

JCST Newsletter – Winter 2016/17

Chairman's Update



Bill Allum, JCST Chair

The winter newsletter provides an opportunity to reflect on the last year and consider the challenges for the coming twelve months. I am very pleased that we have at last introduced v10 of ISCP - which, like any large IT project, was not as straightforward as we originally hoped. Nevertheless the feedback has been positive, as Gareth Griffiths explains later.

The major topic of course was the dispute over the Junior Doctors' Contract in England, and this will begin to have its effect this year. If you are not getting the training that you should be getting, your Health Education England (HEE) team/School of Surgery needs to know about it, we want to know about it and ultimately the General Medical Council (GMC) may need to know about it too.

Those of you working in England will be able to use the **exception reporting** system created under the new contract. The Chair of CoPSS and I have written to surgical trainees in England, encouraging you to use the reporting system and to include your Educational Supervisors in any reports if they are not already part of the reporting pathway. Joe O'Beirne writes below about the JCST's Quality Indicators (QIs) and please use these.

Priorities for 2017

A key task that we have set ourselves for this year is to **review and update our strategy 2013-18**. One of the overarching themes has to be **trainee morale**. I have written before about how my JCST colleagues and I value the trainees who work with us and how much the JCST values its trainee representatives. **Valuing trainees** – and ensuring that we provide value to trainees – must inform everything that we do, the way in which we communicate and the way in which we organise our work. We should not forget, either, the need to **value trainers**.

For UK trainees we know that the NHS is under intense pressure, and it is all too frequently **time for training** that is squeezed. The Association of Surgeons in Training (ASiT) and British Orthopaedic Trainees Association (BOTA) have played a valuable role in highlighting the problems caused by winter pressures ([here](#)). We know also that there are very similar problems in Ireland.

Two very important pieces of work currently in progress are on **less than full time (LTFT) training** and **bullying and undermining**. We plan to publish policy statements on both subjects later this year, but both are first and foremost about changing attitudes and culture and leading by example. Particular thanks to BOTA for taking the lead in T & O with the [Hammer It Out](#) campaign, which the JCST is delighted to support.

A further priority this year is to work with the intercollegiate committees overseeing the MRCS and FRCS examinations to review the implementation of our [Intercollegiate Equality and Diversity Policy](#). This is another area in which we have a responsibility to lead by example, and we are keen to increase the diversity of our committee membership. We still have some way to go, but are proud of the

bespoke training workshops that we and our inspirational trainer, Josie Hastings, have developed for our SACs. These cover a variety of real-life scenarios and unconscious bias.

Improving Training – Partnership Working

- I have been a member of HEE's **working group on improving the quality of training for junior doctors**, looking at areas including flexibility and the costs of training. The interim report from this group is due to be published shortly and we will be assessing our performance against its recommendations.
- HEE is also reviewing the **Annual Review of Competence Progression (ARCP)**, and I am a member of the review's appraisal and assessment workstream.
- I and other JCST colleagues continue to be closely involved with the **Improving Surgical Training initiative** led by the Royal College of Surgeons of England. It will trial improvements in the quality of training, a better training-service balance for trainees, and look to develop members of the team from other professional backgrounds to work alongside trainees to improve patient care.

JCST Finances

We receive frequent 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. After talking to ASiT and BOTa about what they would like to see, we have also expanded the financial information on the JCST and ISCP websites [here](#). This

information covers our financial year 2015-16, which ended in June 2016.

Your fee covers all areas of JCST activity (**not** just the ISCP) with the exception of our work on CESR¹ evaluations, for which the General Medical Council (GMC) pays us.

So what do we do with your £255? In 2015-16 the approximate breakdown was as follows:

- **£115** on paying JCST staff who run all our committees and working groups and support your enrolment, casework and certification, quality improvement, curriculum development and the ISCP Helpdesk.
- **£66** for office space, service and other charges.
- **£54** for development and technical support to optimise the ISCP website for you.
- **£10** to compensate the employing Trusts/Health Boards of the JCST Chair and ISCP Surgical Director for their time
- **£5** for meeting costs – catering and AV
- **£2.50** for travel for JCST staff, JCST Chair, ISCP Surgical Director and the JCST QA Lead (SAC chairs and members receive no travel expenses).
- **£2.50** for office admin costs – stationery, equipment etc.

New faces and other news

This is my last year as JCST Chair and my penultimate newsletter, as I complete my term of office in December. All being well, the Surgical College Presidents will appoint my successor in March and an extended handover will begin.

In the meantime there are several other changes to report. We have welcomed Rajesh Shah, Mark Bowditch and Peter Whitfield as new Chairs of the Specialty

¹ Certificate of Eligibility for Specialist Registration – the “equivalence” route

Advisory Committees (SACs) in Cardiothoracic Surgery, Trauma and Orthopaedic Surgery (T & O) and Neurosurgery respectively. Many thanks to their predecessors Sion Barnard, David Large and Tom Cadoux-Hudson for all that they did during their terms of office.

We have appointed Aidan Fitzgerald, a former Plastic Surgery SAC Chair, to chair our new Interface Training Oversight Group (ITOG). Our new Training Interface Group (TIG) for Major Trauma is now up and running, chaired by Martin Bircher. Five Major Trauma fellowships will be available in 2018, focusing on two main streams – one for ‘Resuscitative’ surgeons dealing with blunt and penetrating trunk injuries and one for ‘Major Trauma’ surgeons to lead trauma teams/centres.

We also welcome Steve Eastaugh- Waring as the new Chair of the Confederation of Postgraduate Schools of Surgery (CoPSS) and Graham Haddock (a former JCST QA Lead) as the new Chair of the Scottish Surgical Specialties Training Board (SSSTB). Our thanks to their predecessors, Mike Bradburn and Dominique Byrne. We work very closely with Heads of Schools of Surgery and other national equivalents and I cannot emphasise enough how valuable these partnerships are to us.

We were also delighted that our Lead Dean for Surgery and Postgraduate Dean for Yorkshire and Humber, David Wilkinson, was awarded an MBE in the New Year’s Honours List for services to the NHS. It is gratifying to see commitment to training recognised in this way, and our congratulations go to David.

Finally, we are delighted to hear that the first cohort of trainees will be appointed to the new specialty of Vascular Surgery in Ireland this year.

Quality Assurance Update



Joe O’Beirne, QA Lead

This year promises to be a busy one for the JCST QA Group, which now includes a lead from each SAC.

Many thanks as ever to those of you who have completed our **trainee survey**, of which the latest iteration (2016-17) went live in November 2016.

For those new to the JCST, we ask you to complete one survey per placement and you will find the details in your ISCP account. Please fill it in before your ARCP if you can. What you tell us is important, as we share the findings in an aggregated, anonymised way with Schools of Surgery and the GMC in our Annual Specialty Report (ASR).

As a reminder, you can read our most recent **survey annual report** [here](#). We are also very pleased this year to be working with ASiT and BOTa on a special **joint survey on trainee morale**, which we hope will go live in June. As Bill indicates in his message above, this is very important to us, so please look out for it.

I announced in our last newsletter that we had run our first **pilot trainer survey** in three regions, with a response rate of 60.3%. The key message for us was that trainers felt that they had very limited time for training activity and the administration connected with it. Specifically:

- 42% did not have enough time for the training activities they undertake.
- 32% had experienced difficulties in getting time to participate in other activities related to training.

- 20% did not have sufficient time to observe their trainees' performance during an average week. Many indicated that observing trainee performance in outpatient clinics and on ward rounds was particularly challenging.

Other points included the need for a better system for recording training activity for CPD purposes and a need for greater formalisation and recognition of trainer roles. Encouragingly, however, the majority of respondents felt that they were adequately equipped and had appropriate knowledge to undertake training activity.

This year we shall be running a **nationwide trainer survey**, which will go live in the spring.

As well as running our own surveys, we continue to work closely with the **GMC** on its **trainee and trainer surveys**. In December 2016 the GMC published key findings of its 2016 trainee survey, which you can read [here](#). These once again indicate low levels of satisfaction with surgical training. Our own further analysis suggests that satisfaction levels are lower in core than in specialty training and lowest of all in surgical Foundation posts.

We have spent some time analysing the **GMC's [research on the progression of doctors from different backgrounds](#)**, published last year. They indicate that trainees from a range of groups are disadvantaged throughout medicine, receiving higher numbers of adverse ARCP outcomes. We are seeking to discuss these findings further with the GMC.

Work is now underway on our **Annual Specialty Report (ASR)** for 2016, which we need to submit to the GMC by the end of May. As well as the findings of our surveys, we also collate reports from the Liaison Members from all our SACs on their

findings from the regions with which they are linked. The GMC now publishes the reports, which you can view [here](#). You can also now read its [enhanced monitoring updates](#).

One further task for the QA Group, which we do every year, is to review 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.

We know that there has been some debate about the **indicative numbers** in our certification guidelines and we read a recent [BMJ personal view](#) with interest. There is much to say on the subject, but key points are that the numbers are indeed indicative rather than absolute and the guidelines likewise, although we hope that they will help to drive experience and training. If you have questions or feedback on any of our guidance, please get in touch.

Curriculum Update



Gareth Griffiths, ISCP Surgical Director

As I write, the [new ISCP website](#) has been live for just over 6 months. Perhaps not surprisingly, there were a few glitches at the outset and our Helpdesk staff were exceptionally busy with your calls and e-mails. Encouragingly, however, we have also had positive feedback. We are very grateful to everyone who has fed back and

helped us to iron out problems and improve the site further.

We hope that we have now fixed all the immediate issues and we are working on a **rolling programme of further development**. We are posting regular updates on the ISCP website and you can read the most recent one [here](#)

In other development news, we continue to work with the [Faculty of Surgical Trainers](#) of the Royal College of Surgeons of Edinburgh (RCSEd) on the phased introduction of a **trainers' site** within the ISCP. Trainee organisations have raised concerns about the way in which this will be funded. The Surgical Colleges have recognised the concerns and have agreed that they will meet the development costs for the site.

A major **redevelopment of the e-logbook** (hosted by the RCSEd) is also in progress. One important strand for us is the improvement of the link between the ISCP and e-logbook, and our teams are working closely together.

This is the time of year when we and the specialties concerned work on **curriculum changes** to go live in August. All changes must be approved by the GMC and the process involves extensive stakeholder consultation. At the time of writing the major update for August 2017 is the Core Surgical Training curriculum, which is designed to be more modular and flexible in structure. We are also planning to submit two new Training Interface Group (TIG) syllabuses, the Major Trauma TIG and subsequently the Reconstructive Aesthetic TIG.

The workload this year is particularly busy as the GMC is introducing new Standards for Curricula and Assessment. All curricula will have to meet these Standards in due course. Along with the respective SACs we

are working on updates that will meet the new Standards in General Surgery, Cardiothoracic Surgery, Otolaryngology and Oral and Maxillofacial Surgery. The intention is to have these approved for implementation in August 2018.

I wrote in the last newsletter about the [GMC's Generic Professional Capabilities \(GPC\) Framework](#), which will need to be incorporated in all curricula in the near future as part of the new Standards. This will represent a major shift in the approach to training and assessment. The Framework describes the attributes, values and behaviours expected of all doctors. These will carry the same weight as clinical knowledge and skills and be assessed continuously at all stages of training. The emphasis in assessment will shift from the much maligned "checkbox" approach towards more global judgement with specific waypoints.

This fits in with plans we have to look at **how Workplace Based Assessments are structured and used**. We are grateful for all the feedback we have received on these and this feedback will inform our discussions. Our intention is to make the assessments easier to use and more effective while meeting the GMC's requirements.

We are planning an **ISCP Development Day** on 22 September 2017. This will be open to all users but, unfortunately, numbers will have to be strictly limited. We are planning an interesting day of discussion about various matters relating to the curriculum. Look out for more details on the ISCP website.

Finally, the Academy of Medical Royal Colleges has now issued **Guidance on Entering Information onto E-Portfolios**. This is available on the JCST and ISCP websites - [here](#)

Regulatory News and Reminders

- For UK trainees and those working with them, the [2016 Gold Guide](#) is an important source of guidance. Its full title is *A Reference Guide for Postgraduate Specialty Training in the UK* and it sets out the arrangements for training in GMC-approved programmes. It is due to be updated in 2017.
- The **GMC's standards for education and training** are available [here](#).
- 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](#).
- The GMC has also published its **sixth annual report on [The State of Medical Education and Practice in the UK](#)**.
- For anyone planning a **CESR application**, read our [guidance for applicants and specialty checklists](#).

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 have 10 Specialty Advisory Committees (SACs), a Core Surgical Training Advisory Committee (CSTAC) and 6 Training Interface Groups (TIGs) overseeing advanced training fellowships. We also have groups looking at areas such as Quality Assurance (QA), Selection and Simulation in Surgical Training as well as the curriculum governance structure.

We play an important role in your training by enrolling you at the start, monitoring your progress and making recommendations to the relevant regulator when you are ready for

certification. The General Medical Council (GMC) requires this of College bodies in the UK and for Irish trainees we do this on behalf of the Royal College of Surgeons in Ireland.

We work closely with the GMC and RCSI, and with Schools of Surgery and equivalents in devolved nations to support local training and quality management activity.

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. You can also follow us on Twitter (@JCST_Surgery).

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 that is designed to be much simpler for trainees. You can read more about this [here](#).

JCST secretariat and ISCP helpdesk contact details

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