JCST Newsletter – January 2016

Chairman's Update

Bill Allum, JCST Chair

I would like to start by wishing you a belated Happy New Year. This newsletter has been harder to write than usual. The past few weeks and months have been bruising, especially for those caught up in the contract dispute in England. The messages about morale among trainees and in the NHS as a whole have been deeply disturbing.

One of the most important messages, for me and my JCST colleagues, has been that trainees do not feel valued and supported as they should. As a consultant surgeon I know how hard surgical trainees work, and it has been striking to see how disenchanted many are with the service in which they have committed to develop their careers. The JCST attaches enormous value to the contribution that trainee representatives make to our work. Representatives of the Association of Surgeons in Training (ASiT) and the British Orthopaedic Trainees Association (BOTA) sit on all our main committees and working groups, and representatives of specialty trainee groups on all our Specialty Advisory Committees (SACs) and Training Interface Groups (TIGs).

One of our most interesting sessions in recent months was a round table discussion in which two of our trainee representatives told our staff (and me) in some depth what it really feels like to be a junior doctor today. My colleagues in the JCST office were particularly struck by the pressures under which trainees are working and living. It is important to us that those answering your calls and e-mails - or perhaps chasing you for paperwork - have some insight into what you have to contend with.

Thank you to all the trainees who have worked with us and given us feedback. Special thanks to Rhiannon Harries as she completes her term of office as ASiT President. We are always pleased to hear from you, and I hope to meet as many of you as possible at the different meetings that I am due to attend in the coming months.

Since the last newsletter we have welcomed Simon Wood and Jeremy Davis as the new Chairs of the Plastic Surgery and Otolaryngology (ENT) SACs respectively. Many thanks to their predecessors, Aidan Fitzgerald and Andrew Robson, for all that they did during their terms of office. We also said goodbye to our Quality Manager, Helen Lewis, and welcomed Sarah Lay in her place. Sarah will be working with our QA Lead, Joe O'Beirne, on our trainee and trainer surveys and other initiatives to improve the quality of training.

Priorities for 2016

A new year brings new challenges, including completing those tasks we set ourselves last year.

The main project to complete is v10 of ISCP – Gareth Griffiths explains in his section where we are with the release. On a related note we are delighted that David Large, our T & O SAC Chair, is leading work to re-develop the eLogbook.

The GMC requirements for trainers take effect this summer and we are working closely with Craig Mcilhenny, Director of the RCSEd Faculty of Surgical Trainers, to support surgical trainers – see below.

The current experience of many in Core Surgical Training leaves a lot to be desired. We are developing initiatives to improve that experience and I plan to encourage debate on Core through publications and presentations in collaboration with Stella Vig, Chair of the Core Surgical Training Committee.

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. We enrol trainees, monitor their progress and make recommendations to the

relevant regulators when they are ready for certification. You can read more about us and find previous newsletters, our strategy 2013-18 and the intercollegiate equality and diversity policy on our 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). At the time of writing we have more than 1,800 followers, so do add to the total. Do also read our blogs – and if you would like to blog for us, we would love to hear from you.

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. For those of you approaching certification, we have a new process in place from 2016. You can read more about this here.

Shape of Training Review – Improving Surgical Training

Work continues on how to implement the recommendations of the October 2013 *Shape of Training* review. For any readers not yet familiar with it, you can catch up with it here.

During the summer and autumn of 2015, the JCST and other College bodies participated in a major mapping exercise overseen by the Academy of Medical Royal Colleges. The Academy posed questions about a range of areas, including service requirements, cross-specialty working and training, handling acute and emergency patients, credentialing and the length of training.

The JCST encompasses 10 surgical specialties as well as core surgical training, so not surprisingly opinions vary in some areas. There are some clear messages, however:

- The need to improve core surgical training (CST) and to tackle the service/training tension that leads to many trainees filling service rotas and missing training opportunities
- The need to support trainees and enhance patient safety by providing structured educational induction at different levels of training
- The benefits of simulation training in enhancing both technical and non-technical skills, maximising limited training time by shortening the learning curve and enabling trainees to develop their skills in a non-threatening environment.

We have also signaled the need for greater clarity about the scope, funding, organisation and oversight of any potential credentialing scheme proposed by the GMC and the need to monitor carefully the impact on training of the publication of individual surgeon outcome data.

The Academy has now published the report of the Mapping Exercise Panel, of which I was a member, and you can read this here. One early priority, which I welcome, is likely to be a focus on formalised mentoring for new consultants.

I also continue to be involved in the work commissioned by Health Education England (HEE) from the RCSEng, seeking to identify new approaches to training that will be piloted – more in future newsletters.

New GMC Standards for Medical Education and Training

The GMC's new standards for medical education and training are now in force. Aimed at *promoting excellence*, they are available here and are grouped within 5 themes:

- Learning environment and culture
- Educational governance and leadership
- Supporting learners
- Supporting educators
- Developing and implementing curricula and assessments

We welcome the focus on supportive environments and are particularly pleased about the obligation now placed on employing organisations to *support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.* We are conscious of the competing pressures within the health service and would like to hear from any trainees or trainers who are not receiving this support. We shall raise any examples directly with the GMC.

GMC Recognition of Trainers – Is everyone ready?

This is a reminder to trainers especially that the GMC has introduced new requirements for the recognition of undergraduate and postgraduate trainers. These requirements will apply to all named educational and clinical supervisors, and you can read more about them here. Deaneries and Local Education and Training Boards (LETBs) are responsible for collecting evidence from their named trainers on how they meet the criteria to be a trainer. The absolute deadline for all trainers to be fully recognised is **31 July 2016.**

Trainers – if you are not sure where you are with this process, please talk to your local Deanery or LETB as soon as possible and/or discuss it with the Director of Medical Education or equivalent in your employing body. It is your responsibility to ensure that you have met the criteria.

The JCST is working closely with the Faculty of Surgical Trainers of the Royal College of Surgeons of Edinburgh, which has designed specific standards for surgical trainers. These are designed to support the GMC process, and you can read more about them here. We are also working on a portfolio within the ISCP to support trainers in recording evidence.

JCST Finances

We have received several queries about our finances and how we use the money from the trainee fee. I hope that this newsletter will give you a good idea of the breadth of our activity and the services that we provide, but we are committed to being transparent about all areas of our work, and we publish financial information annually in our January newsletter.

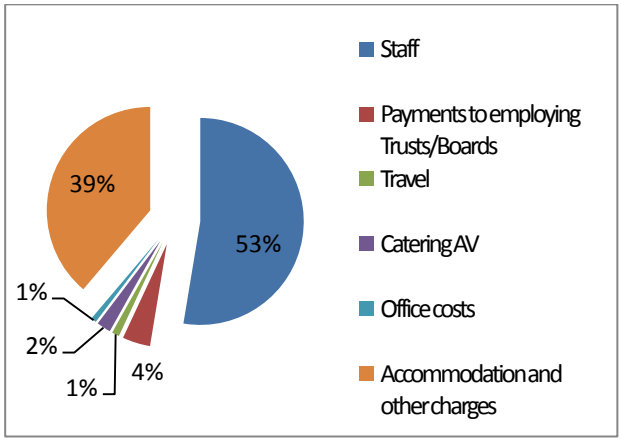
Here are some figures from our 2014-15 financial year, which ended in June 2015. Figure 1 shows the functions of the JCST, with the amount that is spent on each of these functions, while Figure 2 outlines in more detail the areas on which the money is spent.

Figure 1: Outgoings of JCST by JCST Function

Function	Expenditure (£)
Trainee activity – enrolment, certification, curriculum (ISCP), QA and associated committees	1,483,538
CESR – equivalence work	105,821

Figure 2: Outgoings of JCST by Type of Spending

Area of Spending	Amount (£)
Staff	836,213
Payments to JCST Officers' employing Trusts/Health Boards	69,222
Travel	18,472
Catering and AV	35,210
Office Costs	13,553
Accommodation, service and other charges – includes service level agreement for support of ISCP website	616,689
Overall total	**1,589,359**



Notes: We make payments to the employing Trusts or Health Boards of the JCST Chairman and the ISCP Surgical Director for the time that they spend on JCST work. We do not pay the clinicians themselves. The Chairman, Surgical Director and QA Lead also receive travel expenses. SAC Chairs receive a small amount of funding for secretarial support, but SAC Chairs and members receive no travel expenses.

The following table shows the way in which the JCST receives income, with any shortfall borne by the Surgical Colleges

Funding of JCST 2014-15

Source	Amount (£)
Trainee fee	1,444,520
GMC – for CESR[1] work*	124,254
Total external income	1,568,773
Shortfall met by Joint Surgical Colleges	20,586
Overall total	1,589,359

The GMC funds the contractual work that we do to evaluate CESR applications. There is no funding for any of the other non-contractual work that we carry out on behalf of the GMC (including enrolment of trainees, CCT and CESR (CP) recommendations and writing and maintaining the curriculum).

Tax Relief on Trainee Fee and MRCS

The trainee fee has been tax deductible since 2013. Trainees taking the MRCS exam can also claim tax relief. Read more here.

Trainee Fee Reductions

If you are a less than full time (LTFT) trainee, don't forget that you are eligible for a pro-rata reduction in your fee. Read more about this, and other reductions and exemptions, in our FAQs here

Quality Improvement – Surveys, Guidance and a Focus on Less than full time (LTFT) Training

Joe O'Beirne, QA Lead

In case you missed it back in September 2015, you can read my **extended blog** here, setting out my perspective on quality assurance and improvement.

Many thanks as ever to those of you who have completed our **trainee survey**. We ask you to complete one per placement and you will find the details on your ISCP account. Please fill it in before your ARCP if you can. What you tell us is important, as we share the findings with Schools of Surgery and the GMC in the Annual Specialty Reports (ASRs) that it requires of us.

At the moment we are analysing the results of our 2014-15 survey and we shall be publishing a report in the coming months. Not for the first time, however, there are some worrying findings about core surgical training (CST), and responses from LTFT trainees also give us cause for concern. Bill has written above about his focus on CST, and in a similar vein our QA Group has decided to pay particular attention to LTFT training over the coming year. ASiT has done some important work in this area, for which we are very grateful. There is clearly still work to do to change attitudes and overcome prejudice – one particular preconception being that it is only women who want to work flexibly.

Our trainee survey complements the GMC's own survey and adds a surgical perspective. This year we also plan to pilot our own **trainer survey,** working closely with the Confederation of Postgraduate Schools of Surgery (CoPSS)

At the time of writing we are also working on our **ASR for the GMC**. This will include information from the survey and also intelligence from our network of SAC Liaison Members, who provide external support and advice to Deaneries and LETBs around the UK.

Please note that the GMC is now publishing information, updated regularly, about **approved training programmes and sites**, i.e. sites in which training counts towards the Certificate of Completion of Training (CCT). Your training site must be on the list for you to be sent the link to the GMC National Training Survey (NTS). You can read more here

Our work on using **e-Logbook data** is still at an early stage. I should emphasise that our intention

[1] Certificate of Eligibility for Specialist Registration – the "equivalence" route.

is to focus not on individual trainees, but on the quality of training offered to successive trainees going through the same posts. Watch out for news of progress in future newsletters.

Many of the SACs have now identified their own **specialty QA Leads**. I very much look forward to working with these new colleagues, who I believe will be key to making our QA mechanism more effective.

Finally, please look at the QA section of our website for our **quality indicators (QIs) and certification guidelines**. 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. Some of our SACs have also produced further benchmarking guidelines to help you and your trainers measure your progress at intermediate stages of your training.

Curriculum Update

Gareth Griffiths, ISCP Surgical Director

When I wrote my last contribution in July 2015, we were preparing to launch **ISCP Version 10** – a major upgrade to our online training management system that will bring improvements in the web interface and functionality. Since then we have had to revise our plans and have not yet gone live. The reason for this is that we want to be absolutely sure that the new site is as good as it can be before we launch it. As with all major software there are bound to be some bugs that only come to light after release, but we want to minimise these as much as we can.

At the time of writing we are close to completion and are engaged in a programme of intensive testing. I have been personally involved in this, both in the JCST offices and remotely. Before we go live, our plan is to launch a final beta site for a consultation period in which we give you as end users the opportunity to provide feedback to help us fine-tune appearance and navigation. Watch our websites and Twitter feed for further news about this.

In other news:

- We await the final version of the **GMC's Generic Professional Capabilities (GPC)** Framework, designed to be included in all postgraduate curricula and focusing on the professional and non-technical skills required of all doctors. From our discussions with the GMC, GPC will be more specifically integrated into all workplace-based assessments to provide a more holistic curriculum;
- Alongside GPC, the GMC is also in the early stages of revising its **Standards for Curricula and Assessment**. Once finalised, the new standards and GPC will, together, define the principles and structure for all curricula.
- We continue to work on implementing the **GMC's guidance on equality and diversity for curricula and assessment systems.** You can read more about this here
- Also at the GMC's behest, we are working with the intercollegiate examination bodies to prepare a **blueprint for each of our curriculum syllabuses, specifying how each area of the syllabus may be assessed**
- We are talking to College patient and lay groups to seek support **for mandatory simulation training within the curriculum.** We fully recognise trainee concerns that such training must be properly resourced.
- Work continues on our **research programme,** looking at areas including the relationship between logbook experience and operative competence and the quality of feedback;
- Finally a reminder that we have a package of **faculty training material** available here.

JCST secretariat and ISCP helpdesk contact details

Our contact details are available here and here