National Surgical Supervisor Pilot

## Background

Skin cancer currently accounts for approximately half of all cancers in the UK, with NHS dermatology units carrying out over 200,000 surgical excisions each year1. Rates of melanoma skin cancers in the UK are expected to rise by 9% and non-melanoma skin cancers by 14% between 2025 and 20402, generating a significant surgical burden on the Dermatology workforce. In 2021, the new Dermatology Training Curriculum was implemented, stipulating the need for regular supervised surgical lists with increased independence throughout training to maintain and improve trainees’ ability to manage skin cancers and help address this growing demand3.

A recent survey of dermatological surgical training in the UK highlighted significant disparities in surgical supervision, procedural competence and training satisfaction both between and within regions of the UK. Out of 79 respondents, 20% had never received any surgical supervision and of these, 38% were in their last or penultimate year of training (ST5 and ST6 level). 65% of trainees reported having intermittent direct surgical supervision during their training to date and the frequency of this supervision varied significantly. 68% of respondents reported seeking additional hands-on surgical opportunities to fill gaps in their training4.

Over a third (35%) of trainees who answered our survey were dissatisfied with their surgical training and 20% of respondents reported that they did not feel that the surgical curriculum was achievable. Of the ST6 trainees who completed our survey, 29% felt unable to perform excisions on the head & neck independently4. Preliminary results from a survey of new consultants within their first 5 years of practice has additionally highlighted that 47% do not feel fully confident performing excisions on the head and neck. As the skin cancer burden increases year on year and the majority of non-melanoma skin cancers present on the head and neck5, there is significant need for all dermatologists to be proficient and confident in performing simple excisions on the head and neck at a minimum.

When trainees and new consultants were asked how surgical training could be improved numerous suggestions were made including the introduction of a surgical supervisor to help standardise training and equip the future consultant workforce with the skills required to manage the skin cancer epidemic.

## Aims & objectives

The BSDS aim to implement a surgical supervisor pilot across the UK to evaluate its impact on the provision of surgical training, supervision, ongoing procedural competence, confidence and training satisfaction.

## Role of the surgical supervisor

Within participating regions, trainees at each training centre will be designated a local surgical supervisor, whose role will be as follows:

* *To assist in implementing a personalised surgical training timetable that meets trainees’ needs taking into account their stage of training and previous surgical experience*
* *To ensure that adequate direct surgical supervision is in place to enable progression of trainees’ surgical skills and enable WPBAs to be undertaken*
* *To help the trainee work towards achieving their surgical development goals*
* *To advocate for trainees when any barriers to surgical training are encountered*

## Implementation

We invite training centres across the United Kingdom to register their interest in being involved in our National Surgical Supervisor Pilot to be rolled out from 6th August 2025 for one year. Once interest is established, participants will receive an information pack to facilitate implementation of the pilot. The pack will contain email templates to help recruit surgical supervisors along with meeting templates to facilitate surgical supervisor meetings during the project period.

It is important to note that surgical supervisors do not have to be Consultant Dermatologists with an interest in skin surgery, but this may indeed be desirable for trainees in the later stages of their training. Surgical Supervisors should be allocated to prospective trainees at least 8 weeks prior to commencement of their placement in August 2025. The supervisor and trainee should ideally meet prior to the placement for an induction meeting (in person or virtually). The supervisor should then liaise with the local Rota Coordinator +/- Training Programme Director to develop an appropriate surgical timetable for the trainee. This timetable should be in place prior to the trainee commencing their placement. It is understood that there may be the need for slight adaptations accounting for unforeseen circumstances after the trainee’s placement begins.

The surgical supervisor and the trainee will subsequently arrange a mid-point review and end of placement supervisor meeting to evaluate their progress.

# Surgical Supervisor Guidance

## Surgical Timetable

The surgical supervisor will be expected to liaise with the rota coordinator +/- training programme director to ensure that any trainee(s) they are responsible for have an appropriate surgical timetable for their level of training. This timetable will ideally be created following the supervisor and trainee’s induction meeting, prior to commencement of their placement. This will include recommendations for:

* *Number of surgical lists per week*
* *Number of supervised surgical lists per week*
* *Who supervision is to be provided by (e.g. surgical nurses (trainees in earlier stages of training), consultant dermatologists or equivalent or consultants in allied specialties)*
* *Appropriate case selection for stage of training*
* *Opportunities for trainee to attend more specialised lists if available and appropriate (e.g. Mohs surgery, advanced surgery, allied specialties such as Plastics, ENT, Maxillofacial, Oculoplastics).*

## Supervisor meetings

The surgical supervisor will be expected to meet with the trainee at least 3 times during the project period. Template meeting forms will be provided via the Surgical Supervisor Pilot information pack. The main areas to be covered during these meetings are outlined below:

## ***Induction meeting (pre-placement)***

* Establish trainee’s grade and working pattern
* Establish trainee’s surgical supervision to date
* Establish trainee’s self-perceived competence and confidence in surgical procedures outlined in curriculum
* Establish trainee’s surgical development needs/goals
* Create agreed action plan

## ***Mid-point meeting***

* Review of trainee’s progress
* Review achievement of surgical WPBAs
* Review any issues/barriers encountered with regards to timetable/training lists

Create agreed action plan

## ***End of placement meeting***

* Review of trainee’s progress
* Review achievement of surgical WPBAs
* Review trainee’s surgical development needs/goals
* Review any issues/barriers encountered with regards to timetable/training lists
* Review trainee’s self-perceived competence and confidence in surgical procedures outlined in curriculum

 🡪 Overall feedback from placement

## Data collection

We aim to review trainees’ procedural competence, confidence, training experience and satisfaction by collecting qualitative and quantitative data at the beginning and end of the pilot in addition to collecting data from trainers on the common barriers that are encountered in the provision of surgical training. Online surveys will be sent out at the beginning and end of the project period.

Trainees will be asked to complete:

***Pre-Pilot Survey***

* Questions related to trainee
* Current surgical training
* Previous surgical training
* Self-perceived competence and confidence in performing specific surgical procedures

*P****ost-Pilot Survey***

* Questions regarding self-perceived benefit to trainee
* Whether surgical supervision increased during the project period, whether the number of training lists was adequate to meet training needs, whether appropriate case-selection was achieved, whether goals were met
* Questions related to surgical timetable
* How were surgical lists booked, how many surgical lists per week trainee had during the project period, how many lists were supervised and unsupervised during the project period, has trainee had opportunity to attend Mohs or other surgical specialities
* Questions related to curriculum competencies
* Self-perceived competence and competence in performing specific surgical procedures, whether trainee feels procedural dermatology curriculum is achievable within training programme
* Whether trainee is considering undertaking a post-CCT advanced surgical or Mohs fellowship

Surgical Supervisors will be asked to complete:

***Surgical Supervisor Post-Pilot Survey***

* Questions on project organisation and logistics
* Whether it was felt they had enough guidance from the project coordinators and enough local support (from TPD/rota coordinators/managers) to be effective in the role.
* Questions on effectiveness of Surgical Supervision Pilot
* Whether they feel it benefited the trainee, whether they felt able to deliver the training required, whether they encountered any barriers/issues in delivering surgical training
* Whether it is felt the region can support the implementation of a surgical supervisor for all trainees long-term

## References

1 – *Levell N. Dermatology GIRFT Programme National Specialty Report, 2021 –* Available from: [https://gettingitrightfirsttime.co.uk/wp content/uploads/2021/09/DermatologyReport-Sept21o.pdf](https://gettingitrightfirsttime.co.uk/wp%20content/uploads/2021/09/DermatologyReport-Sept21o.pdf)

2 – Cancer Research UK. Melanoma skin cancer statistics [Internet]. Cancer Research UK. 2015. Available from: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/melanoma-skin-cancer

3 – *Thefederation.uk*. Available at: https://www.thefederation.uk/sites/default/files/uploads/Dermatology%202021%20Curriculum.pdf (Accessed: September 29, 2024).

4 – Webber L, Barlow R, Bray A. Survey of dermatological surgical training in the UK. *BJD* 2024; 191 (S1): i96

5 – Ciążyńska, M., Kamińska-Winciorek, G., Lange, D. *et al.* The incidence and clinical analysis of non-melanoma skin cancer. *Nature* *Sci Rep* 2021; 11**:** 4337 (2021). <https://doi.org/10.1038/s41598-021-83502-8>

# A blue circle with white text  Description automatically generatedSupporting Information

## Surgical Supervisor Guidance – Induction meeting

*Grade of training:*

*Working pattern:*

*Extent of surgical supervision to date:*

* *Has the trainee had any direct surgical supervision at any point during their training?*
* *How frequently has this occurred?*

*Competencies:*

Please rate your competence in the following procedures:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Competent to perform unsupervised | Able to perform under direct supervision | Not competent |
| Punch & incisional biopsies |  |  |  |
| Curettage & cautery |  |  |  |
| Excision biopsy with direct closure (trunk & limbs) |  |  |  |
| Excision biopsy with direct closure (head & neck) |  |  |  |
| Excision biopsy with full thickness skin graft  |  |  |  |
| Excision biopsy with local flap repair  |  |  |  |

*Procedural confidence:*

How confident are you at performing the following procedures:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 – Not at all confident | 2 – Slightly confident | 3 – Somewhat confident | 4 – Fairly confident | 5 – Very confident |
| Punch & incisional biopsies |  |  |  |  |  |
| Curettage & cautery |  |  |  |  |  |
| Excision biopsy with direct closure (trunk & limbs) |  |  |  |  |  |
| Excision biopsy with direct closure (head & neck) |  |  |  |  |  |
| Excision biopsy with full thickness skin graft  |  |  |  |  |  |
| Excision biopsy with local flap repair  |  |  |  |  |  |

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Trainees’ surgical development needs/goals:*

*Agreed plan of action:*

* *No. of surgical lists per week*
* *No. of supervised surgical lists per week*
* *Who will be providing supervision?*
* *How will surgical lists be booked to ensure an appropriate case mix for stage of training?*
* *Are there opportunities for the trainee to attend Mohs surgery or surgical lists with allied specialties?*

## A blue circle with white text  Description automatically generatedSurgical Supervisor Guidance – Mid-point meeting

*Review of progress:*

*Achievement of surgical WPBAs?*

*Any issues/barriers encountered with regards to timetable/training lists?*

*Agreed action plan:*

## A blue circle with white text  Description automatically generatedSurgical Supervisor Guidance – End of placement meeting

*Review of progress:*

*Achievement of surgical WPBAs?*

*Any issues/barriers encountered with regards to timetable/training lists?*

*Trainees’ surgical development needs/goals:*

* *Have these been met?*

*Competencies:*

Please rate your competence in the following procedures:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Competent to perform unsupervised* | *Able to perform under direct supervision* | *Not competent* |
| *Punch & incisional biopsies* |  |  |  |
| *Curettage & cautery* |  |  |  |
| *Excision biopsy with direct closure (trunk & limbs)* |  |  |  |
| *Excision biopsy with direct closure (head & neck)* |  |  |  |
| *Excision biopsy with full thickness skin graft*  |  |  |  |
| *Excision biopsy with local flap repair*  |  |  |  |

*Overall feedback:*

*Procedural confidence:*

How confident are you at performing the following procedures:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *1 – Not at all confident* | *2 – Slightly confident* | *3 – Somewhat confident* | *4 – Fairly confident* | *5 – Very confident* |
| *Punch & incisional biopsies* |  |  |  |  |  |
| *Curettage & cautery* |  |  |  |  |  |
| *Excision biopsy with direct closure (trunk & limbs)* |  |  |  |  |  |
| *Excision biopsy with direct closure (head & neck)* |  |  |  |  |  |
| *Excision biopsy with full thickness skin graft*  |  |  |  |  |  |
| *Excision biopsy with local flap repair*  |  |  |  |  |  |