

Supporting trainers: The future direction of travel

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Surgery has always been a subject taught at the coalface with apprenticeships evolving into the modern curriculum delivered by trainers to competitively selected trainees. In orthopaedic surgery we have often led the way with the creation of training programmes, courses, exams and competency based evaluation all aimed at the singular communal goal of delivering a final product that is a surgeon who is competent, empathic, knowledgeable, skilled and dedicated to the care of their patients.

In that journey the most vital worker and servant is the surgical trainer, without whom it is impossible to train the next generation of surgeons. In an evolving world of simulation, augmented reality and artificial intelligence that is a statement that has to be challenged and I often do, yet I stick by it and so when asked to write about how 'we' could support the orthopaedic

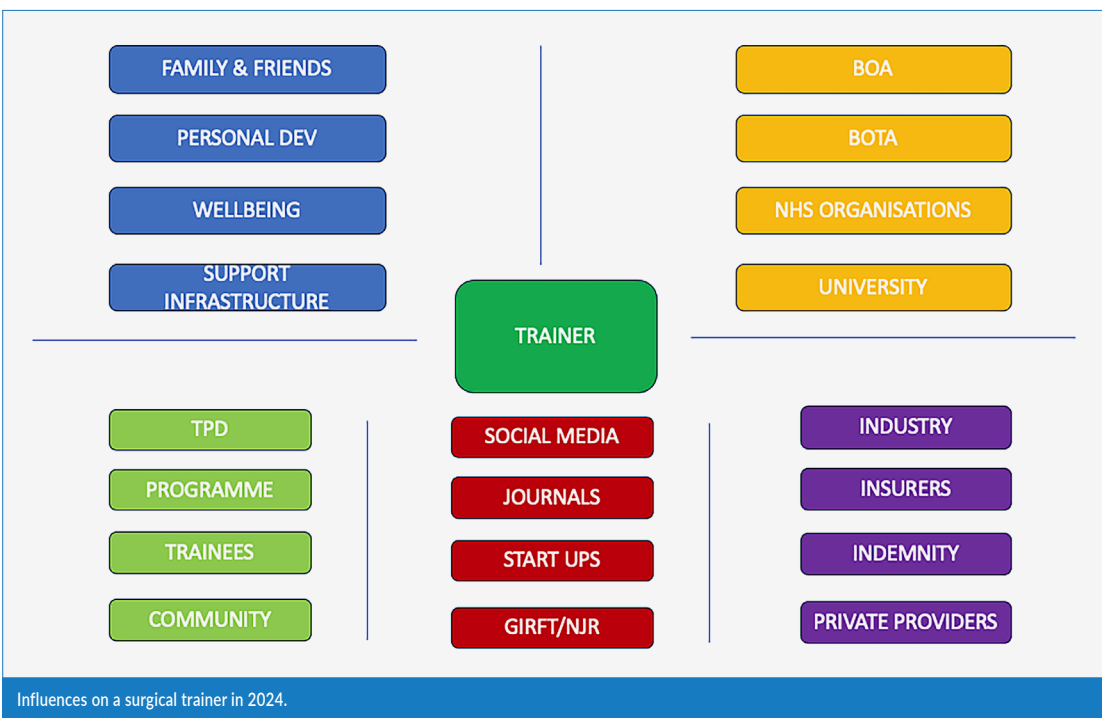
surgical trainer, I have tried to be sensitive to the fact that for far too long they have been unsupported, both in terms of personal development and recognition of their work.

Support is defined in many ways, one of which is 'to give assistance to' and another 'to bear all or part of the weight of' and in my working life for the surgical trainer it has largely consisted of assistance in the delivery of training based around a curriculum with a focus on their roles and responsibilities in that delivery and the paper trail of accountability that goes with it. In this short article I want to suggest that supporting a trainer can be much more, eventually reaching a stage where it can help in the aim of developing a trainer from good to great. In order to do this, we must consider who has the influence to 'support' them and what incentivises the trainer to develop and what could incentivise others to invest in that development.

I have broken influences into domains where there are possibilities to elicit and garner support.

Personal

This is a domain that focusses on the personal development of the trainer. Others are going to cover the domain of developing skills in competent training and evaluation, but we must not overlook the support and oversight of the wellbeing of trainers. This includes having a support infrastructure to ensure trainers are cared for and protected, that their family and friends understand the time, dedication and stresses that modern day training can place upon a surgeon irrespective of the attitude, ability and competence of the trainee.



Some investment in their professional development with qualifications they can put in their CV and also some formal support through the difficult situations they may encounter are all areas that should be improved.

Training community

This community is often quite detached from the trainer at the coalface. Interactions during formal visits and HEE assessments are not great opportunities for maximising support. Any TPD would benefit from having time to visit and build relationships at a personal level

with trainers that are bound to develop into supportive roles. The trainees have made great strides in introducing recognition of training excellence by virtue of the TOTY (Trainer of The Year) awards. These are cherished by the trainers who receive them and in the right spirit coveted by those that haven't, yet rewarding just one TOTY per year in a large region means the majority of trainers go largely unrecognised. Is there a role for awards in each subspecialty? It is also easy to see how the metrics that make a trainer attractive to trainees may not always sit hand in hand with the metrics that a TPD or HEE find helpful and supportive when dealing with trainees who are in difficulty or need curated training support. Should the training programme directors be giving a parallel award for that trainer group? The SAC also play a huge role in overseeing and supporting trainers and trainees but can often feel detached from the trainers in the region that they are liaison members in. Inviting them to events where such relationships can be forged would provide an increase in the depth of support and understanding of any given training programme.

The orthopaedic community

This has layers of leadership where the British Orthopaedic Association (BOA) sits at the top with its President and Council overseeing the strategic position of the services that the community provide. This is not just limited to clinical services but also to education, training, research, communal standing and wider global influence. The BOA can support trainers with recognition of excellence in the same way that BOTA have opted to, by providing opportunities for trainers to exchange ideas and best practice and reflect on dealing with



difficult situations and challenges (not only with trainees in difficulty) with the aim of maximising the help they can offer. They can also help with support to counter the challenges arising from the local pressure that trusts and departments project in the constant battle between service provision, efficiency and comparative throughput against the rhetoric of training. There is also an opportunity for the specialist societies to award their own recognition in support of training opportunities and trainers at specialist registrar as well as fellowship level. The specialist societies are becoming more influential in specifying the services and their delivery and it is easy to overlook the prioritisation of training and trainers. We are seeing evidence of this as GIRFT is identifying both volumes and efficiency of units and surgeons to determine where revision knee surgery should take place in partnership with BASK. The implications for training and trainers is potentially huge and it is unclear who is championing the trainers position in these endeavours.

The academic community

Universities have always played a large part in the research arm of training and yet the educational needs of trainers is not something they have embraced outside of medical school needs delivered by honorary contracts. American universities have shown how faculty members can be recognised by offering them educational opportunities, discounted courses and further qualifications and perks. This form of support for surgical trainers enhances their own portfolios, which in turn enhances their passion for teaching and training.

External organisations

What roles are the various external organisations playing in supporting trainers in orthopaedic surgery? We can look at Industry, implant companies, indemnifiers, private health providers, innovation hubs, consultancy firms all of whom potentially have the opportunity to work with and support trainers to maximise their own potential and worth.

Newer players

Organisations like the NJR and GIRFT also have a role to play in the support of trainers recognising the need for trainers to prioritise training ahead of efficiency gains. Training may result in some unexpected outcomes which impact a given

surgeon's figures and funnel plots. The journals and the NJR need to recognise the work many trainers do in delivering the high volume case numbers that makes this big data credible and the publications that this data generates having the impact that they do.

Trainers also need some support from the vulnerability of their positions to new unregulated vehicles such as social media and potential influencers who have the power hitherto unknown, of making rash judgements or statements that can mobilise a mob mentality retaliation.

To summarise, the traditions of surgical training are bound intimately with the dedication and commitment of the many surgical trainers up and down the country. It seems incredible that the workforce that underpins this most vital component of developing the surgeons of the future work largely out of a sense of good will, while constantly being analysed, assessed and often pressured in the other facets of their working lives. Recognition could be described in three ways:

- Monetary recognition – a purely financial reward for their efforts
- Social recognition – recognition from society for the efforts that a person or group of people expend and
- Moral recognition – a sense of doing the right thing because it is the right thing to do.

As our society inevitably changes, it may be time to re-evaluate how we offer recognition in these three areas to our amazing surgical trainers, without whom, training the orthopaedic surgeons of the future would be impossible. Thank you to you all. ■