JCST Newsletter – July 2014
Chairman's Update

Ian Eardley, JCST Chairman

Sadly, this is almost my last newsletter, as my term of office finishes at the end of this year. I hope to be back in January, however, with a review of my time in office. I am also pleased to announce that the College Presidents have appointed our ISCP Surgical Director, Bill Allum, to succeed me. Bill takes over on 1 January 2015, but of course we already work closely together and the handover process is well underway.

This means that we now need to replace Bill. Not just Bill, either; our current QA Lead and former Paediatric Surgery Specialty Advisory Committee (SAC) Chair, Graham Haddock, will also step down in spring 2015. Both will be hard acts to follow. Graham is a paediatric surgeon from Glasgow, but much more than that besides. He is Chief Commissioner for the Scouts in Scotland, and the energy and authority that got him there have also been evident in his JCST roles. I have asked him to give a brief update in this newsletter, alongside Bill's usual curriculum report.

We are looking for exceptional people to fill both roles - further details available here.

Welcome also to Stella Vig, a South London-based vascular surgeon who is the new Chair of our Core Surgical Training Committee. Thanks again to James Wheeler, her predecessor, who built the committee up from scratch and who is now an active member of our General Surgery SAC.

In our January newsletter we looked in general terms at what our SACs do. We wanted to introduce some of the SAC Chairs as well, and in this issue I have asked David Large, the relatively new Chair of the Trauma and Orthopaedic Surgery SAC, to start the ball rolling. As usual, we also update you on new rules, regulations and guidance that you need to know about.

About the JCST

For anyone 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, our strategy 2013-18 and the intercollegiate equality and diversity policy on our newly revamped website (www.jcst.org) or on the website of the ISCP, for which we are the parent body (here). You can also follow us on Twitter (@JCST_Surgery). We were particularly excited to hit 1,000 followers recently and the number is still climbing, so please do add to it.

If you are a new trainee, please make sure that you enrol with us as soon as you start your training programme. You can do this online via the ISCP.

New JCST Blog

I am pleased to say that we have now launched our blog – available here. Bill Allum and I have started off with our views on assessment and the *Shape of Training* review respectively, but we are keen for others to get involved. If you have thoughts about surgical training that you would like to share with a wider audience, please get in touch by e-mailing jcst@jcst.org.

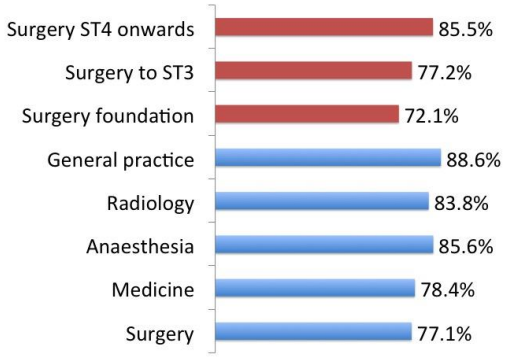
Shape of Training Review

I wrote at some length about the review in our January newsletter and I have set out my own views in my blog (see above). At the moment we know that the 4 UK Governments have agreed to set up a steering group to consider how to take forward the report's recommendations. In the meantime, I have been chairing a small group looking at how we might make the recommendations work for surgery and the Academy of Medical Royal Colleges has brought all the different specialties together to discuss common approaches.

Some of the recommendations are likely to be implemented more rapidly than others and governments will doubtless be costing all of them very carefully. The latest mandate from the Government to Health Education England (HEE) – available here – makes moving full registration to the point of graduation from medical school a priority. HEE is also to ensure that 50% of Foundation trainees go on to GP training by 2016.

How attractive is surgery?

This question, of course, is closely related to what I have written above. Many of you will have seen that the GMC has just published the key findings of its 2014 training survey – available here. We were all rather chastened to see that surgical trainees have once again reported the lowest levels of satisfaction with their training (77.1%). There is more to it than that, however, as shown in the graph below, as trainees at ST4 and above actually registered high levels of satisfaction (85.5%). Those in core surgical training (CST) registered lower levels (77.2%) and those in foundation training the lowest of all (72.1%).



There is a message for us here, and it comes at a time when we know that some CST posts outside the midlands and south of England have been difficult to fill. I want to be sure that we continue to attract the best candidates and one of my priorities over the coming months is to look at factors undermining the popularity of surgery within Foundation and Core training and what we and/or others can do to address them.

Linked with this will be enhanced equality and diversity training for all our SAC members to ensure that we understand and respond to the needs of our diverse trainee population.

Quality Assurance


Graham Haddock, JCST QA lead

Having been trained in Neonatal & Paediatric Surgery in Glasgow, Edinburgh and Toronto in Canada, I have been a Consultant at the Royal Hospital for Sick Children in Glasgow since 1995. Having been a TPD for 9 years from 2000, I became a College-appointed member of the SAC in Paediatric Surgery from 2006 until 2009 and Chair from 2009 for three years.

In addition to my QA lead role on the JCST, I am the Scottish Chief Medical Officer's Specialty Advisor in Paediatric Surgery and the Glasgow College's representative on the Academy Specialty Training Committee.

In my spare time I am heavily involved in Scouting. I currently hold the appointment of Chief Commissioner of Scotland. In this role I am the lead volunteer for some 45000 members of our Movement and have a key role in the UK Volunteer Management team.

JCST Trainee Survey

Many thanks to all of you who have filled in our trainee survey. We had an overall response rate of 79% for 2012-13 and are keen to increase that to 90%, so please keep the feedback on your placements coming. We have just published our first annual report, which you can read here.

We do make sure that we follow up on what you tell us. At the time of writing I have sent each of our 10 SACs and our CSTC a breakdown of the most recent results and am pursuing them to find out what they are doing about them. We work closely with Heads of Schools of Surgery (and other national equivalents) and also share information with the GMC.

Bullying and Undermining

Ian has already written about the results of this year's GMC training survey. The GMC will be publishing further reports on patient safety

issues raised in this year's survey, however, and also on trainees' experience of bullying and undermining. It did likewise for the 2013 survey and we are pleased to be working with it on plans to follow up the 2013 bullying and undermining report (available here) with a series of focused visits to selected units. These visits will take place during the autumn.

GMC QA Review

During 2012 and 2013 the GMC conducted a review of all its arrangements for the quality assurance of medical education and training. Many of us, myself included, attended workshops and contributed in other ways. The GMC published its report and recommendations on 25 February 2014 and you can read these here.

Key points for us include the GMC's plans to involve "specialists endorsed by the Colleges" in its own visits and work by the Academy of Medical Royal College to "professionalise" the role of external advisers to Deaneries and Schools.

Quality Indicators (QIs) Benchmarking and Certification Guidelines

A quick 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. We review these on an annual basis.

We are now working on benchmarking guidelines for ST4 and ST6. Some of these are already available here and others are still in progress. The chief purpose of these guidelines is to ensure that your training trajectory is appropriate and that, by the time you reach the end of training, your experience and competence are appropriate for the award of a CCT or CESR (CP).

Curriculum News

Bill Allum, Surgical Director of ISCP

I am delighted to have been appointed as JCST Chairman and look forward to meeting as many of you as possible in my new incarnation. For the moment, however, the curriculum continues to keep me more than busy.

We are still working flat out on the upgrade programme that will culminate in Version 10 of the ISCP. In the meantime, however, here are some of the changes that you will see either now or from August:

- The Non-Technical Skills for Surgeons (NoTSS) formative assessment tool is now accessible via the ISCP. Phase 1 is there already and phase 2 is on its way. We are keen for more users to try it out, so please do log on and have a go;
- Nearly all the syllabuses mapped for simulation are now up and running. At the time of writing we await a decision from the GMC about the Vascular Surgery syllabus;
- Workplace-based assessment (WBA) forms now include a checkbox for simulation;
- A package of downloadable resources for use in local training and induction sessions;
- Updates to Annual Review of Competence Progression (ARCP) documentation, in line with recent changes agreed by the Conference of Postgraduate Medical Deans (COPMeD).

We are working closely with the RCSEd technical team to improve the links between the ISCP and the e-logbook, something that many of you have been asking for. We are also looking at how we can use the ISCP to support trainer activity. At our last JCST meeting we had a presentation from the Surgical Director of the RCSEd Faculty of Surgical Trainers, which set out the criteria and standards that it has developed for surgical trainers. We all agreed that it would be appropriate for the ISCP to provide further

resources for trainers to record their activity. This is work in progress, so watch this space.

Simulation-based Training

As I mentioned in the January newsletter, simulation techniques are all classified as "strongly recommended" or "desirable" at the moment. The GMC wants to be sure that there is equity of access before making simulation in any form compulsory and has asked us to carry out an audit of availability. We are working on this now. Our trainee survey, which now contains questions about simulation, is an important part of it, so I echo Graham Haddock's assurance that your contributions really matter. We are also surveying Heads of Schools (and national equivalents) and our SAC Liaison Members about the regions with which they work.

Assessment

I have written in my blog (here) about the challenges of measuring competence. WBAs are here to stay, but there has been a lot of criticism of the "tickbox culture" that they have fostered. The apprenticeship model with which my generation grew up had its limitations too, so how to strike a balance?

Talk now is of the "supervised learning event" (SLE), sometimes compared to a driving lesson as distinct from a driving test. The challenge is to achieve a more informal approach to recording feedback, reflection and progression without creating yet another acronym.

Whatever the form of assessment, the priority is to encourage regular trainee-trainer interaction with proper feedback and reflection. We are redesigning WBA reports to foster this approach and to give a more meaningful indication of progression. Many thanks to those of you who have challenged us regularly to reflect on our own approach.

ISCP Database Research

Our research programme for this year is focusing on qualitative and quantitative analysis of WBAs, analysis of procedure-based assessments (PBAs) and operative experience and an analysis of trainer engagement. We are preparing a comparative analysis of WBAs in 2011-12 and 2012-13 for publication.

We are also very grateful to the RCSEd for agreeing to fund a research fellow, who will focus once appointed on the relationship between operative competence and surgical experience.

ISCP App

Many thanks again to all of you who responded to our consultation about the app. You made lots of suggestions for me and for our technical team to think about. Not surprisingly, those of you who do not use i-phones were keen to see an app that works on different platforms. Our focus now is on further developing the mobile optimisation of the ISCP website to ensure that it will work on different types of smartphone and tablet.

Being an SAC Chairperson

David Large, T&O SAC Chairman

I am David Large, a consultant orthopaedic surgeon in Ayr on the west coast of Scotland, just south of Glasgow. I have been in post for 22 years, having completed surgical training in Edinburgh, Aberdeen and Melbourne. I took over the chairmanship of the T&O SAC in January of this year. Prior to that, I had been a member of the SAC for 2½ years and TPD for T&O in the West of Scotland (WoS) for 8½ years. Also, in my time as TPD I helped the SCOT secretariat set up and run a course on how to be a TPD.

In addition to the above I have a proven track record as a geek, most recently developing a macro in Excel that turned a 700 page logbook report into something more analysable. This allowed me to identify the best training slots, as judged by volume and level of supervision, for particular procedures in the WoS programme. Some of the findings were quite unexpected and the analysis allowed me to target training more effectively. Therefore, in becoming SAC chair, I hope I bring a wide experience, together with a deep commitment to quality in training.

Looking back over the agendas of SAC meetings over the last year or so has seen a lot of time devoted to, and debate about, recruitment and workforce, and the introduction to T&O of national selection. The latter is now well established and this year's process represented a major development from last year, though there are still improvements we can and will make.

With these issues taking less time, more recently the SAC has been able to turn its attention to other important issues, such as training in major trauma centres (MTCs). MTCs have produced significant improvements in care for the seriously injured and also offer great training opportunities, but not without cost. The work intensity in MTCs and consequent shift working, together with the number of trainees needed to staff the rota, can have a negative impact on training. The SAC will need to keep this area under review to ensure the best for our trainees and our patients. I hope that my geekish skills and close links with the e-logbook will allow me to keep the SAC fully informed on this topic.

The next three years will no doubt bring other issues to the fore. I look forward to the challenges ahead and hope that at the end of three years I will have left my mark.

Regulatory News

- The new *Gold Guide* (fifth edition 2014) has now been published. This sets out arrangements agreed by the 4 UK Health Departments for all UK trainees appointed from August 2007. You can find it here;
- The GMC has published new guidance on out of programme training and research (OOPT/R) – available here. Be aware that the approach is very rigorous. If you want your OOPT/R to count towards your CCT/CESR CP, you need to plan well ahead. All approval paperwork **must** be complete before the post starts;
- The GMC has also published new guidance on the CESR (CP) route to specialist registration for trainees who have done some training in unapproved posts. You can find this here;
- And a further reminder of the new GMC rule that you must apply for your CCT or CESR (CP) within 12 months of your certification date. After that you will no longer be eligible and will have to apply for a full CESR (the "equivalence" route to specialist registration) instead. The JCST makes CCT/CESR (CP) recommendations to the GMC and we shall contact you 5 months before your certification date to explain what we need from you;
- The GMC has published its first annual report on the CESR (and equivalent GP) process, available here. In 2013 48% of all CESR applications were successful. The success rate in surgical specialties was c. 37%.

JCST secretariat and ISCP helpdesk contact details

Our contact details are available here and here