

**RCS Senior Clinical Fellowship Scheme**

**End-of-Fellowship feedback questionnaire**

Please complete the following **4-page** feedback questionnaire. Your feedback plays an important part in the quality assurance of the RCS Senior Clinical Fellowship Scheme; it is also needed – together with your logbook and the sign-off from your Supervisor - for determining the award of the Fellowship Certificate. Your feedback will be provided in summary format to the RCS Quality Assurance Operational Group, the RCS Senior Clinical Fellowship Scheme Group, and your Supervisor.

Your feedback will also be included in anonymised aggregated format on the RCS website webpages for your Fellowship programme at <https://www.rcseng.ac.uk/education-and-exams/accreditation/rcs-senior-clinical-fellowship-scheme/national-surgical-fellowship-scheme-register/> . This format, because it will be aggregating the responses of at least three Fellows to some of the closed-response questions in this questionnaire, will not enable the identification of an individual Fellow’s comments. **Please tell the Scheme via** [**qa@rcseng.ac.uk**](mailto:qa@rcseng.ac.uk) **or** [**scourt@rcseng.ac.uk**](mailto:scourt@rcseng.ac.uk) **if you wish to opt out of this arrangement.**

The information you give on this form will be held by the Quality Assurance and Accreditation Department of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes indicated here.

Please write as much as you want in the boxes for open text - the boxes will expand to fit the words you write.

*n/a = not applicable*

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Title | Mr / Mrs / Ms / Dr / Other |
| Fellowship title |  |
| Trust / hospital where Fellowship is based |  |
| Fellowship start date | MM / YYYY |
| Fellowship end date | MM / YYYY |
| Fellowship Supervisor |  |
| Date of providing feedback | DD/MM/YYYY |
| What is your **nationality**? | Please indicate with a ‘Y’ for ‘Yes’ |
| UK |  |
| Other EU |  |
| Outside EU |  |
| If you are from Outside EU, then which country are you from? |  |
| What is your **gender**? | Please indicate with a ‘Y’ for ‘Yes’ |
| Female |  |
| Male |  |
| Other |  |
| Prefer not to say : |  |
| If ‘Other’, please specify: |  |

**Induction**

|  |  |
| --- | --- |
| *Please delete as appropriate* |  |
| Did you have an assigned educational supervisor? | Yes / No |
| Was a formal learning agreement set during the Fellowship post? | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | <1 Month | 1-2 Months | 3 Months | >3 Months |
| At what point during the Fellowship was the formal learning agreement set? |  |  |  |  |

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| --- |
| Any other comments about your induction: |
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**Learning Outcomes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | n/a |
| I achieved all of the learning outcomes as specified for the Fellowship. |  |  |  |  |  |  |

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| --- |
| Please provide below any reasons why you did not meet all of the Fellowship’s stated learning outcomes: |
|  |

**Benefit to patients**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| The specialist training I received through this Fellowship has significantly enhanced my ability to provide a high level of surgical care to my patients. |  |  |  |  |  |

|  |
| --- |
| Any other comments you would like to make about how this Fellowship has enabled you to bring benefit to patients: |
|  |

**Training**

|  |  |  |
| --- | --- | --- |
| In an average week, how many of the following sessions did you attend (1/2 day list = 1 session; all day list = 2 sessions)? | | |
|  | Number of sessions: |  |
| Inpatient surgery |  |  |
| Daycase surgery |  |  |
| Outpatients |  |  |
| Special clinics |  |  |
| Ward rounds |  |  |
| Audit |  |  |
| Research |  |  |
| Other: |  |  |
|  |  |  |

**Service & training – an approximate guide**

**Service:** clinics, on-call; **Training:** theatre and endoscopy sessions with Supervisors, learning activities, audit & research, MDTs; **A mix of service & training:** ward rounds

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Mostly service | More service than training | About equal | More training than service | Mostly training |
| Please indicate the balance between service and training in your clinical activities: |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied | Neutral | Satisfied | Very satisfied |
| How satisfied were you with the capacity of the post to meet your training needs? |  |  |  |  |  |

|  |  |
| --- | --- |
| Does the post involve an on-call commitment? | Yes / No |
| If ‘yes’, what is the frequency of this commitment? | X in x |
| Is this commitment related to: |  |
| Surgery in general? | Yes / No |
| The specialty Fellowship? | Yes / No |
| At what level is this commitment: |  |
| Consultant? | Yes / No |
| Senior Trainee? | Yes / No |

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| --- |
| Please provide below any comments that you may have on the clinical opportunities in the post: |
|  |

|  |
| --- |
| Please provide below any comments that you may have on the research opportunities in the post: |
|  |

|  |
| --- |
| Any other comments about your training: |
|  |

**Your trainers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied | Neutral | Satisfied | Very satisfied |
| How satisfied were you with: |  |  |  |  |  |
| The level of support that you received from the Fellowship faculty? |  |  |  |  |  |
| The level of support that you received from your Assigned Educational Supervisor (AES)? |  |  |  |  |  |
| The ease of access to your AES and Fellowship faculty? |  |  |  |  |  |
| The quality of teaching and supervision that you received? |  |  |  |  |  |

|  |  |
| --- | --- |
| Did you feel that you had adequate opportunities with your AES to: |  |
| Discuss your progress? | Yes / No |
| Reflect on previous cases? | Yes / No |

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| --- |
| Any other comments about your trainers: |
|  |

**Appraisal / assessment**

|  |  |
| --- | --- |
| Did you have an appraisal within the first three months of your Fellowship commencing? | Yes / No |
| Did you have an appraisal towards the end of the Fellowship post? | Yes / No |
| Did you feel that adequate formal assessment of your performance in the workplace took place? | Yes / No |
| Did you feel you had adequate feedback from your trainers on your performance? | Yes / No |
| Did you feel the feedback provided time for reflection on your performance and progress? | Yes / No |

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| --- |
| Any other comments about your appraisal or assessment: |
|  |

**Environment and facilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | Very unsatisfied | Unsatisfied | Neutral | Satisfied | Very satisfied |
| How satisfied were you with: |  |  |  |  |  |
| Access to relevant educational resources including journals and books? |  |  |  |  |  |
| Access to the internet? |  |  |  |  |  |
| The educational facilities overall? |  |  |  |  |  |
| The training environment at the centre(s)? |  |  |  |  |  |

|  |  |
| --- | --- |
| During your Fellowship, do you feel that you were subjected to any form of: |  |
| Discrimination? | Yes / No |
| Bullying? | Yes / No |
| If you wish to provide further details, please do so below: |  |
|  |  |

|  |
| --- |
| Please provide any other comments about the environment or facilities: |
|  |

**Overall**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please tick the appropriate box* | 1 | 2 | 3 | 4 | 5 |
| How would you rate the Fellowship post overall, from 1-5? (1=very poor, 5=very good) |  |  |  |  |  |

|  |  |
| --- | --- |
| Would you recommend this post to a colleague? | Yes / No |

|  |
| --- |
| Please use the space below to provide any further comments that you may have about the Fellowship post: |
|  |

**Your next step**

|  |  |
| --- | --- |
| I know what work I am doing after my Fellowship | Yes / Not yet |

If you know what you are doing next, please complete the following:

|  |  |
| --- | --- |
| Job title & specialty |  |
| Name and address of employer |  |
| Date starting |  |