# HEE-KSS Guidance for Delegated Trainee Supervision

Higher Surgical Training (HST) requires each Specialty Training Registrar (StR) to work with an Assigned Educational Supervisor (AES), and one or more Clinical Supervisors (CS), during each placement.

JCST Quality Indicators require timetabled activities take place in an environment of appropriate supervision [attached]. The level of supervision will vary with the seniority and experience of the trainee, and with the complexity of case-mix within the placement.

There will be occasions when the AES or CS are on planned leave, but the StR is at work. Cancelling the Named Supervisor's activity is wasteful, both of resources and of the opportunity for the StR to learn the skills of independent working. The latest Curriculum places emphasis on "Capabilities in Practice ": clinical activity whilst supervised from a distance allows this to develop (MCR CiPs Level IIIb and IV)

This document proposes safe arrangements that allow selected clinical activity to continue when the AES/CS is away. Not every scenario can possibly be included, but these principles should allow safe practice

**Outpatient Activity**

A reduced Clinic Template can be considered for the StR in the absence of their Consultant Trainer, but if not reduced, the clinic must not be overbooked. **The number of patients must be realistic**: New Patients could be included, but tertiary referrals must not. A surrogate supervising Consultant must be identified, available, on site and willing to answer queries in real time. That Consultant and the Trainee must both be aware this cover is being provided.

A clinic sited away from the base hospital will have less opportunity to access a Consultant opinion. Senior StRs (training years ST7 and 8) may be appropriately deployed to run an off-site clinic if they feel confident to do so: StRs from training years ST3-6 must not be left unsupervised in such situations.

Clinic Review Exercise: this is a timetabled requirement if an StR runs a clinic (at the base hospital or off site) in the absence of their Trainer (AES/CS). This Review is a ring-fenced opportunity for the Trainee to discuss with the Trainer specific problems generated by the unsupervised clinic, with their learning supported by documented Case Base Discussions (CBDs). For patient safety, and following SMART principles, this Review Exercise should take place no later than 2 weeks after the unsupervised clinic and could be created by allocating an appropriate amount of time from at the next clinic where both Trainee and Trainer are present. Documenting and reflecting upon the experience is encouraged.

If it is not possible to undertake this Review, the StR must not undertake the unsupervised clinic.

Short Notice/Emergency Cover: in the situation where a Consultant Clinic has been booked but the Consultant is unable to cover at last minute (unplanned leave eg sickness). An StR **with suitable sub-speciality experience** may cover, with a Clinic Review Exercise planned for the next opportunity after

the unsupervised clinic, where both the Trainer and Trainee can be present. It would not be appropriate for training or for patient safety reasons to place ST3s or an StR with no previous exposure to the sub-speciality in such a situation.

**Ward Activity**

There should be no difficulty with in-patients if the consultant is away since the StR can always approach the Consultant of the Week or on-call consultant if their own AES/CS is away.

**Theatre Lists**

If a theatre list is delegated to a Trainee it is expected that:

1. The cases are appropriate for the experience of the StR
2. Plenty of time is available for the cases selected
3. There is a Named Consultant present in the Theatre Suite, immediately available if required

The published Theatre List should clearly identify the Named Consultant, and they should be present at the Team Brief or the List should not commence. The Named Consultant should be documented in the Operation Note/Theatre Management System. It is expected that the Theatre Team and Anaesthetic team know how to access the covering Consultant in case rapid decision-making is required

This Guidance should ensure that there is no ambiguity about who the trainee can turn to if advice or assistance is needed.

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# JCST Quality Indicators for Surgical Training – Trauma & Orthopaedic Surgery

The new Quality Indicators (QIs) will apply from August 2021.There are 10 'generic' QIs for all surgical training placements that are followed by specialty-specific QIs.

The SACs have undertaken a review of the specialty-specific QIs to ensure they are aligned with the new August 2021 curriculum. If you have any feedback on the QIs please email qa@jcst.org.

## Quality Indicators for Surgical Training

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| QI 1 | Trainees in surgery should be allocated to approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities. |
| QI 2 | Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). For example, locally/regionally/nationally provided teaching, educational induction, simulation training, specialty meetings, journal clubs, x-ray meetings, MDT meetings. |
| QI 3 | Trainees in surgery must have the opportunity and study time to complete and present audit, patient safety or quality improvement projects during each post, such that they will have had the opportunity to have completed three such projects by certification. |
| QI 4 | Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include protected time to allow for this. |
| QI 5 | Trainees in surgery should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training. |
| QI 6 | Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post. |
| QI 7 | Trainees in surgery must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, with an appropriate degree of reflection and feedback. Specifically, the mandatory Workplace Based Assessments in critical conditions and index procedures defined by the current curriculum should be facilitated. |
| QI 8 | Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent. |
| QI 9 | Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery. |



HEE Kent Surrey Sussex T&O TPDs

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| QI 10 | Trainees in surgery must have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum.<br><br>Timely midpoint and end of placement Multiple Consultant Reports (MCRs) should be led and performed by trainers, with feedback and discussion of outputs. The focus of the placement should reflect the areas for development identified at the midpoint MCR or previous end of placement MCR. |

## Quality Indicators for Trauma & Orthopaedic Surgery

### Trauma & Orthopaedic Surgery – All Trainees

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| QI 11 | All trainees in T&O should have the opportunity to attend at least three consultant supervised theatre sessions each week (on average). |
| QI 12 | All trainees in T&O should have the opportunity to attend at least two consultant supervised outpatient clinics each week (on average), including fracture and specialty clinics, and should see a mix of new and follow-up patients. |
| QI 13 | All trainees in T&O should have the opportunity to be involved with the management of patients presenting as an emergency at least one day each week (on average), under supervision and appropriate to their level of training. |
| QI 14 | All trainees in T&O should have the opportunity to update their ATLS certificate or equivalent. |
| QI 15 | All trainees in T&O should have the opportunity to attend one MDT meeting, or equivalent, each week (on average). |

### Trauma & Orthopaedic Surgery Phase 2

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| QI 16 | Trainees in T&O in Phase 2 should have the opportunity to operate, under appropriate supervision, on a range of elective and trauma surgery as defined by the curriculum. |

### Trauma & Orthopaedic Surgery Phase 3

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| QI 17 | Trainees in T&O in Phase 3 should have the opportunity to undertake a range of operations, under appropriate supervision, in elective and trauma surgery as defined by the curriculum. |

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| QI 18 | Trainees in T&O in Phase 3 should have the opportunity to operate, both independently and under appropriate supervision, on a range of operations in their chosen special interest area of T&O Surgery as defined by the curriculum. |