Second 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. We report on the 2021 survey, which follows on from a 2019 survey and pilots (2016 and 2017).

Survey overview

The survey had 24 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).
- To report on good practice and identify areas for improvement.
- To identify any serious concerns that could affect patient or trainee wellbeing.

The survey opened from 30 September 2021 until 9 December 2021 (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.

Inclusion criteria –

- Current AES (UK or Ireland) included in ISCP prior to the survey (6 July 2021).
- 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?" (18 respondents).
- Any individual who exited the survey early on (first section) (40 respondents).

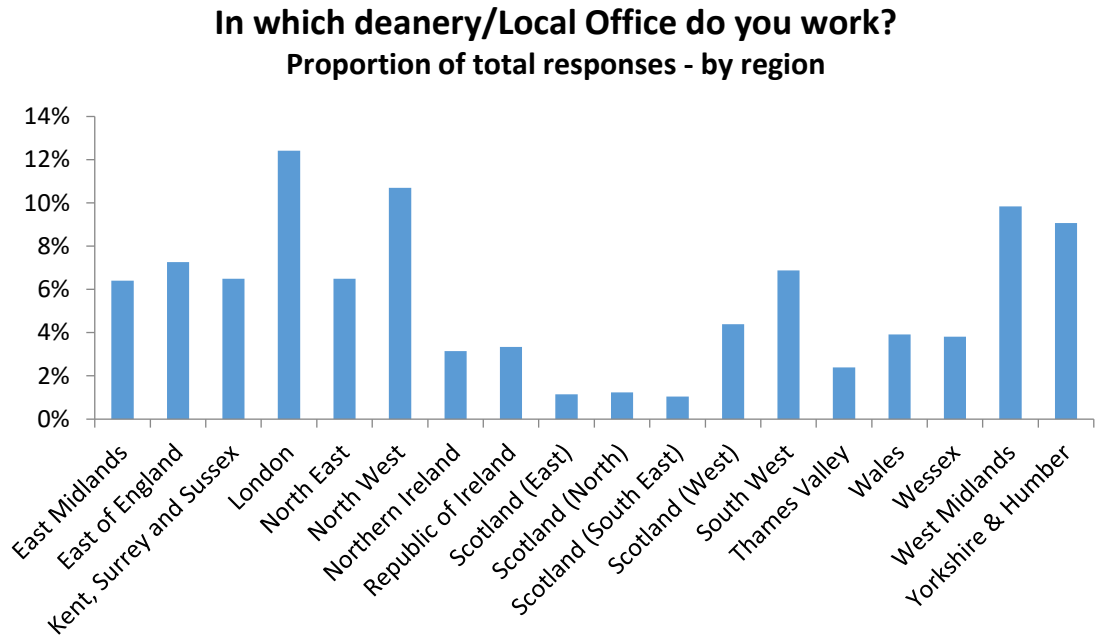
Response rate

The response rate of the survey was 28.3% (1047 responses of 3697 AES invited to take part). The survey was 'open' during a pandemic, when it is expected that pressures on respondents' time would have been high, but the response rate is unchanged compared with 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 (19%-36%) and (ii) specialty (21%-48%). Some trainers were noted for more than one specialty and/or region so their survey invitation was 'uncategorised'[1], a limitation that will affect the accuracy of the response rate breakdown (Appendix B).
The 2021 survey had been expanded to include the Republic of Ireland (3% of total responses; 19% response rate[1]).

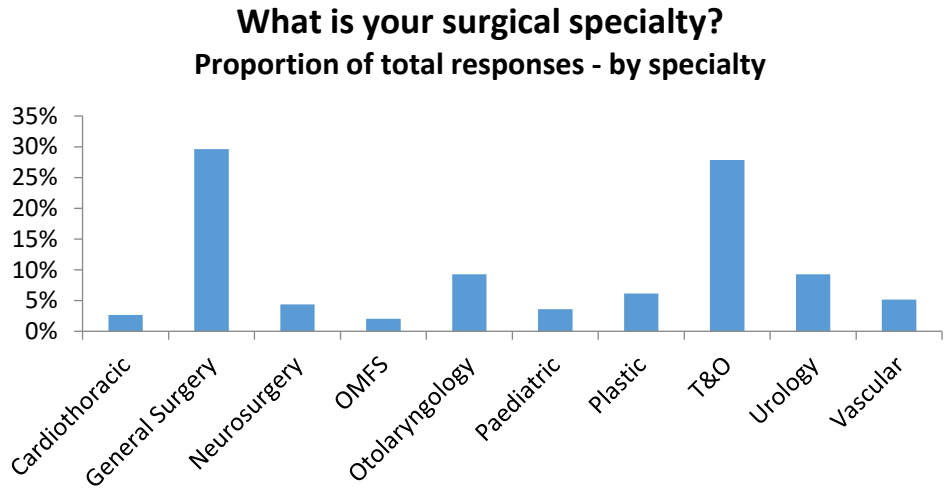
[1] Approximately (i) 3% of invitations 'uncategorised' by region; (ii) 16% of invitations 'uncategorised' by specialty.

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 less variation between regions for response rate.



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 high response rate, notably Paediatric Surgery (48%).



Individuals could select more than one option for their additional roles, 98.2% were also Clinical Supervisors and 18.1% had additional roles, with the most mentions being College/Surgical Tutor, Training Programme Director (TPD), Director of Medical Education (DME), Specialty Advisory Committee Liaison Member, training foundation students, training medical students.

Individuals could select more than one option for the level of trainees that they train. Most train ST3-8 (96.8%). 67.7% train core level trainees and 32.6% train doctors post-certification. These are similar values to previous surveys (JCST 2019).

Personal experience/training

Example of Good Practice:

Trainers continue to feel confident to give effective feedback to trainees on their performance:

I feel confident to give effective feedback to my trainees on their performance		
	2021	**2019**
Strongly agree/Agree	96.2%	96.2%
Strongly disagree/Disagree	1.0%	1.0%

I have knowledge and understanding of how to use WBAs to help my trainees to learn.		
	2021	**2019**
Strongly agree/Agree	88.5%	90.3%
Strongly disagree/Disagree	2.5%	2.0%

Areas for improvement

A small proportion of trainers are not as confident in their own ability and/or knowledge for the following areas. Negative responses have increased slightly since the previous survey:

I am confident in my ability to use the ISCP to effectively record my trainees' progress		
	2021	**2019**
Strongly agree/Agree	77.4%	85.3%
Strongly disagree/Disagree	6.9%	3.3%

I have appropriate knowledge of my trainees' curriculum requirements		
	2021	**2019**
Strongly agree/Agree	81.7%	87.6%
Strongly disagree/Disagree	4.7%	2.8%

The new curricula, launched August 2021, has led to new developments including a new Multiple Consultant Report (MCR). It is suggested the results reflect that the survey was open alongside the launch of new curricula and that confidence will improve with experience using new curriculum and the MCR.

Support for the role

Support for the role explored Programme Activities (PAs), other training activities (time and travel expenses), support from Trust/Board and School of Surgery/Deanery. The addition of Ireland to the 2021 survey appears to have little impact on the findings compared with 2019 survey (except for Programme Activities - job plans and related guidance can differ between countries).

We explored the mechanism typically used to take time away to participate in training related activity and found that most use ”professional leave which is separate from study leave” (29.4%) or study leave (50.3%). 7.7% do not take time away to participate in training related activity which is a small increase compared with 2019. The survey was open during a pandemic and this may partly explain the findings.

	2021	2019
Professional leave which is separate from study leave	29.4%	36.2%
Study leave	50.3%	44.0%
Annual leave	1.6%	2.9%
Unpaid leave	1.9%	1.7%
Movement of clinical sessions	9.1%	10.7%
I do not take time away from my Trust/Board to participate in training related activity	7.7%	4.6%

Areas for Improvement:

The findings for number of PAs per trainee remain mostly unchanged. 20.6% of individuals did not receive a Programme Activities (UK). Educational supervision is typically allocated 0.25 support PAs (1 hour) in a consultant’s job plan so it is disappointing to see that 60.7% (61.8% in 2019) receive less than this amount (JCST 2019). The results for Ireland have been removed for “Number of PAs” as 86.7% of trainees in the Republic of Ireland selected ‘0’ PAs per trainee (there was less variation across the 4 UK nations ‘0’ PAs per trainee – England 20.0%; N Ireland 21.2%; Scotland 21.0%; Wales 32.5%)

Number of PAs per trainee - UK	2021	2019
0	20.6%	24.6%
0.125	40.1%	37.2%
0.25	35.7%	34.0%
0.375	0.3%	0.5%
0.5	2.6%	3.0%
0.625	0.1%	0%
0.75	0.1%	0.1%
>0.75	0.5%	0.5%

The survey also explored support for other activities e.g. time and expenses. The findings are mostly unchanged.

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).		
	2021	**2019**
Strongly agree/Agree	30.0%*	32.5%
Strongly disagree/Disagree	39.6%	40.7%

*There is some variation across the 4 nations 'Strongly agree/Agree' (England 29.7%; Northern Ireland 33.3%; Scotland 29.6%; Wales 19.5%). Republic of Ireland (51.6%).

I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).		
	2021	**2019**
Strongly agree/Agree	24.3%*	28.3%
Strongly disagree/Disagree	33.1%	32.1%

*This is consistent across the 4 nations 'Strongly agree/Agree' (England 24.5%; Northern Ireland 21.2%; Scotland 17.3%; Wales 29.3%). Republic of Ireland (35.5%).

The following areas have positive results but there is room for improvement. These findings are similar to 2019:

Trust/Board support

My employing Trust/Board is supportive of me participating in training activity out with my job plan.		
	2021	**2019**
Strongly agree/Agree	52.7%	54.1%
Strongly disagree/Disagree	13.5%	13.3%

See also - 2021 result breakdown (Appendix C) – Total Surgery by Region

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).		
	2021	**2019**
Strongly agree/Agree	52.3%	52.8%
Strongly disagree/Disagree	16.7%	17.4%

See also - 2021 result breakdown (Appendix C) – Total Surgery by Region

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.

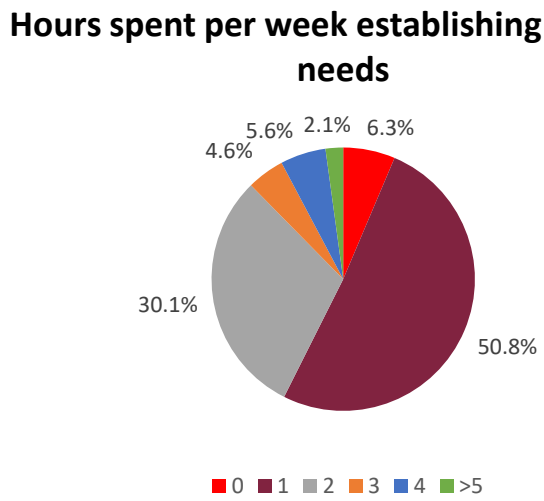
Trainers have similar opportunity (compared to 2019) to assess their trainees' performance in the following areas:

	Strongly Agree/Agree	Strongly Disagree/Disagree
Theatre	79.6% (2021); 80.9% (2019)	13.4% (2021); 10.4% (2019)
Ward rounds	72.0% (2021);70.8% (2019)	13.8% (2021); 14.3% (2019)
Emergency take	76.6% (2021); 73.0% (2019)	9.8% (2021); 9.6% (2019)
Generic Professional Capabilities (GPCs)	81.2% (2021); 82.3% (2019)	5.4% (2021); 5.2% (2019)

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

I am able to regularly review my trainees' progress		
	2021	**2019**
Strongly agree/Agree	84.3%	86.0%
Strongly disagree/Disagree	4.3%	3.8%

The number of hours spent per average week establishing learning needs was mostly 1 hour (50.8% 2021; 52.8% 2019), followed by 2 hours (30.1% 2021; 27.8% 2019). 6.3% 2021 (4.9% 2019) do not spend any time per average week establishing learning needs.



Areas for Improvement:

57.2% 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		
	2021	**2019**
Strongly agree/Agree	57.2%	52.8%
Strongly disagree/Disagree	19.0%	21.4%

The opportunities to assess trainees' performance appear to be less adequate in outpatient clinics and multidisciplinary teams than in other areas. The values are unchanged compared with 2019. The delivery of outpatient clinics will have been affected by the pandemic and the use of remote delivery has a potential impact on training opportunities. It is therefore perhaps surprising that this is unchanged:

	Strongly Agree/Agree	Strongly Disagree/Disagree
Outpatient clinic	61.9% (2021); 62.0% (2019)	26.0% (2021); 24.4% (2019)
Multidisciplinary teams (MDTs)	55.7% (2021); 56.4% (2019)	22.3% (2021); 18.3% (2019)

A new development with the 2021 survey is to provide further breakdown by region for questions relating to (i) Support for the Role and (ii) Specific Training Activities (Appendix C).

Recommendations and next steps

Our recommendations are mainly in the area of support for trainers where there has been little change when compared with previous surveys. A pandemic has impacted on all of society, including postgraduate medical education and will have hindered opportunities for improvement. However, a pandemic requires that now, more than ever, trainers receive support so that training recovery can be prioritised:

1. All educational supervisors should be allocated Programme Activities (PAs) in their job plan (at least 0.25 SPAs, i.e. 1 hour, per trainee) so there is protected time for supervising trainees.
2. It is recommended that the Statutory Education Bodies ensure support is available for trainers to undertake other training activities. Examples of other training related activities, e.g. participation in national selection, examining and membership of an SAC, are essential for ensuring the quality of training. All educational supervisors should be supported, yet almost a third of trainers' experience difficulties in getting time and a quarter experience difficulties with reimbursement of travel expenses. Covid-related initiatives are welcome, including funding to help trusts 'backfill' for exam support (HEE 2022). National selection and membership of an SAC are also important. We highlight this as relevant to all four nations, with increased support needed for these activities.
3. Trainers need to be provided with adequate time to assess and establish the learning needs for trainees. There appears to be lower satisfaction in relation to the time available for this compared with other specific training activities e.g. theatre, out-patient clinics. It is recommended that adequate time is provided and the JCST continues to monitor compliance with related JCST Quality Indicators, e.g. learning agreements, via both trainee and trainer surveys.
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).
5. JCST will report our findings to the GMC, Schools of Surgery (and equivalent), local HEE offices and deaneries and raise awareness of the important issues for surgical trainers.

Conclusion

A trainer's role extends beyond directly providing training to include identifying learning needs and delivering feedback. It is encouraging that the survey continues to show this is happening. The new curricula, launched August 2021, re-emphasises the importance of establishing learning needs and delivering feedback. It is too early to see the impact of new curricula but we will continue to monitor trainer and trainee feedback.

Our recommendations are mainly in the area of support for trainers. The findings show that support for trainers is suboptimal. 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"*. For the UK, we have looked at Programme Activities in job plans for trainee supervision, participation in other training related activities and support from the Trust/Board and School of Surgery/Deanery. It can be difficult to get time for activities related to the trainer's role, but most trainers are taking part in other training related activities. 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 the important issues for surgical trainers.

Acknowledgements

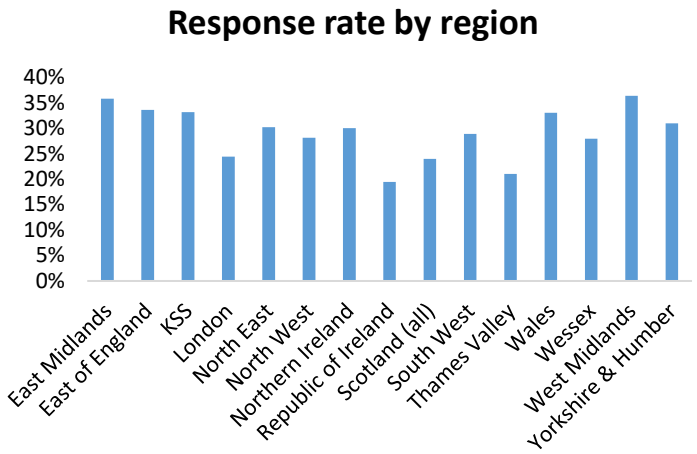
Thank you to the trainers who took part in the survey and to the Confederation of Postgraduate Schools of Surgery for their help in raising awareness of the survey. Thank you to the JCST's QA Group, Schools of Surgery and Specialty Advisory Committees for developing the questions for the 2021 survey and earlier pilots.

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	What level are the trainees that you train?	Core (inc ST1 & ST2) / Specialty (ST3-8) / Post-certification – [Can select multiple answers]
	Personal experience/training To what extent do you agree with the following statements:	
6	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
7	I have appropriate knowledge of my trainees' curriculum requirements.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
8	I feel confident to give effective feedback to my trainees on their performance.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
9	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
	Support for the role	
10	How many PAs do you currently have per trainee?	0 / 0.125 / 0.25 / 0.375 / 0.5 / 0.625 / 0.75 / 0.875 / 1 / >1
11	When you need to take time away from your Trust/Health Board to participate in training related activity, what mechanism do you typically use?	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.
	To what extent do you agree with the following statements:	
12	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

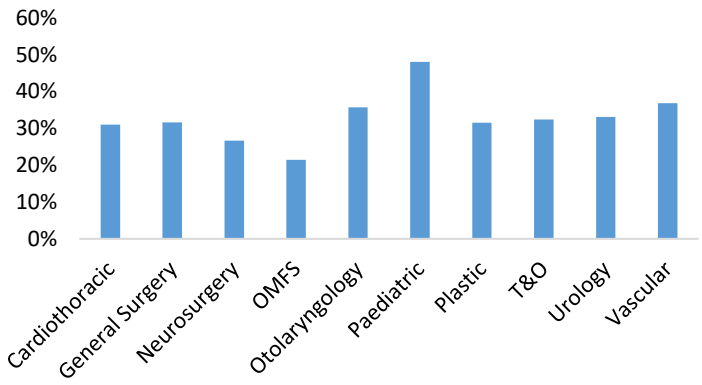
13	I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
14	To what extent do you agree with the 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
15	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:	
16	I have adequate opportunity to assess my trainees' performance in the operating theatre.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
17	I have adequate opportunity to assess my trainees' performance in outpatient clinic.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
18	I have adequate opportunity to assess my trainees' performance on ward rounds.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
19	I have adequate opportunity to assess my trainees' performance in emergency take.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
20	I have adequate opportunity to assess my trainees' performance in working within our MDT.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
21	I have adequate opportunity to assess my trainees' generic professional capabilities.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
22	I am able to regularly review my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
23	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
24	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	67/187 (36%)
E England	76/226 (34%)
KSS	68/205 (33%)
London	130/532 (24%)
N East	68/225 (30%)
N West	112/398 (28%)
N Ireland	33/110 (30%)
Republic Ireland	35/180 (19%)
Scotland (all)	82/347 (24%)
S West	72/249 (29%)
Thames Valley	25/119 (21%)
Wales	41/124 (33%)
Wessex	40/143 (28%)
W Midlands	103/283 (36%)
Yorks & Humber	95/307 (31%)

3% 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	27/87 (31%)
General Surgery	303/958 (32%)
Neurosurgery	45/169 (27%)
OMFS	21/98 (21%)
Otolaryngology	95/266 (36%)
Paediatric	37/77(48%)
Plastic	63/200 (32%)
T&O	285/879 (32%)
Urology	95/287 (33%)
Vascular	53/144 (37%)

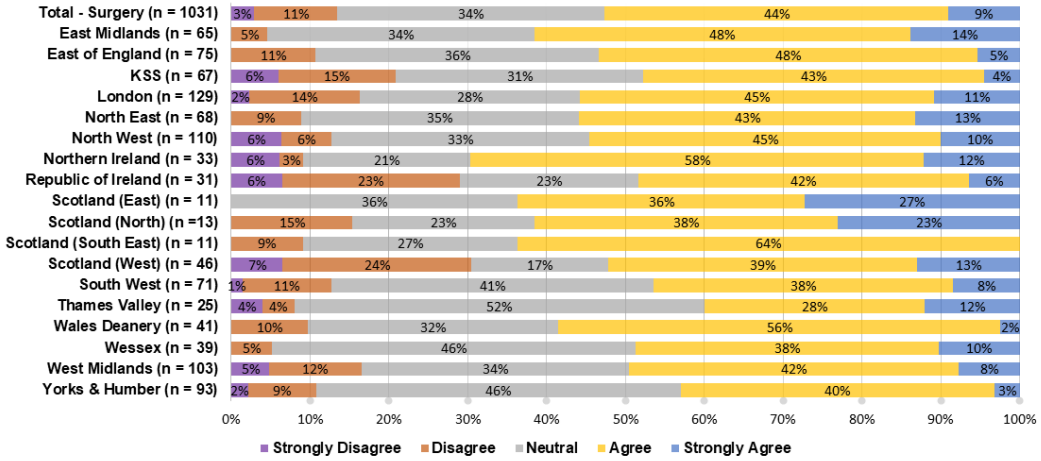
16% of AES count (approximate) is not shown in calculation response rate by specialty because 'uncategorised'. Due to invitations that cannot be categorised by specialty e.g. AES works in multiple specialties, non-AES trainers (see 'exclusion criteria').

Appendix C - Total (surgery) – by region

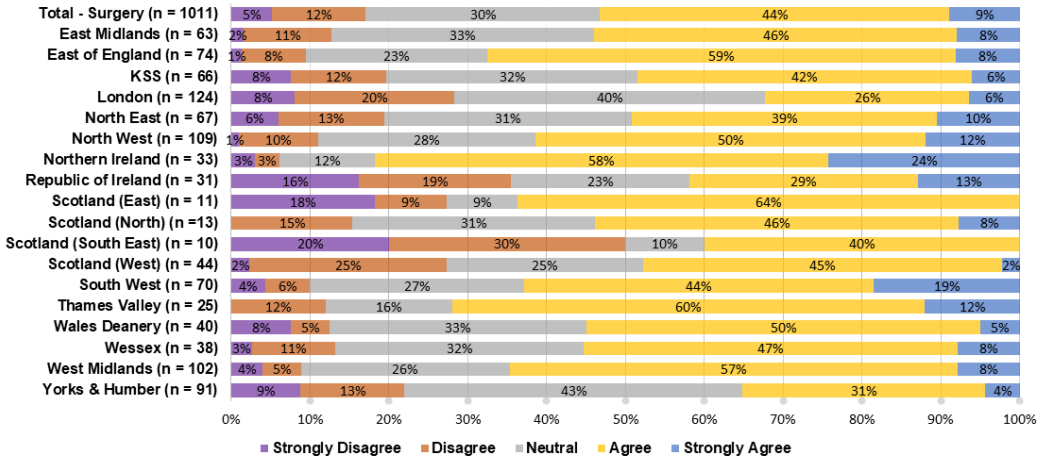
n = number of responses.

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

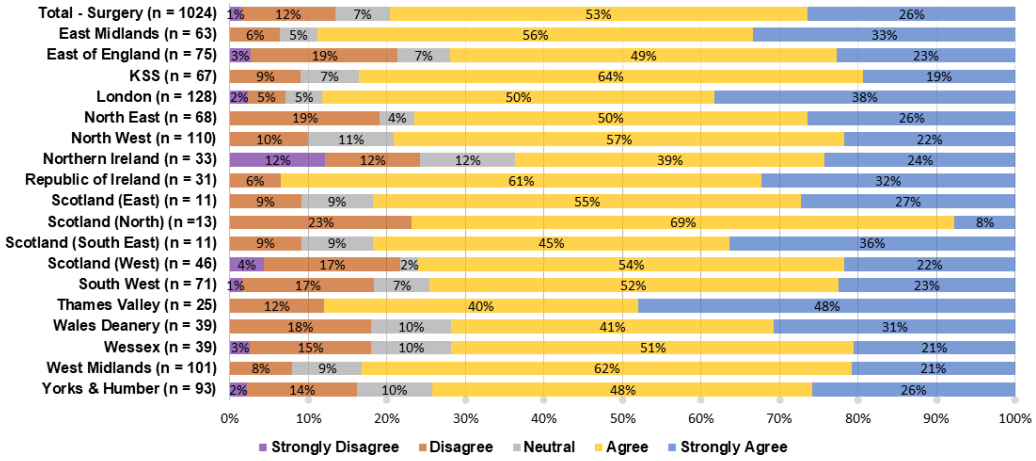
My employing Trust/Board is supportive of me participating in training activity not included in my job plan:



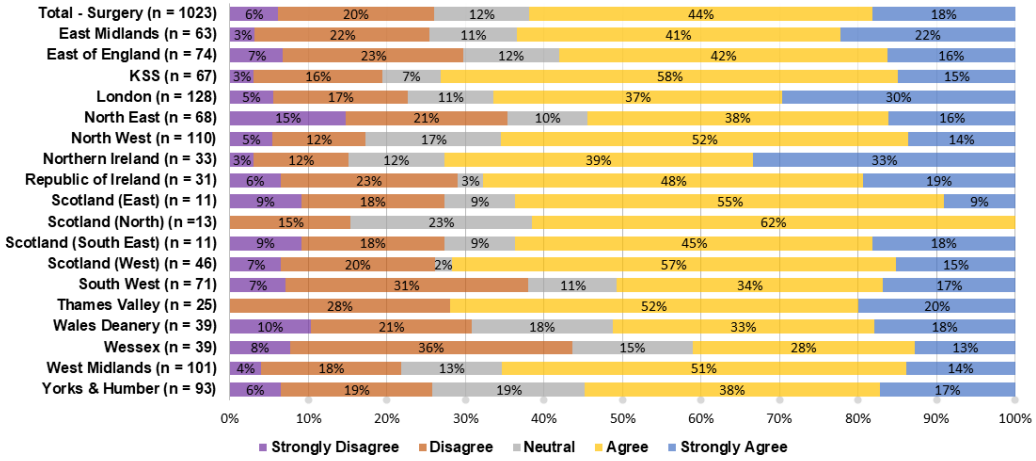
My School of Surgery/ Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate):



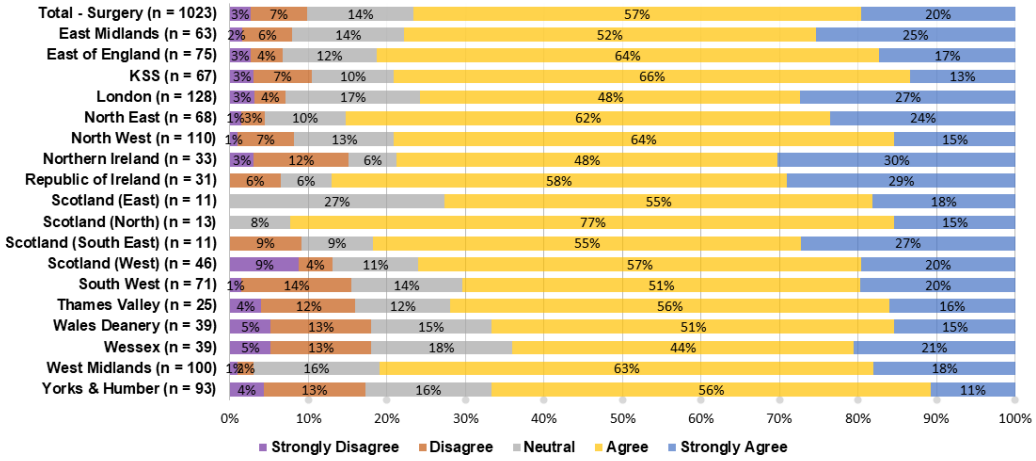
I have adequate opportunity to assess my trainees' performance in the operating theatre:



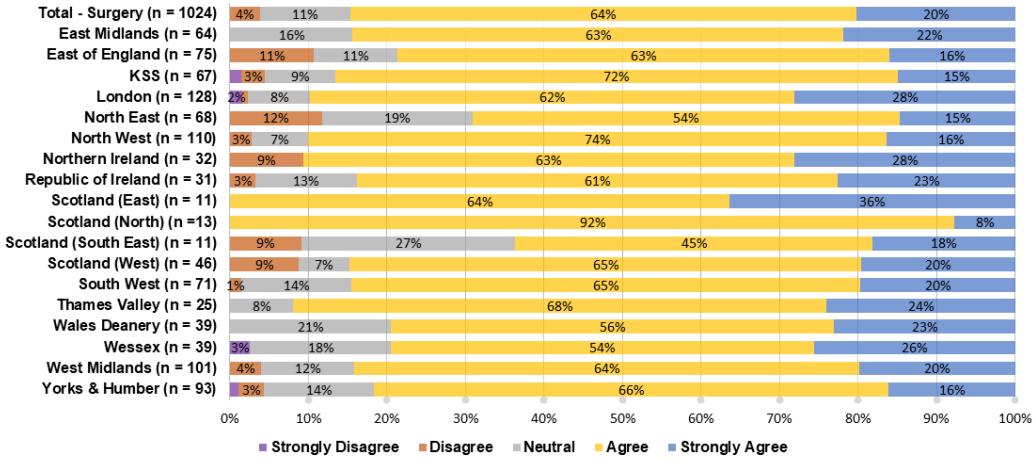
I have adequate opportunity to assess my trainees' performance in outpatient clinic:



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



I am able to regularly review my trainees' progress:



References

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HEE (2022). *PGME Training Recovery Director of Medical Educational Guidance – Exceptional Funding for ES time (January 2022).* https://www.jcst.org/-/media/files/jcst/key-documents/dme-educator-backfill-jan22-v2.pdf (accessed on 28.1.22)