

## **JCST Certification Process (UK) – for implementation from 1 January 2016 (for trainees with certification dates *on or after* 1 June 2016)**

### **Background**

The recommendation to the General Medical Council (GMC) for the award of a Certificate of Completion of Training (CCT) or a Certificate of Eligibility for Specialist Registration via the Combined Programme (CESR (CP)), as defined in the [Gold Guide](#), is a key role for the JCST. The GMC will not award these certificates<sup>1</sup> without the recommendation from the JCST and its Specialty Advisory Committees (SACs).

In trying to address the importance of this role, each of the ten SACs has produced a set of [Certification Guidelines](#) to identify what a Specialty Registrar (StR) will normally be expected to have achieved during their training. These guidelines cover aspects of training such as:

- clinical and operative experience
- operative competence
- research
- quality improvement and
- leadership and management

We expect trainees and trainers to use these guidelines<sup>2</sup> to inform decisions about the competences and skills trainees need to gain during their five (OMFS and Urology) or six years in specialty training. To complement this process, some SACs have produced [benchmarking guidelines](#) for ST4 and ST6 levels. These will help ensure that any necessary remedial action can be taken in a timely manner so that trainees can meet the overall recommendations by the time they finish their training.

### **Implementation and guidance**

Following further discussions at JCST meetings in April, June and October this year, and the review of SACs' roles and functions, a decision has been made that will affect the way in which the JCST/SACs are involved with the assessment of trainees' eligibility for the award of a CCT or a CESR (CP).

This decision maintains the external role SACs play in ensuring surgical trainees are ready to be awarded their certificates, and their consequent recommendation to the GMC, but changes the timing of the assessment undertaken by the SACs and their members.

The current process requires trainees to submit a large amount of paperwork to the JCST office, including the ARCP 6, before an application is sent to the relevant SAC member for assessment. This process has caused some friction between the SACs, LETBs/Deaneries and Schools of Surgery; once an ARCP 6 is awarded it is difficult to withdraw it, even if the SAC believe the trainee does not meet the certification requirements.

---

<sup>1</sup> See further GMC guidance on CCTs [here](#) and CESR (CPs) [here](#) respectively.

<sup>2</sup> For the majority of surgical specialties, the guidelines are advisory and will be implemented flexibly by the SACs to ensure that no trainees, particularly those in the later stages of their training, are inappropriately disadvantaged at the time of applying for their CCT/CESR (CP). However, the guidelines are included within the approved curricula for ENT and General Surgery and are therefore mandatory for all ENT trainees and for those General Surgery trainees on the 2013 version of the curriculum.

To avoid this issue, in future, SAC Liaison Members (LMs) will be required to:

- look at the evidence before the ARCP 6 meeting takes place
- attend the ARCP meeting and offer their advice to inform the decision to award (or not award) the ARCP 6 **(NB there is an expectation that LMs will attend 100% of all ARCP 6 meetings – ideally in person but if this is not possible, remotely via video-conference, teleconference or WebEx if available).**

It is expected the process will work as described below:

- The JCST secretariat will notify the GMC of those trainees approaching the end of their training six months ahead of their expected completion dates. **At this point it will also inform the:**
  - **LM that this is the case to make him/her aware that an ARCP 6 meeting will be held in the near future**
  - **Training Programme Director (TPD), and LETB/Deanery Administrators, to advise him/her that all parties have been informed and they should therefore advise the LM of the date of the ARCP meeting**
  - **trainee that s/he will be contacted directly by the GMC**
- LMs have access to trainees' portfolios in ISCP and will be able to look at all the relevant evidence in the system. Specific focus should be given to:
  - CV
  - Learning Agreements
  - Workplace Based Assessments (WBAs)
  - Evidence section – this is where trainees should record their FRCS exam results
  - Logbook
  - Annual Review of Competence Progression (ARCP) outcomes
  - Other details such as NTN and completion date

(LMs can access this information by logging into their ISCP accounts and going to **My Trainees>Reports>SAC Liaison Report>View** (ISCP version 9) or **My Trainees>As SAC Liaison** (ISCP version 10).)

As with current practice, LMs must be included in ARCP panels and those setting up these meetings in ISCP, TPDs or LETB/Deanery Administrators, must add the LM to ensure s/he has access to the ARCP data before the meeting takes place. LMs should therefore be advised of the date of each ARCP panel at least eight weeks in advance so they can arrange leave to be able to attend. This will enable the LM to make an assessment beforehand and therefore provide the ARCP panel with appropriate advice.

A few points to ensure this process takes SAC views into account:

- ❖ If the LM is unable to attend in person (or remotely), they will be expected to inform the TPD in writing (and copy the relevant [JCST specialty team](#) for trainee records) before the ARCP meeting takes place of their views on the trainee's eligibility for certification – LM comments will still need to be recorded in ISCP (see next bullet point)
- ❖ If in the opinion of the LM the trainee is not suitable for an ARCP 6, the LM will be expected to attend the meeting in person or be represented by the SAC Chair – this is very important to ensure all the relevant parties take part in these discussions – LM comments should be recorded on the online ARCP form, in the "Signoffs" section of the form in "Add a new comment", to ensure there is a record of their input into the discussion

- ❖ The online ARCP 6 must be signed off by the TPD, the trainee and the LETB/Deanery Administrator (in future it may require the Postgraduate Dean's sign off as well). The form will not be deemed complete until all sign-offs are in place (if the form is not complete it will delay the recommendation to the GMC)
- ❖ If the ARCP 6 is awarded, all the sign offs are in place, and LM input shows they agreed with the outcome, the JCST secretariat will trigger the next step of the recommendation process i.e. to notify the GMC that the trainee is ready and should be awarded their certificate. If the LM's input shows disagreement with the ARCP panel's decision, further follow-up by the JCST will take place before the recommendation is submitted to the GMC.

The new certification process puts the emphasis on the ARCP panel and on the input the LM provides to inform and influence discussions on trainees' eligibility for CCT or CESR (CP) prior to the award of the ARCP 6.

\*\*\*

The JCST recommends that more emphasis is given to the penultimate year ARCP and both LMs and TPDs should refer to the certification guidelines to ensure trainees are on track to achieve the required competences by the expected completion date.

Oct\_2015