

**SAC in Urology**

**Certification checklist for SAC Liaison Members**

**Introduction**

This checklist is to be used as a guide for SAC Liaison Members (LMs) to ensure that trainees satisfy the requirements for certification. This will help ensure that there are no unexpected or unresolved issues for the trainee when applying for CCT/CESR(CP). If there are concerns, these should be documented and an appropriate action plan agreed. Evidence should be available within the ISCP to inform this checklist.

**Operative Skills**

LMs should review the trainee’s consolidated eLogbook report. They should consider to what extent the trainee has achieved the terms of the SAC in Urology certification guidelines and indicative operative numbers for the specialty, and should ensure that the trainee has covered the breadth of the specialty curriculum during their training. As well as numbers performed, trainees should be able to demonstrate competence to the standards for technical skills as set out in the curriculum, with supporting procedure-based assessments (PBAs).

**Clinical Skills**

There should be evidence in the trainee’s portfolio of competency level 4 workplace-based assessments (WBAs) in a wide range of clinical skills. For example, there should be evidence that the trainee has developed skills at the required competency level in the following areas:

* Management of urological emergencies;
* Management of inpatients;
* Formulation of management plans in outpatients;
* Evidence of clinical exposure to paediatric urology with supporting WBAs;
* Successful completion of the FRCS(Urol) examination.

**Professional & Leadership Skills**

There should be evidence in the trainee’s portfolio that he or she has achieved competency level 4 in a wide range of skills and has attended appropriate training:

1. **Communication, Teamwork & Leadership**

The trainee should be able to demonstrate:

* Satisfactory annual multi-souse feedback (MSF) assessments;
* The completion of case-based discussions (CBDs) at level 4 e.g. theatre briefing, post take ward round;
* The completion of an appropriate management course;
* The completion of an appropriate leadership course.

1. **Quality & Safety Improvement**

There must be evidence to indicate improvement in quality improvement and patient safety.

* Three audits, one of which should demonstrate the completion of the audit cycle;
* Evidence of involvement in at least one quality improvement project e.g. guidelines development, root cause analysis, reflective practice.

1. **Research**

There must be evidence of the following:

* A current Good Clinical Practice (GCP) certificate;
* Completion of a course in research methodologies;
* One of the following:
  + Two publications as first author in peer reviewed journals;
  + One publication and one systematic review or meta-analysis, both as first author, published in peer reviewed journals;
  + The completion of one publication as first author and two collaborative papers in research, published in peer reviewed journals.
  + One systematic review or meta-analysis as first author and two collaborative authorship papers, published in peer reviewed journals.
* Two presentations (podium or poster), as first author, at local or national meetings from work undertaken from ST3 to ST7.

1. **Education**

There must be evidence of having attended at least one national or international meeting every two years. In addition trainees should demonstrate:

* Completion of a Training the Trainers course or equivalent within the last two years, or evidence of education progression if the Training the Trainers course has been completed within the last five years;
* Evidence of satisfactory feedback from teaching activities.

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**Trainee: Educational Supervisor:**

**GMC/IMC number:**

**Training Programme: TPD:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence** | **Compliant** | | **Comments** |
| **Logbook**  (including, summary of all activity and indicative numbers grid) | Yes | No |  |
| **Surgical Competencies evidenced by PBAs according to guidelines** | Yes | No |  |
| **Current Learning Agreement feedback from AES and CS supportive** | Yes | No |  |
| **Current Revalidation**  **Form** | Yes | No |  |
| **Work Based Assessments**  Current Numbers sufficient  Competencies achieved | Yes | No |  |
| **Current MSF**  **Satisfactory** | Yes | No |  |
| **FRCS(Urol) Examination**  **Passed** | Yes | No |  |
| **Paediatric Experience**  40 days or 3 months  attachment | Yes | No |  |
| **Research Record**  Publications and/or systematic reviews  2 presentations  Good Clinical Practice (GCP) course  Research methodologies course | Yes | No |  |
| **Audit Record**  3 audits  1 complete cycle  QIPactivity | Yes | No |  |
| **Management Course** | Yes | No |  |
| **Leadership Course** | Yes | No |  |
| **Training the Trainers Course**  Or equivalent | Yes | No |  |
| **Attendance at local or national conferences** (every 2 years) | Yes | No |  |

**Criteria met for Outcome 6 and CCT/CESR(CP) recommendation** YES / NO

**Please ensure that all supporting comments and details of your recommendation are included in the comments section on the trainee’s ARCP form on the ISCP.**

**Indicative Numbers and Competencies for CCT/CESR(CP)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Competency** | **Total** | **compliant** | |
| **P, T, S-TS, S-TU** |  |  | YES | NO |
| Flexible Cystoscopy | 4 | 300 |  |  |
| Urodynamics | 4 | 50 |  |  |
| TRUS biopsy | 4 | 50 |  |  |
| TURP/BNI/laser prostatectomy | 4 | 120 |  |  |
| TURBT | 4 | 120 |  |  |
| Adult Circumcision | 4 | 30 |  |  |
| Scrotal Procedures | 4 | 50 |  |  |
| Inguinal Orchidectomy | 4 | 5 |  |  |
| Ureteroscopy – diagnostic and therapeutic | 4 | 50 |  |  |
| PCNL | 2 | 10 |  |  |
| ESWL | 2 | 10 |  |  |
| Laparoscopic/open nephrectomy | 2 | 20 |  |  |
| Radical Prostatectomy | 1 | 10 |  |  |
| Ileal Conduit | 2 | 10 |  |  |
| Cystectomy | 1 | 10 |  |  |
| Andrology - PDS surgery, penile cancer, prosthetics | 2 | 20 |  |  |
| Female Urology - TVT, TOT, colposuspension including male incontinence procedures, botox. | 2 | 20 |  |  |
| Paediatric urology – circumcision, UDT, PPV | 2 | 20 |  |  |