VIMARS DOCUMENT FOR DISCUSSION
WHAT KIND OF SURGEON DO WE NEED FOR THE FUTURE AND HOW DO WE TRAIN THEM?
Simon K C Toh, Jan 2015

1. The End Product = The Consultant Surgeon

In 'The Benefits of Consultant Delivered Care', the Academy of Medical Royal Colleges observed that consultants have

"**the breadth, depth and length of experience not just to recognise diagnoses, take action, investigate appropriately and initiate treatments, but also to acknowledge the unusual, unexpected and unfamiliar. They make rapid and appropriate decisions that benefit patient care.**"

This is supported by evidence from the 2012 Hospital Guide[2] which demonstrates that mortality rates drop when there are more senior doctors on site.

[1]*The Benefits of Consultant Delivered Care, Academy of Medical Royal Colleges, January 2012:* ***http://www.aomrc.org.uk/about-us/news/item/benefits-of-consultantdelivered-care.html***
[2]*Dr Foster Hospital Guide 2013, Dr Foster Intelligence, December 2012:* ***http://download.drfosterintelligence.co.uk/Hospital_Guide_2012.pdf***

2. The Training = Challenge to deliver this within Shape of Training (Greenaway Review 2013)

There is all party support for the Greenaway Report Oct 2013 - www.shapeoftraining.co.uk - as the way forward to train doctors in future. Of relevance to surgical training is the shorter 4-6 year broad-based training leading to CCT (which apparently has to must be trained to "the same level of competence" as a current Certificate of Completion of Training (CCT) holder). But it makes no attempt to explain how doctors can be trained to this skill level in a shorter training programme which has, at the same time, been expanded to include more generalist training.

So where does simulation training and surgical training as a whole fit into all this?

1. Courses will need more than skills training

The recognition (finally!) by the Report of the need for not just competency and skills training is welcomed – the need for learning to make timely and right decisions in a team approach, the need for learning from patients and better communication, the need for developing academic, teaching and management skills along the way are equally if not more important in becoming the model Consultant Surgeon outlined above.Therefore, every course we run has to include these areas of disease management, communication skills, ability to practise working in teams, and the ability to critically adopt new research into current practice.

2. Courses will need to be evaluated and adapted to needs of service

Courses need to be constantly changed according to service needs and trainee aspirations. In the era of even shorter training programmes, simulation must be seen by Wessex Education as no longer an optional part of surgical training, but as an essential part of training. Compulsory courses like Basic Surgical Skills, CCRISP and ATLS are not enough to achieve the competencies required for Consultant practice, and we need to develop a structured programme of surgical courses to develop more advanced skills (eg.surgical suturing and stapling) but in the context of disease management and not just in isolation. As most of the procedures in General Surgery are already and will be even more minimal access in future, the emphasis on minimal access training is correct, but VIMARS should also develop skills training in open surgery as well (as this will still be required, especially in

emergency surgery) as well as all the other skills needed for a rounded competent surgeon (team-work, judgement, communication, management, research and teaching). This programme could be called ‘The Complete Surgeon’ programme – filling in the gaps in current training not being addressed.

3. Courses that are multispecialty

Team working can only happen if we practice it. We need to train a generation of surgeons who will work closely with their medical, radiological and anaesthetic colleagues. VIMARS and TEAMS are uniquely co-located to deliver such training. In addition, in VIMARS, we have incorporated an Academy of Radiology under Dr.Higginson and Endoscopic Training Centre under Prof Bhandari that will allow training of surgeons alongside radiologist, gastroenterologist and anaesthetists. These courses will be innovative and we will have the opportunity to develop exciting and better ways to train the workforce of the future.

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