

This information sheet is for trainees appointed to a training programme in one of the ten surgical specialties. For further details on the information given below and for regular updates, please consult the JCST and ISCP websites:

www.jcst.org & www.iscp.ac.uk

1 The Joint Committee on Surgical Training (JCST)

The Joint Committee on Surgical Training 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 Associations¹ of Great Britain and Ireland. It is the parent body for all ten Specialty Advisory Committees (SACs), one for each of the surgical specialties, for the Core Surgical Training Advisory Committee (CSTAC), the Training Interface Groups (TIGs) and for the Intercollegiate Surgical Curriculum Programme (ISCP).

SACs are responsible for a number of areas namely:

- developing and maintaining the surgical curricula and syllabuses, including respective assessment tools – all available via the ISCP website;
- ensuring that the content of the ISCP website is up to date;
- organising, in conjunction with Local Education and Training Boards (LETBs) and Deaneries, national recruitment and selection into specialty training programmes;
- as advisory bodies, ensuring that a representative (SAC Liaison Member²) attends local assessment meetings (ARCP meetings) to offer external and impartial advice to both trainees and trainers;
- recommending trainees to the General Medical Council (GMC) for the award of the Certificate of Completion of Training (CCT) and the Certificate of Eligibility for Specialist Registration via the Combined Programme (CESR (CP));
- developing [quality indicators](#) for the training of surgeons, to supplement GMC guidance on training;
- developing [certification guidelines](#) to ensure that trainees and trainers are aware of what is expected at certification.

Each SAC has a trainee representative, who can offer impartial advice on Surgical Training from a trainee's perspective. If you wish to contact the trainee representative, he or she can be reached via the JCST secretariat (please see item 17 for JCST contacts).

The [General Medical Council](#) (GMC) is the regulatory body responsible for quality assuring training programmes and ensuring that trainees are following the approved curricula and passing all the relevant assessments and examinations. It approves all the surgical curricula developed by the SACs.

The JCST is required to follow GMC guidelines as well as those published on the Reference Guide for Postgraduate Specialty Training in the UK, the [Gold Guide](#).

The covers [Gold Guide](#) all aspects of postgraduate specialty training, including ARCP management, out of programme posts, flexible training, certification, the roles of various trainers' such as Training Programme Directors (TPDs), different types of training appointments, etc.

¹ Links to all the Specialty Associations' websites can be found on the JCST website [here](#).

² The SACs all have committee members who act as regional liaison members. Their role is to act as a facilitator between the region and the SAC on all matters relating to individual trainees and training posts/programmes. To avoid any conflict of interest, liaison members are not normally based in the region to which they are assigned.

Quality Assurance of Surgical Training

The [General Medical Council](#) (GMC) has overall responsibility for the quality of surgical training in the UK, but it delegates responsibility for aspects of this to the LETBs/Deaneries, Medical Royal Colleges and Local Education Providers. As part of its role in the quality management of surgical training, the JCST has developed its own quality assurance strategy based upon its [quality indicators](#), [trainee survey](#), [certification guidelines](#) and annual specialty report.

Trainees are asked to complete one JCST survey for each training placement they undertake. It is hosted online, can be accessed at any time via the ISCP and aims to enable the identification of good and poor quality training placements.

You can find further information on the quality assurance of surgical training on the JCST website [here](#).

You can also find guidance on all matters relating to surgical training, including how to apply for Out of Programme, LAT Guidance, enrolment etc. on the [JCST website](#) and the [ISCP website](#).

2 Registration with ISCP

All Specialty Registrars (StRs) are required to register with the [Intercollegiate Surgical Curriculum Programme](#) (ISCP) and pay the [JCST trainee fee](#)³. The syllabus, assessments, and logbook (see item 6) resources are available through the ISCP.

Registration with ISCP entails creating an account on the website and following the relevant steps to start recording your training history and other relevant details – guidance is available on the [Help](#) section of the site or you can contact the ISCP Helpdesk on 020 7869 6299 or helpdesk@iscp.ac.uk for further assistance.

Your Training Programme Director (TPD) and future Assigned Educational Supervisor (AES) will likewise be able to guide you through what is required.

Specialty Registrars are also required to enrol with the JCST and/or SACs. Enrolment with the Royal Colleges/Faculties is a requirement of the *Gold Guide*:

“All doctors in specialty training must enrol/register with the relevant College/Faculty or intercollegiate body so that: progress in their training can be kept under review and supported where required; they can access the educational portfolio, logbooks and assessment documentation for the specialty; eligible trainees can be recommended to the GMC for consideration of award of a CCT or CESR(CP)/CEGPR(CP) at the end of their specialty training.”

The GMC also recommends that all trainees enrol with the relevant Royal College/Faculty.

3 Enrolment with JCST/SAC for Specialty Trainees

a) Why do you need to enrol with the JCST/SAC?

This is to ensure that we have an accurate record for all trainees currently in training or just appointed to a training programme, and to follow the guidelines supported by the GMC and published in the [Gold Guide](#).

b) What does it mean?

The JCST will ratify your appointment by performing several checks including:

³ The JCST Trainee Fee came into effect on 1 August 2008. It is an annual fee, which runs from August to August, and is payable via the JCST website. All StRs are required to pay this fee for each academic year in the training programme. You may be able to claim a reduction or exemption from the fee if you are out of programme and this is not counting towards training, if you start your training post part way through a payment period or are training less than full time.

- how much surgical experience in the relevant specialty you had to be appointed at 'X' level – this is cross checked against the appropriate person specifications;
- whether your previous posts were GMC approved – this will determine eligibility for either a CCT or a CESR (CP) as assessed by your LETB/Deanery;
- whether you are registered with the GMC;
- whether you hold the MRCS exam (if applicable);
- whether you have paid the trainee fee and;
- whether your previous training history is accurate, with training posts validated by your TPD and with no abnormal gaps.

c) When does it need to happen?

Enrolment should happen as soon as possible after you start your training programme.

d) What does it entail?

Once you have registered in ISCP and created a placement in the system, an alert will appear in your ISCP account in your “*Dashboard>Notices*” page, asking you to enrol with the JCST. If you click on this alert it will take you to a page where you will be asked to complete a form (this form is also accessible by going to ‘*Dashboard>JCST Information*’).

You will be asked to add/create a **Specialty Enrolment form** – further information on how to do this will be available on ISCP.

Once you complete all the sections of the form you will need to **submit** it to your LETB/Deanery. They will then check the top section of the form to ensure all the information you have recorded is accurate and **validate** it.

LETB/Deanery validation automatically sends the form to the JCST with an alert for verification. This is when we undertake the checks mentioned in b) above.

4 Year of Training

All StRs are placed into either ST1/CT1, ST2/CT2, ST3 or ST4 (Neurosurgery only) of either a generic or themed core surgical training programme or a specialty training programme. Any certification date allocated to you is an estimation of when you will complete the programme, assuming one year will be spent at each ST level. Certification dates are adjustable, and may be shortened or extended according to competencies gained within the programme.

5 Recognition of Previous Training

The General Medical Council (GMC) states that any previous training to be counted towards a CCT must have been prospectively approved. Therefore, if you were appointed to ST2/CT2 or above and you have previous training in posts recognised by the GMC, some of this time may be counted towards the award of a CCT. These posts include:

- SHO (Senior House Officer)
- LAT (Locum appointments - Training) – please see our [LAT Guidance](#)
- FTSTA (Fixed Term Specialty Training Appointments)
- Posts undertaken in the EEA/Switzerland and approved by the statutory authority in that country

If you were appointed to ST3 but have previous specialty experience in a LAT post, you may be able to progress quickly to a higher ST level.

Please note that all trainees (with the exception of Vascular Surgery trainees) appointed to a numbered training programme with a start date on or after **1 October 2012** will have up to 12 months of previous LAT time automatically counted towards their training (if applicable). Further information about our LAT guidelines can be found [here](#).

If you were appointed at ST2/CT2 or above and your previous training was in non-approved posts, there is a chance you will be eligible for a CESR (CP).

6 Logbook

All trainees are required to maintain a logbook during their training; this is available through the [eLogbook website](#). You will need validated logbook consolidation reports available for every Annual Review of Competence Progression (ARCP), and upon completion of training in order to be awarded a CCT or a CESR (CP).

7 ARCP (Annual Review of Competence Progression)

Information about assessments to be undertaken throughout the course of your training is available from the [ISCP website](#). All assessments, along with your logbook, will feed into your yearly ARCP, organised by your local LETB/Deanery.

Please note that the JCST recommends that LETBs/Deaneries use the online ARCP form available on ISCP. The JCST will accept the online version as a true and accurate record of the meeting.

(Some LETBs/Deaneries will continue to issue paper forms and in those cases we will expect them to forward copies of all completed ARCP forms to the JCST office for monitoring. If this is the case you should also **make sure to keep copies of these forms for your own records.**)

The SACs require confirmation of a successful ARCP for each year of specialty training if they are to recommend that you be awarded a CCT/CESR (CP) – there should be no gaps in training except for periods outside training programmes such as Out of Programme Training (OOPT), Out of Programme Experience (OOPE), Out of Programme Research (OOPR), Out of Programme Career Break (OOPC), or other statutory leave.

8 Out of Programme

Trainees are permitted, subject to prospective approval by the GMC, to undertake part of their training outside their programme. Different regulations apply to different types of posts, so please see the JCST website [here](#) for further details of which posts need SAC support and/or GMC approval, and lists of documentation needed for each type of application.

Further information regarding Out of Programme is available in the [Gold Guide](#)

You are required to discuss a possible period of Out of Programme with both your LETB/Deanery and Training Programme Director. The LETB/Deanery must be willing to release you from the training programme before you go out of programme⁴. Applications to the GMC for prospective approval must be submitted via the LETB/Deanery.

Please note that all Out of Programme posts counted towards CCT and CESR (CP) must have both SAC support and GMC prospective approval - failure to obtain these could lead to possible extensions to completion dates.

You must notify the JCST whenever you go out of programme, whether it is counting towards training or not as applications may need to be made and/or your certification date may need to be reviewed.

9 Research during surgical training

Some specialties **DO NOT** allow full time out of programme research to be counted towards CCT/CESR (CP) as it is not part of the relevant surgical curriculum. Even though this is the case, it is still expected that all trainees acquire some generic academic skills.

⁴ Some LETBs/Deaneries have in-house policies for Out of Programme requests.

The table below lists the research allowance for the different surgical specialties:

SPECIALTY	ALLOWANCE
Cardiothoracic Surgery	12 months (dependent on on trainee's overall competencies)
General Surgery	NONE
Neurosurgery	12 months
Oral & Maxillofacial Surgery	12 months
Otolaryngology	12 months
Paediatric Surgery	NONE
Plastic Surgery	3 months
Trauma & Orthopaedics	12 months
Urology	NONE
Vascular Surgery	NONE

Those with academic national training numbers (**NTN (A)**) would normally undertake a percentage of their time in academic work, but must still meet all required clinical competencies.

10 Interface Training/Special Interest Posts

There are currently six Training Interface Groups (TIGs) overseeing posts in:

Breast Oncoplastic Surgery	Available to General Surgery and Plastic Surgery trainees
Cleft Lip and Palate Surgery	Available to Oral & Maxillofacial Surgery, Otolaryngology and Plastic Surgery trainees
Hand Surgery	Available to Trauma & Orthopaedic Surgery and Plastic Surgery trainees
Head and Neck Surgical Oncology	Available to Oral & Maxillofacial Surgery, Otolaryngology and Plastic Surgery trainees
Reconstructive & Aesthetic Surgery	Available to Oral & Maxillofacial Surgery, Otolaryngology, Plastic Surgery, Ophthalmology and Dermatology trainees, as well as General Surgery trainees who have completed a Breast Oncoplastic fellowship.
Major Trauma	Under development.

Some specialties also have special interest posts, which can be undertaken in the final years of specialty training. Any special interest posts that are not already educationally approved by the GMC require prospective approval (see item 8). Further information about what is required is available on the [JCST website](#).

11 Intercollegiate Specialty Board Examination (FRCS Exam)

All trainees must pass both sections of the Intercollegiate Specialty Board Examination⁵ to be awarded a CCT or CESR (CP). It is normally taken after the sixth year of surgical training is completed (usually at or after ST6) but different specialties may recommend different timescales – you should check this with your TPD. Eligibility to sit the exam is agreed by the relevant Intercollegiate Specialty Board, which administers and organises all sittings of the FRCS exam.

For further details and information regarding this exam go to the [Joint Committee on Intercollegiate Examinations](#) website.

⁵ As of January 2018 trainees in the ten surgical specialties can claim tax relief on the examination fee for the Specialty Fellowship Examinations (FRCS) <https://www.rcsed.ac.uk/media/416035/letter-to-rcsed-confirming-tax-relief-for-frcs-exam.pdf>

12 Certification

If you have been appointed to a training programme leading to the award of a certificate you will be eligible for either a Certificate of Completion of Training (CCT)⁶ or a Certificate of Eligibility for Specialist Registration via the Combined Programme (CESR (CP))⁷. Both certificates allow trainees to be entered on to the Specialist Register.

Six months before your expected completion date, the JCST secretariat will initiate the certification process. At this point we will make certain checks and if everything is in order, we will contact you by email to inform you of the next steps. A separate email will also be sent to both your Training Programme Director (TPD) and the SAC Liaison Member (LM) for your region, asking them to prepare for your final ARCP. At the same time, we will advise the GMC that you are due to finish your training as they will contact you separately to initiate the GMC online certification process. Further details about the checks we make and information regarding this process can be found [here](#).

Please note that the GMC will not award your CCT or CESR (CP) without receiving a recommendation from the SAC and will not issue a certificate more than 10 days before your certification date.

13 Certification Guidelines (CCT and CESR (CP))

Each of the SACs has produced guidelines to identify what trainees applying for CCT/CESR (CP) will normally be expected to have achieved during their training programmes. The guidelines cover aspects of training such as: clinical and operative experience; operative competency; research; quality improvement; and management and leadership.

Currently for the majority of surgical specialties the guidelines are advisory and will be implemented flexibly by the SACs.⁸

You can find these guidelines on the JCST website [here](#).

14 Training Programme Directors (TPDs)

Each trainee should have a Training Programme Director (TPD) to oversee his or her training. The TPD, with the AES, manages the training needs of the StR at a local level and acts as a facilitator between the training scheme, the Postgraduate Dean and the SAC. The TPD must validate and monitor each trainee within the ISCP system.

15 Unhappy About Your Training?

If you are unhappy about any aspect of your training and unable to resolve the situation locally, please contact either the JCST secretariat, the Chair of the SAC or your Regional SAC Liaison Member. (NB All correspondence should be addressed to the JCST secretariat.)

⁶ CCTs are awarded to trainees who complete the full length of their surgical training in GMC approved posts i.e. C/ST1 to ST8.

⁷ CESR (CP) is awarded to trainees who did part of their surgical training in non-approved posts but still complete the remainder of the programme and pass the relevant assessments and exams.

⁸ These guidelines are **mandatory** for some specialties i.e. all StR ENT trainees, and all StR General Surgery trainees following the 2013 curriculum.

16 Data Protection

The JCST and the SACs will use your contact details to communicate with you and may use your details to send you important information. Your details may be passed to and used by relevant competent organisations such as the GMC or the Joint Committee on Intercollegiate Examinations (JCIE). The JCST may also contact relevant training bodies for information about any previous surgical training you may have undertaken.

17 JCST Contact Details

All our contact details are available [here](#).

The JCST publishes a newsletter every six months, usually in January and July. You can find all our newsletters [here](#).

You can also follow us on Twitter: [@JCST_Surgery](#)