JCST Quality Indicators for Surgical Training – JCST Fellowships
Spinal 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 Spinal Surgery Fellowship

QI 11	Fellows in spinal surgery must have the opportunity to attend a minimum of one consultant supervised outpatient clinic each week and should see a mix of new and follow-up patients. Attendance at specialist clinics is expected.
QI 12	Fellows in spinal surgery must have the opportunity to attend a minimum of 2 days of scheduled, consultant-led theatre each week.
QI 13	Fellows in spinal surgery should attend a weekly spinal multi-disciplinary team (MDT) meeting.
QI 14	Fellows in spinal surgery must have the opportunity to make independent clinical decisions and to operate, both independently and under supervision, on the full range of spinal surgery as defined by the curriculum for spinal surgery. By the end of the spinal fellowship, the trainee should be competent in most areas of spinal surgery, including elective and emergency cases.
QI 15	Fellows in spinal surgery should have the opportunity to attend a training course which covers leadership and management issues in the NHS, if not already undertaken.
QI 16	Fellows in spinal surgery should have the opportunity to attend a training course which covers training and education in the NHS, if not already undertaken e.g. Training the Trainers.
QI 17	Fellows in spinal surgery should have the opportunity to visit other spinal surgery centres in the UK to develop a deeper and broader understanding of spinal management.
QI 18	Fellows in spinal surgery should have one session per week of protected study time. The fellow is expected to conduct audit, quality improvement and/or research and to publish and present original work.
QI 19	Fellows in spinal surgery should have the opportunity to attend at least one specialist meeting per year such as the British Association of Spinal Surgery (BASS), the Society of British Neurological Surgery (SBNS), Britspine, Society for Back Pain Research or the British Scoliosis Society.