**Verbatim example answers from the question "Please outline below any further comments regarding how we can improve the feedback form or process for trainers and/or what steps could be taken to allow for more constructive feedback**":

**GENERAL TRAINING ISSUES**

- Trainers need to be more committed and have a structured framework of training
- Training shouldn't stop once you are signed off. The learning curve continues, and freshly signed off endoscopists can feel isolated. Making buddying/mentorship a regular part of practice for all endoscopists, not just trainees would be a great thing, even in an environment where endoscopist time is valuable and pressured.
- Provide more training lists if possible or encourage endoscopy staff to be nicer to trainees and not treat them as an inconvenience
- Give trainers more skills on how to teach endoscopy. many of my trainers have been good endoscopists but unable to translate what they are doing into words to teach. also need some teaching resources for trainees with difficulty handing the scope i.e. I have size 5.5 hands & and 5 foot so have difficulty with some aspects but trainers are unable to advise how to adjust & so I think they get frustrated with training me at times
- While I have provisional sign off, I feel I would benefit from having a trainer in the room to give feedback. At the same time, this is balanced with having the freedom to take a bit longer to complete the scopes than if the trainer were in the room as there is a risk they may take over. It's tricky.

**DOTS/FEEDBACK**

- If you're the only trainee that trainer is training I don't know how you can make the feedback anonymous
- Provide feedback to trainers after 3 years so that they wouldn't know which trainee provided feedback.
- Mandating DOTS every 3-5 training lists. Non-anonymised feedback opportunities.
- If you want more DOTS then make it a mandatory aspect of the form that trainees need to complete to count the cases towards their total numbers
- More easily accessible forms/app version of website. Enable sending forms to trainer remotely in a way where the forms are flagged up more noticeably in the trainer's inbox.
- A single event trainee to trainer feedback. Perhaps annualised, where is a trainee has undertaken a list in the preceding 12 months with a trainer they are asked to provide feedback. By being simultaneous this would help keep this anonymous and be less onerous in terms of amount of paperwork.
- Having trainer feedback built into a more structured trainer assessment process - therefore in order for a trainer to keep training, there needs to be evidence that they are a good trainer (overview of all trainers in the department by training lead, yearly appraisal)
- It would be useful to have a section for feedback for the specific trainer, but also an area for feedback for the training environment so particulars about that lists but also the department more generally.

**Experience of surgical trainees**

- Training for surgical trainees with their own consultants is different as we spend most of our time working together in practical conditions

- I don’t think that there is much incentive for endoscopy trainers to improve their training. The experience of surgical trainees training in endoscopy is often poor due to many other conflicting demands on their time and the difficulty of arranging training lists.
- Would probably benefit from integrated training in the department between medics and surgeons
- It’s still a struggle for surgical trainees to get regular training lists like our Gastro colleagues
- Regular lists with endoscopists - both surgeons and gastroenterologists prioritising surgical trainees and allocating regular lists with both for their learning.
- No issues identified with regards to feedback process. The main issue is the lack of availability of endoscopy training opportunities for General Surgery Registrars
- Please can surgical and gastroenterology trainees be treated as 'endoscopy trainees'. There is a huge national bias toward gastroenterology trainees receiving training.
- We need to encourage more surgeons to become fully trained trainers as the Gastroenterology consultants are. We also need to view endoscopists with a similar eye rather than segregate them into surgeons vs gastroenterologists vs nurse endoscopists. Most hospitals need to do better in providing structured teaching for all their trainees, irrespective of their specialty.