

JCST Quality Indicators for Surgical Training – JCST Fellowships Hand 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.

Quality Indicators for Surgical Training

QI 1	Trainees/Fellows ¹ 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 ¹ 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 ¹ 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 certification².</i>
QI 4	Trainees/Fellows ¹ 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 ¹ 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 ¹ 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 ¹ 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 ¹ in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees/Fellows ¹ in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

QI 10	<p>Trainees/Fellows¹ 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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¹JCST 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.

² 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 Hand Surgery Fellowship

QI 11	Fellows in hand surgery should have the opportunity to receive a broad experience in hand surgery encompassing at least 3 of the 6 modules as defined in the cross curriculum between Plastic Surgery and Trauma and Orthopaedic Surgery (T&O), (skin & soft tissue / fractures & joint injury / osteoarthritis & inflammatory arthritis / tendon / nerve / the child's hand & tumours) whilst accommodating the specific experience of the fellow.
QI 12	Fellows in hand surgery should have an established timetable with a minimum of 4 consultant supervised operating sessions per week, including hand trauma and elective hand surgery, with the opportunity for the trainee to perform at least 50% of the procedures
QI 13	Fellows in hand surgery should have the opportunity to experience at least 400 operations per year across a broad range of hand procedures, both Plastic Surgery and T&O, with at least 60% of these supervised by the consultant hand surgeon.
QI 14	Fellows in hand surgery should have the opportunity to attend a minimum of 3 consultant supervised outpatient clinics per week, including trauma, general elective hand surgery and specialty hand clinics. Attendance at new patient and follow up clinics is essential to allow personal review of operations the trainee has performed.
QI 15	Fellows in hand surgery should have the opportunity to undertake research in hand surgery with encouragement to present at the biannual British Society for Surgery of the Hand (BSSH) meetings and submit research for publication.
QI 16	Fellows in hand surgery should be encouraged to enrol in the Hand Diploma and be supervised by a named tutor with knowledge of the Hand Diploma curriculum.
QI 17	Fellows in hand surgery should have the opportunity to attend the BSSH instructional courses and at least one BSSH meeting per year. Attendance at other educational meetings should be encouraged. Visits to other hand units, according to the trainee's interests, should be supported.
QI 18	Fellows in hand surgery should have the opportunity to attend generic courses, such as Training the Trainers, Good Clinical Practice (GCP) and a management course, which may be appropriate if required for certification.