JCST Quality Indicators for Surgical Training – JCST Fellowships
Mohs 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, *such that trainees will have had the opportunity to have completed three such projects by certification*[2].
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	Trainees/Fellows[1] 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. 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.

[1]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.
[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 Mohs Fellowship

QI 11	Fellows in Mohs micrographic surgery should have the opportunity to attend one or more outpatient clinics per week with a mix of new and follow-up Mohs surgery patients
QI 12	Fellows in Mohs micrographic surgery should have the opportunity to develop their Mohs micrographic and reconstructive surgical skills under the direct supervision of surgeons that are Fellows of the Royal College of Surgeons or Royal College of Ophthalmologists
QI 13	Fellows in Mohs micrographic surgery should have the opportunity to attend at least 4 theatre sessions per week of Mohs micrographic surgery
QI 14	Fellows in Mohs micrographic surgery should have the opportunity to assist with and perform Mohs micrographic surgery and/or reconstruction under general anaesthesia
QI 15	Fellows in Mohs micrographic surgery should have the opportunity to assist with and/or perform complex facial reconstruction including microsurgical techniques
QI 16	Fellows in Mohs micrographic surgery should, in addition to being first operator and reading slides for 100 Mohs resections, have access to stored slides and maps from previous cases to enhance their histology experience
QI 17	Fellows in Mohs micrographic surgery should have the opportunity to attend and participate in the specialist skin multidisciplinary meeting
QI 18	Fellows in Mohs micrographic surgery should have one session per week protected study time, which would usually be expected to result in at least one submission of work for publication and/or presentation
QI 19	Fellows in Mohs micrographic surgery should have the opportunity and be encouraged to visit other Mohs surgery units in the UK to develop and broaden their understanding of Mohs surgery practice and management