



Results of the 2019 RCS SC Fellowship Scheme Survey

Summary

- The results of a survey in October 2019 of current RCS Senior Clinical Fellowship Scheme Fellows and Supervisors, and of recent former Fellows, indicated high levels of satisfaction with the Scheme.

Satisfaction with the Scheme

- The proportion of respondents agreeing or strongly agreeing that the Scheme, or aspects of the Scheme, were satisfactory ranged from 88% - 98%.
- While some of the responses to the open-text questions suggested that respondents – particularly the Fellows – were referring to their own Fellowship programme rather than the Scheme per se, again, levels of approval were strong, regarding: quality of learning and training, practical experience, career help, administrative support, quality assurance, international focus, communication, and status from the RCS link. The Supervisors expressed satisfaction with: the Scheme structure, administration and communication; the quality of the Fellows; and the quality assurance provided by the Scheme.

Areas for improvement

- Areas for improvement suggested by Fellows included: better information and induction; better operative experience; a clearer appraisal method; financial support for the additional expenditure faced by Fellows; international placements; better Scheme induction and publicity; increased monitoring; and clearer expectations.
- Areas for improvement suggested by Supervisors included: lower approval fees; better publicity, information and information-sharing.

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1. Introduction

In October 2019 current RCS Senior Clinical Scheme Fellows and Supervisors, and recent former Fellows, were asked to provide feedback about the Scheme, to assist with developing and enhancing it. To the best of our knowledge, this was the first formal request for feedback from the users of the Scheme since it was set up in 2012. Those asked to provide feedback were told: "Your views will play an important part in the quality assurance and improvement of the RCS Senior Clinical Fellowship Scheme." The questionnaire comprised open and closed response items.

2. The questionnaire

A. Questions for Fellows and Supervisors

Please indicate in the [] your response to these statements, on a scale of 1 to 5, where

1 = Strongly agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly disagree; or DK = Don't Know

1. The Scheme is well run []
2. Information about the Scheme is good []
3. Communication with the Scheme admin is good []
4. The interim monitoring of Fellows works well []
5. The Fellows' Certification process works well []
6. I understand clearly how the Scheme works []
7. I am overall satisfied with the Scheme []
8. I would recommend the Scheme to a colleague []
9. What you like about the Scheme. Please write your views here:
10. Ways the Scheme can improve. Please write your views here:

B. Question for Supervisors only

11. The Fellowship programme re/approval process works well []



3.Responses

Responses were received from 20 current Fellows, 19 former Fellows, and 16 Fellowship Supervisors. The response rate from current and former Fellows was approximately 1:4, and the response rate from current Supervisors was approximately 1:5. There were no follow-up emails to chase non-response.

3.1 Responses to closed items

Response scale for closed questions:

1 = Strongly agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly disagree; or DK = Don't Know

Scale points which did not receive a response are not indicted in the results below.

The questions were for all respondents, with the exception of **"The Fellowship programme re/approval process works well"**, which was for Supervisors only.

Response data are ranked by the proportion of respondents agreeing or strongly agreeing with the statement:

- **"Communication with the Scheme admin is good"** - 98% of respondents agreed or strongly agreed.
- **"The Scheme is well run"** - 96% agreed or strongly agreed.
- **"The Fellows' Certification process works well"** - 95% (excluding the 'Don't Knows') agreed or strongly agreed. Fifteen current or former Fellows indicated 'Don't Know'.
- **"I am overall satisfied with the Scheme"** 94% agreed or strongly agreed.
- **"I would recommend the Scheme to a colleague"** - 94% agreed or strongly agreed.
- **"I understand clearly how the Scheme works"** - 93% agreed or strongly agreed. Two respondents disagreed.
- **"Information about the Scheme is good"** - 89% agreed or strongly agreed.
- **"The interim monitoring of Fellows works well"** - 89% (excluding the 'Don't Knows') agreed or strongly agreed. One respondent disagreed. Three current Fellows indicated 'Don't know'.
- **"The Fellowship programme re/approval process works well"** [item for Supervisors only] - 88% agreed or strongly agreed. One Supervisor disagreed.



3.2 Responses to open-text questions

3.2.1 “What you like about the Scheme”

Current Fellows

- Quality of learning and training

- The consultants who I work with are all excellent trainers. They encourage to maximise the learning at every opportunity.
- It provides a good platform for learning.
- The Fellowship at my institute provides us with a structured, comprehensive training in the management of head and neck cancers.
- A wonderful opportunity to work under a very experienced surgeon with clear learning objectives and goals.
- All the consultants and members in the unit are very supportive. Good mix of operating techniques. Well conducted MDT with lots of learning opportunities
- Supernumerary and so clearly aimed for learning. 2 supervisors who are keen to teach and approachable.

- Practical experience

- There was a great mix between emergency [sic] case exposure in theatre and elective operating skills. I would definitely recommend

- Patient care

- The emphasis of our training is on quality care of our patients, beginning with pre-operative counselling to effective rehabilitation.

- Scholarship and research

- Publication/presentation of research strongly encouraged with dedicated research session.
- The discussions held at the academic sessions and multidisciplinary clinics are stimulating and encourages us to keep ourselves abreast with the current evidences in our field.



- Career help

- It is providing me with good clinical experience that will help my transition to working as a consultant. Having the RCS endorsement adds credibility and weight to the fellowship on my CV.
- Great opportunity for gaining subspecialist recognition

- Scheme administration, information, communication

- Well run, good information on the website. Good communication throughout
- Well run and excellent information; both when you call and on the website

Former Fellows

- Quality of learning and training

- RCS senior clinical fellowship scheme helped us to learn subspeciality (laryngology) in a structured way.
- This scheme gives a broad idea and knowledge in depth to practice laryngology.
- Clear plan and goals explained. Interim review to ensure ongoing support
- The Fellowship gave me the best combination of Laryngology and Head and Neck training. The trainers were excellent.

- Practical experience

- Great 6 months 'finishing school' dedicated to operating.
- The Fellowship helped me specialise in Laryngology. I learnt new skills and procedures. My clinical skills and knowledge increased a lot and I became confident in managing patients with voice, swallowing and airway disorders.
- Very well run program that gives the opportunity to subspecialize in centres of great volume and prestige
- The scheme helps trainee to get in depth exposure to field.

- Career help



- It has helped in setting up my own centre where I can provide advanced facilities.
- It did give an excellent transition period from being a registrar to becoming an independent consultant.

- International focus

- A great initiative for international medical graduates. This even opens me an opportunity to work in UK under ISTP.
- Well organised and internationally recognised fellowships
- Gives equal opportunity to no-EU/overseas doctors to harness and build on their career.

- Quality assurance

- The scheme is very important as it highlights and approves training units for fellows. Trainees have to relocate at financial, personal and familial expense and having the college endorse and highlight units to go to is very important.
- Has backing of RCS. Clearly stated objectives for fellows to obtain qualification and for units to remain accredited.
- Very well established fellowship scheme.
- Ensures a monitored post, which is protected to allow appropriate training needs are met.
- I think it is important to have some validation and quality assurance of a Fellowship scheme. It suggests those running the scheme have put some effort into it and avoids the pitfall of fellows becoming rota fodder for gaps.

- Scheme administration, information, communication

- Good communication from the College about expectations.
- Listing the number of expected cases forms a bench mark for both RcsEng fellowships and also good non-approved ones.
- There was good communication from the RCS from the beginning of appointment with timely feedback.



- I think that the Fellowship Scheme is well run and and I felt well supported throughout the year of my training.

- Status

- Great to have a Royal College 'badged' fellowship.

Supervisors

- Scheme structure, administration, information, communication

- Recognition, regular assessment, certification
- Good point of contact with RCS (Stephen Court) and efficient lines of communication
- As a supervisor, the scheme is well run, with excellent communication from the RCS team.
- The scheme is excellently run. I strongly support it continuing.
- There is a clear and robust structure and requirements of each fellowship well delineated
Excellent communication with admin team
- Well structured fellowship program with access to educational resources and formalised feedback structure
- We already have good access to RCS support.

- Quality of Fellows

- It is a pleasure having senior trainees who know some of the literature on the subject already who are really interested in learning advanced techniques (equivalent to the senior registrars of before) and who blossom into being ready for a consultant post.
- The fellows are of high calibre and have all gained consultant appointments, after the fellowship.
- we have excellent fellows and good support from the college
- Provides a validated training scheme with clear objectives. This helps to attract good applicants and ensure they get a good experience.



- The badging from the College has led to a significant increase in the quality of applicants.

- Quality of learning and training

- It enables a concentrated development of skills in assessment and management of TMJ patients by two expert trainers delivering the greatest number of TMJ cases in the UK.

- Quality assurance

- The fellows are attracted to a bench-marked fellowship, which has the RCS backing. Consistent renewal of the fellowship, availability of previous fellows' logbooks, the ability to meet and discuss with the current fellows all make this a transparent and attractive experience for the applicants.
- AN EXCELLENT SCHEME WITH CLEAR OBJECTIVES DISCUSSED AT THE OUTSET INCLUDING EXPECTED OPERATIVE AND NON-OPERATIVE ACHIEVEMENTS. A CLEAR SYSTEM TO CHECK PROGRESS THROUGH THE FELLOWSHIP WITH A PRODUCTIVE INTERIM MEETING AND A ROBUST FINAL CERTIFICATION PROCESS.
- The scheme provides assurance that the post meets a high standard. This works well for both the fellow and the employer.
- It gives reassurance to potential fellows that the quality of training is being considered and regularly monitored.
- The fellowships are much more rigorously benchmarked than the Speciality trainee jobs

- Status

- A great opportunity for senior trainees with a prestigious title linked with RCSE



3.2.2 “Ways the Scheme can improve”

Current Fellows

- Information

- Further information on approval of the post from the trust regarding what the scheme is, how it can be used to enhance my experience.

- Induction

- Clarification of role within the rest of the skull base team.

- Operative experience

- Hungry for more! Cases/exposure - both directly fellowship related and also general neurosx
- Operative work expected can be better defined.
- Limited 1st surgeon (supervised or performed) operating due to complex case mix and packed theatre lists. Assisting in private sector not significantly educational, although supernumerary. May be best to make it a 1 year fellowship to give fellow time to learn and then start operating more.

- Appraisal

- Have only one system of appraisal either on ISCP or elsewhere but electronic
- More clear evaluation

- Financial support

- There should be provision for funding for attending some conferences or workshops.
- A RCS study budget to help develop me in my quest for a consultant position. Living away from home I am struggling financially to be able to pay for additional



courses / training that would further enhance my CV and experience during the year.

Former Fellows

- International aspects

- Kindly organise a placement interview during the Senior Clinical Fellowship scheme so that interested fellows can plan their training program in UK for 2years well in advance.
- It would have been great if after completion, or during the tenure of the fellowship we could have worked/ been a part of an exchange program at a Laryngology centre in the UK. An exchange program for about two months would have been very helpful in helping us know how other institutions approach similar problems. After my fellowship I went to Harvard for a month and to Stanford for a month to visit their laryngology departments. It was a wonderful experience and helped me increase the application of my knowledge manifold. Something similar can be done by RCS as a part of the fellowship program.

- Scheme induction

- Maybe an evening or session at The College meeting previous / current fellows before starting to focus on what to concentrate on and how to get the most out of the 6 months.
- Fellows would probably benefit from a face-to-face orientation type meeting with RCS representative at start of fellowship, especially those from overseas. Could be done in groups at College.
- Perhaps hosting a fellowship event to allow discussion and questions between supervisors, previous fellow with new trainees wishing to apply

- Publicity

- Perhaps could be advertised more, internationally too. when i searched for fellowships, this one didn't come up straight away on the international websites. a link to the below site on these sites would be helpful for others in the future i reckon
e.g. ENT UK website and the BAHNO websites (both would pick up more otolaryngology trainees)
and <http://www.asohns.org.au/notices/fellowships> (this would be good to advertise to international candidates too)



i am sure there are other american/canadian sites too plus those that are not just ENT related, let alone south america/india etc too i guess

- perhaps a better way of advertising the scheme to prospective trainees

- Monitoring

- I think interim monitoring can be done better by having a formal interview or appraisal by an RCS approved senior surgeon. Also, the amount of surgical work done by fellows should be evaluated first hand.
- More frequent questionnaires on progression. I think every other month with more detailed questions on the number and type of cases.
- More feedback reports than present.

- Scheme administration

- I think the application process could perhaps be more straightforward (to run a fellowship), particularly if one is being established.

- Appraisal

- An ISCP style e-portfolio specific for fellowship on RCS website may be helpful
- I'm not sure whether the RCS has access to our ISCP record but in my opinion, ISCP feedback can be taken into account in addition to the logbook for evaluation as it ensures there's a holistic assessment of progress rather than only 'numbers'.
- Have a appraisal or feedback meeting with an external member, other than your fellowship supervisor.

- Expectations

- It might be useful if there is a clear standard or benchmark or targets laid out for the trainees at the beginning of the fellowship.
- It would have been better if fellow would know his/her duties and responsibility well before starting the scheme.



- more information about specific job plans within each job
- Set standards of minimum numbers.
- Information for the fellow prior to starting the fellowship

Supervisors

- Fellows' experience

- I am sorry that unavoidably the fellows have to take part in the on call rota which inevitably means they can't get to all the operating lists.

- Fees

- Fees a little expensive
- It is quite expensive!

- Support for Fellowships within the Trust

- Better integration by the Head of Service as he tends to appoint to the vacant position without discussion with clinical supervisors.

- Information sharing

- I think that there would be some value in some "lessons learned" sharing from Fellowship supervisors in other areas - shared in anonymous format - to allow us all to improve our offering to our trainees and learn from challenges / problems that others may have experienced.

- Administration

- A UNIQUE FELLOWSHIP NUMBER LIKE A GMC NUMBER TO DOCUMENT THAT THE FELLOWSHIP WAS AWARDED SUCCESSFULLY



- Although the quality of applicants has improved, the number of applicants has also increased to a level that is often difficult to manage. I receive weekly emails from around the world because my email address is freely available. It might help to make it more obvious what the selection process is and when to apply as the current process opens things up to this 'fishing' process.

- Information for Fellows and Supervisors

- perhaps more of a 'pack' to provide both fellows and their supervisors outlining the fellowship/the resources available/expectations and timescales for returning feedback and monitoring.
- are trainee surgeons emailed by the colleague to inform them of the centralised fellowship schemes on offer?

- Financial support for Fellows

- funding for overseas fellows to help with move to the UK

- Publicity

- Improved advertising of the scheme.