

JCST Newsletter – July 2013

Chairman's Update



Ian Eardley, JCST Chairman

Welcome to the July 2013 JCST newsletter and congratulations to those of you appointed to core or specialty training posts in this year's selection rounds. This year we have the first ever cohort of trainees in the new specialty of Vascular Surgery – but be assured that our Vascular and General Surgery Specialty Advisory Committees (SACs) will be working together to ensure that General Surgery trainees with a vascular interest are well looked after during the transition.

For those new to the JCST, we are an intercollegiate body, working on behalf of the 4 Surgical Colleges of the UK and Ireland to enhance the quality of surgical training and to support trainees and trainers. You can read more about us and find previous newsletters on our website (www.jcst.org) or on the website of the Intercollegiate Surgical Curriculum Programme (ISCP), for which we are the parent body ([here](#)).

We work closely with organisations representing trainees and I hope to meet or hear from many of you in the coming months. We welcome feedback, and if there is something that you would like us to cover in a future edition please let us know.

In this edition I shall give an update on what we have been doing in the last 6 months and what has been going on in the wider world of training. Bill Allum, our ISCP Surgical Director, will report on what is new in the curriculum, and we also look at how our new online enrolment process is working.

JCST Strategy 2013-18

In previous newsletters I have written about the 2012 external review of the JCST and the work that we have been doing on a strategy for the next 5 years. I am pleased to report that the Joint Surgical Colleges have now agreed this and you can view it [here](#)

In our strategy document we explain our core functions, the values that guide our work and the challenges that we face. We have 7 strategic aims for the next 5 years, underpinned by objectives that set out how we shall achieve these. Our strategic aims are as follows:

1. To establish and consolidate a clear leadership role for the JCST in relation to surgical training;
2. To ensure, for the benefit of patients and to enhance patient safety, that surgical education and training across the whole of the UK and Ireland are of the highest possible quality and that all those achieving specialist registration have met appropriate standards;
3. To raise the profile of the JCST among trainees, trainers and opinion-formers and to increase awareness and understanding of what we do;
4. To ensure that we have an accessible and effective curriculum (the ISCP) that moves with new developments and is flexible for all users;
5. To build an evidence base to support quality improvement, measure the effectiveness of our curriculum and assessment system and facilitate educational research;
6. To ensure that we are as effective and as cost-effective as possible in the way that we work;
7. To work with the Surgical Colleges and our sister intercollegiate bodies towards an intercollegiate governance structure that reflects the close relationship of training, curriculum and assessment.

My thanks again to the Association of Surgeons in Training (ASiT), the British Orthopaedic Trainees Association (BOTA) and

the many other partners who helped us to draw this up and contributed good ideas and sound advice.

Tax Relief on Trainee Fee

I mention challenges above, and of course some of these are financial. As many of you will know, the annual JCST trainee fee for UK trainees will increase to £185 in August, followed by further increases in 2014 and 2015. You can read the statement from the Presidents of the 3 UK Surgical Colleges, plus revised FAQs, [here](#)

The good news is that Her Majesty's Revenue and Customs (HMRC) has now agreed that fees such as this one will be tax deductible. The new order came into force on 10 May 2013 and our understanding is that it will apply to payments made on or after that date and will not be retrospective. You can find further information [here](#)

My personal thanks and congratulations go to Issaq Ahmed, RCSEd trainee representative, who worked tirelessly to achieve this. You can read about how we used your fees in 2011-12 in our January 2013 newsletter [here](#) and my January 2014 update will give the figures for 2012-13.

Shape of Training Review

You may have heard about the Shape of Training review and I hope that some of you will have had opportunities to participate. Sponsored by bodies including the Academy of Medical Royal Colleges, the General Medical Council (GMC) and the Health Departments, the 4-nation review is considering what changes are needed to postgraduate medical training to make sure that it continues to meet the needs of patients and health services in the future. This includes looking at the balance in the workforce between specialists and generalists, options to support greater training and workforce flexibility, and how to address the tensions between training and service provision.

The review organisers have collected written evidence and held oral evidence sessions and

workshops. The JCST has given both written and oral evidence and you can view the former [here](#)

We have 10 specialties with differing needs and perspectives, so we have taken a broad approach, looking at likely technological and demographic changes and service redesign. We have explored the concept of a more "generalist" curriculum, with "specialist" elements delivered post-certification, but recognise that while this may be suitable for some specialties it will not be suitable for others. We have also emphasised the need for an appropriate balance between service and training – not just for trainees but also for trainers – and for an increase in technology-enhanced learning.

You can read more about this project at <http://www.shapeoftraining.co.uk/>

The Francis Report – Implications for Training

We were all shocked by what happened at Mid-Staffordshire NHS Foundation Trust and we have been studying the final report by Robert Francis QC and thinking about what it means for the JCST, trainees and trainers.

Importantly, there is a very strong emphasis on the link between patient safety and training. The GMC should ensure that patient safety is the first priority in medical training. Training should not take place in settings where patient safety is not being adequately protected and training will be deficient if it takes place in settings where there is not good clinical care. The report also focuses on cooperation between the GMC and the Royal Colleges and calls for the Colleges to be involved in deanery visits.

We already work closely with the GMC and have been talking to colleagues there about our role in visits. The GMC is currently reviewing its quality assurance (QA) process and this is work in progress. Closer to home, we are making changes to our trainee survey to ensure that we capture your views on patient safety effectively and we are re-examining the Professional and Leadership Skills section of the curriculum to ensure that

the emphasis on patient safety is as strong as it should be.

You will know that the GMC's updated version of *Good Medical Practice* came into effect in April this year. There is explicit guidance about the need to take prompt action if patient safety, dignity or comfort is or may be compromised. The GMC now also has a confidential helpline for doctors worried about patient safety - **0161 923 6399**.

New Structures in England

Those of you who work in England will know that Health Education England (HEE) is now up and running and responsible for education and training for all sections of the healthcare workforce. Postgraduate deaneries and schools of surgery are now part of HEE's network of Local Education and Training Boards (LETBs). Read more at <http://hee.nhs.uk/>

I have met HEE's Medical Director and Director of Education and Quality and discussed how we can best work together. I am also pleased to have been invited to participate in a Better Training, Better Care (BTBC) working group on technology-enhanced learning (TEL) and in a working group on academic training.

Of course, the JCST's remit spans the 4 nations of the UK and the Republic of Ireland and it is important that we maintain consistent standards in the face of increasing devolution. We are organising regular updates at our quarterly meetings from the different administrations to ensure that we do not lose sight of this.

JCST Trainee Surveys

Many thanks to all trainees who have completed our regular JCST survey over the past year. For those new to JCST, we ask you to complete one per placement and you will find the details on your ISCP account. Please make sure that you complete all surveys for this training year before your Annual Review of Competence Progression (ARCP). It helps us to assess the quality of training and we aim to publish the results in College publications.

In recent months some colleagues have contacted us with concerns about the experience of less than full time (LTFT) trainees. We decided to carry out a survey of those LTFT trainees of whom we are aware, together with a control group of trainees from the same Deaneries, specialties and levels, to identify whether LTFT trainees are facing any special difficulties. Many thanks to those of you who participated in the survey.

We were encouraged to see from the overall analysis that LTFT trainees seem to be receiving the same quality of training as their full time counterparts and that in some cases they are receiving better opportunities. Some of the free text comments demonstrate, however, that there is still progress to be made on attitudes to LTFT training within our profession. We hope to gather further evidence through our regular survey later this year and publish our findings in due course, so watch this space.

Quality Indicators (QIs) and Certification Guidelines

Just a reminder that you can find our QIs [here](#) and our certification guidelines [here](#). The QIs describe what your current post should be providing for you, and the certification guidelines provide advice for those of you approaching CCT or CESR (CP) about what is expected of you. The guidelines are mandatory for ENT trainees, as they are included in the most recent version of the curriculum, and will become mandatory for General Surgery trainees with the new August 2013 curriculum.

Reminder – New Time Limit on CCT and CESR (CP) Applications

Do not forget that, as of 1 April 2013, all trainees applying for either a CCT or a CESR CP must do so within 12 months of their expected certification date. If you delay beyond 12 months, your only route to the Specialist Register will be by applying for a full Certificate of Eligibility for Specialist Registration (CESR). See GMC statement [here](#).

Online Enrolment Update

This is important for all who are new to training and any other trainees reading this who are not yet enrolled with the JCST.

Enrolment ratifies your appointment to a training programme and is a requirement of the *Gold Guide* (2010 publication, sections 2.12 & 5.9). The GMC also recommends that all trainees enrol with the relevant Royal College/Faculty.

Our new online enrolment system has been up and running since the beginning of the year. So far the JCST secretariat has enrolled 1,144 trainees via the new system. This number includes core and specialty trainees, as well as those who have been in training for some time but who for one reason or another have never managed to enrol.

The new electronic system, available via ISCP, asks you to record your training details on an electronic form. You then submit the form to your Deanery/LETB for validation and, once this validation happens, the JCST receives the form back with an alert for verification. If we are happy that all is in order, we validate you in the site and confirm enrolment in writing.

Enrolment only needs to happen once during your training. If, however, you move from one Deanery/LETB to another or change appointment type - for example from LAT to StR - you will need to enrol again.

ISCP Update



Bill Allum, Surgical Director of ISCP

ISCP Evaluation

First of all, my thanks to all those who contributed to our recent consultation on the ISCP evaluation, whether you did so directly or via one of the trainee organisations. The original review (still available [here](#)) gave us some important messages, and we asked ISCP users to help us decide what happens next.

We have received some really useful feedback and suggestions. My colleagues and I are still working on these, but some of the main points are clustered under the following headings:

- Trainer engagement – better induction and training, benchmarking and/or feedback on performance, and personal “pen pictures” to be available on ISCP;
- Trainee trajectory – benchmarking to guide progression and more emphasis on penultimate year (or earlier) assessments;
- Mentor/apprentice – more reflection and feedback;
- Workplace-based Assessment (WPBA) revision – prompts for structured feedback and development of supervised learning events (SLEs);
- ARCPs – too adversarial at present and “no fault” option needed for cases in which training posts are poor;
- Web platform – need for improved links with other platforms, social media and more apps;
- Curriculum content – professional skills, information governance, WHO safety checklist and accountability/outcome publication;
- E-logbook – need for improved functionality and links to ISCP

We shall be aiming to present and publish our findings in more detail in the near future with proposals for implementation.

Curriculum Changes

Changes to several syllabuses, approved by the GMC, will come into effect in August. There are relatively minor changes to the early years and professional and leadership skills components and the ENT and Paediatric Surgery curricula. There are more major changes for General Surgery, Plastic Surgery and Trauma and Orthopaedic Surgery – and of course there is a brand new curriculum for Vascular Surgery. A document on the ISCP website explains these and the recent GMC requirement for trainees to move to the most up-to-date curriculum (see [here](#)).

We are delighted to be able to report that we have just heard from the GMC that it has approved our application to include simulation-based training in the curriculum. We have worked hard on this, as we believe that it is essential both for patient safety and to accelerate learning for trainees. It does involve financial and organisational challenges for those delivering training, however, and the GMC has asked for more evidence that all providers are able to deliver what we recommend. We have some further work to do, but we shall be rolling out updated syllabuses on the ISCP website during the autumn.

ISCP Data Analysis

We have a new data manager in post and she will be working to analyse the very valuable information that we know we hold in the ISCP and use it to improve training. One of the first pieces of work has involved evaluating the use of WPBAs during 2011-12. We have done this by deanery, by specialty and by training year. Overall the median number of validated WPBAs per trainee was 38. Following this initial analysis, we are evaluating the use of individual WPBA tools by training years for each specialty and by deanery training programme.

New Logbook Definitions

We have recently approved new supervision definitions for use when recording surgical procedures. You can view these on the e-logbook website [here](#)

ISCP iPhone App

For those of you with iPhones, we have now released an assessment app that will allow trainees to complete WPBAs and other items of evidence on mobile devices and upload these to portfolios. You can find this in the iTunes App Store by searching for **ISCP** in the app section.

Guidance on ARCP Outcomes

I reported in January that the GMC has agreed that, from August 2013, trainees will need to pass the MRCS examination in order to complete Core Surgical Training (CST)

successfully. This has generated some debate about ARCP outcomes for those who do not pass the MRCS. While we await further official guidance, our Core Surgical Training Committee has prepared some guidelines that you can view [here](#)

News from the GMC

Make sure that you are aware of the following, issued since our last newsletter:

- **Raising concerns.** New helpline **0161 923 6399** (see Chairman's update) and [blog](#)
- **Updated *Good Medical Practice*.** See [here](#)
- **Impact of working time regulations on training.** Read the report on research commissioned by the GMC at www.gmc-uk.org
- **2013 annual trainee survey.** Key findings now available [here](#)
- **Review of training in London 2012-13.** Report of GMC regional review available [here](#)
- **QA review.** Read the latest updates and discussion papers [here](#)

JCST secretariat and ISCP helpdesk contact details

Our contact details are available [here](#) and [here](#)