasty or stenting / Introduction to ultrasound / Use of duplex US to assess varicose veins / Endovenous surgery / Venous reconstruction surgery / Common vascular dissections / Vascular anastomosis / Arteriotomy and repair / Arterial patching / Fem-pop bypass / Fem-distal bypass / Carotid endarterectomy / Open AAA repair / Vascular trauma surgery / Renal access surgery / Arterial duplex / Venous duplex / Reflection and feedback / Return to clinical practice / WHO checklist / Radiation protection training / Training in imaging reporting / None of the above
15	Have you attended any of the following conferences during the past year? Please tick all that apply.	Vascular Society ASM / British Society of Endovascular Therapy / Charing Cross / Venous Forum / VEITH / Controversies and Updates in Vascular Surgery / European Society of Vascular Surgery / Other
16	If you feel your opportunities for simulation training have been fewer than you would like, what do you feel are the main reasons for this? Please tick all that apply.	Challenges applying for study leave / Clinical responsibilities preventing you from attending teaching days / Financial constraints / Not enough Deanery/Local HEE Office teaching days / Unable to attend all Deanery/Local HEE Office teaching days for any reason / Shortage of places on courses / I don't feel simulation training is necessary for me at this stage / N/A / Other
<b>Less than full-time trainees (Section 15)</b>		
1	In which year were you appointed to this training programme?	Before 2006 / 2006 / 2007 / 2008 / 2009 /2010 / 2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 / 2018 / 2019/2020/2021

2	In which year did you become a LTFT trainee?	Before 2006 / 2006 / 2007 / 2008 / 2009 /2010 / 2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 / 2018 / 2019/2020/2021
3	How long did it take to obtain a LTFT training slot?	0-6 months/6-12 months/More than 1 year
4	Do you consider that this was prolonged?	Y/N
5	Does your Local HEE Office or training programme have an identified person who is responsible for LTFT training?	Y/N
6	Do you believe that your TPD understands and is sympathetic to the needs of a LTFT trainee?	Y/N
7	Do you consider that training less than fulltime may affect your future career prospects?	Y/N
8	Please indicate the proportion of time that you currently work:	<50%, 50%, 60%, 70%, 80%, 90%
9	Who determined the proportion of time that you work?	You/Deanery/Local HEE Office/TPD
10	If this was not determined by you, are you happy with the training time that you have been given?	Y/N N/A
11	Are you: a) In a job-sharing arrangement with another trainee? b) Working LTFT in a post normally occupied by a full time trainee (instead of a full time trainee)? c) Working LTFT as a supernumary member of your surgical team (not in a job share, not in an established but vacant training post)?	
12	Have you experienced problems accessing any of the following sessions? Consultant ward rounds Outpatient clinics Elective operating lists Emergency operating lists MDT or equivalent Research / audit	Y/N Y/N Y/N Y/N Y/N Y/N
13	Have you needed to work additional (non-paid) sessions to achieve specific clinical aims (e.g. endoscopy training, special interest training)?	Y/N
14	Are your fixed sessions all undertaken with the same consultant? If No: How many different consultants do you work with?	Y/N 2, 3, 4, 5, >5
15	Does your current post include an out of hours on call commitment? If No: a) Is this through choice?	Y/N

	b) Is it because the Trust is unwilling to fund on call time for you?	Y/N N/A Y/N N/A
16	Is the level of your on call commitment sufficient to retain your on call competencies?	Y/N N/A
17	As a LTFT trainee, have you experienced problems with any of the following?  a) A lack of support/understanding about LTFT training by consultant trainers b) Adverse attitudes to your position and needs by fulltime trainees c) Allocation to sessions with fewer or inferior training opportunities in favour of fulltime trainees d) Negotiating a learning agreement with achievable objectives/goals e) Inappropriate expectations at ARCP f) Achieving your competencies g) Disproportionately less exposure to skills/simulation training than fulltime trainees	Y/N Y/N Y/N Y/N Y/N Y/N Y/N
<b>Academic Trainees (Section 16)</b>		
1	Are there any factors that have adversely affected your academic progress?	Y/N
2	How many abstracts/presentations have you made to national or international meetings over the last 12 months?	0/1/2/3/4/5/>5
3	Did the academic component of your post meet your expectations?	Y/N
4	Do you feel that you made appropriate progress in your clinical training during your post?	Y/N
5	If no to the question above, why not?	Text box

Previous year continued on next page.

Survey 2019/20 (Previous Year – for placements starting 1 August 2019 to 30 July 2020)

Generic Questions (Section 2)		
Number	Question text	Answer options
1	Was there usually a post-acute take consultant ward round?	Y/N N/A
2	Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent?	Y/N
3	Were you only asked to undertake unsupervised procedures in which you had been trained?	Y/N
4	Were you given appropriate responsibility for your level of training?	Y/N
5	Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised?	Y/N N/A
6	Were you regularly required to undertake routine clinical work that prevented the acquisition of new skills?	Y/N
7	Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps?	Y/N
8	Did the clinical work intensity allow sufficient time for consultant teaching and training?	Y/N
9	Was there enough clinical work in the unit to support the number of trainees working there?	Y/N
10	In this post, were you personally subjected to persistent behaviour by others that undermined your professional confidence or self esteem?	Y/N
11	a) Have you ever considered training less than fulltime? b) If yes to a) above, did you decide to train less than fulltime? c) If no to b) above, why did you decide not to train less than fulltime?	Y/N Y/N/N/A FREE TEXT
12	Please indicate the number of surgical staff in your team (including yourself). Foundation Trainees Core Surgical Trainees: ST3/4: ST5/6:	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

	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 FREE TEXT
13	In an average week (excluding leave, on-call, compensatory rest)... f) 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) g) How many consultant supervised outpatients sessions did you attend? h) On average, how many workplace-based assessments did you complete each week? i) On average, how long after the event was the assessment undertaken and entered onto the ISCP? j) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?	0/1/2/3/4/5/>5  0/1/2/3/4/5/>5  0/1/2/3/4/5/>5  At the same time/The same day/The same week/2-4 weeks later/More than 1 month later  Y/N
14	In an average week, did you receive the following types of teaching? Local departmental teaching Regional teaching Journal clubs X-ray meetings with an educational component MDTs with an educational content	Yes (0-14 mins)/ Yes (15-29 mins)/ Yes (30 to 59 mins)/ Yes (1-2 hours)/ Yes (>2 hours)/ No/ N/A
15	During an average week, how many total hours of formal teaching did you receive?	0/1/2/3/4/5/>5
16	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Y/N N/A
17	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Y/N

18	In the past year, have you received technical skills simulation training? (This could include cadaveric and animal tissue, task trainers, laparoscopic boxes and high fidelity simulators).	Y/N N/A
19	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	Y/N Y/N Y/N Y/N
20	Did you have access to a skills centre, skills room or take-home equipment for practice: a) During normal working hours? b) Outside of normal working hours?	Y/N N/A Y/N N/A
21	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Y/N N/A
22	In the past year, have you received non-technical skills/human factors simulation training? (This could include ward or theatre-based communication skills training, case-based scenarios, patient case conferences and team training).	Y/N/N/A
23	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	Y/N Y/N Y/N Y/N
24	How would you rate the quality of consultant teaching & training on ward rounds (including pre-op cases)?	Very poor / Poor / Satisfactory / Good / Very good
25	How would you rate the quality of consultant teaching & training in outpatients?	Very poor / Poor / Satisfactory / Good / Very good
26	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor / Poor / Satisfactory / Good / Very good
27	In outpatients did you regularly see new patients?	Y/N

28	Did you experience any difficulties relating to the geographical location of this training post?	Y/N
29	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Y/N/N/A
30	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Y/N/N/A
31	Would you recommend this attachment to other trainees at the same level?	Y/N
<b>Improving Surgical Training (IST) pilot trainees (Section 3)</b>		
1	Did you receive an IST induction pack at the beginning of your training year?	Yes – prior to starting in post / Yes – Within one month of starting in post / Yes - more than one month after starting in post / N
2	Were you invited to an educational induction ('bootcamp') at the beginning of your training year?	Yes – prior to starting in post / Yes – Within one month of starting in post / Yes - more than one month after starting in post / N
3	Did you meet with a trainer for an office based clinical teaching session and discussion each fortnight during this placement?	Y/N
4	Did you meet with your AES every month during this placement?	Y/N
5	Did you have one-to-one consultant supervised clinical teaching for an average of 4 sessions a week during this placement?	Y/N
6	Regardless of your rota, did you spend 60% of your time on average in elective daytime training during this placement?	Y/N
<b>Cardiothoracic Surgery ST1+ (Section 4)</b>		
1	Have you received training in vascular access and percutaneous hybrid procedures?	Y/N/N/A
2	If your current placement is in thoracic surgery, have you received specialist training in: a) Anatomical resections using video assisted thoracoscopic surgery? b) Surgery for Emphysema? c) Surgery for Mesothelioma?	Y/N/N/A Y/N/N/A Y/N/N/A
3	If your current training is in cardiac surgery, have you received training in: a) Mitral valve repair? b) Aortic valve repair? c) Transplantation?	Y/N/N/A Y/N/N/A Y/N/N/A



	d) Circulatory support techniques? e) Minimally invasive cardiac surgery?	Y/N/N/A Y/N/N/A
4	Does your region have a structured education programme?	Y/N/N/A
5	Does your region have simulation based training events?	Y/N/N/A
6	What is your special interest within cardiothoracic surgery?	Adult Cardiac / Adult Thoracic / Paediatrics / Adult Congenital / Transplantation / Academic / Undecided / Other
7	Do you regularly see new patients in outpatient clinic?	Y/N/N/A
8	How frequently is a consultant present in the outpatient clinic?	Always / Frequently / Sometimes / Rarely / Never / N/A
9	Do you have timetabled time for research or audit projects during the working week?	Y/N
10	Do you get adequate ICU training and experience to facilitate the perioperative management of patients?	Y/N/N/A
11	Do you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/LETB committees, involvement in service development?	Y/N
12	How often (if ever) have you been expected to obtain consent for procedures which you do not have the competence to carry out yourself?	Always / Frequently / Sometimes / Rarely / Never
13	In accordance with proposed revision to the specialty curriculum, do you feel that training can be completed within a seven year run through programme?	Y/N
Please answer the questions in this section if you are a Cardiothoracic Surgery trainee ST8:		
14	Do you have the opportunity to operate independently or with your trainer unscrubbed in your current post?	Y/N/N/A
15	Do you think that you will feel confident to operate independently following the immediate completion of your training?	Y/N/N/A
16	Do you feel confident to provide out of hours care for emergencies in your specialty following completion of your training?	Y/N/N/A
<b>Core Surgical Trainees (Section 5)</b>		
1	Are you able to report exceptions to your work schedule? (Trainees in England)	Y/N
<b>Core Surgical Trainee (CT1 or CT2) in a T&amp;O placement</b>		
1	On average, how many supervised trauma lists do you have access to per week?	0/1/2/3/4/5/>5

2	Do you lose the opportunity to undertake operative trauma cases (with or without supervision) on a weekly or more frequent basis to other doctors?	Y/N
3	Did you enter Core Surgical Training with the possibility of following a career in Trauma and Orthopaedic Surgery in mind?	Y/N
4	If 'yes' to question 3, are you still likely to want to follow a career in T&O in light of your experience of Core Surgical Training?	Y/N
5	If 'no' to question 3, are you likely to want to follow a career in T&O in light of your experience of Core Surgical Training?	Y/N
6	Did you have exposure to T&O as a medical student or Foundation Trainee?	Y/N
<b>General Surgery ST3+ (Section 6)</b>		
1	What is your special interest within general surgery?	Colorectal/Upper GI (includes oesophagogastric and hepatopancreatobiliary)/ Breast/Endocrine/Vascular (trainees appointed before 1.1.13 only)/Transplantation
2	Do you have an additional interest?	Endocrine/General Surgery of Childhood/Remote and Rural/Trauma/None
3	Do you consider that you have sufficient time for special interest training with your current levels of service and emergency work?	Y/N/N/A
4	Are the following available 24/7 with real time reporting: a) CT scanning? b) Interventional radiology?	Y/N Y/N
5	How many days per week is there a CEPOD list?	0/1/2/3/4/5/6/7
6	How many other specialties share this list (counting vascular surgery as a separate specialty)?	0/1/2/3/4/5/6/7
7	How many consultant ward rounds per week do you have?	0/1/2/3/4/5/6/7
8	Do you perform a daily business round of your team's patients?	Y/N
9	Do you attend at least 1 MDT per week?	Y/N
10	Do you have timetabled time for research or audit projects during the working week?	Y/N
11	Are you timetabled to regularly deliver teaching in this post?	Y/N
12	Are the following included in the on-call activity in this post: a) Paediatric emergencies? b) Urological emergencies?	Y/N/N/A

		Y/N/N/A
13	Do you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/LETB committees, involvement in service development?	Y/N
<b>Questions 14 and 15 are only for trainees with a vascular special interest doing a vascular post (appointed to programme before 1.1.13)</b>		
14	Did you receive endovascular training in this post?	Yes, regularly/Yes, but ad hoc with no fixed timetabling/No
15	Did you receive cross-sectional imaging training for: a) Diagnosis b) Treatment planning (e.g. EVAR, TEVAR)	Y/N Y/N
<b>Question 16 is only for trainees with a special interest in colorectal or upper gastrointestinal surgery:</b>		
16	Are you given endoscopy training in this post?	Yes, regularly/Yes, but ad hoc with no fixed timetabling/No
<b>Neurosurgery ST1+ (Section 7)</b>		
1	Are there daily business ward rounds in your unit?	Y/N
2	What type of unit are you currently based in?	Y/N
3	Does the unit have 24/7 MRI availability?	Y/N
4	Does the unit have a 7-day interventional neuroradiology/coiling service?	Y/N
5	If you answered 'no' to question 4, do you have access to a 7-day interventional neuroradiology/coiling service at another unit in the region?	Y/N/N/A
<b>OMFS ST1+ (Section 8)</b>		
1	Did you meet with the OMFS TPD during your placement?	Formally as part of interim review or final ARCP / Informally / No
2	How many formal meetings did you have with the OMFS TPD during your placement	0/1/2/3/More than 3
3	Did you encounter any issues in discussing the move from ST1 to ST3 at the beginning of your ST1 year with any of your trainers (TPD or other)?	Y/N/N/A
4	If you are an ST2 trainee, was progression to the ST2 training year planned from the beginning of your specialty training?	Y/N/N/A
5	Has your placement helped you to prepare for entry to ST3 in OMFS?	Y/N
6	Did you have the opportunity to undertake any OMFS-specific training, teaching or courses during your placement?	Y/N
<b>OMFS ST3+</b>		

1	Does your training region provide training opportunities in all aspects of the OMFS specialty curriculum?	Y/N/Unknown
2	If you answered 'no' to question 1, what areas of the curriculum are you not able to access in your training region ('No' = unable to access / 'Yes' = able to access)? Cleft Lip and Palate Surgery Craniofacial Surgery Microvascular Surgery Temporomandibular Joint (TMJ) Surgery Other	Y/N Y/N Y/N Y/N Y/N
3	If you answered 'no' to question 1, will your deanery/LETB make arrangements for you to train and gain experience in another region	Y/N/Unknown
4	If you answered 'yes' to question 3, will your deanery/LETB provide financial support to you to undertake a period of training and experience in another region? If you answer 'yes' to this question, please provide specific examples in the text box.	Y/N/Unknown
5	Did the presence of a fellow or more senior trainee in theatre compromise your operative experience in your training post over the last year?	Y/N/N/A
6	Have you ever had occasions in this post when you have been unable to obtain immediate advice from consultants when on call?	Y/N/N/A
<b>Otolaryngology ST1+ (Section 9)</b>		
1	When on call in this post, do you have immediate access to dedicated cover from consultants so that the on call consultant is not also responsible for admissions to another hospital?	Y/N/N/A
2	Have you ever had occasions in this post when you have been unable to obtain immediate advice from consultants when on call?	Y/N/N/A
3	Out of hours (5pm-8am), do you have the following routine timetabled work scheduled: a) Operating list b) Outpatients clinic	Y/N Y/N
4	If 'yes' to either part of Question 3 above, are you supervised by a consultant for this work?	Y/N/N/A
5	Did the presence of a fellow or more senior trainee in theatre compromise your operative experience in your training post over the last year?	Y/N/N/A

6	Do you think your training post provides sufficient operative experience for your level of training?	Y/N/Unknown
7	In this post is it normal practice that emergency admissions are reviewed daily by a Consultant as part of a formal ward round within 24 hours of admission?	Y/N/N/A
<b>Paediatric Surgery ST3+ (Section 10)</b>		
1	Are you planning to develop or do you have a special interest within paediatric surgery?	Y/N/N/A
2	If you answered 'yes' to question 1, what is your area of sub-specialty interest, or what do you plan to develop into?	Colorectal / Upper GI / Hepatobiliary / Oncology / Urology / Thoracic / As yet undecided / Other
3	Do you consider that you have sufficient time for special interest training with your current levels of service and emergency work?	Y/N/N/A
4	Are the following available 24/7 with real time reporting: a) CT scanning? b) Interventional radiology?	Y/N Y/N
5	How many days per week is there a CEPOD list?	0/1/2/3/4/5/6/7
6	How many other specialties share this list?	0/1/2/3/4/5/6/7
7	How many consultant ward rounds per week do you have?	0/1/2/3/4/5/6/7
8	Is there a daily business round of patients?	Y/N
9	Do you attend at least 1 MDT per week?	Y/N
10	Do you have timetabled time for research or audit projects during the working week?	Y/N
11	Are you timetabled to regularly deliver teaching in this post?	Y/N
12	During an average working week, how many theatre sessions do you attend (excluding emergency theatre)?	0/1/2/3/4/5 or more
13	During an average working week, how many outpatient clinics do you attend where you see patients independently?	0/1/2/3/4/5 or more
14	Rota: a) What is the frequency of your on call rota? 1 in... b) How many participants in your on-call rota are not trainees? c) Is your rota 'resident on call' or 'non-resident on call'?	<4 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / >11 0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / >10 Resident on call / Non-resident on call/Other
15	Do you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/LETB committees, involvement in service development?	Y/N

Plastic Surgery ST3+ (Section 11)		
1	Do you have a dedicated plastic surgery trauma list in your unit?	Y/N/N/A
2	If you answered 'yes' to question 1, on which day(s) does it operate? Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Y/N Y/N Y/N Y/N Y/N Y/N Y/N
3	If you answered 'no' to question 1, do you have access to a CEPOD list?	Y/N/N/A
4	If you answered 'yes' to question 3, what is the average time to theatre (options given in hours)?	<12/<24/>24/>48/>72
5	Does your training unit offer dedicated orthoplastic trauma lists	Y/N/N/A
6	If you answered 'yes' to question 5, how many sessions a week are available (one session is equivalent to one half day list)?	0/1/2/3/4/5+
7	If you answered '1' or more to question 6, on which days do the lists take place? Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Y/N Y/N Y/N Y/N Y/N Y/N Y/N
8	During an average week, how many LA lists of your own do you have?	0/1/2/3/4/5+
9	What consultant support is available for LA lists in your unit?	Direct consultant support in theatre (trainer scrubbed or unscrubbed) / Consultant support available elsewhere in the hospital / There is no support available / Other
10	During an average week, how many of your own outpatient clinic patient lists do you have?	0/1/2/3/4/5+
11	What consultant support is available for outpatient clinics?	Direct consultant support (in clinic or in adjacent clinic) / Consultant support available elsewhere in

		the hospital / Consultant support available by phone / No consultant support available / Other
12	During an average week, how many MDTs do you attend?	0/1/2/3/4/5+
13	During an average week, how many MDTs with plastic surgery input take place	0/1/2/3/4/5+
14	If you answered '1' or more to question 13, which clinical areas do these cover? Breast reconstructive surgery Management of burns Cleft lip and palate Craniofacial Surgery Cosmetic or reconstructive cosmetic surgery Hand surgery Head and neck surgery Hypospadias repair Laser surgery Lower limb trauma surgery Microvascular surgery Oculoplastic surgery Management of sarcoma Management of skin cancer Treatment of vascular malformations Other	Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N
15	Please indicate your area(s) of subspecialty interest. Breast reconstructive surgery Management of burns Cleft lip and palate Craniofacial Surgery Cosmetic or reconstructive cosmetic surgery Hand surgery Head and neck surgery Hypospadias repair Laser surgery Lower limb trauma surgery Microvascular surgery Oculoplastic surgery	Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N

	Management of sarcoma Management of skin cancer Treatment of vascular malformations Other	Y/N Y/N Y/N Y/N
16	In reference to question 15, are you considering taking a fellowship in an area of subspecialty interest?	Y/N/Unknown
17	If you answered 'yes' to question 16, where do you intend to undertake a fellowship?	UK / Elsewhere in Europe / Outside of Europe / Unknown
18	Is your deanery/LETB supportive of you taking a period of out of programme training or experience to undertake a fellowship?	Y/N/Unknown
19	Have you experienced any difficulties, or do you anticipate experiencing any difficulties, in meeting the terms of the indicative operative numbers in any area of the curriculum? If you answer 'yes', please specify the relevant curriculum area(s) in the free text box.	Y/N/Unknown
20	At the completion of training, would you like to apply for a consultant post within your training region?	Y/N/Unknown
21	On average, how many regional training days are organised in your training region over the course of the year?	0/1-3/4-6/7-9/10-12/13+
22	What support does your region offer to help trainees prepare for the FRCS examination? Practice written examinations Practice OSCE examinations An FRCS(Plas) course None Other	Y/N Y/N Y/N Y/N Y/N
23	Over the duration of the training scheme, how many first author publications does your training programme require you to submit for publication?	0/1/2/3/4/5/6+/Unknown
24	Over the duration of the training scheme, how many case reports and junior author publications does your training programme require you to submit for publication?	0/1/2/3/4/5/6+/Unknown
<b>Trauma and Orthopaedic Surgery ST3+ (Section 12)</b>		
1	In this post, have you attended one or more trauma calls as a member of the trauma team?	Y/N/N/A



2	In this post, did you have access to managing paediatric orthopaedic trauma cases (15 years and under)?	Y/N/N/A
3	Please indicate one improvement to an area of the ISCP that you feel would be beneficial.	Trainee portfolio / Trainer engagement / ARCPs / Other
4	Do you feel that your training in this post was adversely affected by winter pressures?	Y/N/N/A
5	If you answered 'yes' to question 4, what did you do instead of attending any missed operating lists?	Free session / Allocated different theatre session / Allocated outpatient sessions / Other / N/A
6	If you answered 'yes' to question 4, was your training programme proactive in supporting you in the identification of alternative training opportunities	Y/N/N/A
7	During the last 12 months has your period of training been extended through the ARCP process, solely because of logbook deficiencies related to "winter bed pressures"? <i>"Winter bed pressures" is defined as a sustained period of reduced elective operating due to seasonal factors extending over at least six weeks.</i>	Y/N/N/A
8	Since completing medical school, have you undertaken any medical work outside of the UK or Ireland?	Never but I would have like to / Never and I am not interested / Once / 2-5 times / More than 5 times
9	If you have undertaken medical work outside of the UK or Ireland since completing medical school, on what basis did you undertake the work?	During training in an Out of Programme Training (OOPT) capacity / During training in an Out of Programme Experience (OOPE) capacity / During training in an Out of Programme Career Break (OOPC) capacity / During a period that I was not in a training programme / Other / N/A
<b>Urology ST3+ (Section 13)</b>		
1	When a trainer is on leave (other than unexpectedly) what sort of planning occurs in relation to diagnostics sessions e.g. flexible cystoscopy sessions, prostate biopsy sessions?	Session is cancelled / Number of cases are reduced / Alternative consultant cover is provided / No arrangements are made / Arrangements are made but are overruled by service requirements / Other
2	When a trainer is on leave what sort of planning occurs in relation to theatre lists?	List is cancelled / Alternative consultant cover is provided / I undertake a theatre list independently with cases appropriate to my competencies / No arrangements are made / Other

3	Do you have a timetabled session each week for private study, audit and research?	Yes and it is protected / Yes but service requirements frequently mean I cannot take it / Yes but service requirements occasionally mean I cannot take it / No / Other
4	Do you have a timetabled session each week for patient administration?	Yes and it is protected / Yes but service requirements frequently mean I cannot take it / Yes but service requirements occasionally mean I cannot take it / No – session needed / No – session not needed / Other
5	Are you timetabled to regularly deliver teaching in this post?	Y/N/N/A
6	In the normal working week (i.e. non- leave, on call, compensatory rest) how many MDTs do you attend?	0/1/2/3/4/5+
7	Please indicate how much you agree with the following statement. Attending MDTs in my current post is a valuable education experience	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
8	Are you expected to enter data on behalf of your trainer/department into the BAUS Surgical Outcomes Database when you have not been involved with the surgery on a regular basis?	Y/N/N/A
9	Following an on call period are you able to take your compensatory rest/time off duty?	Always / >50% of the time / <50% of the time / Very rarely / No compensatory rest period in job plan / N/A
10	When providing emergency out of hours cover are you expected to attend more than one hospital site?	Y/N/N/A
11	Do you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/LETB committees, involvement in service development?	Y/N/N/A
12	Please indicate how much you agree with the following statement. Placements during my time within my current deanery/LETB training programme have been appropriate to my educational needs / requirements for indicative operative numbers.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
13	Please indicate how much you agree with the following statement. When I have raised concerns regarding the quality of the training I have received during my rotation these concerns have been listened to and appropriate action taken.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

14	Please indicate how much you agree or disagree with the following statement. My training rotation provides sufficient experience/exposure to paediatric urology to meet the requirements of the curriculum.	Strongly agree / Agree/ Neither agree nor disagree / Disagree / Strongly disagree
15	Please indicate how much you agree or disagree with the following statement. My training rotation provides sufficient experience/exposure to female urology to meet the requirements of the curriculum.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
<b>Vascular Surgery ST3+ (Section 14)</b>		
1	What was the training focus of the past year?	12 months of Vascular Surgery / 12 months of General Surgery / 6 months of Vascular Surgery and 6 months of General Surgery / Out of programme / Other
2	How many days per year does your Deanery/LETB run a vascular skills/teaching programme?	0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / >12
3	Did you have a dedicated interventional radiology list in this post?	Y/N/N/A
4	How many dedicated peripheral interventional sessions did you attend per month?	0 / 1 / 2 / 3-4 / 5-6 / 7-8 / >8
5	How would you rate the support you received in attending your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
6	How would you rate your access to hands on experience during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
7	How would you rate the clinical experience gained during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
8	How many dedicated venous sessions did you attend per month?	0 / 1 / 2 / 3-4 / 5-6 / 7-8 / >8
9	How would you rate the support you received in attending your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
10	How would you rate access to hands on experience during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
11	How would you rate the clinical experience gained during your allocated clinical session?	Very good / Good / Satisfactory / Poor / Very poor
12	Which of the following courses have you attended in the last training year? Please indicate who ran the course in the drop down boxes.	EMERGO / ASpire course / Amputation course / Legal aspects of surgical practice / Vascular Access / Advanced skills in vascular surgery / Specialty skills in vascular surgery / CCrisp / ATLS (refresher) / None of the above

13	Have you received simulation training in any of the following options? Examples might include via Deanery/LETB training programmes or via courses. Please select all that apply.	EVAR repair / Peripheral limb angioplasty or stenting / Introduction to ultrasound / Use of duplex US to assess varicose veins / Endovenous surgery / Venous reconstruction surgery / Common vascular dissections / Vascular anastomosis / Arteriotomy and repair / Arterial patching / Fem-pop bypass / Fem-distal bypass / Carotid endarterectomy / Open AAA repair / Vascular trauma surgery / Renal access surgery / Arterial duplex / Venous duplex / Reflection and feedback / Return to clinical practice / WHO checklist / Radiation protection training / Training in imaging reporting / None of the above
14	Have you attended any of the following conferences during the past year? Please tick all that apply.	Vascular Society ASM / British Society of Endovascular Therapy / Charing Cross / Venous Forum / VEITH / Controversies and Updates in Vascular Surgery / Other
15	If you feel your opportunities for simulation training have been fewer than you would like, what do you feel are the main reasons for this? Please tick all that apply.	Challenges applying for study leave / Clinical responsibilities preventing you from attending teaching days / Financial constraints / Not enough Deanery/LETB teaching days / Unable to attend all Deanery/LETB teaching days for any reason / Shortage of places on courses / I don't feel simulation training is necessary for me at this stage / N/A / Other
<b>Less than full-time trainees (Section 15)</b>		
1	In which year were you appointed to this training programme?	Before 2006 / 2006 / 2007 / 2008 / 2009 / 2010 / 2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 / 2018 / 2019/2020
2	In which year did you become a LTFT trainee?	Before 2006 / 2006 / 2007 / 2008 / 2009 / 2010 / 2011 / 2012 / 2013 / 2014 / 2015 / 2016 / 2017 / 2018 / 2019/2020
3	How long did it take to obtain a LTFT training slot?	0-6 months/6-12 months/More than 1 year
4	Do you consider that this was prolonged?	Y/N

5	Does your LETB or training programme have an identified person who is responsible for LTFT training?	Y/N
6	Do you believe that your TPD understands and is sympathetic to the needs of a LTFT trainee?	Y/N
7	Do you consider that training less than fulltime may affect your future career prospects?	Y/N
8	Please indicate the proportion of time that you currently work:	<50%, 50%, 60%, 70%, 80%, 90%
9	Who determined the proportion of time that you work?	You/Deanery/LETB/TPD
10	If this was not determined by you, are you happy with the training time that you have been given?	Y/N N/A
11	Are you: a) In a job-sharing arrangement with another trainee? b) Working LTFT in a post normally occupied by a full time trainee (instead of a full time trainee)? c) Working LTFT as a supernumary member of your surgical team (not in a job share, not in an established but vacant training post)?	
12	Have you experienced problems accessing any of the following sessions? Consultant ward rounds Outpatient clinics Elective operating lists Emergency operating lists MDT or equivalent Research / audit	Y/N Y/N Y/N Y/N Y/N Y/N
13	Have you needed to work additional (non-paid) sessions to achieve specific clinical aims (e.g. endoscopy training, special interest training)?	Y/N
14	Are your fixed sessions all undertaken with the same consultant? If No: How many different consultants do you work with?	Y/N 2, 3, 4, 5, >5
15	Does your current post include an out of hours on call commitment? If No: a) Is this through choice? b) Is it because the Trust is unwilling to fund on call time for you?	Y/N N/A Y/N N/A
16	Is the level of your on call commitment sufficient to retain your on call competencies?	Y/N N/A

17	As a LTFT trainee, have you experienced problems with any of the following?  a) A lack of support/understanding about LTFT training by consultant trainers b) Adverse attitudes to your position and needs by fulltime trainees c) Allocation to sessions with fewer or inferior training opportunities in favour of fulltime trainees d) Negotiating a learning agreement with achievable objectives/goals e) Inappropriate expectations at ARCP f) Achieving your competencies g) Disproportionately less exposure to skills/simulation training than fulltime trainees	Y/N  Y/N Y/N  Y/N Y/N Y/N Y/N
<b>Academic Trainees (Section 16)</b>		
1	Are there any factors that have adversely affected your academic progress?	Y/N
2	How many abstracts/presentations have you made to national or international meetings over the last 12 months?	0/1/2/3/4/5/>5
3	Did the academic component of your post meet your expectations?	Y/N
4	Do you feel that you made appropriate progress in your clinical training during your post?	Y/N
5	If no to the question above, why not?	Text box

The ISCP includes the 'live' questions for the trainee survey (access is for trainees undertaking UK training programmes) and a reporting tool which shows the results with each corresponding question (access is for individuals undertaking specified roles e.g. SAC Chair). A report of overall findings is published on the JCST website.