



## JOINT COMMITTEE ON HIGHER SURGICAL TRAINING

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Representing:-

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The Specialist Surgical  
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11 September 2006

Dear Colleague

In June, you were sent guidance with regard to the configuration of the first two years of surgical training.

It is believed that the most motivated of potential surgical trainees will already have chosen their surgical specialty by the end of their foundation training, and that the optimal training scheme for such doctors will be selection directly from foundation into a surgical specialty with the allocation of a specialty-specific NTN. The early years of such a programme will be broadly a two-year "themed programme", the first year of the programme being broad based and designed to develop generic surgical competencies and the second year beginning to develop the more specific competencies in the designated surgical specialty. A description of the training posts/experience in appropriate and complementary surgical specialties designed to support competency development during the early years was offered for each of the specialties.

In addition, both because it is accepted that some trainees might not have decided on their surgical specialty before the end of foundation training and because of local circumstances with respect to the availability and numbers of surgical posts, it has also been agreed that "generic" early year programmes will be developed. The number and proportion of generic programmes compared to specialty-specific themed programmes will vary across deaneries and within deaneries and will depend on local arrangements.

To date five surgical curricula have been submitted to PMETB and, although the JCHST has not received any formal decisions about PMETB deliberations, it was clear and accepted that the curricula for all surgical specialties are competency-based, and that the training opportunities offered to acquire these competencies will depend on local circumstances and arrangements. It has also been accepted that the early years of surgical training (ST1 and ST2) will consist of either themed or generic programmes, both designed to deliver the competencies of the surgical curricula. It is therefore important that the arrangements for selecting into the early years and beyond are understood in the context of themed and generic programmes.

The guidance below therefore relates to arrangements for the early years in general surgery, trauma and orthopaedics, plastic surgery, paediatric surgery, urology, cardiothoracic surgery and ENT. There are different early year arrangements for OMFS and neurosurgery.

## General Principles

1. Selection into the early years of surgical training will need to relate to the number of ST3 opportunities which will be available in the deanery, taking into account that there should be a relative reduction in the number of ST1 and ST2 opportunities in relation to the number of overall ST3 opportunities to allow for the possibility of further selection directly into ST3 during 2008 and 2009 as a consequence of the transitional arrangements for SHOs.
2. Where both generic and themed programmes are offered, deaneries will need to ensure that the available advanced programmes in each of the specialties are apportioned to reflect the balance of themed and generic programmes
3. Selection panels for the early years of training will need to consist of appropriately trained selectors from all 7 of the involved surgical specialties where selection is into **generic programmes**
4. Where selection is into **themed programmes**, panels may consist of assessors largely related to the specialty, or of a wider specialty panel, depending on local arrangements. **In both cases the overall composition of the panel must conform to the requirements of the Orange Book for selection panels into specialty training**
5. Trainees selected into themed programmes will be allocated a training number in the specific surgical specialty into which they have been selected
6. Trainees selected into generic early years programmes will be allocated a training number in surgery in general which will be converted into the specific surgical specialty training number once allocation into the specialty has taken place during the second year

Therefore:

### **I. If deaneries are offering only themed early years then:**

- i. Selection panels will be selecting into ST1 and ST2 applicants who are applying for direct entry into their chosen surgical specialty
- ii. Training numbers in the specific surgical specialty will be allocated to successful applicants. These applicants will proceed to CCT in that specialty, subject to evidence of satisfactory progression.

### **II. If deaneries are offering only generic programmes then:**

- i. Selection panels will be selecting into ST1 and ST2 applicants who are as yet undecided about their chosen surgical specialty
- ii. Successful applicants will be allocated a “surgery in general” training number
- iii. Deaneries will need to advise applicants that part-way into the second year of their generic programme, subject to evidence of satisfactory progression, there will be an allocation process into the surgical opportunities available at the ST3 level
- iv. Once allocated to a specific surgical programme, the trainee’s training number will be changed to reflect the specific specialty

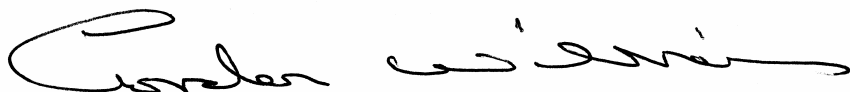
### **III. If deaneries are offering a combination of themed and generic programmes:**

- i. Deaneries will need to determine the proportion of ST3 posts in each of the surgical specialties that will be available for those entering into themed programmes. An applicant selected into a themed programme will be allocated a training number in the appropriate specialty and, subject to satisfactory progress, will continue training in that specialty to CCT.
- ii. Deaneries will also need to ensure that there are sufficient ST3 opportunities across the surgical specialties to enable those selected into generic programmes to be allocated into a specific surgical programme during the second year. Trainees selected into a generic surgical programme from foundation training will be allocated a surgery in general training number which will be changed during the second year to reflect the specific surgical specialty to which the trainee has been allocated.

**Please note:** trainees who undertake generic programmes for the first 2 early years who then enter into advanced programmes in ST3 in a designated surgical specialty may (but not necessarily) need specific support to ensure that they gain competencies in the specialty which may have already been acquired by those who undertook themed programmes in the specialty. In a competence-based training environment this should be readily achieved.

I hope that this clarifies the position for deaneries, programme directors and trainees. These arrangements should provide sufficient flexibility within the system to allow the curricula to be delivered to trainees within a range of training environments.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gordon Williams', written in a cursive style.

Gordon Williams MS FRCS  
Chairman of JCHST