

Section C

Content of training, roles and responsibilities

C1 A suggested timetable, on-call and categories of supervision

**Please note that the guidance outlined below applies only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the guidance outlined in the 'Gold Guide', and the information contained in any subsequent JCST publications.*

The JCST attaches great importance to a proper balance of operating and other clinical experience (including consultant-supervised outpatient clinics and ward rounds), formal education, time for research and study and relaxation and emergency work.

Suggested weekly timetable

A suggested weekly timetable for a trainee may be as follows:

Operating	2–3 sessions
Outpatient clinics	2–3 sessions
Ward rounds (pre and postoperative) with consultant plus daily business round	1–2 sessions
Academic study	1 session
Formal education programme	1 session
Administration, etc	1 session

There should be a minimum of seven clinical sessions and a commitment to emergency work and on-call in accordance with the rota.

On-call arrangements

SpRs are usually not first on-call. However, SpRs may be first on-call provided they are receiving the appropriate training and rotas are arranged for training rather than service reasons.

It is only acceptable for SpRs to act down if this has been agreed in advance by the relevant SAC for training purposes or because of an emergency situation. It is not acceptable for SpRs to be expected to act down because of the introduction of shift work or the long-term absence of junior doctor.

Split site cover

Where out of hours cover has to be provided across Trusts, patient safety is of paramount importance. The trainee is part of a team along with his/her consultant and if the trainee has been called to one site, the consultant should be called for an emergency at another site. The trainee would be expected to act as the contact person for the team. Trainees must not be expected to cover two emergencies at the same time.

Out of hours cover must be arranged so that there is adequate supervision for trainees and they must not be expected to cover emergencies outside their area of competence.

Electronic logbook and categories of supervision

All trainees are expected to maintain an electronic logbook to record operative procedures. They must use the following categories of supervision:

A	Assisting a consultant
SU	Performed with a consultant present, unscrubbed
SS	Performed with a consultant present, scrubbed
P	Performed alone
T	Training a more junior trainee

Trainees must be aware of their obligations under the Data Protection Act 1998.

Cross Cover

Trainees should be given maximum opportunities for training in their chosen specialty, and SpRs should not be used for cross specialty cover during the evening, night or at weekends. It is recognised that with the European Working Time Directive (EWTD) that training opportunities are significantly reduced in all specialties, and that providing cross cover will result in significant EWTD time off, further reducing training.

C2 Content of training

Educational facilities

Trainees should always have access to an adequate library, with operative surgery manuals available out of office hours. Facilities for computer literature searches must be available. Skills practice facilities should be available locally, for example in theatre complexes. Office space with internet access should be provided.

Audit

Clinical audit is regarded as a vital component of training.

Study leave

Trainees will require protected time for study and tuition within the training location and participation in full or part-time courses elsewhere. Postgraduate Deans will manage the study leave budget. SACs have, in some cases, specified those courses which are required and/or recommended for higher surgical trainees to attend during HST. These are listed in the relevant curricula. For further information, please see section 15 of *A Guide to Specialist Registrar Training*.

Exceptional leave

The whole training programme must be completed. SACs have the discretion to allow an interruption in a training programme of up to three months. Trainees will need to make up, at a later date, any break in their training that exceeds three months, for whatever reason, including pregnancy and sickness.

Defence medical services

The SACs have agreed to support three month electives with the defence medical services towards the award of CCT, provided the following conditions are met:

- The proposed training is compatible with the requirements of the CCT programme;
- The placement and proposed training is supported by the postgraduate dean and the SAC;
- The placement has the prospective approval of the PMETB
- The trainee has a named supervisor during the elective period; and
- The supervisor provides a training assessment report which feeds into the RITA process at the end of the year.

Training / experience in developing countries

The SACs will consider applications from trainees wishing to train in developing countries as part of their Type 1 training programme, although prospective approval must be given by PMETB via an application from the Deanery. The SACs may allow up to three months spent in unsupervised posts to count toward the award of a CCT. If a trainee can provide satisfactory evidence that the training will be supervised and will be of an equivalent level to the training that they would receive in an SAC approved training slot, the SAC may allow, in exceptional circumstances, up to six months of the post to count towards the award of a CCT. If a period of training in a developing country is approved by the SAC, the trainee would utilise their exceptional leave allowance and would need to make up, at a later date, any additional break in their training. The JCST encourages trainees' to undertake training in a developing country and will support an application to the Postgraduate Dean to keep their contract whilst they are out of programme.

Training in the private sector

This training must be properly supervised in a slot specifically approved by the PMETB for training purposes.

Indemnity for junior doctors working in the private sector

All trainees are encouraged to take out separate indemnity through organisations such as the Medical Defence Union, Medical Protection Society or Medical and Dental Defence Union of Scotland. Trainees should refer to the publication *NHS Indemnity Arrangements for Clinical Negligence Claims in the NHS*. (Department of Health, 1996). It should be noted that for separate private institutions the following applies (there is an exception where private work is carried out in an NHS hospital):

- for junior doctors who need to work in the private sector in order to gain educational experience, they are either seconded from the NHS and therefore carry with them their own crown indemnity or they need to be separately indemnified in the private sector for this work;
- for junior doctors who are working in the private sector, purely in the role as an assistant to a consultant performing operations, etc, it is necessary for them to be covered by separate indemnity insurance, as crown indemnity will not carry over for this purpose.

Trainees working in an NHS unit and operating in a private hospital must check with their employing trusts regarding their indemnity.

It is not the role of the JCST to regulate private practice work undertaken by trainees outside their normal contracted hours. However, trainees must note that they are not to undertake any outside activities that may have a detrimental effect on their training or breach the European Working Time Directive.

C3 The role of the SAC and the postgraduate dean

Responsibility for HST is overseen by the PMETB as the regulatory body for the UK, and is shared between the postgraduate deans and the surgical Royal Colleges via the JCST. The co-ordination of training between stakeholders is the responsibility of the Chair of the local Specialty Training Committee (STC).

The PMETB's responsibilities are set out on their website (www.pmetb.org.uk) but please note that these apply to trainees **appointed to run through training**.

The SAC is responsible for:

- determining the entry criteria for HST in the relevant specialty (no longer the case, as recruitment to HST has now ceased);
- formulating the surgical curricula and assessment strategies for HST;
- advising PMETB and deaneries on educational approval of training slots and programmes;
- enrolling Type 1 trainees and confirming their expected CCT date;
- registering Type 2 trainees and confirming their year of entry to the SpR grade;
- supporting any period a trainee spends outside their training programme to contribute to an application for prospective approval by PMETB;
- prospectively approving LTFT training in educationally-approved slots and supporting applications to PMETB in supernumerary slots;
- defining the exit criteria from HST;
- determining when an individual trainee has satisfied the exit criteria and recommending that trainee to the PMETB for the award of a CCT;
- maintaining a database of higher surgical trainees, including a record of their training;
- maintaining records of PMETB recognised training slots; and
- supporting the appointment of programme directors (see section C4).

The SAC is not responsible for:

- the appointment of trainees to training programmes;
- the numbering of individual trainees with NTN, VTN or FTN;
- the availability and allocation of numbers (NTN, VTN or FTN);
- delivering the required training to trainees;
- the placement of trainees;

- determining whether an individual trainee is eligible to sit the Intercollegiate Specialty Board examination;

Postgraduate deans are responsible for:

- the appointment of trainees to training programmes;
- maintaining records of trainees;
- maintaining records of educationally approved slots (non-approved slots are not training slots);
- organising slots into training programmes in collaboration with STC/SAC programme directors;
- ensuring PMETB educational approval of all training posts and programmes;
- the approval and utilisation of study leave;
- the numbering of individual trainees with NTN, VTN or FTN;
- allocating training numbers (NTN, VTN or FTN);
- funding the basic salary of trainees (see section D1);
- delivering required training to trainees;
- ensuring the assessment of trainees;
- advising the SAC of an individual trainee's appointment and his/her training number;
- sending copies of RITA forms in a timely fashion to the SAC; and
- the appointment of the STC/SAC Programme Director (see section C4).

The deanery is not responsible for:

- recommending an individual for a CCT.

The STC:

- is an instrument of the Postgraduate Dean and the Chairman is responsible to the Postgraduate Dean;
- is likely to have many of the responsibilities listed above delegated to it by the postgraduate dean; and
- may decide on priorities for new training slots.

The Regional Specialty Adviser:

- is an appointment by the College in England and Wales and a joint appointment between the College and the Postgraduate Dean in Scotland; and

- is responsible for advising about professional matters relating to the particular specialty at all levels. Examples include: approving job descriptions for consultant appointments; advising the SAC; and assisting the SAC in monitoring and maintaining standards of HST.

The STC/SAC Programme Director has the following responsibilities (see section C4):

- the organisation of the training programme including the core curriculum programme;
- ensuring a planned, progressive programme of training and education for the trainee;
- the determination of the proposed CCT date for all Type 1 trainees with the Postgraduate Dean, for confirmation by the SAC;
- ensuring that the assessment process is regularly carried out and the completed forms are sent to the SAC and Postgraduate Dean; and
- advising the SAC on the year of entry to the SpR grade for Type 2 trainees in their training programme.

The Intercollegiate Specialty Board:

- ensures that an individual trainee has the necessary support to sit the Intercollegiate Specialty Board exam by confirmation of the trainee having completed the necessary training; and
- makes the final decision on eligibility to sit the examination based on the information provided.

C4 Training Programme Director

The Training Programme Director (or Programme Director) will be appointed to each rotational training scheme which provides a programme of higher training in a surgical specialty. Programmes are provided within regions by a group of hospitals but, in some instances, schemes cross regional boundaries.

A Programme Director acceptable to the Postgraduate Dean and the SAC will be appointed by the Postgraduate Dean. The Programme Director is managerially responsible to the Postgraduate Dean for the delivery of training to the standards set by the Royal Colleges and professionally responsible to the PMETB and the JCST, via the relevant SAC, for the content and quality of training.

The Programme Director will either be nominated by the trainers in the particular specialty in the region and the academic department, where relevant, or by appointment following an application, shortlisting and interview process.

The Programme Director must:

- be practicing as a substantive consultant in the NHS for a minimum of six sessions;
- be recognised as a trainer;
- practice in a hospital which is recognised for training in the appropriate specialty;

It is important that any Programme Director is appointed with the support of the local trainers. Therefore, if there is more than one nomination then a vote will be held. Normally the Programme Director will be or have been a member of the STC.

The appointment will normally be for five years with a possible extension for a further three years if there is no other candidate to stand.

If there is a conflict between the Postgraduate Dean over the appointment, this would be discussed between them and be referred to the lead dean and/or the JCST if appropriate.

The duties of the Programme Director are:

- To advise trainees on all aspects of HST;
- To ensure that trainees notify the JCST of their entry into HST within three months of appointment;
- To arrange a balanced programme, implement the curriculum and be responsible for the planned progressive programme of education and training of each trainee;
- To be responsible for organising the training sequence to meet the needs of the trainee;
- To ensure that each slot delivers the education and training expected for that period and to feed back to the consultants involved any unsatisfactory reports from trainees. The Programme Director, in conjunction with the STC and the SAC, may withdraw a placement which is considered unsuitable to the needs of the trainee;

- To arrange the cycle of academic lectures, which should be published in advance and to keep a register of attendance at the core educational meetings of the training programme. This may be delegated to another member of the STC;
- To liaise with the Postgraduate Dean and the appropriate STC;
- To monitor logbook entries by regular inspection with the STC through the RITA process;
- To ensure that trainees are prepared for admission to the Intercollegiate Specialty Board examination at the appropriate time, allow only trainees who are suitably trained to apply for the exam, and to provide references to applicants;
- To give guidance to those trainees who fail the Intercollegiate Specialty Board examination;
- To ensure that a yellow trainee assessment form is completed for each trainee in their training programme every six months. This form must be discussed with, seen and signed by the trainee and the original should be sent to the JCST offices, with copies retained by the Programme Director, Postgraduate Dean and trainers. A copy of the forms should be used as part of the evidence at the annual RITA meeting.
- To arrange the annual RITA process with the Postgraduate Dean for all SpRs;
- To guide and stimulate the trainee to carry out clinical audit as well as clinical and basic research;
- To advise the trainee with regard to the appropriate use of study leave;
- Concurrently with the completion of the trainee assessment forms, to arrange for completion of the green training post-assessment form by each trainee. These forms are not to be seen by the individual's trainers. Original copies will be retained by the JCST office and copies may be held by the Postgraduate Dean and Programme Director (in the larger specialties) only. The Programme Director is to give anonymous feedback to units and ensure any problems highlighted are investigated;
- To keep the SAC informed of and seek advice on any changes in the training programme;
- To advise the Postgraduate Dean on:
 - the facilities needed for training; and
 - the minimum learning requirements necessary to complete training;
- To arrange for the contribution of the SAC to deanery-led quality control mechanisms in line with PMETB's recommendations;
- To be responsible for counselling individual trainees as necessary;
- To advise on the prospective CCT date for new SpRs on Type 1 training programmes and the year of entry for SpRs on Type 2 training programmes, which will be subject to confirmation by the SAC;
- To advise the SAC on prospective support for, and final recognition of time spent by SpRs in research, training slots outside the UK and LAT appointments; and

- To provide a final report on a trainee to feed into the RITA G, to be provided to the SAC to assist with recommendation for the CCT.

C5 The trainer

The trainer is a consultant surgeon of the team or within the unit in which a trainee is placed. In order to be a trainer it is necessary for a consultant to be on the Specialist Register and have been appointed to a substantive NHS (or Irish Health Service) consultant, university, or Defence Medical Services post by a properly constituted AAC with the approval of the college assessor/national panellist. This includes senior clinical academic posts where the incumbent wishes to train SpRs.

Trainers should meet the standards listed below and be provided with protected time and resources for teaching and supervision and his/her own CPD.

Trainers must:

- be listed on the GMC Specialist Register (trainers in the UK) or the IMC Specialist Register (trainers in the Republic of Ireland);
- normally undertake a minimum of six sessions in the NHS. Any individual who does not fall into this group will require specialty consideration by the SAC and JCST chairmen for approval as a trainer;
- have successfully completed a *Training the Trainer* course or equivalent;
- have successfully completed an assessment/appraisal course;
- be able to assess learning needs;
- be able to identify teaching objectives;
- be able to teach in the operation theatre, in the outpatient clinic and on a ward round;
- be experienced in small group techniques;
- be able to use educational technology, if appropriate;
- be capable of teaching evidence-based medicine;
- participate in research;
- participate in audit; and
- have supervised a junior.

The duties of the trainer are:

- to continuously appraise the trainee throughout the appointment to HST, and to diligently and accurately complete the assessment forms at least every six months;
- to arrange and implement regular clinical teaching and training at the bedside, in the outpatient department and in the operating theatre. This includes supervision of emergency

work. There must be a balance between training, education and service activities during each working week;

- to identify and provide support and assistance to remedy defects in the knowledge and performance of the trainee;
- to personally supervise operative teaching and training rotations in a progressive and planned way, including preoperative and postoperative ward rounds;
- to ensure that the trainee's programme allows time for reading, personal study and clinical research;
- to safeguard the trainee's attendance at core curriculum teaching meetings;
- to guide and support a trainee's application for appropriate study leave with expenses;
- to guide and stimulate the trainee to carry out clinical research and basic research where appropriate;
- to ensure that the trainee has access to 'new' outpatients, to provide adequate opportunities to follow up patients, particularly those whom he/she has treated and to ensure that the trainee is suitably supervised in the outpatient clinic;
- in consultation with the trainee, to complete the six-monthly assessment forms at the appropriate time;
- to keep up-to-date in the specialty through continuing professional development;
- to ensure that there is an appropriate balance between service commitment and training in each training slot;
- to ensure that the trainer sets aside time during each week for training;
- to ensure the volume and content of training lists and clinic sessions reflects the additional time required for training; and
- to ensure appropriate delegation of training to non-consultant staff.

The minimum commitment of the trainer will be, on average:

- two to three supervised operating lists a week, during which the trainer and the trainee are normally expected to be in the same operating theatre. The degree of supervision will take into account the level of experience and competence of the trainee;
- two to three clinics per week, during which the trainer is present to discuss 'new' and 'old' cases;
- a minimum of one ward round per week when inpatients are reviewed, particularly those to be operated on during lists attended by the trainee, whether operating or assisting (where a trainee has more than one trainer, the total training time may be shared); and
- supervision of emergency work, including both in-patient care and operative management.

Individual trainers are committed to regular contributions to the formal training activities of the unit and programme.

Locum consultants

The JCST has agreed that locum consultants can act as trainers for SpRs under certain specific circumstances:

- the locum consultant must be a locum for an established consultant post which is currently vacant;
- a locum consultant cannot act as a trainer if they hold a newly created locum post; and
- the locum post must be covering a consultant absence of no more than three months.

The supervision of the SpR must be split between the locum and a substantive consultant so that the trainee is not working solely for a locum consultant during the period. This also applies to SpRs acting up as consultants who should not be solely responsible for other SpRs.

Delegation of training:

A consultant trainer may delegate a clearly defined aspect of SpR training to other individuals, including staff and associate specialists etc. It is the responsibility of the consultant trainer to ensure appropriate delegation and supervision and the consultant trainer retains the overall responsibility for training.

In addition, whilst the consultant trainer remains ultimately responsible, they may delegate some of the day-to-day training of more junior doctors to SpRs at their discretion and under their supervision, provided neither the SpR nor the junior doctor exceeds the limits of their capabilities.

C6 The trainee

The trainee covered by this guide is a surgeon appointed to a recognised HST scheme before 31 December 2006, and holding an NTN, VTN or FTN or in a LAT appointment. All trainees will be expected to remain on the scheme for the duration of training (unless they decide to transfer to the new run through surgical curriculum) and to participate in all mandatory training activities. The trainee must inform the Postgraduate Dean, the STC and the SAC of any planned divergence from the scheme for activities such as secondment or inter-deanery transfer to other regions or abroad, time spent out of programme in research or in sub-specialty experience. The trainee must also ensure PMETB prospective approval for any periods spent out-of-programme in un-approved posts (see sections B15, B16 and B18) if these are to count towards the CCT.

The duties of the trainee are:

- to enrol/register with the SAC through the STC/SAC Programme Director and the Postgraduate Dean within three months of appointment and ensure the SAC receives a copy of the RITA A form along with an up-to-date CV;
- to ensure that the yellow assessment forms are completed at least every six months - prior to the annual RITA process and at the end of each slot on the rotation;
- to participate fully in the weekly programme of training;
- to seek regular appraisal meetings with trainers;
- to keep an up-to-date electronic logbook in the format currently specified by the SAC. The trainee will ensure that it is signed by the appropriate trainer and is never more than three months out of date. Trainees should be aware of their obligations under the Data Protection Act 1998;
- to report via the green training post-assessment form if the experience in the current slot fulfils the stated requirements of the period of training being undertaken. This form should be submitted to the STC/SAC Programme Director or, if the trainee wishes, directly to the Postgraduate Dean or the SAC. Where a deficiency is recognised, suitable remedial action must be agreed within three months;
- to report to the STC/SAC Programme Director or, failing this, to the Postgraduate Dean or the SAC any problems that cannot be resolved at local level;
- to complete a training agreement with the Postgraduate Dean and to participate in the annual RITA process and to maintain an up to date training portfolio.