

# JCST

## Quality Indicators for the Training Interface Group (TIG) fellowships – Major Trauma

Quality Indicator	
1.	Trainees in surgery should be allocated to approved posts commensurate with their level 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.
2.	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3.	Trainees in surgery should have the opportunity and study time to complete and present one audit or quality improvement project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
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 an equivalent to half a day per week to allow for this.
5.	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6.	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year (not including those done in a simulated setting), with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7.	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
8.	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
9.	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

## Quality Indicators for the Training Interface Group (TIG) fellowships – Major Trauma

Quality Indicator	
10.	Fellows in major trauma should attend the daily multidisciplinary major trauma meetings and be actively engaged in trauma themed multi-disciplinary quality improvement meetings, research and leadership opportunities.
11.	Fellows in major trauma should have scheduled training opportunities in the relevant parent specialties to assure coverage of the curriculum.
12.	Fellows in major trauma should have attended a trauma team leader / member course.
13.	Fellows in major trauma should have access to a damage control surgery course.
14.	Fellows in major trauma should have access to an appropriate volume of patients (the host Major Trauma Centre should be in the upper 50% of the Trauma Audit and Research Network (TARN) dataset for the Injury Severity Score (ISS) >15 patients per annum).
15.	Fellows in major trauma should have access to an appropriate volume of trauma surgical patients over the fellowship period (20 trauma laparotomies, five thoracotomies, and ten interventional radiological procedures). These should be supplemented with simulation exercises.
16.	Fellows should work within a designated Major Trauma Centre with a structured trauma response and major trauma consultant delivered care on a major trauma ward