

## **SAC GUIDANCE FOR SUPERVISION OF SURGICAL TRAINEES DELIVERING EMERGENCY CARE**

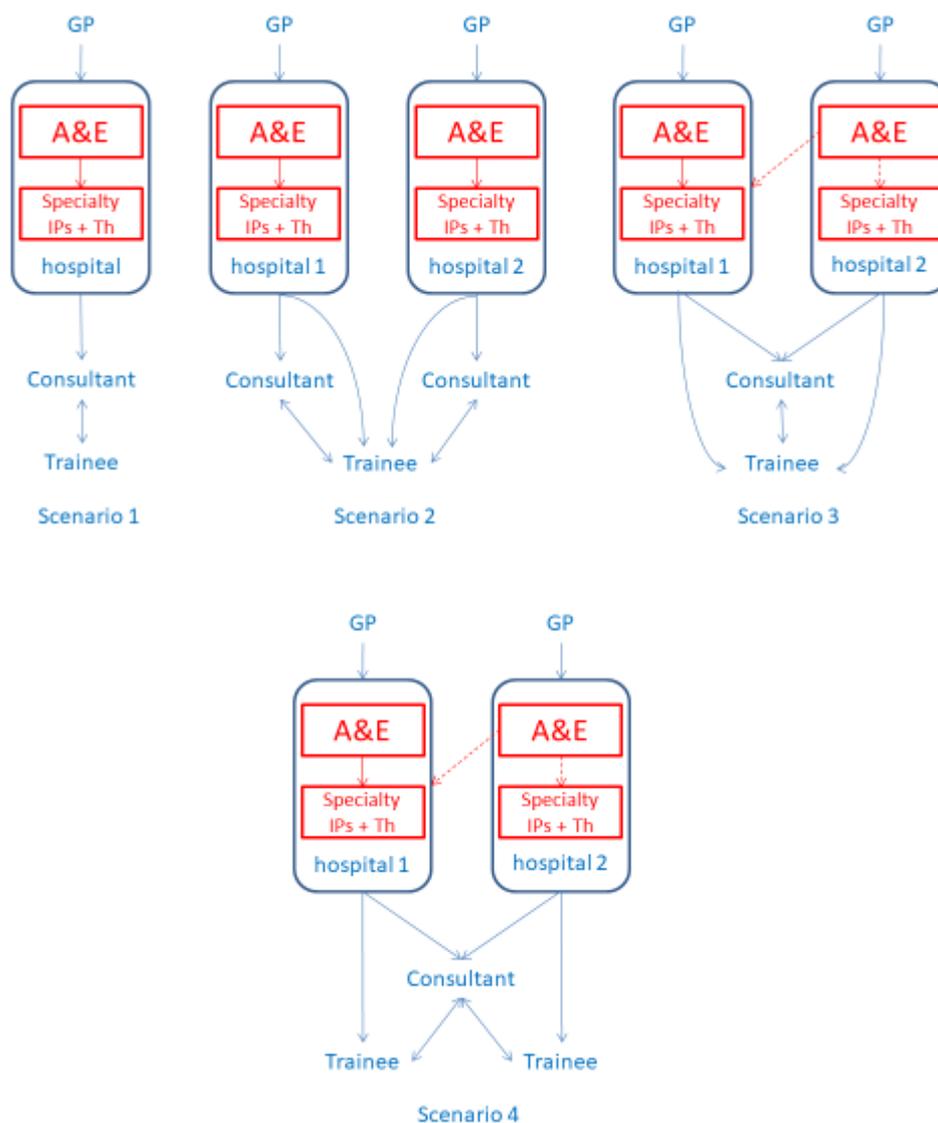
1. All trainees must have a nominated consultant supervisor.
2. That supervisor should be a substantively appointed consultant, or a locum consultant who is on the GMC/IMC specialist register.
3. Trainees may cover two (or more) admitting units, when it has been deemed safe for this arrangement to be in place. Advice must be obtained from the relevant SAC and Specialist Training Committee.
4. Every admitting unit which trainees provide cover for must have a named consultant for that unit who is responsible for all work referred to and within that unit.
5. No trainee should be in a position whereby they could be performing emergency work beyond their competence without appropriate supervision.
6. Trainees must be able to discuss pre-operatively all emergency cases which they take to theatre with their consultant.
7. Some admitting units are responsible for the management of emergencies presenting to A&E units at peripheral hospitals where there are no appropriate inpatient facilities, or where such facilities are closed at weekends. There should be robust arrangements in place to ensure trainees remain supervised in their work at either site. Care pathways should be in place to ensure safe management and transfer of patients to the admitting unit. Trainees should know who to call for advice and support in the rare event of a consultant being involved with an emergency at another hospital.
8. There must be review post-take, to support the trainee decisions, by the consultant.
9. Formal hand over should occur at the beginning and end of each shift.

These arrangements will be monitored by SAC Liaison Members as part of their national and regional reporting and exceptions reported to the relevant School of Surgery. The remit of the SAC is to advise on the quality indicators for training to ensure high quality training in a safe environment. This guidance therefore applies to emergency care involving trainees.

The guidance focuses on surgical training and is in addition to the GMC's requirements for trainer recognition. Available online: [www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers](http://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers)

Some scenarios illustrating these principles are shown below.

### Scenarios – SAC guidance for supervision of trainees in emergency care



These diagrams are illustrative examples and not an endorsement of any individual model of care. This information is provided as a guide and is not legal advice. It should be interpreted in light of all relevant governance, risk management, professional advice and information available.

#### Additional resources:

*Good Surgical Practice* (Royal College of Surgeons of England, 2014). Available online: [www.rcseng.ac.uk/standards-and-research/gsp/](http://www.rcseng.ac.uk/standards-and-research/gsp/)

*Good Medical Practice* (General Medical Council, 2013). Available online: [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice)