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# Supporting surgical trainers

**Deepa Bose**

It is my great honour to have been asked to be guest editor for this edition of JTO, under the banner of a topic very close to my heart - supporting surgical trainers.

The training landscape has undergone some seismic changes in the recent past. Many events have conspired to reduce the time and opportunities available to train within the NHS. There has been a gradual decline in the time trainees spend with their trainers over the last decade or more. Restricted working hours were introduced for the best of reasons, but have resulted in a very different way of working for doctors. Shift working reduces continuity of training and means fewer working hours spent during a normal working week. This loss of alignment between trainers' and trainees' working patterns in turn leads to reduced operative and clinical experience, and less developed procedural and decision-making skills.

The COVID-19 pandemic then threw the proverbial spanner into the works by grossly exacerbating the loss of training opportunities. Even in the recovery phase, a variety of factors contribute: lack of staff and theatre space, increased case complexity, loss of working efficiency and institutional pressures on productivity.

In this environment, we must learn to train smart; we can no longer rely on opportunistic training or an apprenticeship model. Emily Baird's excellent article on the trainer's toolkit will, I hope, provide some guidance on how we can address this.

Support for surgical trainers has always been sporadic and sparse, whether from the hospitals or from the wider NHS. Yet, as Pramod Achan says, they are "the most vital worker and servant", for without training what provision is there for the future of the profession? We would do well to take note of his thoughts on how trainers can be supported and promoted at all levels. It is certain that without this the training ship will continue to sink.

Finally, we can all take inspiration from Donald Campbell's philosophical piece on what it means to be a trainer, that complex interplay of roles that is required to nurture and grow the next generation of surgeons. We need to step up and give freely of ourselves as trainers to do so. As Donald says, "It is the preservation of fire, not the worship of ashes that is important."

I urge you all to preserve that fire, and to respond to the rallying cry 'No training today, no surgeons tomorrow'. Remember, we all need good colleagues to operate on us in our twilight years, so let's make sure they are good enough by training them well! ■

