Third Annual Report of the JCST trainee survey

INTRODUCTION

This report examines the findings of the most recent, complete iteration of the survey, open during training years 2015/2016 and builds on the findings of the two previous annual reports. You can find these here.

The survey was developed in 2011 to measure the achievement of the Quality Indicators (QIs) which detail the JCST's standards for Core Surgical and Specialty Surgical training posts. The QIs are reviewed on an annual basis by the JCST QA Group in partnership with the Specialty Advisory Committees (SACs) and Core Surgical Training Advisory Committee (CSTAC) to ensure that they remain relevant and fit for purpose. The first 9 QIs are generic and applicable to all surgical training posts at both specialty and Core level. The second section comprises QIs that are relevant to all posts in the given specialty (or Core), and the third section comprises QIs relevant to specialty trainees at certain levels of training (or certain specialty themed posts in Core training). The QIs are available on the JCST website here. Individual specialty standards for the QIs relating to operating sessions, outpatient clinics, hours of formal teaching and numbers of Workplace-Based Assessments (WBAs) to complete can be found in Appendix A.

Trainees are asked to complete one survey outcome per training placement via the ISCP. Access to survey reports is available via the ISCP to Heads of School of Surgery, Training Programme Directors, SAC Chairs and SAC Liaison Members, to help inform and support the quality assurance of surgical training.

THE 2015/2016 SURVEY

In October 2015, the following changes were made to the survey questions:

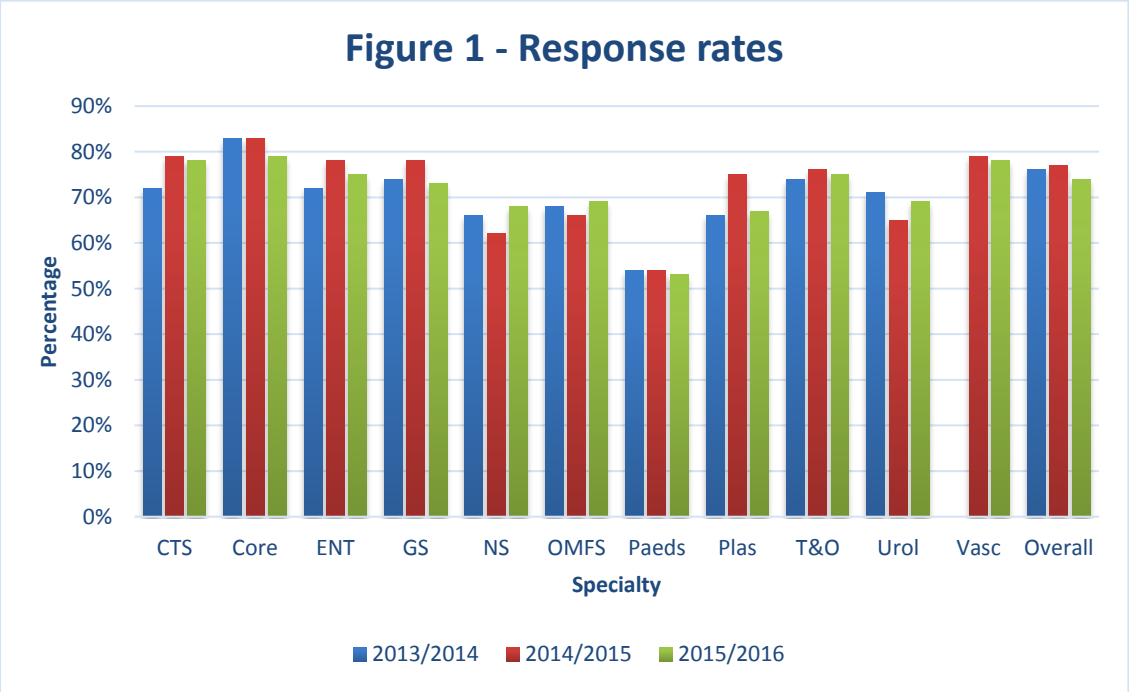
- Eight questions from the generic section, two questions from the less than full time training section, four questions from the academic training section and three questions from the General Surgery specialty specific questions were removed in order to guard against repetition between the JCST and GMC surveys;
- An additional question on methods of delivery of formal teaching was included;
- An additional question on the provision of administrative and secretarial support was included;
- An additional question on the timetabling of a dedicated half day per week for personal study, research and audit was included;
- An expanded number of questions on the availability and types of simulation training opportunities were included;

- Two new specialty specific questions for trainees in Trauma and Orthopaedic Surgery were included;
- Two questions were added to the General Surgery specialty specific questions to better explore the provision of special interest training and on-call training opportunities.

The full text of the questions used in the survey can be found in Appendix B.

RESPONSE RATES

Figure 1 provides a visual summary of the response rates for the 2015/16 survey, along with the response rates of the last two annual surveys for comparison purposes. The overall response rate for the 2015/16 survey was 74%, compared to 76% in 2013/2014 and 77% in 2014/2015. The response rate for Vascular Surgery specialty trainee responders was not calculated for the 2013/2014 survey, due to the low number of trainees in post at the time.



SURVEY OUTCOME DATA

The survey outcome data presented below provides an overview of the outcomes of the generic questions included in the 2015/16 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 – Patient Safety, Working Conditions, Training Opportunities and Quality of Experience.

The generic survey questions also contain a section on simulation training opportunities. The outcomes of these questions are communicated directly to the JCST Simulation Group.

PATIENT SAFETY

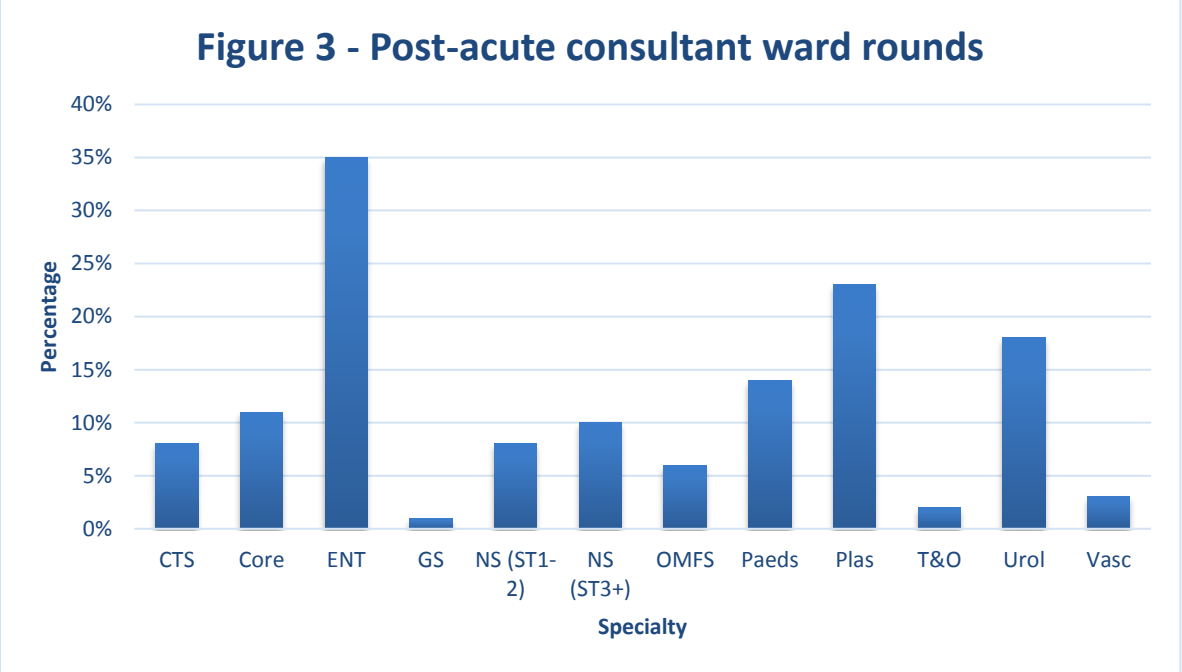
Good practice

Figure 2 below demonstrates a span of survey outcomes demonstrating good practice in the area of patient safety.

Figure 2 **Question**	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent? (YES)	97%	97%	99%	100%	90%	99%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	100%	100%	100%	100%	99%	100%
Question	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
Were you only asked to undertake unsupervised procedures in which you had been trained? (YES)	99%	97%	100%	99%	98%	99%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	100%	99%	98%	98%	98%	99%
Question	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
Were you given appropriate responsibility for your level of training? (YES)	99%	96%	100%	99%	98%	99%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	99%	100%	98%	99%	99%	97%

Concerns

Figure 3 demonstrates the proportion of trainee responders per specialty who indicated that there was not usually a post-acute consultant ward round during their current placement.



WORKING CONDITIONS

Good practice

Figure 4 below demonstrates trainee responder impressions of the availability of clinical work at the unit in relation to the number of trainees in post.

Figure 4 **Question**	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
Was there enough clinical work in the unit to support the number of trainees working there? (YES)	92%	93%	96%	91%	98%	95%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	97%	89%	95%	95%	96%	89%

Concerns

Figure 5 demonstrates the number of trainee responders who felt that their on-call commitments were arranged in such a way that they had an impact on their elective operating sessions.

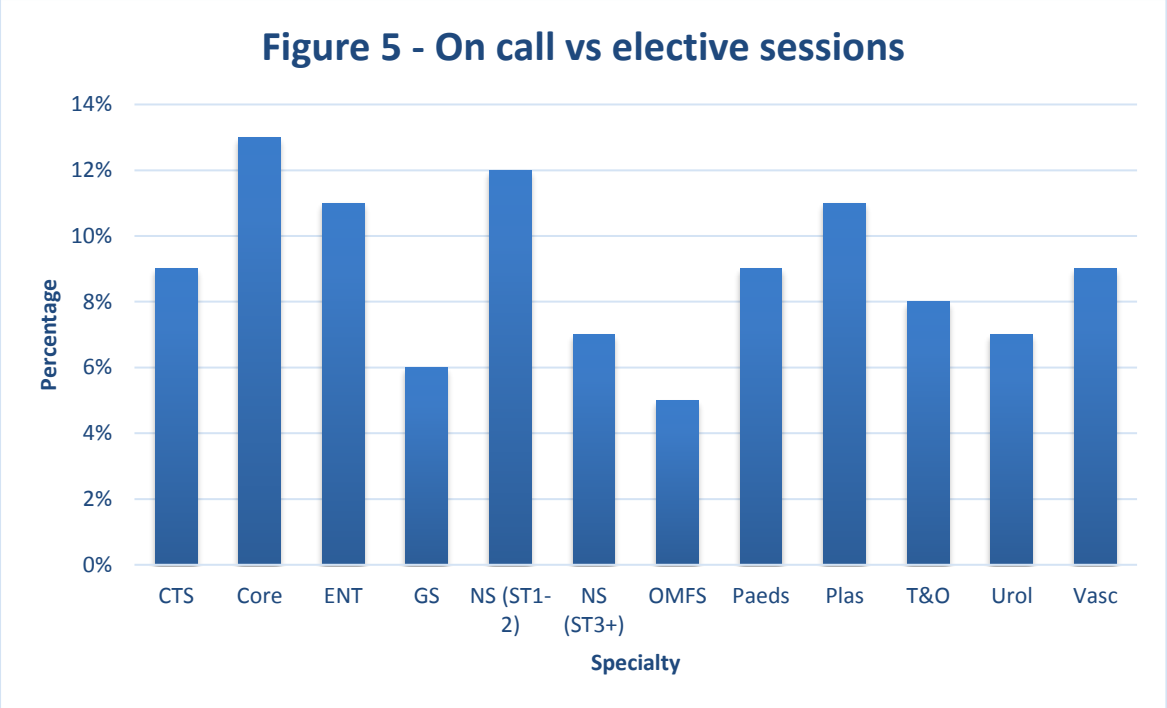


Figure 6 demonstrates the number of trainee responders who reported that they regularly had to miss training opportunities to cover absent colleagues or fill rota gaps.

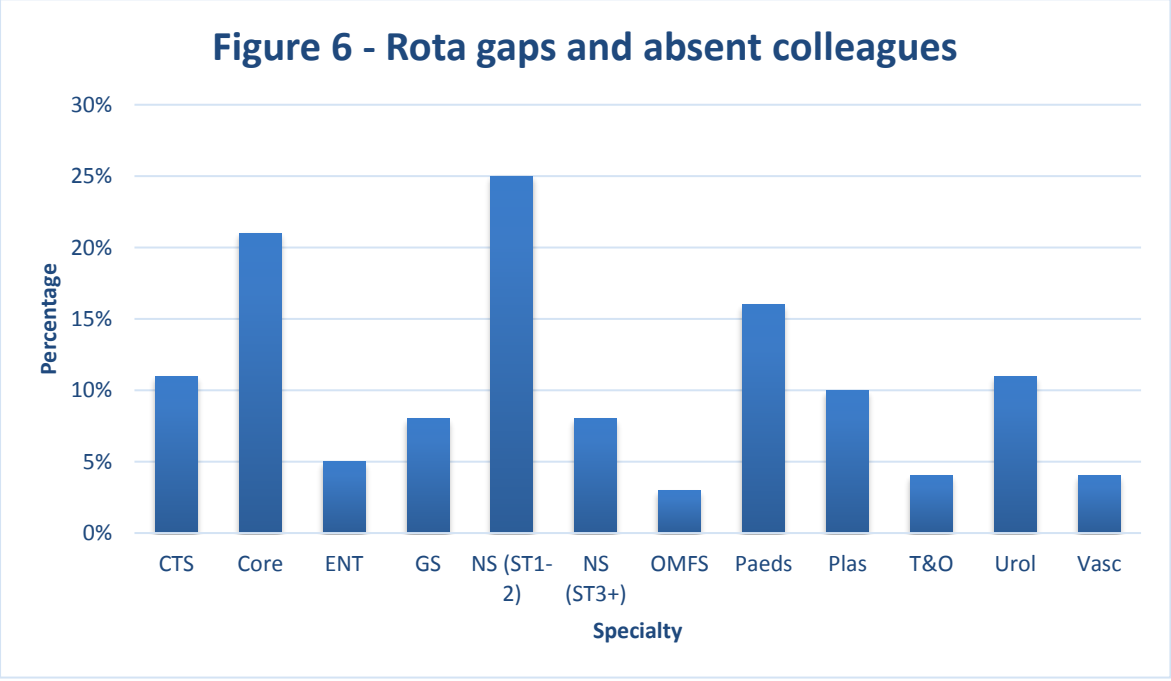


Figure 7 demonstrates a number of question responses highlighting areas of concern in relation to working conditions. The responses are particularly notable in regards to Core-level training, although responses from trainees in Neurosurgery ST1-ST2 posts demonstrate improvement in a number of domains.

Figure 7 **Question**	**Core**	**NS (ST1-2)**
Were you required to undertake routine clinical work that prevented the acquisition of new skills? (YES)	25%	37%
Did the clinical work intensity allow sufficient time for consultant teaching and training? (NO)	16%	29%

TRANING OPPORTUNITIES

Good practice

The QI for WBA completion stipulates that all surgical trainees at both specialty and Core level should have the opportunity to complete a minimum of 40 WBAs per year, which equates to approximately one per working week. **Figure 8** demonstrates the number of trainee responders who indicated that they completed at least one WBA per working week in their training placement.

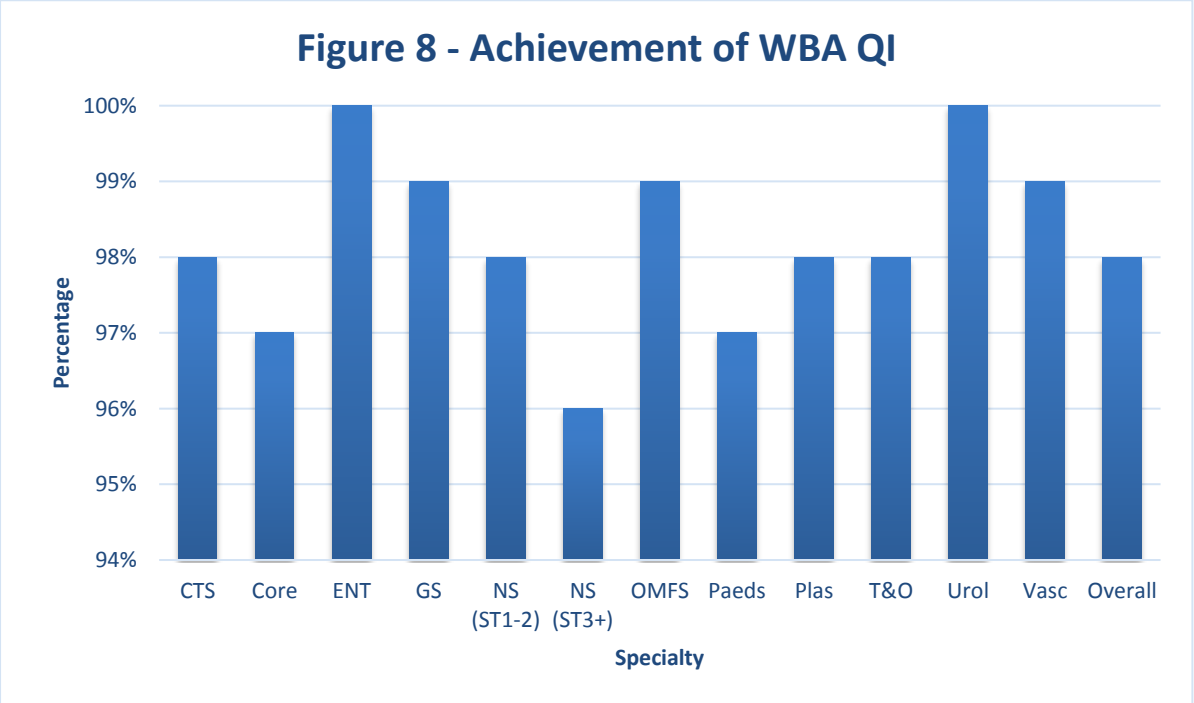


Figure 9 demonstrates that a significant proportion of trainees feel that they receive good support in the completion of workplace based assessments (WBAs).

Figure 9 **Question**	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
On average, how long after the event was the assessment undertaken and entered onto the ISCP? (<=1 month)	95%	97%	97%	96%	100%	93%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	100%	98%	96%	97%	98%	97%
Question	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments? (YES)	97%	91%	98%	96%	96%	95%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	93%	94%	98%	97%	97%	95%

Concerns

Figure 10 demonstrates the proportion of survey responses indicating that trainees have achieved or exceeded the number of weekly theatre sessions set out in their specialty's QIs. The recommended number for each specialty is given in Appendix A.

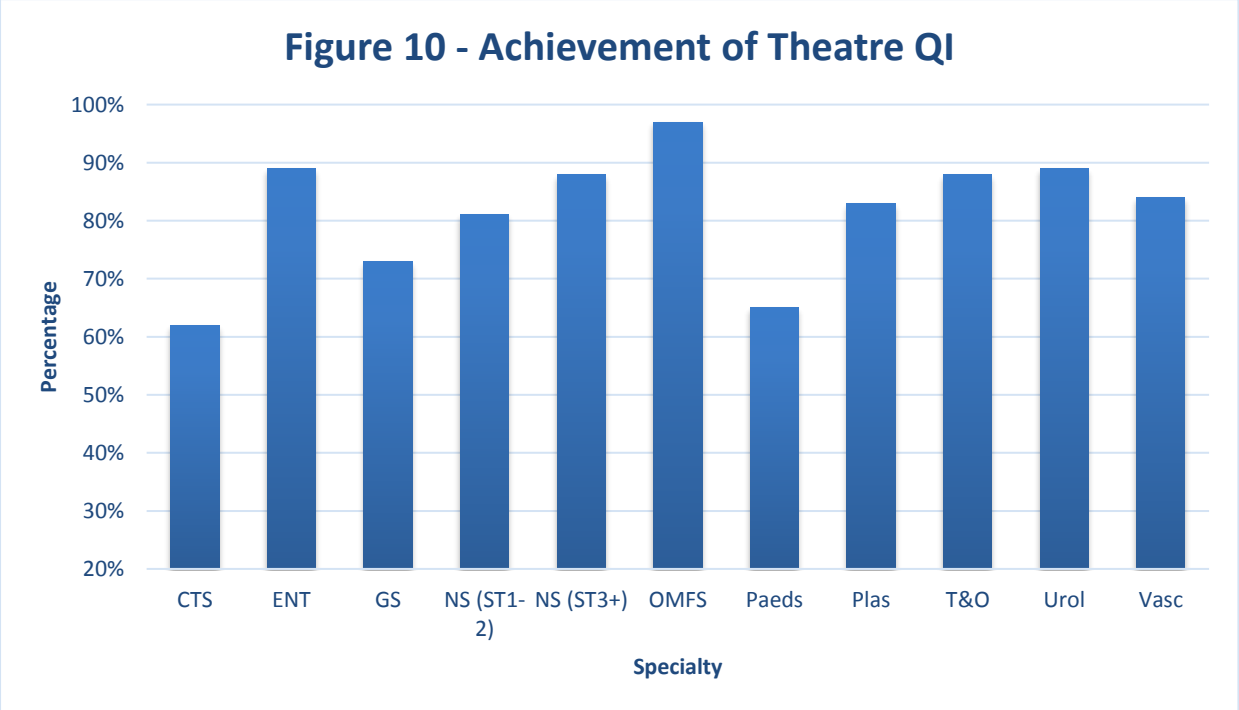


Figure 11 demonstrates the proportion of survey responses indicating that trainees have achieved or exceeded the number of weekly outpatient clinics set out in their specialty's QIs. The recommended number for each specialty is given in Appendix A.

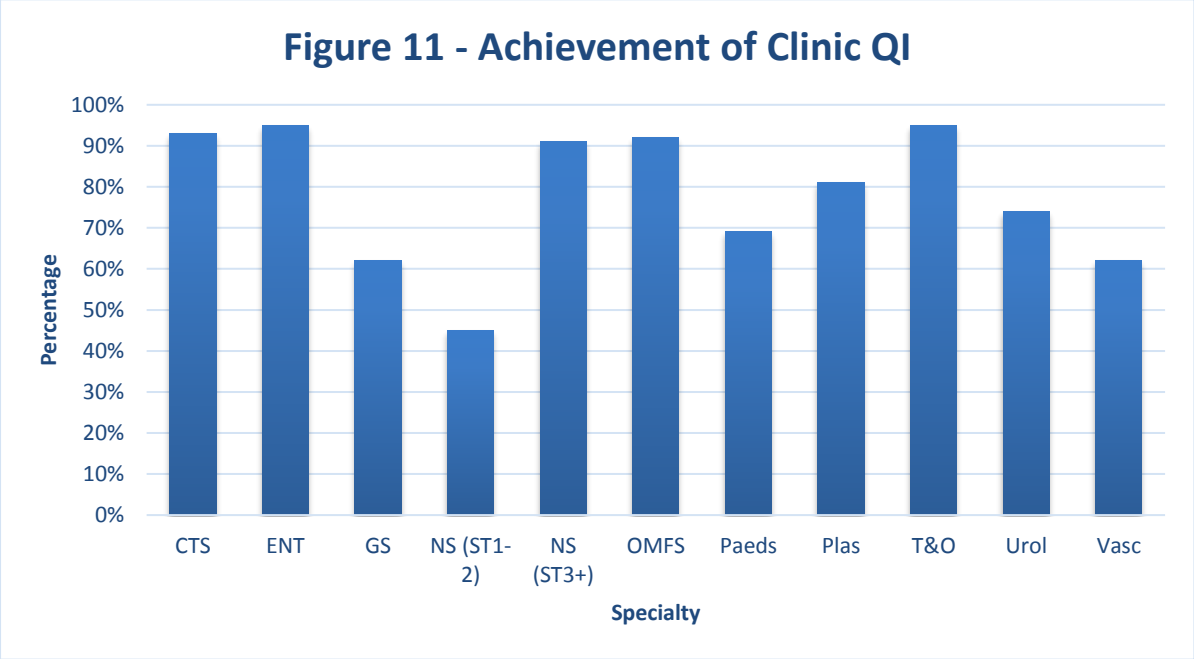
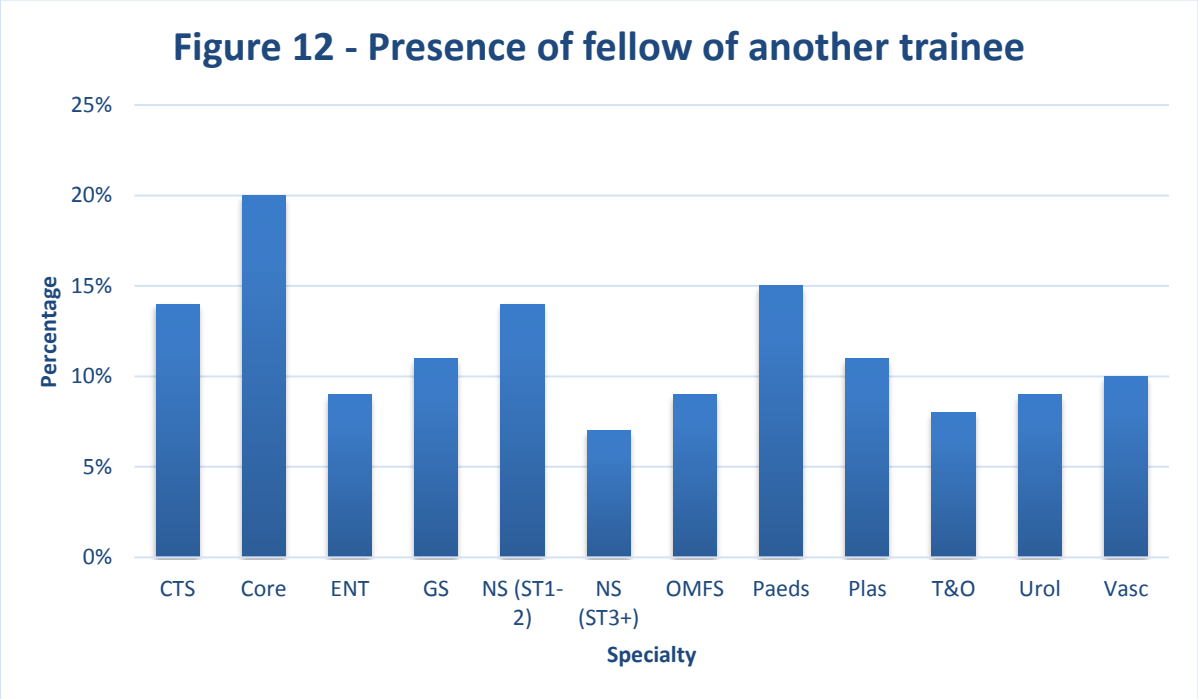


Figure 12 demonstrates the number of trainee responders indicating that they felt that another trainee or fellow in the unit had impacted on their training opportunities in their current placement.



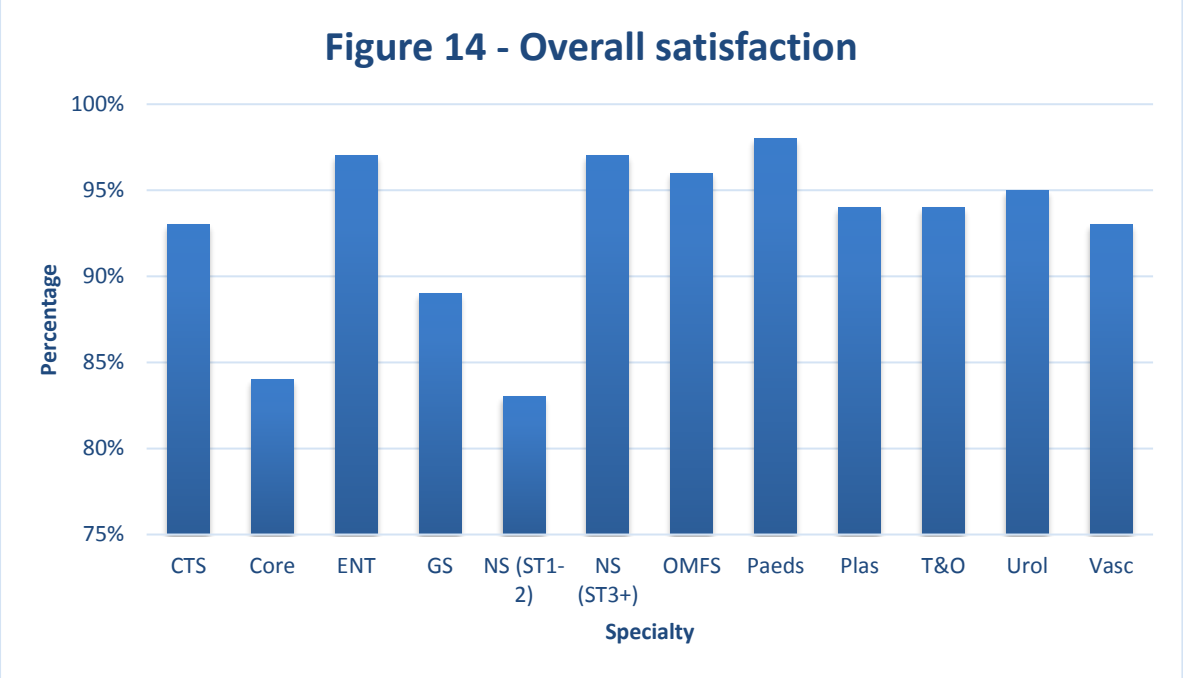
The responses demonstrated in **Figure 13** show the number of Core-level trainee responders who indicated that they were unable to attend emergency theatre regularly. This demonstrates a marked improvement in the Neurosurgery ST1-ST2 responses between the two annual surveys, but still indicates an area of concern.

Figure 13 **Question**	**Core**	**NS (ST1-2)**
Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)? (NO)	18%	17%

QUALITY OF EXPERIENCE

Good practice

Figure 14 demonstrates the number of trainee responders indicating that they would recommend their training post to another trainee.



In compliment to the previous chart, **Figure 15** demonstrates that a significant proportion of trainees rate the key elements of their teaching and training as either 'good' or 'very good'. However, lower scores are present, particularly in relation to Core-level training posts.

Figure 15 **Question**	**CTS**	**Core**	**ENT**	**GS**	**NS (ST1-2)**	**NS (ST3+)**
How would you rate the quality of consultant teaching & training in the operating theatre? (GOOD or V GOOD)	83%	78%	94%	86%	82%	86%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	92%	89%	89%	89%	89%	85%

Question	CTS	Core	ENT	GS	NS (ST1-2)	NS (ST3+)
How would you rate the quality of consultant teaching and training in outpatients? (GOOD or V GOOD)	78%	68%	75%	71%	70%	74%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	82%	75%	82%	82%	70%	78%

Question	CTS	Core	ENT	GS	NS (ST1-2)	NS (ST3+)
How would you rate the quality of consultant teaching and training on ward rounds? (GOOD or V GOOD)	72%	54%	63%	69%	56%	68%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	77%	78%	67%	71%	65%	68%

Figure 16 demonstrates trainee impressions of the administrative/secretarial support available in their placement.

Figure 16 **Question**	CTS	Core	ENT	GS	NS (ST1-2)	NS (ST3+)
Did you experience any difficulties with access to administrative/secretarial support in this training post? (NO)	92%	94%	98%	96%	90%	93%
	OMFS	**Paeds**	**Plas**	**T&O**	**Urol**	**Vasc**
	96%	97%	94%	96%	97%	96%

Concerns

Figure 17 presents the number of trainee indicating that they did not receive the equivalent of a half day per week in their timetable for to allow for personal study, audit and research.

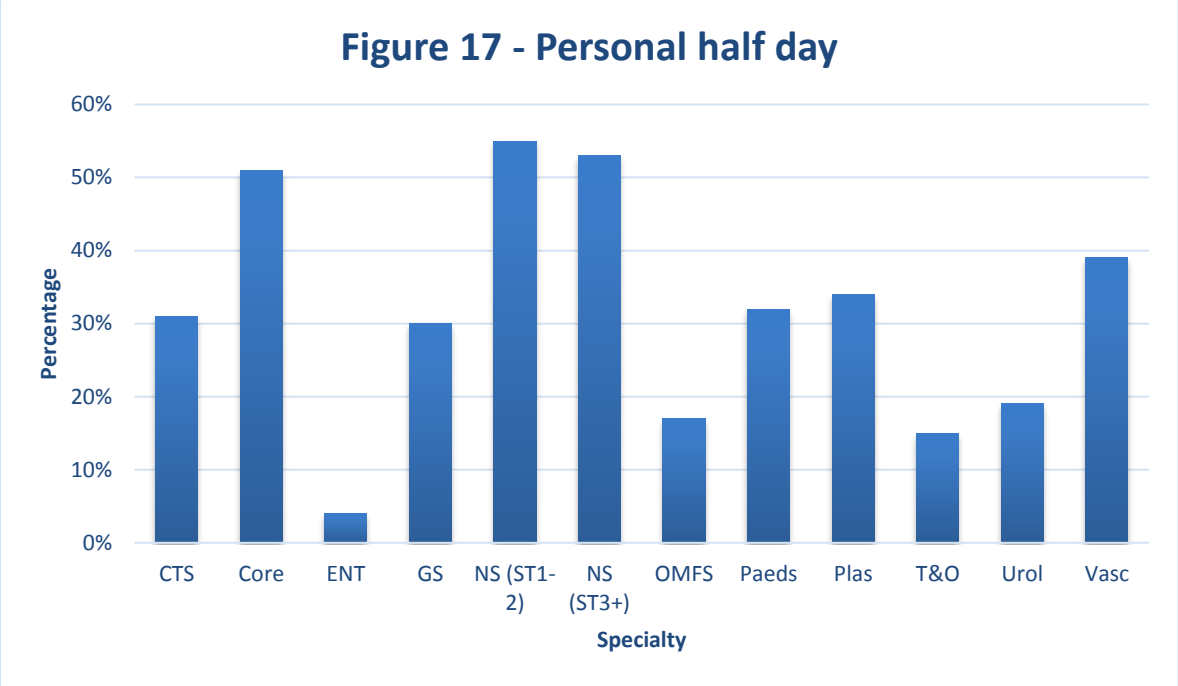


Figure 18 exemplifies concern in terms of Core-level trainees being able to see new patients during outpatient clinics.

Figure 18 **Question**	**CTS**	**Core**	**NS (ST1-2)**
In outpatients did you regularly see new patients? (NO)	16%	36%	18%

CONCLUSIONS

GOOD PRACTICE

Patient safety

Responses to the patient safety questions continue to show areas of real strength across all specialties and Core, with precise numbers given in **Figure 2**. Four questions were removed from this section during the question review, as the theme of patient safety is more fully addressed in the GMC survey.

Working conditions

The vast majority of trainee responders in all specialties and Core indicated that there was enough clinical activity to support the number of trainees in post (**Figure 4**). Responders in Paediatric Surgery and Vascular Surgery reported the lowest figures and these should be monitored by the SACs in the future to guard against any further decreases.

Training opportunities

Figure 8 and **Figure 9** indicate that the vast majority of trainees in all specialties and Core are meeting the terms of the quality indicator for the completion of WBAs in completing an average of one per week (40 per year). In addition, trainees are well supported by their trainers in completing WBAs, with most reporting that their assessments were usually validated by a trainer within one month of the learning event taking place.

Quality of experience

Figures 14 and 15 demonstrate that trainee responders continue to feel broadly satisfied with the training they receive. There is some concern relating to overall satisfaction with Core Surgical Training and Neurosurgery ST1 and ST2. Broadly speaking, responders indicate a high level of satisfaction with the teaching and training they receive in the operating theatre, and are less satisfied with that received in the outpatient clinic setting and on ward rounds.

In addition trainees reported being broadly satisfied with the administrative/secretarial support they received in their training placement (**Figure 16**).

CONCERNS

Patient safety

A number of trainee responders continue to report that there was not usually a post-acute consultant ward round during their current placement, with numbers given in **Figure 3**. Responses are particularly marked in Otolaryngology (ENT), Plastic Surgery and Urology. With the outcome most marked in ENT, the SAC plans to add a new specialty specific quality indicator addressing the issue from August 2017 onwards, which will be measured by a new specialty specific question to be included in the 2017/18 JCST survey.

Working conditions

A number of questions highlighting areas of concern in this area address conflict between service delivery and training opportunities. In **Figure 5** and **Figure 7**, it is shown that concerns in this domain are most acute at Core-level training, with responders in the Core Surgical Training programme and Neurosurgery ST1 and ST2 reporting the highest instance of on-call commitments impacting upon elective operating sessions, routine clinical work preventing the acquisition of new skills and clinical work intensity getting in the way of time for consultant teaching and training.

In **Figure 6**, it is shown that this trend is also true in terms of trainees missing training opportunities to fill rota gaps and cover for absent colleagues. However, there may also be burgeoning areas of concern in Paediatric Surgery, Urology and Cardiothoracic Surgery in this respect.

Training opportunities

Figures 10 and 11 show the outcomes of the QIs for attendance of theatre sessions and outpatient clinics. Although these demonstrate a significant proportion of trainees indicating that their current post met or exceeded the individual levels set out by the specialities in the QIs, there remains room for improvement in a number of specialties. In terms of theatre sessions, the lowest compliance rates are indicated by Cardiothoracic Surgery trainees, however the specialty does set the highest level of recommended theatre sessions per week for its trainees at 4. In terms of attendance at outpatient clinics, the lowest level of compliant is indicated by Neurosurgery trainees at levels ST1 and ST2, followed by General Surgery trainees.

Figure 12 raises concerns about competition for training opportunities with other trainees and fellows in post, with particularly marked responses from responders in Core Surgical Training. However, the survey also indicates possible concerns with trainees in Neurosurgery ST1 and ST2, Paediatric Surgery and Cardiothoracic Surgery. Further concern about Core Surgical Training and Neurosurgery ST1 and ST2 posts are highlighted in **Figure 13**, with a significant proportion of responders indicating that they were not able to attend emergency theatre regularly.

Quality of experience

Responders in a large number of specialties indicated that they do not receive an equivalent of half a day per week in their timetables for private study, audit and research, in accordance with the cross-specialty QI (**Figure 17**). Responses are particularly marked in Core Surgical training and Neurosurgery at all levels.

A significant proportion of responders in Core Surgical Training posts indicate that they do not usually see new patients in the outpatient setting. There is also some concern from responders are Neurosurgery ST1 and ST2 level, and specialty trainees in Cardiothoracic Surgery (**Figure 18**).

FUTURE PLANS

The survey questions are subject to an annual review by the JCST QA Group, to ensure that they remain up to date and fit for purpose.

Analysis of the survey outcomes is embedded in SAC practice. SAC Liaison Members (LMs) are asked to consider the outcomes of the JCST and GMC trainee surveys for their liaison regions and comment on these as part of their regional reports. Furthermore, SAC Chairs and SAC QA Leads are asked to consider the annual survey data for their specialties when completing their specialty submission for the GMC's Annual Specialty Report. Specialty-wide observations are fed back to the wider SAC, providing LMs with the opportunity to discuss these in their liaison regions.

Furthermore, the JCST QA Group is working with the SACs to expand the number of specialty specific questions included in the survey. In October 2015, questions targeted at Trauma and Orthopaedic Surgery specialty trainees were added to the survey and plans are underway to include questions for trainees in other specialties in October 2016 and beyond.

It remains a strategic aim of the JCST to increase the overall annual survey response rate to 90% and possible methods of achieving this are under discussion.

APPENDIX A – Quality Indicator (QI) standards for 2015/16

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.
WBA QI – the minimum number of WBAs a trainee should complete per year.

Specialty	Theatre QI	Clinic QI	Teaching QI	WBA QI
Cardiothoracic Surgery	4	1	2	40
General Surgery	3	2	2	40
Neurosurgery (ST1 & ST2)	1	-	2	40
Neurosurgery (ST3+)	2	1	2	40
Oral & Maxillofacial Surgery	3	2	2	40
Otolaryngology (ENT)	4	3	2	40
Paediatric Surgery	3	2	2	40
Plastic Surgery	3	2	2	40
Trauma & Orthopaedic Surgery	3	2	2	40
Urology	3	2	2	40
Vascular Surgery	3	2	2	40

QIs for Core Surgical Trainees

Generic Core Surgery QI 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.
WBA QI – the minimum number of WBAs a trainee should complete per year.

Specialty of Core Surgery placement	Theatre QI	Clinic QI	Teaching QI	WBA QI
Cardiothoracic Surgery	3	1	2	40
General Surgery	3	2	2	40
Neurosurgery	1	1	2	40
Oral & Maxillofacial Surgery	3	3	2	40
Otolaryngology (ENT)	3	3	2	40
Paediatric Surgery	3	1	2	40
Plastic Surgery	3	1	2	40
Trauma & Orthopaedic Surgery	3	1	2	40
Urology	3	1	2	40
Vascular Surgery	2	1	2	40

APPENDIX B – JCST trainee survey questions for 2015/16

GENERIC QUESTIONS

Q no	Question text	Answer options
1	Was there usually a post-acute consultant ward round?	Y/N N/A
2	Did you routinely participate in pre-operative briefings with use of the WHO checklist or equivalent?	Y/N
3	Were you only asked to undertake unsupervised procedures in which you had been trained?	Y/N
4	Were you given appropriate responsibility for your level of training?	Y/N
5	Are any elective sessions combined with on call commitment such that the elective sessions are frequently compromised?	Y/N N/A
6	Were you required to undertake routine clinical work that prevented the acquisition of new skills?	Y/N
7	Did you regularly miss training opportunities in order to provide cover for absent colleagues or fill rota gaps?	Y/N
8	Did the clinical work intensity allow sufficient time for consultant teaching and training?	Y/N
9	Was there enough clinical work in the unit to support the number of traine working there?	Y/N
10	Have you ever considered training less than fulltime? Y/N a) If yes to a) above, did you decide to train less than fulltime? b) If no to b) above, why did you decide not to train less than fulltime?	Y/N Y/N/N/A Free text
11	Please indicate the number of surgical staff in this department (including yourself). 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
12	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) On average, how many workplace-based assessments did you complete each week? d) On average, how long after the event was the assessment undertaken and entered into the ISCP?	 0/1/2/3/4/5/ >5 0/1/2/3/4/5/ >5 0/1/2/3/4/5/ >5 At the same time/The same day/2-4 weeks

	e) Was there sufficient support from your supervisors to enable you to complete the workplace-based assessments?	later/More than 1 month later Y/N
13	In an average week, did you receive the following types of teaching? Local departmental teaching: Regional teaching: Journal clubs: X-ray meetings with an educational component: MDTs with an educational component:	For each option: 0-14 mins / 15-29 mins / 30-59 mins / 1-2 hours / 2 hours / No / N/A
14	Were you able to attend emergency theatre regularly (e.g. CEPOD, trauma lists)?	Y/N / N/A
15	Did the presence of another fellow or trainee frequently compromise/compete for your learning opportunities in this post?	Y/N
16	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).	Y/N N/A
17	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?	
18	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?	Y/N N/A
19	If yes to either part of the question above, did you have a mentor to cover induction on equipment and to monitor progress?	Y/N N/A
20	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).	Y/N N/A
21	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?	
22	How would you rate the quality of consultant teaching & training on ward rounds (including pre-op cases)?	Very poor/ Poor/ Satisfactory/ Good/ Very good

23	How would you rate the quality of consultant teaching & training in outpatients?	Very poor/ Poor/ Satisfactory/ Good/ Very good
24	How would you rate the quality of consultant teaching & training in the operating theatre?	Very poor/ Poor/ Satisfactory/ Good/ Very good
25	In outpatients did you regularly see new patients?	Y/N
26	Did you experience any difficulties relating to the geographical location of this training post?	Y/N
27	Did you experience any difficulties with access to administrative/secretarial support in this training post?	Y/N N/A
28	Did you receive the equivalent of half a day per week in your timetable to allow for personal study, audit and research?	Y/N N/A
29	Would you recommend this attachment to other trainees at the same level?	Y/N

QUESTIONS FOR LESS THAN FULL-TIME TRAINEES

Q no	Question text	Answer options
The initial questions provide background information that may not have changed since you completed this questionnaire previously. Please answer anyway.		
1	In which year were you appointed to this training programme?	Before 2006 / 2006 / 2007 / 2008 / 2009 / 2010 / 2011 / 2012 / 2013 / 2014 / 2015
2	In which year did you become a LTFT trainee?	Before 2006 / 2006 / 2007 / 2008 / 2009 / 2010 / 2011 / 2012 / 2013 / 2014 / 2015
3	How long did it take to obtain a LTFT training slot?	0-6 months / 6-12 months / More than 1 year
4	Do you consider that this was prolonged?	Y/N
5	Does your LETB or training programme have an identified person who is responsible for LTFT training?	Y/N
6	Do you believe that your training programme director understands and is sympathetic to the needs of a LTFT trainee?	Y/N
7	Do you consider that training less than fulltime may affect your future career prospects?	Y/N
The following questions are specific to your current placement.		
8	Please indicate the proportion of time that you currently work:	<50%, 50%, 60%, 70%, 80%, 90%
9	Who determined the proportion of time that you work?	You / Deanery / LETB / TPD
10	If this was not determined by you, are you happy with the training time that you have been given?	Y/N N/A
11	Are you: a) In a job-sharing arrangement with another trainee? b) Working LTFT in a post normally occupied by a full time trainee (instead of a full time trainee)?	Select one option

	c) Working LTFT as a supernumary member of your surgical team (not in a job share, not in an established but vacant training post)?	
12	Have you experienced problems accessing any of the following sessions? Consultant ward rounds Outpatient clinics Elective operating lists Emergency operating lists MDT or equivalent Research / audit	 Y/N Y/N Y/N Y/N Y/N Y/N
13	Have you needed to work additional (non-paid) sessions to achieve specific clinical aims (e.g. endoscopy training, special interest training)?	Y/N
14	Are your fixed sessions all undertaken with the same consultant? If No, how many different consultants do you work with?	Y/N 2, 3, 4, 5, >5
15	Does your current post include an out of hours on call commitment? If No: a) Is this through choice? b) Is it because the Trust is unwilling to fund on call time for you?	Y/N Y/N N/A Y/N N/A
16	Is the level of your on call commitment sufficient to retain your on call competencies?	Y/N N/A
17	As a LTFT trainee, have you experienced problems with any of the following? a) A lack of support/understanding about LTFT training by consultant trainers b) Adverse attitudes to your position and needs by fulltime trainees c) Allocation to sessions with fewer or inferior training opportunities in favour of fulltime trainees d) Negotiating a learning agreement with achievable objectives/goals e) Inappropriate expectations at ARCP f) Achieving your competencies g) Disproportionately less exposure to skills/simulation training than fulltime trainees	 Y/N Y/N Y/N Y/N Y/N Y/N Y/N

QUESTIONS FOR ACADEMIC TRAINEES

Q no	Question text	Answer options
Please answer the questions in this section if you are an ACF or an ACL		
1	Are there any factors that have adversely affected your academic progress?	Y/N
2	How many abstracts/presentations have you made to national or international meetings over the last 12 months?	0/1/2/3/4/5/>5
3	Did the academic component of your post meet your expectations?	Y/N
4	Do you feel that you made appropriate progress in your clinical training during your post?	Y/N
5	If 'no' to the question above, why not?	Free text

QUESTIONS FOR GENERAL SURGERY TRAINEES

Q no	Question text	Answer options
Special interest		
1	What is your special interest within general surgery?	Colorectal/ Upper GI (includes oesophagogastric and hepatopancreatobiliary)/ Breast/ Endocrine/ Vascular (trainees appointed before 1.1.13 only)/ Transplantation
2	Do you have an additional interest?	Endocrine/General Surgery of Childhood/ Remote and Rural/ Trauma/ None
3	Do you consider that you have sufficient time for special interest training with your current levels of service and emergency work?	Y/N N/A
Hospital facilities		
4	Are the following available 24/7 with real time reporting: a) CT scanning? b) Interventional radiology?	 Y/N Y/N
5	How many days per week is there a CEPOD list?	0/1/2/3/4/5/6/7
6	How many other specialties share this list (counting vascular surgery as a separate specialty)?	0/1/2/3/4/5/6/7
Timetable		
7	How many consultant ward rounds per week do you have?	0/1/2/3/4/5
8	Do you perform a daily business round of your team's patients?	Y/N
9	Do you attend at least 1 MDT per week?	Y/N
10	Do you have timetabled time for research or audit projects during the working week?	Y/N
11	Are you timetabled to regularly deliver teaching in this post?	Y/N
12	Are the following included in the on-call activity in this post: a) Paediatric emergencies? b) Urological emergencies?	 Y/N N/A Y/N N/A
Management		
13	Do you have the opportunity to contribute to management or leadership at any level, e.g. rota management, trainee representative on hospital/deanery committees, involvement in service development?	Y/N
Questions 14 and 15 are only for trainees with a vascular special interest doing a vascular post (appointed to programme before 1.1.13)		
14	Did you receive endovascular training in this post?	Yes, regularly/ Yes, but ad hoc with no fixed timetabling/ No
15	Did you receive cross-sectional imaging training for:	

	(a) Diagnosis (b) Treatment planning (e.g. EVAR, TEVAR)	Y/N Y/N
Question 16 is only for trainees with a special interest in colorectal or upper gastrointestinal surgery		
16	Are you given endoscopy training in this post?	Yes, regularly/ Yes, but ad hoc with no fixed timetabling/ No

QUESTIONS FOR OTOLARYNGOLOGY TRAINEES

Q no	Question text	Answer options
1	When on call in this post, do you have immediate access to dedicated cover from consultants so that the on call consultant is not also responsible for admissions to another hospital?	Y/N N/A
2	Have you ever had occasions in this post when you have been unable to obtain immediate advice from consultants when on call?	Y/N N/A
3	Out of hours (5pm-8am), do you have the following routine timetabled work scheduled: a) Operating list b) Outpatients clinic	 Y/N Y/N
4	If yes to either part of Question 3 above, are you supervised by a consultant for this work?	Y/N N/A

QUESTIONS FOR TRAUMA AND ORTHOPAEDIC SURGERY TRAINEES

Q no	Question text	Answer options
1	In this post, have you attended one or more trauma calls as a member of the trauma team?	Y/N N/A
2	In this post, did you have access to managing paediatric orthopaedic trauma cases (15 years and under)?	Y/N N/A