

## **JCST Standards for Surgical Training**

The following standards apply to surgical training from ST3 onwards (ST2 for Oral and Maxillofacial Surgery), unless otherwise specified. They take as their starting-point the standards and requirements set out in the July 2008 edition of the PMETB Generic Standards for Training (these are shown in bold type) and incorporate supplementary standards that are specific to surgery and surgical specialities.

### **Domain 1: Patient Safety**

**Standards: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality patient care.**

**There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.**

#### **1.1 Trainees must make the needs of patients their first concern.**

1.1.1 Guidance should be used in accordance with the publication ‘Good Surgical Practice’

1.1.2 Provision of appropriate facilities (including secretarial support) must be consistent with good clinical practice, patient care and training.

#### **1.2 Trainees must be appropriately supervised according to their experience and competence.**

1.2.1 There must be a culture that encourages and supports trainees and opportunities for training experiences.

#### **1.3 Those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan.**

1.3.1 A designated consultant supervisor must be available when the trainee is timetabled for a particular activity. This must include both elective and emergency clinical activity. Whilst direct supervision will be appropriate for early year trainees, with increasing experience the trainee should become increasingly independent, provided that a designated consultant supervisor is available

1.3.2 There must be overall consultant supervision of patient management, including consultant led ward rounds, and a consultant post-take ward round whenever a surgical trainee has been on-call. It is accepted, however, that with increasing competence, the trainee will be given increasing responsibility for patient management.

1.3.3 Operating lists and outpatient clinics should not be scheduled for the trainee when there is no designated consultant supervisor available. Whilst direct supervision will be appropriate for early year trainees, with increasing experience the trainee should become increasingly independent, provided that a designated consultant supervisor is available

**1.4 Trainees are expected to obtain consent only for procedures which they are competent to perform.**

1.4.1 Consent is a process which starts at the first consultation and ends in the period immediately prior to the operation.

1.4.2 In all cases, the operation must be explained to the patient by a surgeon who is familiar with the procedure, and is competent to ensure that fully informed consent is obtained.

1.4.3 Legal requirements for the gaining of consent must be observed.

**1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation**

**1.6 Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties.**

1.6.1 Arrangements for the supervision of the continuing clinical care of patients must be made explicit to trainees.

## **Domain 2: Quality Assurance, Review and Evaluation**

**Standard: Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible.**

**2.1 Programmes, posts, associated management, and data collection concerning trainees and local faculty<sup>1</sup> must comply with the European Working Time Directive (EWTB), Data Protection Act and Freedom of Information Act.**

**2.2 Deaneries must show that they are demonstrating their capacity for quality management, review and evaluation to meet PMETB's standards.**

**2.3 Deaneries, working with others as appropriate, must have processes for local quality management, and through local education providers, for quality control, of all postgraduate posts and programmes designed to ensure that the requirements of PMETB's standards for training, assessment and curricula are met.**

2.3.1 Schools of Surgery (or their equivalent) will collect and review evidence of the standards of training programmes. Deaneries must review the outcomes of training and will seek SAC support as appropriate.

2.3.2 For surgical training, the training programme director will lead the management of the training programme.

2.3.3 A specialty training committee should be established, which should include, as part of the Deanery commitment to quality management, an SAC Regional Liaison Member.

2.3.4 Deaneries must conduct a robust ARCP process, with independent, speciality specific participation of the SAC Liaison Member.

2.3.5 The Programme Director will provide an annual report detailing compliance with and variance from the PMETB and specialty specific standards. The SAC Liaison Member should contribute to the compilation of this report. The report will input into the Deanery QM process.

2.3.6 The programme director and the school of surgery will compile an annual programme report detailing trainees' progress and experience and of trainer performance. Collaboration with the relevant SAC will allow the benchmarking of training units against national standards.

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<sup>1</sup> PMETB uses the term "local faculty" to denote those involved in delivery of postgraduate medical education locally; training programme directors, directors of medical education, clinical tutors, GP trainers, college tutors and others with specific roles in educational supervision.

## **Domain 3: Equality, Diversity and Opportunity**

### **Standard Postgraduate training must be fair and based on principles of equality**

**3.1 At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.**

**3.2 Information about training programmes their content and purpose must be publicly accessible either on, or via links to, postgraduate deaneries' and PMETB websites.**

**3.3 Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB standards and rules. Deaneries must take appropriate action to encourage local education providers and other training providers to accept their fair share of doctors training flexibly.**

3.3.1 Programme Directors should be able to provide evidence of those who wish to train flexibly and the reason for the final outcome/decision.

**3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.**

**3.5 Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part-time training/working.**

3.5.1 Where there is national selection into a specialty the selection committee will publish annual reports on the short-listing and appointment of trainees analysed by ethnicity, place of qualification, disability, gender and part-time training/working.

**Domain 4: Recruitment, Selection and Appointment**  
**Standard: Processes for recruitment, selection and appointment must be open, fair and effective.**

**4.1 Candidates will be eligible for consideration for entry into a specialist training programme if they:**

- are a fully registered medical practitioner or hold limited registration with the General Medical Council or are eligible for any such registration;
- are fit to practise.

**4.2 To be eligible for consideration for entry into a specialist training programme, candidates must be able to demonstrate the competencies required to complete Foundation training. (This covers candidates who have completed Foundation Training, candidates who apply before completion and those who have not undertaken Foundation Training, but can demonstrate the competences in another way).**

4.2.1 Surgical trainees entering run-through training programmes must be able to demonstrate the Foundation competences at the time of selection. Those wishing to enter “de-coupled” specialist training should also have the relevant competences from core training.

**4.3 The selection process (which may be conducted by interview or by other process) must:**

- ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in sufficient time to doctors who may be eligible to apply;
- use criteria and processes which treat eligible candidates fairly;
- select candidates on the basis of open competition;
- have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were discriminatory; and
- seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.

4.3.1 Nationally agreed specialty specific criteria for selection must be adhered to.

4.3.2 The standards for recruitment to surgical training programmes must be set by the Deaneries and the School of Surgery based on SAC recommendations on person specifications.

4.3.3 Success in the MRCS examination or equivalent is an essential requirement for appointment to an ST3 post.

4.3.4 The Programme Director, SAC Liaison Member and School of Surgery representative should be actively involved as appropriate in the organisation, delivery and conduct of the selection process.

**4.4 Selection panels must consist of persons who have been trained in selection principles and processes.**

**4.5 Selection panels must include a lay person.**

4.5.1 Selection panels will include the Training Programme Director, a lay person and a majority of consultant surgeons to provide professional input into the selection process.

## **Domain 5 Delivery of approved curriculum including assessment**

**Standards: The requirements set out in the approved curriculum must be delivered and assessed**

**The approved assessment system must be fit for purpose**

### **(i) Education and training**

**5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the approved curriculum.**

5.1.1 There must be an appropriate balance of elective and emergency work opportunities for learning.

5.1.2 During the course of the programme, the trainee should be allowed increasing responsibility for the investigation and management of both in-patients and out-patients.

5.1.3 Where relevant, trainees should receive training in the paediatric component of their specialty by treating children in dedicated paediatric facilities

### Timetable

5.1.4 The timetable should contain an appropriate mix of operating sessions, outpatient clinics, ward rounds and other clinical activities.

5.1.5 There should be a minimum of one timetabled session for private study / research and for administration

### Operating lists

5.1.6 There must be sufficient beds and sufficient operating lists for the number of trainees in the unit with adequate numbers of operating lists so that each trainee obtains adequate operative experience.

5.1.7 There must be opportunities to discuss those patients scheduled for operation with the consultant prior to the operating list.

5.1.8 There should be regular scheduled operating lists during which the trainee receives progressive personal supervised operative training.

5.1.9. Parallel operating lists are **not** generally recommended for reasons of patient safety. There may be situations where they would be acceptable, however, provided that they are of obvious benefit to the trainee, are properly supervised by a designated consultant supervisor and there is no additional risk to the patient.

### Ward Rounds

5.1.10 There must be consultant led ward rounds where there is the opportunity to discuss patient management, including pre and post operative issues

### Clinics

5.1.11 There must be exposure to appropriate multi-disciplinary clinics, with at least one elective outpatient clinic per week in which the surgical trainee sees both new and follow-up patients and discusses the findings and management plan with his/her supervising consultant.

5.1.12 There should be additional special interest clinics appropriate to the trainee's stage of training.

5.1.13 There must be exposure to appropriate aspects of patient care such as pre-admission clinics, dressing clinics, physiotherapy and occupational therapy support.

### Emergency admissions

5.1.14 There must be an involvement in the assessment and management of patients who present on an emergency basis.

5.1.15 An emergency receiving rota must recognise the restrictions of the EWTD

5.1.16 Since the EWTD restricts emergency exposure, it is recommended that trusts adopt innovative approaches to allow trainees as much access as possible to training opportunities during the working week.

5.1.17 Emergency receiving rotas must not restrict the training opportunities of the trainees, particularly where the majority of training opportunities occur during normal working hours

5.1.18 Whenever possible, there should be continuity of trainee involvement with patients admitted during on-call periods within the constraints of the EWTD. For example, a trainee who assesses the patient as an emergency should manage them subsequently under the supervision of the supervising consultant.

### Facilities

5.1.19 There must be exposure to and experience of the management of the critically ill surgical patient.

5.1.20 ITU, HDU and where necessary paediatric provision must be considered adequate for the clinical needs of the unit. The actual bed numbers will be dependent on local factors.

5.1.21 There must be access to appropriate and timely diagnostic imaging facilities.

#### Specialty specific guidance

The following recommendations from the surgical SACs are applicable to trainees from ST3 onwards (ST2 for OMFS) unless otherwise specified.

#### General Surgery

5.1.22 At least 40% of major emergency cases should be classified as supervised.

5.1.23 Of the index cases which are suitable for the trainee's stage of training a minimum of 50% of these cases should be done by the trainee whilst supervised by the trainer.

5.1.24 Regular endoscopy lists should be available according to the needs and declared specialty interests of the trainee.

#### Neurosurgery

5.1.25 Neurosurgical trainees must be regularly involved in multi-disciplinary neurointensive care ward rounds.

5.1.26 Trainees in the initial and intermediate training stages must regularly attend multi-disciplinary neuro-oncology meetings with the involvement of neuropathology and neuroradiology services.

#### Oral and Maxillofacial Surgery

5.1.27 There must be access to and support from a maxillofacial technical laboratory.

5.1.28 In addition to Oncology MDTs, trainees must be exposed to regular joint clinics with Orthodontics and Restorative Dentistry

#### Otolaryngology

5.1.29 Trainee must have exposure to operative techniques in laser surgery

5.1.30 Each training department training should provide 500 operative cases per trainee per annum, of which 300 should be major cases. Each trainee should have 200 or more cases in his or her logbook for each year of training.

5.1.31 Trainees should attend 4 operating lists and 3 clinics (including one special interest clinic) per week.

5.1.32 Clinic numbers should conform with ENT UK guidelines

5.1.33 There should be adequate exposure to emergency otolaryngology, within the context of the EWTD, The SAC recommends a minimum of 300 nights on call throughout the training programme

#### Paediatric Surgery

5.1.34 There must be exposure to a paediatric intensive care unit (PICU) where the trainee will have the opportunity to contribute appropriately to surgical decision making.

5.1.35 There must be a Paediatric Pathology service contributing to surgical decision making and feedback.

5.1.36 Rotational training programmes should be constituted in a way that ensures that trainees have access to the full range of subspecialties, including neonatal surgery, gastro-enterology, oncology and urology.

#### Plastic Surgery

5.1.37 There should be an average of more than 300 operative procedures per year documented in a trainee's logbook, reasonably balanced between trauma and elective cases.

5.1.38 There must be appropriate multi-disciplinary clinics for the specialties in that unit.

5.1.39 There must be training in the management of burns in a Burns Centre or Burns Unit.

#### Trauma and Orthopaedic Surgery

5.1.40 There must be facilities for trauma and emergency operating, (ideally a designated trauma list) during which trainees do a high proportion of the operating, under supervision. The amount of supervision will vary according to the competence of the trainee.

5.1.41 There should be an average of 250-300 operative procedures per year documented in a trainee's logbook, reasonably balanced over the course of the training programme between trauma and elective cases.

5.1.42 There must be access to fracture clinics in the majority of attachments at which trainees see both new and follow-up patients under consultant supervision.

5.1.43 There should be specific and formally arranged opportunities for trainees to be taught the principles and techniques of cast application.

**5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post**

5.2.1 The number of programmes will be agreed locally (and nationally for the smaller specialties).

5.2.2 Programmes should be developed along themed and generic lines and be consistent with the PMETB-approved curriculum

5.2.3 Trainee rotations must be planned to meet individual trainee needs. Rotations should provide each trainee with a structured progressive training that meets the needs of the curriculum and fulfils the requirements of assessment. Programmes should be planned to encourage the development of appropriate special interests and Advanced Training.

5.2.4 The training opportunities of each post will be assessed and agreed by the programme director and confirmed at the start of each trainee attachment by the consultant trainer.

5.2.5 If any programme cannot offer training in an area of the curriculum, such training must be made available to trainees at alternative centres after discussion with the post-graduate dean.

**5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good Medical Practice***

**5.4 Trainees must be able to access and be free to attend training days, courses, resources and other learning opportunities that form an intrinsic part of the training programme.**

5.4.1 There must be a structured programme of consultant led teaching, based on the relevant surgical curriculum. Trainees should be normally be required to attend, free from any clinical commitments. According to arrangements this could be organised at trust or school of surgery level

**(ii) Assessment**

**5.5 The overall purpose of the approved assessment system must be documented and in the public domain and must be implemented**

5.5.1 The Deanery is responsible for the appraisal and assessment system, which should include an appeals mechanism which meets the requirements of the ISCP.

5.5.2 The ARCP process should involve the participation of an SAC liaison member fulfilling the role of independent external specialist

5.5.3 Documentation for the ARCP process must be completed within the required timescales by the trainers/educational supervisors for every post undertaken in that year

5.5.4 There must be adequate time within the job plan of the clinical supervisor and the educational supervisor for completion of the workplace based assessments.

**5.6 The purposes of each and all components of the approved assessment system must be specified and available to the trainees, trainers, professional bodies including the regulatory bodies and the public.**

5.6.1 These are available at [www.iscp.ac.uk](http://www.iscp.ac.uk) and [www.ocap.org.uk](http://www.ocap.org.uk);

**5.7 The sequence of approved assessments must match the progression through the career pathway.**

**5.8 Individual approved assessments within the system should add unique information and build on previous assessments.**

### **(iii) Appraisal**

**5.9 Trainees must have regular feedback on their performance within each post.**

5.9.1 All trainees should have at least one appraisal with feedback during every post

## **Domain 6 Support and development of trainees, trainers and local faculty**

**Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.**

### **(i) Induction**

**6.1 Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; and their duties and reporting arrangements to ensure they are told about departmental policies and to meet key staff.**

6.1.1 The departmental induction must be undertaken within the first week of the trainee starting the post.

6.1.2 It must include documentary evidence of attendance and provide information about departmental protocols and administrative information.

6.1.3 The induction process must be evaluated by trainees.

**6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives for the trainee to achieve in the post.**

6.2.1 The meeting will agree the learning agreement, personal development plans, schedule of assessors and assessments in line with the assessment framework and the schedule of meetings

### **(ii) Educational supervision**

**6.3 Trainees must have a designated educational supervisor.**

6.3.1 The trainee should meet their assigned Educational Supervisor (AES) within the first two weeks in order to agree and document the trainee's programme of learning through the relevant surgical curriculum ([www.iscp.ac.uk](http://www.iscp.ac.uk) or [www.ocap.org.uk](http://www.ocap.org.uk));

6.3.2 This Educational Supervisor must be a consultant surgeon, allocated by the Programme Director, who can demonstrate that s/he meets the standards for trainers outlined by PMETB

#### **6.4 Trainees must sign a training/learning agreement at the start of each post.**

6.4.1 Programme Directors will establish a Global Objective for each trainee at the start of each programme level.

6.4.2 Agreements will set and record goals in terms of attaining syllabus competences against a specific time frame.

#### **6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).**

6.5.1 A system must be in place to ensure that trainees maintain an up to date personal portfolio containing the information defined by the JCST and any statutory bodies such as the GMC or PMETB.

6.5.2 Trainees must have evidence of previous work from their logbook available for the meeting with the AES and for the ARCP.

6.5.3 Evidence of assessments and meetings should be recorded through the relevant surgical curriculum ([www.iscp.ac.uk](http://www.iscp.ac.uk) or [www.ocap.org.uk](http://www.ocap.org.uk)).

#### **6.6 Trainees must have further meetings with their educational supervisor (or representative) at least every three months, to discuss their progress, outstanding learning needs and how to meet them.**

6.6.1 Progress must be monitored and both trainee and clinical supervisor(s) alerted if there is a possibility that goals agreed at the start of an attachment may not be adequately met.

#### **6.7 Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty.**

6.7.1 The Deanery should clearly define, with reference to the STCs, the roles within the School which allow confidential feedback at regular intervals.

6.7.2 Mechanisms must be in place for trainees to provide confidential feedback. This may be to the educational supervisor, the SAC Liaison Member or another trainer, typically from another training unit.

#### **6.8 There must be ready access to career advice and support.**

6.8.1 The Deanery/PGSoS should provide this, or trainees may request external career advice from their SAC liaison member or via the SAC Chair.

### **(iii) Training**

#### **6.9 Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy).**

6.9.1 There must be an appropriate balance of elective and emergency work opportunities for learning.

#### **6.10 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.**

See also section 5 above for additional detail

#### **6.11 Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.**

6.11.1 The STC should support the Trust and Deanery in implementing anti-bullying and anti-harassment policies.

#### **6.12 While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the approved curriculum.**

6.12.1 Service demands must be organised to ensure that trainees can attain their educational objectives (some of which can only be met by the direct provision of patient care).

#### **6.13 Trainees must regularly be involved in the clinical audit process, including participating personally in planning, data collection and analysis.**

6.13.1 There must be opportunities for the trainees to attend clinical governance meetings e.g. audit, mortality and morbidity sessions.

6.13.2 Trainee will lead the planning, data collection and analysis of a clinically relevant audit in each of their training stages.

#### **6.14 Access to Occupational Health services for all trainees must be assured**

#### **6.15 Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity.**

(See section 5 above for additional detail.)

6.15.1 Trainees will attend relevant multidisciplinary team meetings.

**6.16 Trainees must be able to access training in generic professional skills at all stages in their development.**

6.16.1 It is expected that the programmes will fulfil the requirements of the relevant surgical curriculum (ISCP or OCAP) in relation to generic professional development.

**6.17 Trainees must have the opportunity to learn with, and from, other healthcare professionals.**

**6.18 Access to confidential counselling services should be available to all trainees when needed.**

6.18.1 The Deanery will define the roles within its structure to deliver and monitor pastoral care.

6.18.2 In addition to local systems, (which might include programme director, STC chair, the head of school and the Dean) the SAC Liaison Member should also be contactable for confidential counselling and career advice. Additionally some SACs have members with specific responsibility for trainees.

**(iv) Study leave**

**6.19 Trainees must be made aware how to apply for study leave and be guided as to appropriate courses and funding.**

6.19.1 The Deanery, through the School of Surgery, should issue guidance on the process for study leave applications.

6.19.2 The STC in conjunction with school of surgery will set out local arrangements for study leave applications, funding and appeals.

6.19.3 The SACs should be able to give advice on approved courses and programmes.

6.19.4 The study leave programme for a trainee will be agreed by that trainee and the Programme Director, taking into consideration the stage of training.

**6.20 Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service**

6.20.1 There should be funding available for trainees to make appropriate use of study leave.

**6.21 The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.**

## **(v) Academic training**

### **6.22 Trainees should be exposed during their training to the academic opportunities available in their specialty.**

6.22.1 The School of Surgery should set standards and have transparent processes in place in relation to academic training.

6.22.2 The School of Surgery must have a system in place to ensure that trainees, as part of their general portfolio, maintain an up to date research portfolio

6.22.3 There should be a well coordinated and productive research programme, ideally based in an academic unit.

6.22.4 All trainees must have opportunities to develop competence in the critical assessment of scientific literature. This may be achieved through journal clubs, evidence-based medicine courses, case presentations with literature reviews and participation in basic and applied research.

6.22.5 The STC will have an academic lead to maintain a register of research projects and initiatives and liaise with trainees as they progress through the training programme. The academic lead will ensure access to a programme of teaching in research methodology.

6.22.6 Opportunities for academic training should be detailed in the e-Logbook.

6.22.7 There should be encouragement for trainees to plan a period of advanced training or research outside of the programme at other units either in the UK or abroad, in order to broaden their outlook and develop special interests, within the parameters set by the SACs and PMETB for out of programme training (OOPT), research (OOPR), experience (OOPE) or career breaks (OOPC)

### **6.23 Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour.**

### **6.24 Trainees who elect, and are competitively appointed to, follow an academic path must be sited in flexible approved programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes).**

6.24.1 The Schools of Surgery should set standards and have clear and transparent processes in place to accommodate and encourage Academic trainees.

## **Standards for trainers**

**Standard: Trainers must provide a level of supervision appropriate to the competence and experience of the trainee**

**6.25 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.**

**6.26 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.**

6.26.1 Educational and Clinical Supervisors must be registered with the relevant surgical curriculum (ISCP or OCAP).

**6.27 Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance, advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern**

**Standard: Trainers must be involved in and contribute to the learning culture in which patient care occurs**

**6.28 Trainers must ensure that clinical care is valued for its learning opportunities: learning and teaching must be integrated into service provision.**

**6.29 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions**

**Standard: Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees**

**6.30 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role**

6.30.1 Designated sessions should be identified within the job plan of the AES. Approximately 0.25 PA per trainee is the usual requirement, with more pro rata for those with additional roles.

**6.31 Deaneries must have structures and processes to support and develop trainers**

**6.32 Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer**

**6.33 GP trainers must be trained and selected in accordance with the *General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*.**

**Standard: Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.**

**6.34 Trainers must have knowledge of, and comply with, the PMETB regulatory framework for medical training**

**6.35 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme**

6.35.1 The roles and responsibilities within the School of Surgery must be clearly defined and supervisors must meet the person specifications set out by the Deanery.

6.35.2 The STC, working with heads of department and other appropriate clinical line managers, will define and make explicit the responsibilities and working relationships, including any supervisory or teaching roles that exist between paramedical staff and specialist trainees within the department.

## **Domain 7 Management of Education and Training**

**Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.**

**7.1 Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes.**

7.1.1 A School of Surgery will manage provision of training within each Deanery.

7.1.2 Heads of Schools of Surgery, Programme Directors, Educational and Clinical Supervisors should be appointed and should conduct themselves in line with guidance on roles, including indicative person specifications, published by the JCST

7.1.3 Specialty Training Committees will be responsible for the operational management of surgical training programmes working within their Schools of Surgery or equivalent body. It is suggested that the STC will include the programme director, at least one educational supervisor from each training unit within the programme, and an SAC Liaison member.

7.1.4 There must be a programme director, with sufficient time and support, responsible for the overall conduct of the education and training programme.

7.1.5 Programme Directors should be full members of the board of the School of Surgery.

7.1.6 There must be clear lines of communication between the School of Surgery and employing organisations, particularly in relation to 7.3 and 7.4 below.

**7.2 The schedule must set out the responsibilities and accountabilities of the postgraduate dean, Royal Colleges/Faculty/specialty associations, programme directors and other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes.**

**7.3 There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.**

**7.4 It is highly desirable that all employing organisations, as local education providers of postgraduate medical education and training, have an executive or non-executive director at Board level, responsible for supporting training programmes, setting out responsibilities and accountabilities for training, and for producing processes to address underperformance in medical training.**

**7.5 There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level, such as directors of medical education and Board level directors with executive responsibility, such as medical director, finance director, or director of clinical governance.**

## **Domain 8 Educational Resources and Capacity**

### **Standard The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum**

**8.1 The overall educational capacity of the institution and any unit offering training posts within it must be adequate to accommodate the practical experiences required by the approved curriculum, along with the educational requirements of all health care professionals in the same unit.**

8.1.1 There must be Trust support and resources to ensure that consultants have time and opportunities to provide training and assessment.

8.1.2 The Schools of Surgery should ensure that the standards for training are clearly communicated to education providers such as Trusts. Education providers in turn should be aware of their roles and responsibilities and have defined structures to ensure delivery of the standards for training. The Schools of Surgery should identify providers which are failing to meet these standards.

8.1.3 Appropriate facilities must be provided consistent with good clinical practice, patient care and training.

8.1.4 The ratio of Consultant to Middle Grade staff must be appropriate for the training needs of the establishment. We recommend an approximate 1:1 ratio of Consultant trainer to trainee.

8.1.5 Appropriate accommodation and facilities must be provided when resident on-call.

**8.2 There must be access to educational facilities (including a library), and resources (including access to the Internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the programme as specified in the approved curriculum.**

8.2.1 There must be access to computers (in a 'trainees' room') with appropriate software for word-processing and data processing, and internet access.

8.2.2 There must be an IT system for accurate retrieval of data for the purposes of audit and research and to provide accurate activity figures

8.2.3 There must be a well stocked library, with ready access to core reference and surgical technique textbooks 24 hours a day and containing contemporary texts and the major journals or electronic alternatives. The library should provide access to Medline, Cochrane database and Internet searches.

**8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account**

**of the impact of the training needs of others (e.g. undergraduate medical students, undergraduate and postgraduate health care professionals and non-training grade staff). With regard to trainers, including clinical supervisors, adequate time for training must be identified in their job plans (see also 1.3).**

8.3.1 The job plans of consultant trainers must allow them to make a full commitment to the PMETB and specific training standards.

8.3.2 It would not be usual for a single consultant to be clinical supervisor to more than two or occasionally three specialty trainees, except in very specialised subspecialty fields

**8.4 Relevant specialty specific educational resources must be available and accessible where these are stipulated in PMETB-approved curricula e.g. clinical skills centres, 'wet labs'.**

8.4.1 A clinical skills teaching facility must be available within each training programme.

#### Specialty specific guidance

##### Cardiothoracic Surgery

8.4.2 There should be ready access in each programme to a wet lab equipped specifically for the needs of cardiothoracic trainees.

##### Oral and Maxillofacial Surgery

8.4.3 There should be access to microsurgical training.

##### Otolaryngology

8.4.4 There must be access to cadaver training in temporal bone surgery and endoscopic sinus surgery.

##### Neurosurgery

8.4.5 Trainees must have access, through their training programme or through national courses, to:

- neuroanatomical prosections;
- skill-centre training in neuronavigation;
- skill-centre training in the use of powered instrumentation;
- skill-centre training in microsurgical skills;
- wet-lab training in microsurgical operative anatomy and surgical approaches appropriate to their training stage and specialist interests.

## Trauma & Orthopaedic Surgery

8.4.6 There must be a plaster room with at least one trained plaster nurse / technician (i.e. holding BOA / SON / AOT certificate or equivalent) in each unit treating fracture patients.

### **8.5 Trainees must have access to meeting rooms and audio-visual aids.**

8.5.1 All training units must have a seminar room with digital projection facilities, intranet connections including PACS and internet access.

## **Domain 9 Outcomes**

**Standard:** The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

**9.1** Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes. As part of the Quality Framework, PMETB will establish requirements for a minimum data set. This will be part of regular reports, as specified, from the postgraduate deaneries.