

# The Future of Surgical Training



**A Position Statement by the  
Association of Surgeons in Training**

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# 1 The Future of Surgical Training: Introduction

- 1.1 The objective of this document is to succinctly present the views of surgical trainees in relation to the changes required within surgical training to improve training quality, and improve the standards of the end-product of surgical training – the Consultant Surgeon. These changes are essential in order that the NHS, and the patients under its care, can continue to benefit from the highest quality of surgical care.
- 1.2 The Association of Surgeons in Training (ASiT) is an educational charity, working to promote high quality surgical training. It works on behalf of UK trainees from all nine surgical specialties and is one of the largest specialty trainee organisations in the UK with over 2,000 current members.
- 1.3 The threats to surgical training are numerous. In particular, trainees have been concerned about the European Working Time Directive (EWTD) since its original introduction. In May 2006 we published a report on the impact of the EWTD in surgery highlighting concerns and actions required to limit potentially detrimental effects on surgical training. Subsequent surveys have reinforced these concerns.
- 1.4 Whilst many surgeons agree it may be theoretically possible to deliver higher surgical training within an average working week of 48-hours, this is not currently possible within the NHS, nor does it appear to be achievable in the foreseeable future. Such changes would require a fundamental change in the training culture of the health service and take considerable time and financial investment to implement.
- 1.5 ASiT has previously noted the troubling content of the ISCP Evaluation Report by Professor Michael Eraut. In April 2009 we published a response to this, and we believe the report correctly highlights the broad failings currently found in UK surgical training, many of which ASiT has sought to highlight for several years.
- 1.6 In light of these issues, current and future emphasis must therefore be placed on both the hours worked, as well as the training delivered within those hours.
- 1.7 This document therefore represents a definitive ‘wish list’, detailing factors that would facilitate, support and encourage high quality surgical training.

- 1.8 Views have additionally been sought from the relevant surgical sub-specialty trainee organisations via their ASiT Representatives. The resulting position statement represents the consensus opinion following discussion and ratification by ASiT Council, based on previous work by ASiT.
- 1.9 This document is intended to present the view of ASiT with respect to the work and changes required, and in doing so stimulate debate with the other stakeholders involved in delivery of surgical training.

## 2 Summary of previous work by ASiT

- 2.1 *“European Working Time Directive”* – a report by ASiT was published in May 2006 with recommendations for enhancing surgical training delivery in light of reduced working hours. Key recommendations included amendments to the WTD, and enhancing surgical training delivery through better use of available training time, and support for dedicated, and accredited, trainers.
- 2.2 *“Models of Surgical Training”*, produced by ASiT in June 2007 looked at how surgical training is currently delivered and how it may be delivered in the future. This was subsequently referred to in PMETB’s *“Educating Tomorrows Doctors”*
- 2.3 In January 2009 ASiT reported the results of a survey on the WTD that was followed up in September 2009 with a survey culminating in the report *“Optimising working hours to protect training and patient care”*. This report again highlighted the changes that needed to occur within surgical training in order to allow better quality training to be achieved.
- 2.4 In response to the Tooke report in October 2008, ASiT highlighted the areas identified in the Tooke report *“Aspiring to Excellence”* and made specific responses to areas where surgical training was concerned and made recommendations that were felt to be required in order to enhance surgical training.

- 2.5 In April 2009 ASiT produced a response to the ISCP Evaluation Report by Professor Michael Eraut which had undertaken a critical review of surgical training. This response again highlighted areas that needed to change within surgical training to improve its quality.
- 2.6 ASiT has fully engaged with various other reviews of the impact of the WTD and has been actively involved in publications from the RCSEng, the joint Royal College of Surgeons of England and Royal College of Anaesthetists statement, and National Workforce Projects, identifying the issues hindering training for the craft specialties. Solutions have been proposed that need to be put in place in order that there is delivery of high quality surgical training.
- 2.7 ASiT had opportunity to feed in to the MMC Programme Board Sub-group tasked with looking at delivering quality training in a reduced working hours environment and played an active role in the outcome of the document *“Maintaining Quality of Training In a Reduced Training Opportunity Environment”*. This document was presented to Ministers for consideration and included many recommendations that would enhance surgical training, including initiatives to incentivise training delivery, improve quality of training, and improve resourcing and support of training primarily at healthcare management level.

## 3 ASiT Recommendations for Training

### *Recommendations for Ministers/ Health Departments*

- 3.1 Introduction of a training tariff for NHS hospitals in order to adequately compensate and incentivise high quality surgical training delivery within NHS Trusts.
- 3.2 Development of metrics for high quality surgical training and assessment of training delivery against these metrics.
- 3.3 Mandatory board-level responsibility and accountability for delivery of postgraduate medical education and training within NHS Trusts.
- 3.4 Relaxation of the EWTD for surgeons in training, giving the flexibility where required to work more than an average of 48-hours per week up to a limit of 65-hours.
- 3.5 Training course costs and trainee fees (e.g. ISCP) should be made tax refundable.
- 3.6 Re-introduce SAC assessment of surgical units as part of a robust, regular quality assessment of surgical training programmes with the ability to enforce improvement or removal of accredited training posts as required.
- 3.7 Implement a contractual training component into junior doctors' contracts e.g. minimum number of operating sessions. This should include study leave, administrative and research time, etc with posts rigorously assessed by Deaneries and the relevant SAC to ensure appropriate training content.

### *Recommendations for Commissioners/ Royal Colleges*

- 3.8 Inclusion of meaningful postgraduate medical education and training data and outcomes in the star rating (or future equivalent) of NHS Trusts.
- 3.9 Introduction of 'no fault' ARCP / RITA outcomes, when the training placement has not been able to deliver the educational outcomes desired.
- 3.10 Study leave budgets to be agreed at one national rate to end geographical discrepancies in value seen across the UK.

- 3.11 Trainees should have open access to Surgical Placement and Curriculum Evaluation (SPACE) questionnaire data detailing anonymous trainee feedback on training posts.
- 3.12 Formalise trainee access to, and training at, Independent Treatment Centres.
- 3.13 Trainees wish to see a robust IMRCS clinical exam, with OSCE stations appropriate to the postgraduate level of this exam. There should be no repetition of basic clinical skills already assessed in the Foundation Programme or medical school curricula.

### ***Recommendations for Deaneries/ SHAs***

- 3.14 Surgical training units to have dedicated, accredited, identified trainers, with appropriate funding and time allowed to fulfil this role.
- 3.15 Consideration of specific emergency placements and/or separation of emergency and elective work depending on local volume and intensity of workload to ensure development of an emergency skills-base, as appropriate to speciality and hospital.
- 3.16 Mandatory teacher training for Consultants supervising NTN-holding registrars.
- 3.17 Hospitals should be able to offer minimum numbers of training opportunities, together with appropriate proportions of procedures done by the differing levels of trainees as appropriate to their experience. Opportunities should be regularly audited, with this data made available to trainees. NHS Trusts not able to provide these should have their training post withdrawn.
- 3.18 Trainees to control their own personal study leave budget, administered by the Deanery and moving with the trainee rather than hospital based.
- 3.19 Increased regularity of training days and Deanery based regional training programmes with release from Trusts for this. Although flexibility in regional programme delivery should be allowed, minimum requirements and expectations should be set nationally and reviewed as part of post assessment by the SAC.

### ***Recommendations for Training Units***

- 3.20 Mandatory training and activity time for ISCP-allocated educational supervisors.

- 3.21 Formalised named weekly elective training lists for core and higher surgical trainees, with ARCP panels setting list objectives for supervisors to deliver.
- 3.22 Formalised 'teaching clinics' with reduced patient numbers and longer consultation time slots in order to allow appropriate supervision / active teaching of core and higher surgical trainees in the out-patient clinic setting.
- 3.23 Introduction and funding of regional surgical skills centres and hospital-based skills labs with appropriate training and simulation equipment.
- 3.24 Continuity of training and trainer is an aspiration and steps should be taken wherever possible to maintain a firm-based structure within the confines of local working conditions and rotas.

### ***Recommendations for Trainees***

- 3.25 Trainees have an obligation to ensure that they take a proactive role in utilising all training opportunities available.
- 3.26 Trainees must be flexible to adapt to their own training needs, and the training opportunities offered by each individual unit.
- 3.27 Trainees should be well prepared and robustly assessed and open to feedback on performance in order that training needs can be adequately identified and introduced, with appropriate career counselling where required.

## **4 Future Training Debate**

- 4.1 ASiT would welcome similar position statements and subsequent debate from the Surgical Royal Colleges, JCST, speciality associations, and other stakeholders involved in the delivery and regulation of Postgraduate Surgical Training. In particular, we have not sought to discuss how these initiatives should be funded and would welcome further debate on this area.

## 5 References and Further Reading

- ASiT EWTD Resources: <http://www.asit.org/resources/articles/ewtd>
  - European Working Time Directive – a Report by ASiT
  - Optimising Working Hours to Protect Training and Patient Care
- ASiT Response to the Tooke Enquiry: <http://www.asit.org/resources/articles/tooke>
- ASiT Response to the ISCP Evaluation by Professor Eraut: <http://www.asit.org/news/eraut>
  
- MMC Programme Board Subgroup on Quality of Training:  
[www.mee.nhs.uk/pdf/Quality%20of%20Training%20FINAL.pdf](http://www.mee.nhs.uk/pdf/Quality%20of%20Training%20FINAL.pdf)
  
- Royal College of Surgeons of England:
  - Joint RCSEng/RCoA report on the WTD
  - RCSEng WTD sub-committee reports
  - RCSEng: The Working Time Directive 2009: Meeting the challenge in surgery  
[http://www.rcseng.ac.uk/service\\_delivery/documents/WTD%202009%20Meeting%20the%20challenge%20in%20surgery.pdf](http://www.rcseng.ac.uk/service_delivery/documents/WTD%202009%20Meeting%20the%20challenge%20in%20surgery.pdf)  
[http://www.rcseng.ac.uk/service\\_delivery/working-time-directive/joint-rcs-rcoa-wtd-2009-project](http://www.rcseng.ac.uk/service_delivery/working-time-directive/joint-rcs-rcoa-wtd-2009-project)  
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- Association of Surgeons of Great Britain and Ireland (ASGBI): The Impact of EWTD on Delivery of Surgical Services: A Consensus Statement  
<http://asgbi.org.uk/download.cfm?docid=F3FAB184-01E1-414A-BA7C0CE07BBEDD7F>
- ASGBI: A Coming to terms with the Working Time Regulations  
<http://asgbi.org.uk/download.cfm?docid=E8AB16C6-CF3D-416B-A4CE7D74D698E6C5>
- ASGBI EWTD Resources: [http://asgbi.org.uk/en/publications/working\\_time\\_regulations.cfm](http://asgbi.org.uk/en/publications/working_time_regulations.cfm)
  
- PMETB Educating Tomorrows Doctors: [http://www.gmc-uk.org/Educating\\_Tomorrows\\_Doctors\\_working\\_group\\_report\\_20080620\\_v1.pdf\\_30375087.pdf](http://www.gmc-uk.org/Educating_Tomorrows_Doctors_working_group_report_20080620_v1.pdf_30375087.pdf)
  
- National Workforce Projects  
[http://www.healthcareworkforce.nhs.uk/option,com\\_docman/task,doc\\_download/gid,1246/Itemid,697.html](http://www.healthcareworkforce.nhs.uk/option,com_docman/task,doc_download/gid,1246/Itemid,697.html)  
[http://www.workforce-toolkit.nhs.uk/component/docman/cat\\_view/147-working-time-directive-documents/667-events/695-rcs-wtd-craft-specialty-event/721-webcasts.html?limit=5&order=hits&dir=ASC&start=5](http://www.workforce-toolkit.nhs.uk/component/docman/cat_view/147-working-time-directive-documents/667-events/695-rcs-wtd-craft-specialty-event/721-webcasts.html?limit=5&order=hits&dir=ASC&start=5)
  
- Healthcare Workforce EWTD Resources:  
<http://www.healthcareworkforce.nhs.uk/workingtimedirective.html>

