

JCST
Quality Indicators for the Training Interface Group (TIG) Fellowships – Spinal
Surgery

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, 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 – Spinal Surgery

Quality Indicator	
10.	Fellows in spinal surgery must have the opportunity to attend a minimum of one consultant supervised outpatient clinic each week and should see a mix of new and follow-up patients. Attendance at specialist clinics is expected.
11.	Fellows in spinal surgery must have the opportunity to attend a minimum of 2 days of scheduled, consultant-led theatre each week.
12.	Fellows in spinal surgery should attend a weekly spinal multi-disciplinary team (MDT) meeting.
13.	Fellows in spinal surgery must have the opportunity to make independent clinical decisions and to operate, both independently and under supervision, on the full range of spinal surgery as defined by the curriculum for spinal surgery. By the end of the spinal fellowship, the trainee should be competent in most areas of spinal surgery, including elective and emergency cases.
14.	Fellows in spinal surgery should have the opportunity to attend a training course which covers leadership and management issues in the NHS, if not already undertaken.
15.	Fellows in spinal surgery should have the opportunity to attend a training course which covers training and education in the NHS, if not already undertaken e.g. Training the Trainers.
16.	Fellows in spinal surgery should have the opportunity to visit other spinal surgery centres in the UK to develop a deeper and broader understanding of spinal management.
17.	Fellows in spinal surgery should have one session per week of protected study time. The fellow is expected to conduct audit, quality improvement and/or research and to publish and present original work.
18.	Fellows in spinal surgery should have the opportunity to attend at least one specialist meeting per year such as the British Association of Spinal Surgery (BASS), the Society of British Neurological Surgery (SBNS), Britspine, Society for Back Pain Research or the British Scoliosis Society.