JCST Trainee Survey Annual Report – 2022/23 and 2023/24

Introduction

The JCST's Quality Assurance Group, in conjunction with the Schools of Surgery and Specialty Advisory Committees (SACs), has developed a trainee survey to establish the quality of surgical training across the UK. The survey, introduced in 2011, aims to drive improvements in surgical training and monitor the quality of training placements by measuring the achievement of JCST's Quality Indicators (QIs) (JCST current). This survey report is for training/survey year 2022/23 and 2023/24.

The QIs and survey questions are subject to review by the JCST QA Group. The QA Group is a sub-committee of the JCST, with a specific focus on matters relating to quality and covers ten surgical specialties, Core Surgical Training and the Training Interface Groups.

The QIs are available on the JCST website with updates in August each year: https://www.jcst.org/quality-assurance/quality-indicators/.

The first section of QIs are generic and applicable to all surgical training posts, both specialty and uncoupled core posts. QIs that are specific to each specialty follow the generic section. In 2021, the QIs and survey questions were updated to align with the launch of curricula. The timing of the 2022/23 and 2023/24 surveys relate to the updated versions of curricula and QIs.

Survey overview

The trainee survey has 33 generic questions (see Appendix A, 2022/23 and 2023/24) and additional questions by surgical specialty, less than full-time and academic trainees.

Trainees are invited to complete one survey per end of training placement via the Intercollegiate Surgical Curriculum Programme (ISCP) – the surgical online training management system. Access to survey reports is available via the ISCP to Heads of School of Surgery, Training Programme Directors, SAC Chairs, SAC QA Leads and SAC Liaison Members (LMs), to help inform and support the quality assurance of surgical training.

The reporting period for each 'survey year' relates to the start/changeover date (normally August or October) for most surgical trainees.

Inclusion criteria –

- Trainees in the UK (uncoupled core and specialty) with a trainee placement recorded in ISCP, 2022-23 - placement start date 1 August 2022 to 31 July 2023 (survey completed before the end of October 2023); 2023-24 - placement start date 1 August 2023 to 31 July 2024 (survey completed before the end of October 2024). This includes Locum Appointments for Training, Fixed-term Specialty Training Appointments. In addition, some out-of-programme trainees

(e.g. OOPR) and academic trainees, when they record a core or specialty trainee placement on ISCP.

Exclusion criteria –

- Trainees completing the survey after the reporting deadline (October each year). Trainees selecting the specialty or level 'other'. Out-of-programme trainees who do not need to record a placement on ISCP (e.g. OOPC, OOPP and some OOPR). The following individuals do not receive a survey invitation via ISCP – post-certification/interface fellows, trainees in the Republic of Ireland or Iceland, other post holders (e.g. SAS doctors, Locum Appointments for Service) that may use ISCP.

The uncoupled core trainees' results are shown as 'Core'. The run-through training pilots (5 surgical specialties) have ended and been evaluated separately so this report does not focus on run-through training – the results for the pilot cohort will now mostly be combined with the specialty results (ST3+). A small number of respondents with placements recorded at ST1/ST2 level (academic trainees or specialties with recruitment at ST1/2 e.g. Oral and Maxillofacial Surgery and Cardiothoracic Surgery) are not shown. Neurosurgery trainees at core level do not follow the core curriculum so their results continue to be shown separately (ST1/2).

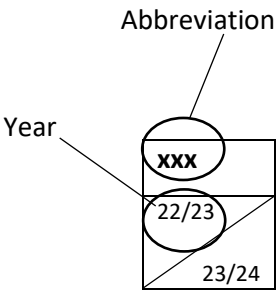
Each SAC considers the annual survey data for their specialty. This report focuses on specialty-wide findings for the generic questions. Each SAC will discuss these findings along with any additional analysis of their specialty-specific questions, undertaken by each SAC Liaison Member and SAC QA lead.

The survey outcome data presented below provides an overview of the outcomes of the generic questions included in the 2022/23 and 2023/24 survey. The focus is the achievement rate of key QIs, with additional areas of good practice and concern also presented.

The analysis is divided into four themed sections – training opportunities, training-related activities, quality of experience and formal teaching. The reporting of simulation training, unprofessional behaviours, overall satisfaction, and less than full-time training (LTFT) is additionally shown.

Where the data is presented in table format, the outcomes are presented as follows:

Abbreviation	Specialty
Core	Core Surgical Training
CTS	Cardiothoracic Surgery
ENT	Otolaryngology
GS	General Surgery
NS	Neurosurgery
OMFS	Oral & Maxillofacial Surgery
Paed	Paediatric Surgery
Plastic	Plastic Surgery
T&O	Trauma & Orthopaedic Surgery
Urol	Urology
Vasc	Vascular Surgery



In October 2022, a new question was introduced on witnessing bullying and harassment behaviour. The QA Group discussed the importance of encouraging trainees to raise concerns in a timely manner by engaging with local deanery and/or Trust processes, and it is important to emphasise that the survey is not a formal route to identify nor investigate an individual's concerns. There can

be a significant delay before any results are available in an 'end of placement' survey. It is considered that 'witnessing bullying' is also an important area to monitor in looking at the quality of training placements. Further support for trainees, including resources to empower 'bystanders' to raise concerns is available from the surgical royal colleges and additional organisations (JCST 2022).

In October 2023, a survey question was added on the Multiple Consultant Report (MCR), a workplace-based assessment introduced as a curriculum requirement in August 2021. The MCR aims to improve feedback for trainees and a corresponding quality indicator highlights the importance of this activity. The JCST trainer survey (JCST 2023a) considered if trainers feel able to provide meaningful feedback, as an AES, on the basis of an MCR. Trainees suggested that it is useful to also look at whether the feedback is considered meaningful from the trainee perspective. We will continue to monitor this assessment tool in both the trainer and trainee surveys. The ISCP team have been looking at this in more detail, as part of an evaluation of curriculum changes and engagement with stakeholders.

In August 2022 and 2023, there were no changes to the Quality Indictors.

Work has been ongoing to refine the survey questions, with an aim to avoid duplication and show areas that apply across all surgical specialties. A shorter survey is currently being run in ISCP and results will be available in future survey reports (from survey year 2024/25 onwards).

Response rate

The response rate depends on the number of training placements, each placement recorded in ISCP generates a single 'survey invitation' and a single opportunity to respond.

$$\text{Response rate (for survey year)} = \frac{\text{Number of responses (for survey year)*}}{\text{Number of survey invitations (for survey year)**}}$$

** this does not necessarily equate to the number of trainees who have taken part, a trainee may have more than one placement during the survey year.*

***as this is an end of placement training survey, any survey invitations for placements that have not ended by the 'cut-off' date for responses are not counted as an 'invitation'.*

Earlier reports have noted a decline in the number of responses and this continues to decline, 1408 (2022/23) and 1332 (2023/24). An equivalent period (15 months) for 'responses' is shown for comparison by survey year. A response rate of 16% (2022/23) and 14% (2023/24) is disappointing – but is not necessarily a reflection of the rate of responses at local level which can range from 0 to 100%. A breakdown by specialty (and/or region) is not reported here due to small numbers, that can be unreliable and could potentially lead to identifiable data if reported on. There has been a fall in the total number of responses for all specialties, except Cardiothoracic Surgery, since the previous report (JCST 2023b).

We are discussing with stakeholders, plans to improve communications for the survey. This is part of a programme of work which includes a review of survey questions (2024/25) and upcoming developments in ISCP to raise awareness. Social media campaigns and news for stakeholders to share will be included. The messaging for an 'end of placement' survey differs to a census or snapshot survey, in that it covers a long period with placements starting/ending at different points in time. We will highlight an important message –

"JCST trainee survey in ISCP - to complete a survey towards the end of each placement"

Year	2020/21	2021/22	2022/23	2023/24
Number of responses	2432	1858	1408	1332
Response rate	29%	22%	16%	14%
Number of trainees responding	*1722*	*1336*	*975*	*914*

Excludes responses not reviewed in this report – specialty/level 'other', level 'ST1/2' (except Neurosurgery)

Training opportunities

Trainees are given appropriate responsibility, as required by quality indicator 1. This important indicator relates to patient safety, as well as a need for adequate training opportunities:

"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."

Survey outcome in the area of appropriate responsibility

Were you given appropriate responsibility for your level of training? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
93% / 93%	100% / 100%	97% / 99%	98% / 98%	100% / 100%	100% / 100%
430/460[1] 429/461[2]	23/23[1] 31/31[2]	94/97[1] 101/102[2]	263/268[1] 201/205[2]	6/6[1] 10/10[2]	28/28[1] 27/27[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
100% / 100%	96% / 100%	95% / 98%	98% / 98%	98% / 100%	97% / 100%
27/27[1] 24/24[2]	25/26[1] 22/22[2]	58/61[1] 50/51[2]	310/316[1] 304/310[2]	48/49[1] 50/50[2]	35/36[1] 34/34[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

Consultant sessions

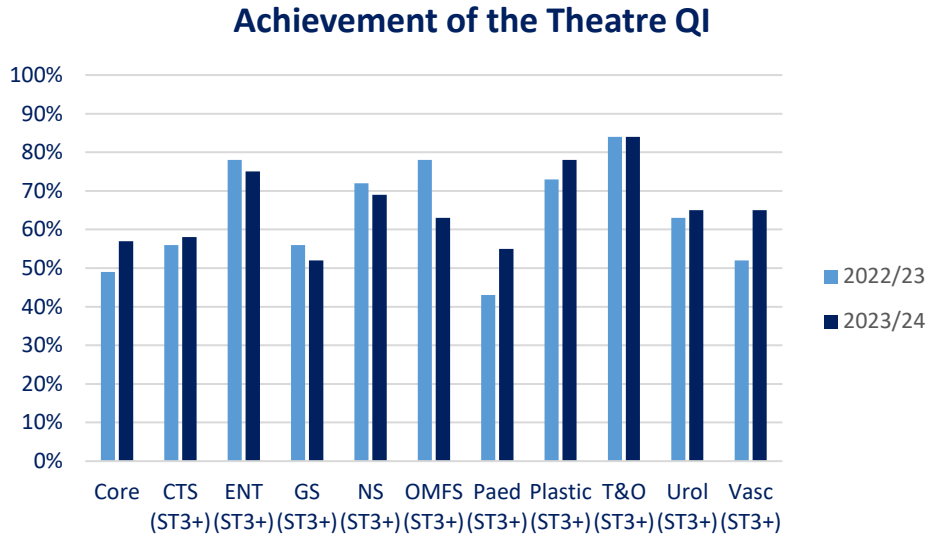
The JCST trainee survey has questions that relate to a 'theatre QI' and 'clinic QI' which are shown (see Appendix B) and are particularly relevant to the surgical specialties. They were frequently quoted during a Covid-19 pandemic, when concern was high about a loss of training opportunities. These are minimum targets, not aspirational, and this continues to be an area for improvement - training placements, as a minimum, should meet these requirements. An aim is that theatre and clinic training opportunities are regularly explored at local level via liaison member feedback and additional data sources. The information provided by quality indicators is therefore considered alongside local awareness of the hospitals/programmes delivering training.

The survey questions refer to the number in an average week (excludes leave, on-call, compensatory rest). This is an indicator of training opportunities based on an average week, and it is not intended that trainees perform any complex calculation to answer these questions. The results enable a look

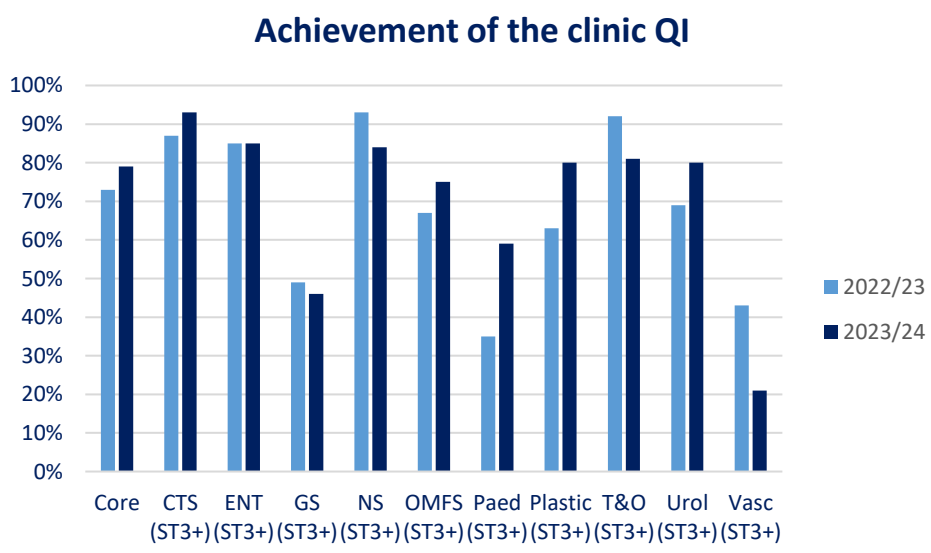
across multiple trainees over a period of time and this relates to the quality of the placement, it is not used to establish an individual's learning needs. This report gives a wide picture, showing results for every specialty and year-on-year comparison.

There are small differences between 2022/23 and 2023/24 for all specialties. A drop in the clinic training opportunities for Vascular Surgery to 21%, 2 or more sessions (2023/24), is unexpected and could be a spurious result – there are no flags specific to this specialty in relation to a lack of clinical work, service provision/rota cover, number of trainees. There remains variation between specialties in meeting the clinic QI (variation was also seen in the report 2020/21, 2021/22 (JCST 2023b)).

Achievement for the theatre and outpatient clinic QIs is generally lower for Core compared with ST3+ specialty trainees, as also seen in earlier reports. However, there has been improvement in Core trainee placements achieving these indicators 'post-pandemic', in the period covered by this report.



	n (2022/23) =	n (2023/24) =
Core	226/461	262/460
CTS (ST3+)	13/23	18/31
ENT (ST3+)	76/97	77/103
GS (ST3+)	151/269	106/206
NS (ST3+)	20/28	18/26
OMFS (ST3+)	21/27	15/24
Paed (ST3+)	11/26	12/22
Plastic (ST3+)	44/60	40/51
T&O (ST3+)	266/317	258/307
Urol (ST3+)	30/48	32/49
Vasc (ST3+)	18/35	22/34

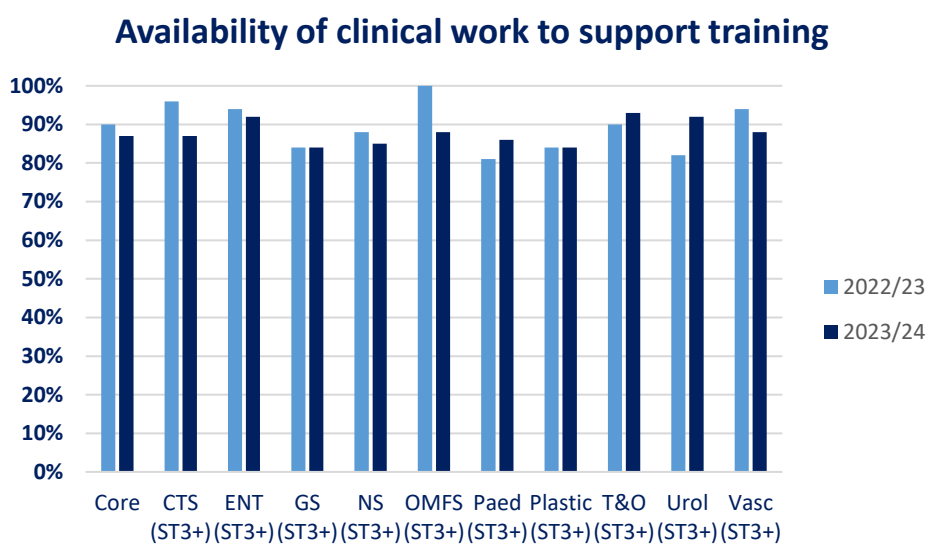


	n (2022/23) =	n (2023/24) =
Core	334/460	365/461
CTS (ST3+)	20/23	29/31
ENT (ST3+)	83/97	88/103
GS (ST3+)	133/270	94/206
NS (ST3+)	26/28	22/26
OMFS (ST3+)	18/27	18/24
Paed (ST3+)	9/26	13/22
Plastic (ST3+)	37/59	41/51
T&O (ST3+)	291/317	279/307
Urol (ST3+)	33/48	40/50
Vasc (ST3+)	15/35	7/34

The quality of experience in theatre and clinic is also explored by the survey (see 'Quality of experience').

Availability of clinical work

The availability of clinical work to support the number of trainees working has improved compared to the last report. The availability of clinical work does not necessarily lead to training opportunities, so this is explored further.



	n (2022/23) =	n (2023/24) =
Core	413/460	400/460
CTS (ST3+)	22/23	27/31
ENT (ST3+)	91/97	95/103
GS (ST3+)	226/269	172/205
NS (ST3+)	23/26	23/27
OMFS (ST3+)	27/27	21/24
Paed (ST3+)	21/26	19/22
Plastic (ST3+)	51/61	43/51
T&O (ST3+)	284/315	288/310
Urol (ST3+)	40/49	46/50
Vasc (ST3+)	34/36	30/34

Service provision

Missed training opportunities, especially covering colleagues and providing rota cover, continues to be an area for improvement. A higher proportion of Core trainees miss training opportunities to provide cover, compared with ST3+ specialty trainees. There is some improvement in the results for Core but this is still a concern - 26% (2022/23) and 17% (2023/24) trainees regularly miss training opportunities to provide cover.

Survey outcome in the area of service provision

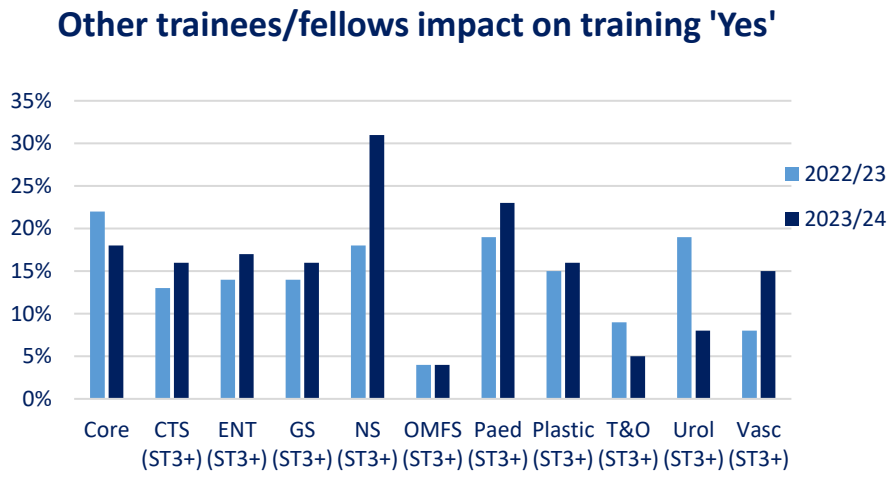
Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
26% / 17%	9% / 3%	2% / 5%	7% / 10%	0% / 0%	11% / 19%
119/461[1] 78/460[2]	2/23[1] 1/31[2]	2/97[1] 5/103[2]	19/270[1] 21/206[2]	0/6[1] 0/10[2]	3/27[1] 5/27[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
4% / 4%	15% / 9%	11% / 8%	6% / 6%	10% / 12%	8% / 3%
1/26[1] 1/24[2]	4/26[1] 2/22[2]	7/61[1] 4/51[2]	19/316[1] 19/310[2]	5/48[1] 6/50[2]	3/36[1] 1/34[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

Other trainees/fellows

Competition for training opportunities is an issue that concerns trainees and is seen in this and previous reports. An increase in competition for training opportunities for 2023/24 in Neurosurgery was unexpected – 18% (2022/23) and 31% (2023/24) but this does not appear to have drastically reduced the achievement of theatre QI (see above).

The workforce is much broader than the 2 groups ('trainees' and 'fellows') included in a question on competition for training. With an expanding workforce and extended roles, there will be additional competition for training opportunities than is shown here.



	n (2022/23) =	n (2023/24) =
Core	101/459	83/460
CTS (ST3+)	3/23	5/31
ENT (ST3+)	14/97	17/103
GS (ST3+)	38/270	33/205
NS (ST3+)	5/28	8/26
OMFS (ST3+)	1/27	1/23
Paed (ST3+)	5/26	5/22
Plastic (ST3+)	9/59	8/51
T&O (ST3+)	28/314	15/307
Urol (ST3+)	9/48	4/50
Vasc (ST3+)	3/36	5/34

Specific training-related activities

Multiple Consultant Report

A new survey question on the Multiple Consultant Report (MCR) was introduced in 2023/24. It is still early to look at the impact of the MCR, both trainees and trainers will be gaining familiarity with this tool. The use of the MCR became a curriculum requirement in August 2021. Early signs are encouraging that the MCR can help with 'meaningful feedback' (ST3+ strongly agree or agree, 64%-86%, 2023/24). For Core training placements, the results suggest this is an area for improvement (58%, 2023/24). The ST3+ results are more encouraging than reported in an AES trainer survey 2023, with a similar question on the MCR use for 'meaningful feedback' (JCST 2023a). We will continue to monitor the impact of the MCR.

'Meaningful feedback' can be related to many factors (including timing, environment, structure and content - availability of comments, role of person delivering feedback etc.). A single question on the MCR is not exploring the introduction of a reporting tool in ISCP in detail. Discussion by QA Group highlights that such a question (and its result) needs some care in interpretation. The findings on the MCR will be considered by the ISCP team, who will be looking more widely at stakeholder feedback.

A quality indicator (QI 10) highlights the importance of the MCR in relation to training placements:

"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.

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."

Survey outcome in the area of feedback for trainees

I have been provided with meaningful feedback on the basis of a Multiple Consultant Report. (Strongly agree or agree)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
N/A / 58%	N/A / 71%	N/A / 75%	N/A / 69%	N/A / 70%	N/A / 76%
N/A[1] 262/452[2]	N/A[1] 22/31[2]	N/A[1] 77/102[2]	N/A[1] 141/204[2]	N/A[1] 7/10[2]	N/A[1] 19/25[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
N/A / 75%	N/A / 64%	N/A / 71%	N/A / 76%	N/A / 86%	N/A / 82%
N/A[1] 18/24[2]	N/A[1] 14/22[2]	N/A[1] 36/51[2]	N/A[1] 232/305[2]	N/A[1] 43/50[2]	N/A[1] 28/34[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

The MCR is one of various workplace based assessment (WBA) tools, available via the ISCP.

Workplace Based Assessments

In 2021/22 a new survey question was introduced on whether trainees have sufficient time available to complete their WBAs. In this latest report (2022/23 and 2023/24), this continues to be an area of good practice with sufficient time available for completing WBAs, entries added promptly and sufficient support available for WBAs.

Survey outcomes in the area of Workplace Based Assessments

Do you think your placement provided sufficient opportunity to complete Workplace Based Assessments (WBAs)? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
86% / 88%	95% / 97%	99% / 100%	92% / 94%	100% / 100%	96% / 88%
395/459[1] 405/460[2]	22/23[1] 30/31[2]	96/97[1] 102/102[2]	244/265[1] 193/205[2]	6/6[1] 10/10[2]	27/28[1] 22/25[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
100% / 100%	88% / 100%	91% / 92%	98% / 98%	94% / 98%	94% / 100%
27/27[1] 24/24[2]	23/26[1] 22/22[2]	53/58[1] 47/51[2]	310/316[1] 301/307[2]	45/48[1] 49/50[2]	34/36[1] 34/34[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

On average, how long after the event was the assessment undertaken and entered onto the ISCP? (<=1 month)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
93% / 94%	91% / 84%	94% / 94%	92% / 95%	100% / 70%	89% / 85%
428/460[1] 432/460[2]	21/23[1] 26/31[2]	91/97[1] 97/103[2]	247/269[1] 196/206[2]	6/6[1] 7/10[2]	25/28[1] 22/26[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
96% / 83%	92% / 91%	90% / 94%	98% / 97%	90% / 96%	97% / 97%
26/27[1] 20/24[2]	24/26[1] 20/22[2]	54/60[1] 47/50[2]	311/317[1] 299/308[2]	43/48[1] 48/50[2]	35/36[1] 32/33[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

Was there sufficient support from your supervisors to enable you to complete the workplace based assessments? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
94% / 93%	91% / 94%	99% / 99%	96% / 96%	100% / 100%	93% / 88%
432/460[1] 427/457[2]	21/23[1] 29/31[2]	95/96[1] 102/103[2]	258/269[1] 196/204[2]	6/6[1] 10/10[2]	26/28[1] 23/26[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
96% / 96%	100% / 95%	93% / 90%	98% / 99%	98% / 98%	100% / 100%
26/27[1] 23/24[2]	26/26[1] 21/22[2]	55/59[1] 45/50[2]	310/316[1] 303/306[2]	47/48[1] 49/50[2]	35/35[1] 32/32[2]

[1] number of responses (2022/23); [2] number of responses (2023/24)

Quality of experience

Theatre

The quality of training in the operating theatre is an example of good practice, most trainees report the quality of experience as 'good' or 'very good'. This is a consistent finding, with only small differences - between survey years (2022/23 and 2023/24), across specialties and when compared with earlier reports (JCST 2023b). The amount of theatre experience is discussed separately (see above, 'Training opportunities').

Survey outcome in the area of quality of theatre experience

How would you rate the quality of consultant teaching & training in the operating theatre? (GOOD or VERY GOOD)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
74% / 74%	87% / 87%	93% / 96%	85% / 83%	84% / 70%	96% / 81%
340/459[1] 338/457[2]	20/23[1] 26/30[2]	89/96[1] 99/103[2]	227/267[1] 171/205[2]	5/6[1] 7/10[2]	26/27[1] 21/26[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
88% / 88%	97% / 96%	87% / 88%	89% / 90%	90% / 96%	94% / 91%
23/26[1] 21/24[2]	25/26[1] 21/22[2]	52/60[1] 45/51[2]	279/314[1] 276/306[2]	44/49[1] 47/49[2]	34/36[1] 30/33[2]

Clinic

The quality of training in the outpatient clinics has small differences between survey years and specialties. A result for OMFS (ST3+) of 57% (2022/23) was considered in more detail and all responses were at least 'satisfactory'. OMFS shows improvement the following year, 79% good or very good (2023/24). The amount of clinic experience is discussed separately (see above, 'Training opportunities').

Survey outcome in the area of quality of clinic experience

How would you rate the quality of consultant teaching & training in outpatients? (GOOD or VERY GOOD)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
62% / 65%	78% / 90%	84% / 87%	73% / 71%	80% / 66%	70% / 73%
284/458[1] 298/458[2]	18/23[1] 27/30[2]	81/97[1] 89/103[2]	196/269[1] 145/204[2]	4/5[1] 6/9[2]	19/27[1] 19/26[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
57% / 79%	73% / 73%	81% / 80%	78% / 87%	72% / 70%	86% / 82%
15/26[1] 19/24[2]	19/26[1] 16/22[2]	49/60[1] 40/50[2]	247/317[1] 266/306[2]	35/49[1] 35/50[2]	30/35[1] 27/33[2]

Formal teaching

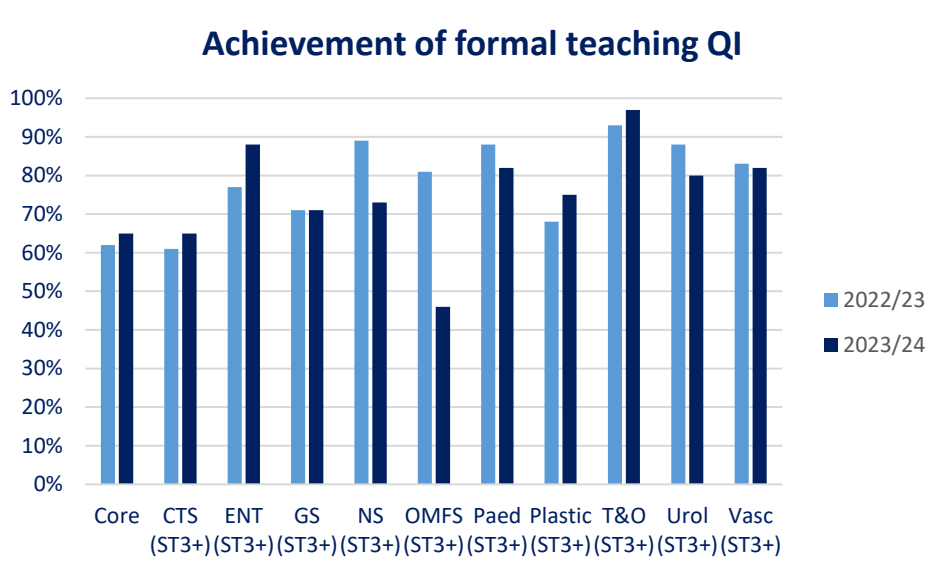
QI 2 requires that trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average)

"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".

In 2021/22 a new question was introduced to monitor this target following concerns that there was some ambiguity with earlier survey questions. We continue to monitor this QI. Formal teaching continues to be an area for improvement for most specialties. Trauma & Orthopaedic Surgery consistently achieves this target, with responses of 93% (2022/23) and 97% (2023/24), a positive finding also seen in an earlier report (JCST 2023b)

The JCST does not recommend any particular course provider and facilitated teaching can be via many methods, not solely course attendance. The introduction of a national online training programme for each surgical specialty is a new development that provides opportunity to provide 'facilitated' teaching.

Good facilitation, with group learning, will help placements meet the formal teaching QI.



	n (2022/23) =	n (2023/24) =
Core	285/460	299/460
CTS (ST3+)	14/23	20/31
ENT (ST3+)	75/97	91/103
GS (ST3+)	192/270	146/206
NS (ST3+)	25/28	19/26
OMFS (ST3+)	22/27	11/24
Paed (ST3+)	23/26	18/22
Plastic (ST3+)	41/60	38/51
T&O (ST3+)	294/316	297/306
Urol (ST3+)	42/48	40/50
Vasc (ST3+)	30/36	28/34

Simulation

A quality indicator (QI 9) requires that trainees in surgery should have the opportunity to receive simulation training:

"Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery".

The annual regional reports and liaison member reports provided by each specialty to the Schools of Surgery highlight that, currently, the access to simulation training varies by region. Factors to consider are not limited to study leave and course funding but the availability (access) to simulation facilities varies. A look at this specialty-wide provides limited data but we continue to monitor this and it remains an area with major potential for expansion in surgery with an aim of equity of access country-wide.

Survey outcomes in the area of simulation

In the past year, have you received technical skills simulation training? (This could include cadaveric and animal tissue, task trainers, laparoscopic boxes and high fidelity simulators). (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
82% / 77%	77% / 77%	91% / 92%	65% / 69%	100% / 70%	54% / 62%
378/461[1] 355/461[2]	17/22[1] 24/31[2]	88/97[1] 95/103[2]	175/269[1] 142/206[2]	6/6[1] 7/10[2]	15/28[1] 16/26[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
67% / 64%	73% / 86%	56% / 73%	61% / 67%	78% / 86%	78% / 76%
18/27[1] 16/25[2]	19/26[1] 19/22[2]	33/59[1] 37/51[2]	193/316[1] 205/306[2]	38/49[1] 43/50[2]	28/36[1] 26/34[2]

Human factors training (non-technical surgical skills) has an important role in surgical training but it is not widely available for trainees. There has been no notable improvement since this concern was identified in a previous report (JCST 2023b).

In the past year, have you received non-technical skills/human factors simulation training? (This could include ward or theatre-based communication skills training, case-based scenarios, patient case conferences and team training). (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
57% / 57%	48% / 63%	61% / 73%	51% / 51%	17% / 50%	48% / 71%
259/455[1] 257/451[2]	10/21[1] 19/30[2]	59/96[1] 74/102[2]	135/265[1] 104/203[2]	1/6[1] 5/10[2]	13/27[1] 17/24[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
65% / 61%	54% / 32%	57% / 43%	54% / 52%	45% / 76%	63% / 59%
15/23[1] 14/23[2]	14/26[1] 7/22[2]	34/60[1] 22/51[2]	167/309[1] 153/295[2]	22/49[1] 38/50[2]	22/35[1] 20/34[2]

Unprofessional behaviours

The survey identifies that bullying and the witnessing of bullying is present. This is a key issue to continue to prevent and tackle. Whilst the majority of trainees do not have this experience, any form of bullying and harassment is unacceptable.

Due to a small incidence of recorded undermining behaviour it is not possible to identify trends. We cannot make a correlation with specialty or level. We take care in recording so that any individual(s) is not identifiable and have removed any results that relate to less than three responses. Some respondents may not report unprofessional behaviour (Clements JM et al 2020).

A value for Cardiothoracic Surgery for 2022/23 of 26% is of concern. We have established that it relates to 6 responses, one or two per location over a wide geographic area, and this does not involve the same centre from previous information (JCST 2023b).

In this post, were you personally subjected to behaviour by others that undermined your professional confidence or self esteem? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
8% / 7%	26% / -	4% / 3%	7% / 9%	0% / 10%	- / -
36/460[1] 32/458[2]	6/23[1] N/A[2]	4/97[1] 3/103[2]	19/268[1] 18/205[2]	0/6[1] 0/10[2]	N/A[1] N/A[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
- / 17%	15% / 0%	8% / 10%	6% / 4%	6% / -	11% / 0%
N/A[1] 4/24[2]	4/26[1] 0/22[2]	5/61[1] 5/51[2]	19/317[1] 12/310[2]	3/49[1] N/A[2]	4/36[1] 0/34[2]

Q10 (undermining behaviour) – see text for discussion, some results removed

In 2022/23 a new survey question was introduced on whether the trainee had witnessed bullying or harassment behaviour.

Due to the small numbers it is not possible to make a correlation between Q10 (experience) and Q11 (witness) in relation to undermining behaviour. In 2022/23, a concern is identified for Cardiothoracic Surgery, a value of 30% (7 responses) witnessed undermining behaviour. Potentially some responses relate to the experiences of individuals recorded in Q10 but this covers wide geographic locations so a trend is not identified. We continue to monitor this.

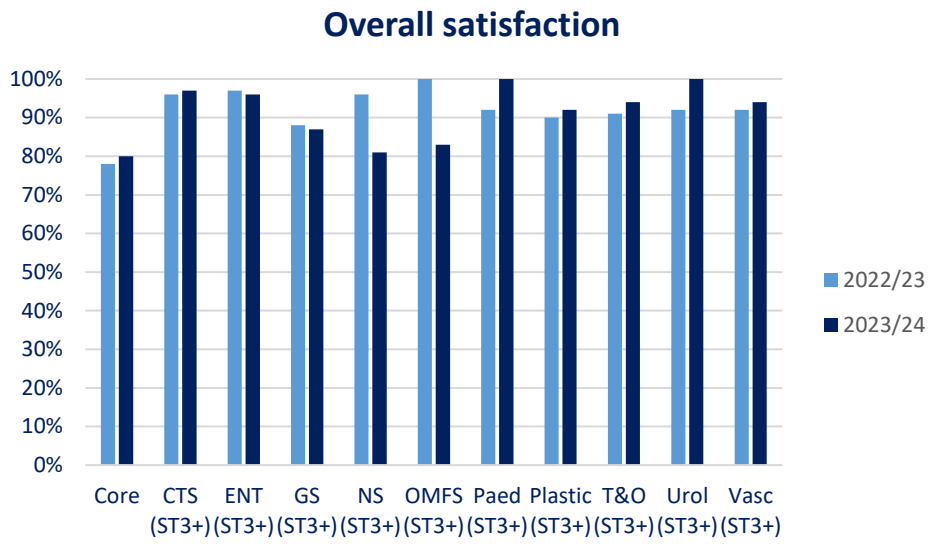
The rationale for including a new survey question is explained in the introduction. Further support for trainees, including resources to empower 'bystanders' to raise concerns is available from the surgical royal colleges and additional organisations (JCST 2022).

In this post, have you witnessed bullying or harassment behaviour? (YES)					
Core	**CTS (ST3+)**	**ENT (ST3+)**	**GS (ST3+)**	**NS (ST1-2)**	**NS (ST3+)**
11% / 8%	30% / -	4% / -	9% / 9%	0% / 0%	- / -
51/461[1] 37/459[2]	7/23[1] N/A[2]	4/96[1] N/A[2]	24/270[1] 18/204[2]	0/6[1] 0/10[2]	N/A[1] N/A[2]
OMFS (ST3+)	**Paed (ST3+)**	**Plastic (ST3+)**	**T&O (ST3+)**	**Urol (ST3+)**	**Vasc (ST3+)**
- / 21%	15% / -	5% / 8%	9% / 7%	0% / 8%	14% / -
N/A[1] 5/24[2]	4/26[1] N/A[2]	3/61[1] 4/51[2]	29/317[1] 22/310[2]	0/49[1] 4/49[2]	5/36[1] N/A[2]

Q11 (undermining behaviour) – see text for discussion, some results removed

Overall satisfaction

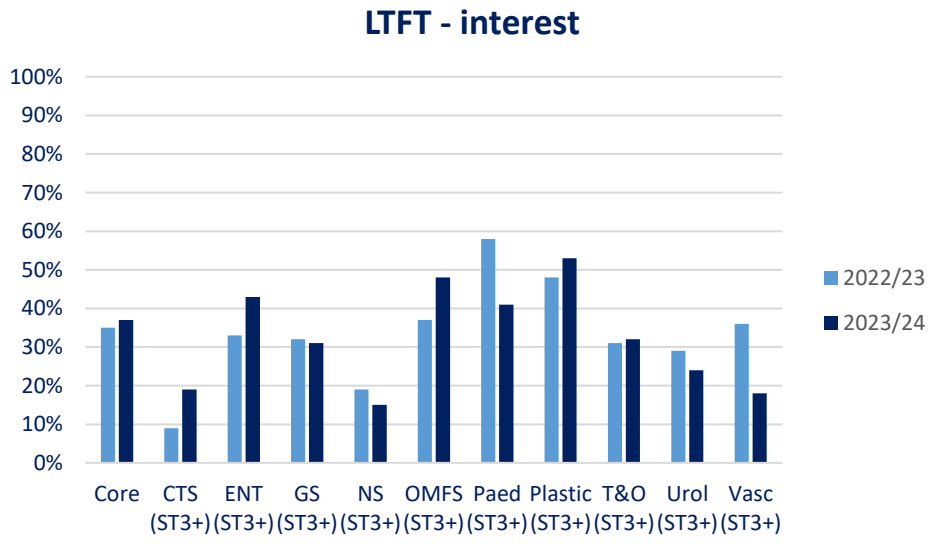
Overall satisfaction is high for surgical trainees, in some specialties, as many as 100% would recommend their placement to another trainee. Satisfaction is less amongst Core trainees. This has also been seen in other surveys (GMC 2024).



	n (2022/23) =	n (2023/24) =
Core	360/461	367/459
CTS (ST3+)	22/23	29/30
ENT (ST3+)	94/97	99/103
GS (ST3+)	238/270	179/206
NS (ST3+)	27/28	21/26
OMFS (ST3+)	26/26	20/24
Paed (ST3+)	24/26	22/22
Plastic (ST3+)	54/60	47/51
T&O (ST3+)	287/315	288/306
Urol (ST3+)	45/49	50/50
Vasc (ST3+)	33/36	31/33

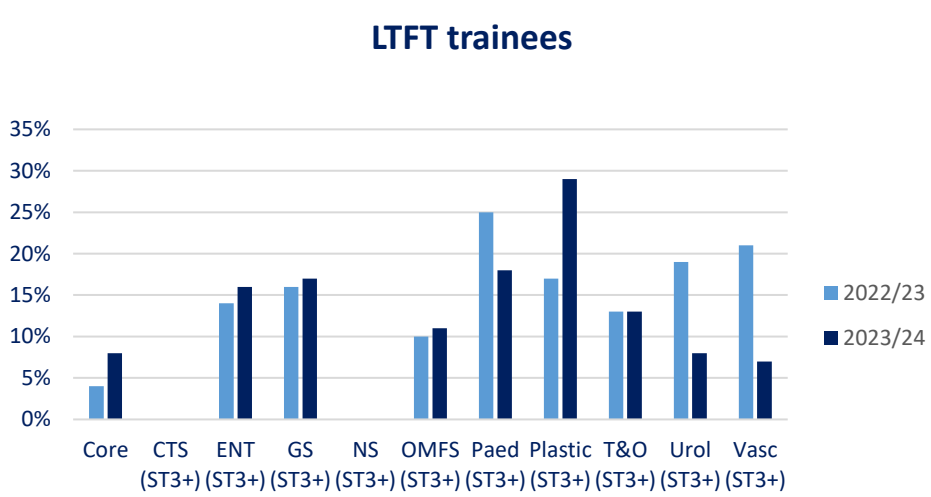
Less than full time

There is variation amongst the specialties in interest to work less than fulltime (LTFT) but the interest appears quite high overall (15-53%, 2023/24).



	n (2022/23) =	n (2023/24) =
Core	161/460	171/461
CTS (ST3+)	2/23	6/31
ENT (ST3+)	32/96	44/103
GS (ST3+)	86/269	64/205
NS (ST3+)	5/27	4/26
OMFS (ST3+)	10/27	11/23
Paed (ST3+)	15/26	9/22
Plastic (ST3+)	29/61	27/51
T&O (ST3+)	98/316	99/309
Urol (ST3+)	14/49	12/50
Vasc (ST3+)	13/36	6/34

The numbers who go on to choose to work LTFT are still relatively low. Only a small proportion went on to choose less than fulltime training, with variation between the specialties (0-29%, 2023/24). There is an increase in the number of Core trainees choosing to work LTFT than seen in earlier surveys, although the number is still relatively low (8%, 2023/24).



	n (2022/23) =	n (2023/24) =
Core	15/385	31/392
CTS (ST3+)	0/18	0/21
ENT (ST3+)	12/87	14/85
GS (ST3+)	33/205	26/150
NS (ST3+)	0/20	0/22
OMFS (ST3+)	2/20	2/18
Paed (ST3+)	6/24	3/17
Plastic (ST3+)	9/54	12/42
T&O (ST3+)	30/233	31/239
Urol (ST3+)	7/36	3/37
Vasc (ST3+)	5/24	2/28

The proportion of LTFT trainees should also be considered alongside the results for the theatre QI; clinic QI and formal teaching QI so there is some context for the findings.

Recommendations and next steps:

We acknowledge that a declining survey response rate is of concern. In 2024/25 there will be reduced 'survey burden', we have already reduced the number of survey questions and sections for trainees to complete. A priority over the next 3 months is publicising the JCST trainee survey and motivating trainees and trainers so we capture more survey responses to inform our work, especially the work of liaison members (LMs) to support local quality management. Each SAC provides an annual regional report by specialty to each region, providing an external view of training, to support the Dean, Head of School and Training Programme Director. LMs will use data from mixed sources to look at training. The intention of regional reports is to provide a supportive tool that will contribute to local quality improvement work. The survey is a key resource for annual regional reports and it remains important to also have a wide view of what is happening in surgery overall.

As an 'end of placement' survey, the survey's format differs from other surveys and we are planning to raise awareness amongst our stakeholders about how it is run and how the results are used.

Our recommendations include:

- SAC Liaison Member (LM) monitoring and reporting occurs as part of the regular contact with the Local Office/Deanery. It is recommended that the LMs continue to monitor the latest survey results via the ISCP survey reporting tool and report their findings. We highlight the important role of LMs.
- The formal teaching QI is an area for improvement for most specialties. An aim is to increase understanding of the varied methods of teaching that are available. It is recommended that the Specialty Advisory Committees continue to raise awareness and encourage the development of new technologies so that facilitated formal teaching is available to trainees.
- It is recommended that surgery pursues the opportunities provided by simulation for training outside of the operating theatre – to ensure that simulation is delivered to its full potential. The JCST survey will continue to monitor a QI for simulation.
- Human factors training (non-technical surgical skills) has an important role in surgical training but a concern is noted that it is not more widely available for trainees.
- The survey shows good engagement in recording WBAs via ISCP and we will continue to monitor this. The findings reported on the Multiple Consultant Report will be shared with the ISCP team.
- The theatre QI, clinic QI and formal teaching QI remain as targets for curricula delivery and their usefulness will be kept under review. It is recommended we continue to explore if there are other methodologies that may be better than a survey for measuring some areas e.g. eLogbook and indicative numbers of procedures.

Conclusion

The JCST and SACs have an advisory role and work with stakeholders to improve the quality of surgical training. A key stakeholder is the Schools of Surgery, who are responsible for curricula delivery. Overall, trainee satisfaction with their placements is high and the quality of training experience, especially in the theatre, continues to be rated highly. Missed training opportunities is a concern for trainees. Training opportunities are adversely impacted by many factors, including covering colleagues, rota issues, competition for training opportunities and inequity of access e.g. simulation.

We will continue to gather data from multiple sources to understand the situation comprehensively, especially to monitor the attainment of the JCST quality indicators in surgical training placements.

References

Clements JM et al on behalf of ASiT, BOTA and JCST (2020). Bullying and undermining behaviours in surgery: A qualitative study of surgical trainee experiences in the United Kingdom (UK) & Republic of Ireland (ROI). *Int J Surg* 84:219-225. https://doi.org/10.1016/j.ijsu.2020.07.031 (accessed Feb 2025).

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JCST (2023a). *Third biennial report of the JCST Trainer Survey*. https://www.jcst.org/quality-assurance/trainer-survey/ (accessed Feb 2025)

JCST (2023b). *Sixth annual report of the JCST Trainee Survey*. https://www.jcst.org/quality-assurance/trainee-survey/ (accessed Feb 2025)

JCST (2022). *Bullying, undermining and harassment: JCST policy statement*. https://www.jcst.org/-/media/Files/JCST/Key-Documents/BUH-Policy-Statement_updated-Aug-2022.pdf (accessed Feb 2025)

Appendix A - JCST trainee survey questions 2022/23 and 2023/24

Number	Question text	Answer options
1	Was there usually a post-acute take consultant ward round?	Yes/No/N/A
2	Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent?	Yes/No
3	Were you only asked to undertake unsupervised procedures in which you had been trained?	Yes/No
4	Were you given appropriate responsibility for your level of training?	Yes/No
5	Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised?	Yes/No/N/A
6	Were you regularly required to undertake routine clinical work that prevented the acquisition of new skills?	Yes/No
7	Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps?	Yes/No
8	Did the clinical work intensity allow sufficient time for consultant teaching and training?	Yes/No
9	Was there enough clinical work in the unit to support the number of trainees working there?	Yes/No
10	In this post, were you personally subjected to behaviour by others that undermined your professional confidence or self esteem?	Yes/No
11	In this post, have you witnessed bullying or harassment behaviour?	Yes/No
12	Have you ever considered training less than fulltime? a) If yes to above, did you decide to train less than fulltime? b) If no to a) above, why did you decide not to train less than fulltime? c) If no to b) above, why did you decide not to train less than fulltime?	Yes/No Yes/No Insert text
13	Please indicate the number of surgical staff in your team (including yourself). (2022/23) Foundation Trainees: Core Surgical Trainees: ST3/4: ST5/6: ST7/8: Staff grade/trust doctor/associate specialist or similar: Nationally appointed fellow: Other type of fellow: Consultants Other (specify):	 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 0, 1, 2-3, 4-5, >5 Insert text

14*	In an average week (excluding leave, on-call, compensatory rest)… a) How many consultant supervised theatre sessions did you attend (including elective and emergency/CEPOD theatre work)? (½ day list = 1 session, all day list = 2 sessions) b) How many consultant supervised outpatients sessions did you attend? c) Do you think your placement provided sufficient opportunity to complete Workplace Based Assessments (WBAs)? d) On average, how long after the event was the assessment undertaken and entered onto the ISCP? e) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?	 0/1/2/3/4/5/>5 0/1/2/3/4/5/>5 Yes/No At the same time/The same day/The same week/2-4 weeks later/More than 1 month later Yes/No
New*	To what extent do you agree or disagree with the following statement?: I have been provided with meaningful feedback on the basis of a Multiple Consultant Report. (2023/24)	Strongly agree/Agree/Neither agree nor disagree/Disagree/Strongly disagree
15	On average, did you receive an equivalent of 2 hours formal teaching per week?	Yes/No
16	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Yes/No/N/A
17	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Yes/No
18	In the past year, have you received technical skills simulation training? (This could include cadaveric and animal tissue, task trainers, laparoscopic boxes and high fidelity simulators).	Yes/No/N/A
19	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	 Yes/No Yes/No Yes/No Yes/No [Can select multiple options]
20	Did you have access to a skills centre, skills room or take-home equipment for practice: a) During normal working hours? b) Outside of normal working hours?	 Yes/No/N/A Yes/No/N/A

21	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Yes/No/N/A
22	In the past year, have you received non-technical skills/human factors simulation training? (This could include ward or theatre-based communication skills training, case-based scenarios, patient case conferences and team training).	Yes/No/N/A
23	Was this through (tick all applicable options): a) Your regional teaching programme? b) A formal course organised by the training programme? c) Locally organised training, either as formal simulation training or informal case-based scenario training during your working practice, within the hospital? d) Recommended courses?	 Yes/No Yes/No Yes/No Yes/No [Can select multiple options]
24	How would you rate the quality of consultant teaching & training on ward rounds (including pre-op cases)?	Very poor / Poor / Satisfactory / Good / Very good
25	How would you rate the quality of consultant teaching & training in outpatients?	Very poor / Poor / Satisfactory / Good / Very good
26	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor / Poor / Satisfactory / Good / Very good
27	In outpatients did you regularly see new patients?	Yes/No
28	During an average week how many MDTs did you attend?	0/1/2/3/4/5+
29	Did you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery/Local HEE Office committees, involvement in service development? (2021/22)	Yes/No
30	Did you experience any difficulties relating to the geographical location of this training post?	Yes/No
31	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Yes/No/N/A
32	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Yes/No/N/A
33	Would you recommend this attachment to other trainees at the same level?	Yes/No

* Question numbering shown for 2022/23 survey (re-numbered 2023/24)

Appendix B - Quality Indicator (QI) standards for 2022/23 and 2023/2024

QIs for Specialty Trainees

Theatre QI – the minimum number of half-day consultant supervised theatre sessions a trainee should attend per week.
Clinic QI – the minimum number of outpatient clinics a trainee should attend per week.
Teaching QI – the minimum number of hours of formal teaching a trainee should receive per week.

Specialty	Theatre QI	Clinic QI	Teaching QI
Cardiothoracic Surgery	4	1	2
General Surgery	3	2	2
Neurosurgery (ST1-2)	-	-	2
Neurosurgery (ST3+)	4	1	2
Oral & Maxillofacial Surgery	4	2	2
Otolaryngology (ENT)	4	3	2
Paediatric Surgery	3	2	2
Plastic Surgery	3	2	2
T&O	3	2	2
Urology	3	2	2
Vascular Surgery	3	2	2

QIs for Core Trainees

Generic Core Surgery QI 10 for trainees in all placements stipulates that trainees should have the opportunity to attend five consultant-supervised sessions of 4 hours each week. There is variation depending on the specialty of placement the trainee is undertaking:

Theatre QI – the recommended number of operating sessions a trainee should attend per week.
Clinic QI – the recommended number of outpatient clinics a trainee should attend per week.
Teaching QI – the minimum number of hours of formal teaching a trainee should receive per week.

Specialty of Core Placement	Theatre QI	Clinic QI	Teaching QI
Cardiothoracic Surgery	3	1	2
General Surgery	3	2	2
Neurosurgery	3	1	2
Oral & Maxillofacial Surgery	3	3	2
Otolaryngology (ENT)	3	3	2
Paediatric Surgery	3	1	2
Plastic Surgery	3	1	2
T&O	3	1	2
Urology	3	1	2
Vascular Surgery	3	1	2