

## Terms of reference for JCST SACs

Approved by JSCM on 11 July 2023

The Joint Committee on Surgical Training (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the surgical specialty associations in the UK and Ireland. The JCST oversees surgical Specialty Advisory Committees (SACs), one for each of the ten specialties in surgery recognised by the General Medical Council (GMC) and a Core Surgical Training Advisory Committee (CSTAC), and a number of other committees.

All SACs will operate under these terms of reference, which align with the best practice guidelines published by the Academy of Medical Royal Colleges (AoMRC) and the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD)<sup>1</sup>.

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1 [https://www.aomrc.org.uk/wp-content/uploads/2022/09/SAC\\_copmed\\_Academy\\_200922.pdf](https://www.aomrc.org.uk/wp-content/uploads/2022/09/SAC_copmed_Academy_200922.pdf)

## 1. Purpose

- 1.1. SACs will focus on a single surgical specialty, defining the curriculum, quality indicators, and trainee selection processes, and making recommendations for inclusion on the specialist register for that specialty, along with other responsibilities.

## 2. Activity and areas of responsibility

- 2.1. SACs will be responsible for:
  - a. Trainee matters including enrolment and support
  - b. Externality in training assessment and management
  - c. Certification recommendations, via CCT and CESR
  - d. Curriculum development, including academic surgery
  - e. Logbook development
  - f. Quality, including:
    - i. Annual Regional Specialty Report
    - ii. JCST trainee survey
    - iii. JCST trainer survey
    - iv. quality indicators
  - g. National selection (in collaboration with the relevant lead deanery and Medical and Dental Recruitment and Selection (MDRS)), including:
    - i. job descriptions
    - ii. selection criteria
    - iii. selection processes
    - iv. interviews
  - h. Fellowship training, in collaboration with Training Interface Groups (TIGs) for interface fellowships
  - i. Credentialing (if appropriate)
  - j. Effective communication with stakeholders

## 3. Governance

- 3.1. SACs are accountable to the JCST for the activity and areas of responsibility listed in item 2.
- 3.2. JCST is in turn accountable to the four Royal Colleges, via the Joint Surgical Colleges Meeting (JSCM).

#### **4. Membership**

- 4.1. The skill set and experience of SAC members will reflect the breadth of the specialty.
- 4.2. Efforts will be made to ensure representation of all UK nations and relevant areas of special interest on SACs.
- 4.3. Each SAC will comprise:
  - a. Sufficient appointed Liaison Members (LMs) to cover all training regions in the UK and Ireland
    - i. LMs will usually cover a single training region, but in large specialties some regions may require two LMs; in small specialties LMs may cover up to three training regions.
  - b. Other designated members:
    - i. Lead Dean for the specialty
    - ii. Representative(s) of trainee organisation(s)
    - iii. Chair of Specialty Intercollegiate Examination Board for the specialty
    - iv. Chair of Confederation of Postgraduate Schools of Surgery (CoPSS) or deputy
    - v. President of specialty association(s) or deputy
    - vi. Representative of RCSI
    - vii. Military surgical representative (if relevant to specialty)
  - c. Where required, co-opted members.
    - i. Members may be co-opted if there is a significant area of practice, such as a special interest within the curriculum area not represented by appointed members.
    - ii. Co-opted members will demit when an appointed member has suitable expertise in the relevant area.
- 4.4. Members of the JCST secretariat supporting an SAC will have rights of attendance at that SAC's meetings.
- 4.5. The following JCST members and staff will have rights of attendance at all SAC meetings:
  - a. Chair of the JCST
  - b. Head of ISCP
  - c. Head of JCST
  - d. Head of Trainee Services
  - e. Head of CESR and Policy
  - f. JCST QA Lead
  - g. JCST Quality Manager
  - h. Surgical Director of the ISCP

## 5. Appointments

### 5.1. LMs will:

- a. Be appointed in open competition.
  - i. Vacancies will be widely advertised.
  - ii. A diverse membership is encouraged, so JCST will monitor protected characteristics of SAC members and the region/home nation in which they work.
  - iii. Applications will be made via a standardised form and assessed by the Chair, Vice Chair and at least one other senior member of the SAC against a scoring matrix shared across SACs.
  - iv. All appointments will be ratified by the four College Presidents.
- b. Be appointed for a period not normally exceeding five years.
- c. Be permitted up to two 12-month extensions to their appointment (24 months maximum) for a valid reason at the Chair's request, if supported by the Head and Chair of JCST. Each extension must be requested separately.
- d. Not be permitted further extensions beyond 24 months, except in the case of co-option (with approval from the Head and Chair of JCST) for specific expertise if necessary after the second extension. If the member is co-opted, their LM SAC seat will be advertised.
- e. Not be permitted to reapply to be an LM after completing a full term.
- f. Be subject to a biennial appraisal process conducted by the Chair of the SAC.
- g. Be removed from membership of the SAC after failing to attend three consecutive SAC meetings

### 5.2. Trainee members will:

- a. Be appointed by the relevant specialty trainee organisation using criteria defined by that organisation.
- b. Be appointed for a period not exceeding three years
- c. Cease to qualify for SAC membership as a trainee representative when they achieve certification.
- d. Be reported to the President of the relevant trainee body after failing to attend three consecutive SAC meetings and potentially removed from membership of the SAC.

### 5.3. Other members will be appointed to the SAC for the duration of the term in the organisation which they represent.

### 5.4. SAC members will be required to attend a JCST induction (which includes approved equality and diversity training) prior to commencing their role – failure to do so will result in removal from the SAC.

## 6. SAC roles

- 6.1. The following roles will be established in each SAC:
  - a. Chair
  - b. Vice Chair
  - c. Leads (with deputies where appropriate) for:
    - i. Academic training, if required
    - ii. Certification via CESR
    - iii. Curriculum development
    - iv. eLogbook
    - v. National selection
    - vi. Quality
    - vii. Simulation training
    - viii. Specialty representation on CSTAC
    - ix. Specialty representation on relevant JCST Fellowship TIGs
- 6.2. Leads for areas listed in term 6.1.c will:
  - a. Be appointed from within the SAC
  - b. Serve a term as lead not exceeding four years, allowing for succession planning.
  - c. Normally be LMs and not other designated members listed in term 4.3.b.
- 6.3. Leads for other areas (specific to an individual SAC or for time-limited purposes) may be established by agreement.
- 6.4. The Chair will:
  - a. Be appointed by a panel convened by the Chair of the JCST and involving representation from at least two of the four parent surgical colleges and from the relevant specialty association(s), and the SAC
  - b. Be appointed after an open call for applications
  - c. Have been a member of the SAC within the last two years prior to appointment
  - d. Be appointed for a period of three years
  - e. Not normally be expected to be responsible for a liaison region
  - f. Not normally act as a designated lead for an area listed in term 6.1.c.
  - g. Be responsible for the production of a newsletter to be circulated after each SAC meeting to all members of the SAC and all TPDs and trainee organisations relevant to the specialty.
  - h. Be responsible for ensuring the continuity of LM duties at member changeover and making the relevant arrangements to cover these duties

- 6.5. The Vice Chair will:
- a. Be appointed following nomination/application from current SAC members and, if necessary, by an election process involving SAC members
  - b. Be appointed for no more than the duration of the appointment of the Chair or when their five year term of office as an SAC member ends
  - c. Be eligible to apply for the position of Chair of the SAC subject to the process outlined in term 6.4.
  - d. Be responsible for a liaison region and usually act as lead for one of the areas of responsibility listed in term 6.1.c.
- 6.6. LMs will be expected to:
- a. Fulfil their LM role as detailed in the role description
  - b. Take on other corporate roles within the SAC e.g. as lead for a specific area of work as set out in term 6.1.c.
  - c. Attend at least:
    - i. 50% of interim ARCPs
    - ii. 75% of annual ARCPs
    - iii. 100% of end of training ARCPs (ARCP 6)
  - d. Attend at least one Specialty Training Committee (STC) meeting per year in their region either virtually, or on person if invited to do so (N.B. travel and other expenses must be agreed in advance with the deanery, who may not support in person meetings)
  - e. Produce the Liaison Member report for their training region
  - f. Provide external advice to programme QA process in any other reasonable way
  - g. Be an assessor of applications to the specialist register from those not in training as required by the SAC and JCST.
  - h. Inform the Chair of the SAC and the Chief Executive of the Royal College of Surgeons of England in the event that they become subject to investigation by the GMC, the Deanery or equivalent body or their employer, according to the JSCM intercollegiate policy<sup>2</sup>.
- 6.7. All SAC members will be expected to:
- a. Attend at least 75% of SAC meetings each year
  - b. Take a corporate approach to SAC business
  - c. Attend the joint TPD/SAC meeting each year
  - d. Attend national Selection each year
  - e. Accept other roles within the SAC upon agreement with the Chair

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2 <https://www.jcst.org/-/media/files/jcst/committees/sacs/regulatory-investigations--jscm-intercollegiate-policy.pdf>

## **7. Relationships**

7.1. Each SAC must maintain good working relationships with:

- a. Academy Specialty Training Forum
- b. CoPSS
- c. Departments of Health in the four home nations
- d. GMC
- e. JCST
- f. Non-surgical colleges and faculties
- g. Postgraduate deaneries
- h. Relevant TIG(s)
- i. Specialty associations
- j. Trainee associations

7.2. Each LM must maintain good working relationships with:

- a. SAC colleagues
- b. TPD(s) in their liaison region
- c. JCST staff

## **8. Meetings**

8.1. SACs will meet at least three times each year, usually with one meeting taking place in person.

8.2. SACs will usually meet in person at the Royal College of Surgeons of England and remotely via Microsoft Teams.

## **9. Quorum**

9.1. SAC meetings will be quorate if 50% plus one person of the core membership are in attendance.

## **10. Expenses**

10.1. SAC members' employing authorities will be expected to pay the reasonable expenses of all members attending SAC meetings.

10.2. Deaneries will be expected to pay reasonable expenses of all members undertaking SAC liaison duties. Travel and accommodation expenses must be agreed in advance with the host deanery.

## **11. Review of these terms of reference**

11.1. These terms of reference will be reviewed by JSCM every five years.