

## Section A

### Regulations for higher surgical training

#### A1 Introduction

This document sets out the regulations for higher surgical training (HST) in the UK and Ireland in respect of the 9 surgical specialties covered by the Joint Committee on Surgical Training (JCST – previously the Joint Committee on Higher Surgical Training). It applies to UK trainees appointed to Specialist Registrar (SpR) posts before 31 December 2006; separate guidance will be available for UK Specialty Registrars (StRs) appointed to run-through training programmes starting on or after 1 August 2007 and for trainees originally appointed to SpR posts who have chosen to switch to the new run-through curriculum. Curricula for the 9 specialties were drawn up in accordance with the requirements of the chief medical officer's (CMO's) 1994 report on higher specialist training and guidelines for Calman trainees. The Royal College of Surgeons in Ireland subscribes fully to the substance and tenor of this report. There are, however, a number of structural and operational differences in the healthcare system, appointments procedures and surgical training in the Republic of Ireland. The relevant details, set out in a supplementary leaflet, may be obtained from the Registrar, Royal College of Surgeons in Ireland (see Contacts). This manual should be read in conjunction with *A Guide to Specialist Registrar Training* (the 'Orange Book' published by the Department of Health February 1998) and the curriculum documents for each particular surgical specialty. While Calman trainees will still train according to the rules set out in the Orange Book, some provisions set out in that publication have been superseded by the The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. Any changes have been made explicit in revised chapters in this guide. Both the *Manual of Higher Surgical Training* and the curriculum documents are published on the JCST website at [www.jcst.org](http://www.jcst.org)

## **A2 The aim of higher surgical training (HST)**

The aim of HST is to ensure that trainees satisfactorily complete a comprehensive, structured and balanced training programme, enabling them to enter the GMC's Specialist Register in their chosen specialty and to be eligible for appointment as a substantive consultant in the UK NHS.

HST is monitored and administered by the Joint Committee on Surgical Training (JCST), which represents the four surgical Royal Colleges in Great Britain and Ireland, and the relevant specialist associations. Formerly called the Joint Committee on Higher Surgical Training (JCHST), with the advent of run-through training the committee has expanded its remit to cover all surgical training beyond the Foundation Programme.

The JCST is the advisory body to the surgical Royal Colleges for all matters in relation to surgical training and recommendations for the award of the Certificate of Completion of Training (CCT) by the competent statutory body, the Postgraduate Medical Education and Training Board (PMETB). The JCST is divided into Specialist Advisory Committees (SAC) for each surgical specialty. The JCST and the SACs are administered by a secretariat housed in The Royal College of Surgeons of England. The JCST is funded on a proportional basis by all four surgical royal colleges in the UK and Ireland and by the Department of Health

The nine surgical specialties recognised by PMETB in the United Kingdom and the Republic of Ireland are:

- Cardiothoracic Surgery;
- General Surgery;
- Neurosurgery;
- Oral and Maxillofacial surgery;
- Otolaryngology;
- Paediatric Surgery;
- Plastic Surgery;
- Trauma and Orthopaedic Surgery;
- Urology.

Advanced special interest training is also available in interface posts, which combine curricular elements of at least two of the above specialties (see section B16). All trainees undertaking interface training receive a CCT in their parent specialty. Advanced special interest training is an integral part of the CCT programme, but no areas of special interest are currently recognised by the PMETB as a sub-specialty.

### **A3 Constitution of the JCST**

The composition of the JCST is as follows (to be reviewed in 2008):

- Chairman, appointed by interview, with representation on the interview panel from each of the Royal Colleges;
- College representatives:
  - The President of the Royal College of Surgeons of England;
  - The President of the Royal College of Surgeons of Edinburgh;
  - The President of the Royal College of Physicians and Surgeons of Glasgow; and
  - The President of the Royal College of Surgeons in Ireland.
- The President of the Federation of Surgical Specialty Associations (FSSA);
- The Chair of each of the Specialist Advisory Committees;
- A Chief Executive of one of the Royal Colleges, to attend on rotation.

One representative from each of the following, to attend meetings on rotation:

- The Association of Professors in Orthopaedic Surgery (APOS);
- The Society of Academic and Research Surgeons.

Observers from:

- The Conference of Postgraduate Medical Deans (COPMeD);
- The Association of Surgeons in Training (ASiT)/British Orthopaedic Trainees Association (BOTA);
- Two lay representatives nominated by the surgical royal colleges (one with a background in education);
- Schools of Surgery;
- The Chair of the Joint Committee on Intercollegiate Examinations (JCIE);
- The Chair of the Intercollegiate Committee on Basic Surgical Examinations (ICBSE).

## **A4 Terms of reference of the JCST**

**Interim Version – to be piloted during 2007/8 and reviewed in 2008**

### **Title**

Joint Committee on Surgical Training

### **Reporting Body**

Joint Surgical Royal Colleges of GB&I

### **Role**

To determine the content, structure and implementation of comprehensive surgical training programmes in Great Britain and Ireland, ensuring that standards are developed and maintained and ultimately recommending trainees who are suitably prepared to be entered on the specialty registers.

### **Remit**

To develop, implement and maintain a structured curriculum (Intercollegiate Surgical Curriculum Programme) of training for all 9 specialties within surgery through the Specialty Advisory Committees (SACs) and, where appropriate, Training Interface Groups.

To ensure that surgical training programmes are designed to match the principles of Modernising Medical Careers (MMC) and the training principles of PMETB.

Through the SACs, to recommend to the appropriate statutory body the relevant statement of completion for those trainees who have completed an approved training programme and successfully completed the mandatory examinations and assessment.

Through the SACs, to recommend to PMETB whether candidates applying for admission to the specialist register through the route of equivalence have achieved the appropriate standard, thus maintaining a consistent standard of practice and maintaining patient safety.

To hear appeals against decisions of the SACs and to adjudicate on matters in which they require guidance.

To collaborate with deaneries throughout Great Britain and Ireland and to provide external support to ensure that the quality of training experiences for trainees are maintained and that PMETB and other statutory bodies' standards for training are maintained.

To collaborate with the Schools of Surgery to ensure the consistent implementation of a curriculum and work-based assessment programme in order to maintain standards of training.

To assist in the development of post-completion of training professional development programmes, taking appropriate recognition of the training requirements and assessment methods throughout specialist training.

### **Meeting Frequency**

Quarterly

### **Venue**

Rotation

## A5 Constitution of the SACs

The constitution of each SAC is as follows:

Appointed members:

- A Chair, appointed by interview. The appointment panel should, where possible, comprise of the JCST chairman, the President of the specialty association, a President or vice president of two of the royal colleges on rotation, and a representative of the SAC (for the smaller SACs this might be an outgoing Chair);
- Representatives appointed jointly by the three UK surgical royal colleges;
- Representatives appointed by the appropriate specialist association;
- A representative appointed by the Royal College of Surgeons in Ireland.

Invited members:

- Representatives appointed by the Associations of Academic Surgeons for general surgery, trauma and orthopaedic surgery, otolaryngology, urology, and paediatric. If this is not possible because of a lack of availability of academic representatives, this post may be filled by a royal college representative. However, every effort must be made to ensure that there is full academic representation on the committee;
- One representative from the appropriate European Union of Medical Specialists (UEMS) committee;
- The lead Postgraduate Dean for the specialty;
- The chairman of the Intercollegiate Specialty Board;
- A representative of surgeons in training, usually from the appropriate specialty trainees' association;
- A representative from the Armed Forces for general surgery and trauma and orthopaedic surgery

Recruitment to the SAC must be based on a person specification to ensure that the various college, subspecialty and regional interests are represented on each of the SACs.

Additional invited members may only join the SAC for a specific purpose and with the express agreement of the JCST.

## A6 Membership regulations for SACs

Regulations relating to SAC membership are:

- Members serve for a maximum of five years.
- The Chair may serve for three years from the date of their appointment as Chair, even if this takes them beyond the five-year limit.
- The Deputy Chair may serve for three years from the date of their appointment as Deputy Chair, even if this takes them beyond the five-year limit.
- Members should not normally continue to serve on the SAC for more than one year after retirement from their NHS appointments.
- Members should normally undertake a minimum of six sessions per week in the NHS. However, an individual who does not fall into this category would be considered with approval by the SAC and JCST Chairs.
- Any proposals to alter the constitution of individual SACs should be submitted to the JCST for consideration.
- All members must have attended a *Training the Trainers* course or equivalent appraisal and assessment training, as well as have attended equality and diversity training.
- Members should also have gained education or training experience as a member of their regional Specialty Training Committee (STC).
- Either current elected SAC members or those who demitted membership within 2 years of the vacancy are eligible to apply to be appointed as SAC Chair.
- Membership and Chairmanship of the SAC can be terminated if the person does not fulfil their duties as outlined in the job description.
- Members must be in good standing with the GMC and their employers.

The terms of reference for each SAC are as follows:

1. To keep a register of trainees, in collaboration with Postgraduate Deans, and to recommend to the PMETB for the award of a CCT those who have satisfactorily completed their programmes;
2. To undertake the evaluation of applications from surgeons who have applied for assessment for entry to the Specialist Register under Article 14 and to make recommendations to the PMETB whether they should be awarded a CESR;
3. To draft, update, and maintain the specialty and special interest curricula and related assessments for submission to PMETB for consideration;
4. To monitor trainees' progress through the training programme, to maintain details of their experience and to assist with the annual assessment process in collaboration with Postgraduate Deans and Specialty Training Committees;

5. To submit to the JCST any proposals for modification of programmes or any questions requiring adjudication (e.g. in the case of individual trainees whose reports are unsatisfactory or whose training is not wholly in accordance with an approved programme, or whose eligibility for entry to or continuation in a training programme is in doubt) and to advise the JCST on interface training and workforce issues; and

Regulations relating to Training Interface Group membership are:

- The Chair may serve for three years from the date of their appointment as Chair.
- Members are nominated from their parent SAC, and there are usually two representatives from each relevant specialty.
- Additional members may be co-opted for their particular expertise.
- Members generally serve for the duration of their appointment on their parent SAC.
- The lead Postgraduate Dean will serve for the duration of their appointment as lead dean for the interface specialty.

The Chair of the Interface Group would normally be selected from the group's membership, and in many cases is a former SAC Chair. Usually the chairman rotates between the parent specialties. The existing Interface Groups and their parent specialties are:

- Head and Neck Surgical Oncology, with representatives from oral and maxillofacial surgery, otolaryngology, and plastic surgery;
- Cleft, Lip, and Palate Surgery, with representatives from oral and maxillofacial surgery, otolaryngology, and plastic surgery;
- Hand Surgery, with representatives from plastic surgery and trauma and orthopaedic surgery;
- Breast Surgery, with representatives from general surgery and plastic surgery;
- Cosmetic Surgery, with representatives from oral and maxillofacial surgery, otolaryngology, plastic surgery, and ocular-plastic surgery (representative is a member of the Royal College of Ophthalmologists).

## A7 SAC liaison members

SACs have a system of SAC liaison members, who are responsible for overseeing training on behalf of the SAC in a particular region or regions. Liaison members must not normally work in the region they are representing but, where possible, they should work in an adjacent region. For the larger SACs, liaison members are generally expected to undertake all of the following duties and for the smaller SACs liaison members are expected to undertake some of the following duties with respect to their liaison region(s):

- Liaising with the regional Postgraduate Dean, regional specialty advisors, STC/SAC programme directors, College regional co-ordinators, trainers, and trainees over training issues;
- Attending the Record of In-Training Assessment (RITA) process
- Participation in resolving local problems with trainees where appropriate, and confirming that trainees' documentation is correctly completed at assessments;
- Providing support to the STC;
- Considering whether to give support for applications to PMETB for prospective approval for out of programme experience<sup>1</sup>;
- Assessing, in conjunction with the chairman of the STC and/or the STC/SAC programme director, whether or not any prospectively approved out-of-programme experience meets the requisite standard for the period to count towards a trainee's CCT;
- Agreeing Type 1 trainees' expected CCT dates at enrolment;
- Agreeing Type I trainees' expected CCT dates if they are altered as a result of a change in a trainee's training programme or because of unsatisfactory progress;
- Agreeing Type 2 trainees' year of entry at registration with the relevant SAC;
- Considering whether to give support for a PMETB application for prospective approval to trainees to 'act up' as a consultant;
- Ensuring that new STC/SAC programme directors are approved by the SAC, prior to their being appointed by the Postgraduate Dean;
- Contributing as needed/where possible to deanery-led quality management systems.

From time to time SACs may determine additional duties for the liaison members.

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<sup>1</sup> The RITA is being replaced by the Annual Review of Competence Progression (ARCP) for run-through training.

## **A8 Entry requirements for appointment to the grade**

**Please note that the appointments for Type 1 and Type 2 training programmes in the United Kingdom ceased on 31 December 2006; the following information is for reference only for those in the UK.**

### **Type 1 and LAT training programmes, prior to 1 August 2007**

The minimum entry requirement for appointment to LAT posts (prior to 1 August 2007 only) and Type 1 HST programmes leading to the award of a CCT is the Certificate of Completion of Basic Surgical Training (CCBST), issued by the Intercollegiate Committee for Basic Surgical Training (ICBST). Recruitment to Type 1 training programmes ceased in January 2007 in the UK, but continues in the Republic of Ireland. Therefore, The Royal College of Surgeons in Ireland now issues the CCBST and further information and applications are available at <http://www.rcsi.ie>

Trainees with the Collegiate FRCS/MRCS who started in post prior to 8 June 2006 do not need the CCBST certificate but will need to have completed at least 24 months of BST in a rotation of at least three specialties, including the one they are currently in. However, all trainees with the Intercollegiate MRCS need the CCBST regardless of start date.

### **Type 2 training programmes**

The criteria for entry to the grade and the arrangements for making an appointment to a Type 2 training programme or fixed-term training appointment (FTTA) can be more flexible. However, the appointment procedures must assure the standard required for patient safety. In addition, whether appointed from within or outside the UK, doctors must:

- be judged by the appointments committee to have attained a standard 'similar', although not 'equivalent', to that required for entry to the CCT training programme; and
- demonstrate that they have the experience and qualifications to benefit from the training offered.

The suggested criteria for defining 'similarity' is two years spent in training in the generality of surgery, including at least six months in each of three SAC-defined specialties, a significant proportion of which must be spent working with surgical emergencies and/or care of the critically ill.

Entry to Type 2 programmes in oral and maxillofacial surgery requires individuals to be in possession of both a medical and dental qualification. However, flexibility may still be required in the interpretation of 'similar qualifications' relating to the MRCS or MFDS examinations.

Type 2 trainees who have been successful in obtaining a Type 1 training number must have the CCBST.

## A9 Programme sequence – Type I training

SpRs in HST can expect to follow a structured programme of training and assessment.

Following appointment, Type 1 trainees will have been allocated a national training number (NTN) or visiting training number (VTN). Type 2 trainees will have been allocated a Fixed-term training number (FTN) (see section B3) by the Postgraduate Dean, who must notify the JCST. It is essential that trainees also enrol/register with the JCST secretariat, so that accurate records can be established at the beginning of training and so an expected CCT date can be determined for Type 1 trainees and a year of entry determined for Type 2 trainees.

Trainees will follow the prescribed period of clinical training laid down in the appropriate specialty curriculum. In addition to the mandatory minimum clinical years, flexible time is to be set aside within programmes for advanced (sub-specialty) training, research or other relevant activity. Minimum programme lengths, including the flexible period, are set out in the following table:

Oral and Maxillofacial Surgery	5 years
Cardiothoracic Surgery	6 years
General Surgery	6 years
Neurosurgery	6 years
Otolaryngology	6 years
Paediatric Surgery	6 years
Plastic Surgery	6 years
Trauma and Orthopaedic Surgery	6 years
Urology	6 years/3 years for those starting training after April 2005

Usually upon satisfactory completion of the fourth year (or third for pilot urology trainees), trainees may be eligible to apply to sit the intercollegiate specialty board examination, success in which is a mandatory precursor to the award of the CCT.

Following completion of the requirements for the award of a CCT and submission of all relevant documentation, the SAC will notify the trainee when a recommendation has been made to the PMETB regarding successful completion of a CCT training programme. The PMETB awards the CCT, which is a mandatory precondition for inclusion on the GMC Specialist Register and appointment as a substantive consultant in the NHS.

## **A10 Consultant appointments and end of training**

Trainees who have received satisfactory assessments and passed the appropriate Intercollegiate Specialty Board examination may be interviewed for a substantive consultant post, provided the expected date of award of their CCT (or CESR) falls no more than six months after the date of interview for the substantive consultant post.

Royal College assessors (or national panellists in Scotland) participate in selection and recruitment panels for consultant posts and advise the Advisory Appointments Committee (AAC) on the suitability of an individual candidate's training and experience for a particular post. CCT holders will be allowed to retain their training numbers and continue in their posts/programmes, or another appropriate post on their rotation, for a period of time normally not exceeding six months after the date of completion of training. This may be extended (see section B20). Proleptic appointments are not allowed.