

## JCST Quality Indicators for Surgical Training – JCST Fellowships Cleft Lip & Palate Surgery

There are 10 'generic' QIs for all surgical training and JCST fellowship placements that are followed by specialty-specific QIs.

If you have any feedback on the QIs please email [qa@jcst.org](mailto:qa@jcst.org).

### Quality Indicators for Surgical Training

QI 1	Trainees/Fellows <sup>1</sup> in surgery should be allocated to approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than full-time trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
QI 2	Trainees/Fellows <sup>1</sup> in surgery should have at least two hours of facilitated formal teaching each week (on average). For example, locally/regionally/nationally provided teaching, educational induction, simulation training, specialty meetings, journal clubs, x-ray meetings, MDT meetings.
QI 3	Trainees/Fellows <sup>1</sup> in surgery must have the opportunity and study time to complete and present audit, patient safety or quality improvement projects during each post, <i>such that trainees will have had the opportunity to have completed three such projects by certification<sup>2</sup>.</i>
QI 4	Trainees/Fellows <sup>1</sup> in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include protected time to allow for this.
QI 5	Trainees/Fellows <sup>1</sup> in surgery should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training.
QI 6	Trainees/Fellows <sup>1</sup> in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
QI 7	Trainees/Fellows <sup>1</sup> in surgery must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, with an appropriate degree of reflection and feedback. Specifically, the mandatory Workplace Based Assessments in critical conditions and index procedures defined by the current curriculum should be facilitated.
QI 8	Trainees/Fellows <sup>1</sup> in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees/Fellows <sup>1</sup> in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

QI 10	<p>Trainees/Fellows<sup>1</sup> in surgery must have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum.</p> <p>Timely midpoint and end of placement Multiple Consultant Reports (MCRs) should be led and performed by trainers, with feedback and discussion of outputs. The focus of the placement should reflect the areas for development identified at the midpoint MCR or previous end of placement MCR.</p>
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<sup>1</sup>JCST post-certification Fellows. Fellowship placements are based on an approved surgical curriculum template and use the same 'generic' quality indicators as used for specialty trainee placements.

<sup>2</sup> See [JCST post-certification fellowship curriculum](#) for research and audit requirements for JCST Fellows. A JCST post-certification fellowship placement should provide opportunity for research and audit.

### Quality Indicators for Cleft Lip & Palate Surgery Fellowship

QI 11	Fellows in cleft surgery should have the opportunity to undertake 3 or more cleft clinics a week with a mix of new and follow-up cleft patients
QI 12	Fellows in cleft surgery should have the opportunity to participate in 4 or more operating sessions per week and be in a managed clinical network (MCN).
QI 13	Fellows in cleft surgery should have the opportunity to make independent clinical decisions and to operate, both independently and under supervision, on the full range of cleft surgery as defined by the curriculum for cleft surgery. By the end of the cleft fellowship, the trainee should be competent in all areas of cleft surgery.
QI 14	Fellows in cleft surgery should have one session per week protected study time, which would usually be expected to result in publications / presentations
QI 15	Fellows in cleft surgery should have the opportunity and be encouraged to visit other cleft centres in the UK and abroad to develop a deeper and broader understanding of cleft management.
QI 16	Fellows in cleft surgery should have the opportunity and be encouraged to attend the annual Craniofacial Society of Great Britain and Ireland annual meeting and any surgical special interest group (SIG) meetings.
QI 17	Fellows in cleft surgery should have the opportunity to attend specialist multi-disciplinary team (MDT) clinics for the investigation and management of cleft and non-cleft speech problems.