

## Better Training Better Care (BTBC) TOP TIPS through the lens of the pilot project

These Top Tips have been derived from the lessons that were learnt throughout the projects and will hopefully give you an insight into what has worked well, and areas that can be improved.

### University Hospital of South Manchester NHS Foundation Trust

#### Increasing learning and training opportunities for core surgical trainees by creating dedicated 'BTBC lists'

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##### 1. Project Management

- Present plans to the Trust Board (or appropriate body) for approval.
- Identify an enthusiastic Clinical Lead.
- Develop a working group including: Director of Medical Education, Surgical Tutor, Postgraduate Manager and a Clinical Director in Surgery.
- Appoint a dedicated Postgraduate Administrator to be based in the Department of Postgraduate Medical Education.
- Spread the funding costs for the Postgraduate Administrator across all surgical specialties.
- Anticipate initial hesitancy about delivering the first BTBC lists, followed by a wave of enthusiasm and then a need for ongoing motivation to maintain delivery.
- Identify Consultant Trainers who will deliver the BTBC lists.
- Present the nature and principles of BTBC lists to trainees during induction.
- Identify a trainee lead(s) to help ensure timetabled training lists are used.
- Include participation in BTBC lists in a trainee's learning agreements.
- Ensure access to IT facilities in the Operating Department to complete WBAs.
- Timetable lists well in advance (3 months).
- Ensure regular contact between the project team, trainees and trainers to ensure lists take place.
- Record reasons for non-utilisation of any BTBC lists.
- Surgical Tutor (or deputy) to monitor logbooks and completion of Workplace Based Assessments (WBAs) on the ISCP.
- Trainers should negotiate BTBC lists as part of the job planning process (one-in-eight in General Surgery in the pilot).
- Negotiate Supporting Professional Activity (SPA) time for the Clinical Lead in Job planning.
- Acknowledge participation by trainers and trainees for their appraisals.

## **2. Multi-professional Engagement and Project Ambassadors**

- Identify enthusiastic clinical champions for each specialty.
- Explain the nature of the project to key staff and the theatre teams so that they all understand the objectives. This can be done in team meeting etc.
- Use team brief at the start of lists and operations to discuss the learning needs of both the surgical trainee and other team members.
- Involve Operating Department Practitioner (ODP) trainees and their Educational Facilitators and make the project multi-professional.
- Obtain feedback from those involved.
- The learning environment on BTBC lists may stimulate colleagues such as the Anaesthetic team to enhance their own educational objectives.

## **3. Understanding the Trust's Internal and External Factors**

- Embed the idea that 'this is not a change in practice and training, but a change in the organisation of practice and training'.
- Engage with consultants and management to facilitate the introduction of BTBC lists.
- Monitor participation and delivery of training.
- As the number of trainers outnumbers trainees, allocating a small proportion of an individual Consultant's lists for training can provide a reasonable volume of lists for training without disrupting service provision.
- Be aware of the surgical services commissioned in a Trust which may have a bearing on a suitable case mix.
- Submit reports to the Trust Board (or relevant internal body), the appropriate training committees, School of Surgery and the regional Health Education England Local Education and Training Board (LETB).

## **4. Board Support and Endorsement**

- Present Business Case to obtain Trust Board support.
- Include a supportive clinical leader at or near Trust Board level in the project team.
- Be open about the need to fund an appropriate amount of time for a Postgraduate Education Administrator and spread the costs across participating specialties.
- The Postgraduate Administrator is likely to have a wider impact beyond this specific project if based in the Department of Medical Education.
- Explain the project to appropriate Departmental Management.
- Engage with Waiting List Teams, preoperative assessment clinics and admission teams.
- Inform the appropriate Health Education, Local Education and Training Board.
- Inform the School of Surgery.
- Inform the Training Programme Director(s).