

REPORT from Education Secretary

In September 2007 the SCTS Executive Committee decided to appoint an Education Secretary.

In the new era of a reduced number of Deanery – Supervised trainees, an expansion of Junior Trust Surgeons and the appointment of young Consultants under intense institutional and public scrutiny, there is a need for the Society to have a strategy which covers the areas of training, coaching and mentoring. We need a consistent and coherent approach to supervision across the medical career cycle from the undergraduate through the foundation years and special training and into life long learning. In addition to high quality technical training and the acquisition of factual knowledge there is a need for education encounters that are based on living complex professional experience. The focus of these encounters may be on the management of patients, issues arising within the hospital or professional network on career choices or any combination of these.

COURSES

Over the past several years Jonathan Hyde as Cardiothoracic Tutor for RCS England has established a group of courses like Basic Skill Level (HST I – II), Intermediate Cardiac and Intermediate Thoracic (Years 3 – 6) and Advanced Cardiac and Advanced Thoracic (Years 7-8). In addition there has been a highly successful Basic Science course which has alternated between London and Edinburgh. All of these courses have been audited and in general the response has been extremely positive. The College of Surgeons has put aside £18,000 over a 5 year period and we have to consider carefully how funding is going to be obtained when this period is up in approximately 2 years' time. My own prejudice is to reduce the funding from 2 PAs to 1 PA per week and not to withdraw it completely as this will remove any financial onus for the incumbent tutor to carry out his or her activities. I think it is unlikely that the course can be run satisfactorily without the primary co-ordinator receiving some form of recompense. It is vital that the important basic work done by Chris Munsch and Jonathan Hyde is not laid to waste.

MENTORING

I am keen that the Society should become interested in mentoring and there is a choice between taking a full scale responsibility for this area of activity or introducing guidelines. The latter I think is preferable provided they are well constructed and circulated to all Trusts within the United Kingdom. Mentoring occurs through the activity of an experienced person who is willing to share knowledge and networks with a less experienced person in a relationship of neutral trust. Mentoring describes a relationship and not an activity. There is a basic assumption that the mentee is resourceful and the role of the mentor is to set free some of this untapped resource. The mentor should be an experienced, objective and empathic sounding board and should perform a number of specific tasks:

- Challenging the mentee to look at opportunities and problems
- Sharing knowledge at a strategic level
- Acting as a gateway to other people
- Assisting with realistic career goals and planning how to achieve them.

The mentoring relationship should probably last for at least two years but could be for a longer period. It should be informal with meetings which take place as and when the mentee needs advice, guidance or support. The focus is on career and personal development. The agenda should be set by the mentee with the mentor providing support and guidance to prepare them for future roles. Mentoring revolves around developing a mentee professionally. It should be appreciated that mentoring relies heavily on one to one experience and not everyone may find this comfortable.

In order to make this happen I would suggest we should target specific groups of surgeons as the most effective way of establishing mentoring schemes and having them accepted as an appropriate activity. The most obvious groups are those at the time of transition: new consultants in their first three years may appreciate a safe and private forum as they graduate from trainee to consultant. There are many other target areas but we might be wise to concentrate on one particular area while the details of the scheme are worked out.

DEVELOPMENT of ACADEMIC CLINICAL FELLOW

Academic Clinical Fellow posts have been established in several departments of cardiothoracic surgery notably Bristol, Newcastle, Leicester and London at the Hammersmith Hospital. The Hammersmith scheme developed, principally by Mr Philip Hornick with significant input from myself, is aimed at launching an individual on a clinical academic career. Ideally this individual will be intending to achieve a higher degree and will need to be entirely acceptable as a competent clinical surgeon usually at the ST3 or 4 grade. It is anticipated that the post will be for three years and during the first year much activity is directed towards obtaining research grants. If during this year the individual does not fulfil pre-agreed criteria satisfactorily he or she may be asked to step down and make room for other more suitable people in academic clinical career. It is anticipated that the successful individual will move on to becoming a clinical lecturer and subsequently a senior lecturer and hopefully either an NHS post or a Chair of Cardiothoracic Surgery. It is important these individuals have a genuine interest in research and this is not seen as a means to an end or a box ticking exercise.

MEDICAL STUDENTS

I think it is important that cardiothoracic surgeons reconnect with medical students as we want to indicate to these individuals exactly what cardiothoracic surgery offers. In the current training situation they will have to make up their mind rapidly during their first foundation year and accurate well balanced information is essential. The Society might consider scholarships for medical students to allow them to join the unit for three months as part of an elective.

CONCLUSION

A number of initiatives are underway and it is intended that a more complete report will be available for the Society in March 2008.

Professor J Pepper
19 November 2007