

## JCST Newsletter

### March 2019

---



Dear All,

Welcome to the latest issue of the JCST newsletter, which features a new ISCP user guide, helpful links and resources, and all the usual updates and news from JCST.

There have been a wide range of ongoing and recently completed projects, and along with all the regular news and developments you'll find in the newsletter, there are a variety of other updates we would like to share with you – you can find these below as 'focus points'.

**Gareth Griffiths – JCST Chair**

## Focus points

### Credentialing

The GMC's draft framework on this has now been published [here](#) and the consultation period has closed. While some matters still require more clarity, more is now understood on this matter and we await the GMC's final framework.

### Early Certification

Under competence-based curricula, it is possible for trainees who have been, and are, "ahead of the curve" in their training development to apply for early certification. Whether this is permitted is determined jointly by the Postgraduate Dean, the Training Programme Director and Specialty Advisory Committee (SAC); the process for doing this is laid out in a file you can download [here](#).

### Extending the use of ISCP

The Core Surgical Training curriculum and the ISCP are now being used by early years trainees in Iceland and we're exploring the possible use of the ISCP and curriculum in other countries.

### CESR

The number of applications for entry onto the Specialist Register via the CESR equivalence route continues to rise, particularly in Trauma and Orthopaedics over the last year. Despite this, proportionately, CESR only accounts for about 10% of recommendations to the GMC for certification. We have examined these data across surgery and hope to have a paper published on the topic soon.

---

### Training Interface Groups

These provide optional, advanced training in six areas, each across two or more specialties, to trainees who have met the requirements of their parent specialty curriculum ahead of their certification date and who apply for one of these posts.

Full details on the TIGs and their parent specialties can be found on the JCST website [here](#).

Major trauma is the newest member of the TIG family and we are hoping to develop more TIGs, if the funding can be secured.

### Training pathways

It can sometimes be difficult to find out what surgical training pathways involve and how selection is carried out in each specialty; this is particularly important for Foundation Trainees and others who may be considering a career in surgery. We will soon be clearly outlining the training pathways and national recruitment selection centre processes on our website for each surgical specialty – this will become a useful resource not only for current trainees, but anyone who is interested in this field.

### Breast Surgery

This is delivered within General Surgery specialty training and we are proposing a greater focus on breast training within the new General Surgery curriculum. Based on feedback from the GMC about the revised curriculum, there has been discussion regarding Breast Surgery separating from General Surgery. Following an initial stakeholder discussion, an options appraisal has been produced and will be presented to the GMC's Curriculum Oversight Group (COG).

### Improving Surgical Training (IST)

The first appointees to the General Surgery IST pilot have now been in post for several months and the pilot is being extended to Urology and Vascular Surgery in the current national recruitment process - Trauma and Orthopaedics will also be joining the pilot in 2020. The formal, external evaluations of the pilot will be starting soon.

## QA update

**James Wheeler – QA Lead**

**Sarah Lay – Quality Manager**

The QA Group is working on an exciting new project to develop regional quality reports in partnership with the SACs. The purpose of the project is to better ensure that that quality data held by the JCST – JCST survey outcomes, SAC Liaison Member programme feedback, analysis of GMC data sources and more – is shared with training programmes to best promote and improve the quality of training. We have been supporting the SACs in Cardiothoracic Surgery and T&O on pilots of varying approaches to the model, and are currently working with the other SACs to identify report formats useful to them. We will discuss progress further at the QA Group meeting on 21 March.

The QA Group is also working to finalise our new quality indicators for training programmes, which we plan to publish in the summer.

---

---

# Curriculum update

**Jon Lund – ISCP Surgical Director**

**Maria Bussey – Head of ISCP**

## Capabilities in Practice

The GMC's *Excellence by Design* initiative, published in May 2017, has brought about a revision of all postgraduate medical curricula. In surgery, it is likely that from August 2020 teaching and assessment will centre on fewer, more broad-based 'Capabilities in Practice' or 'CiPs' aimed at eligibility for certification at the end-point of training. Five CiPs will cover the essential surgical activities of managing an out-patient clinic, the unselected emergency take, ward rounds, operating lists and multi-disciplinary meetings.

While CiPs focus on the critical areas of clinical practice, the professional skills component will be covered by the GMC's Generic Professional Capabilities (GPC) framework, detailing the essential values and behaviours that underpin professional practice across all medical disciplines. The GPCs reflect the concern that the GMC's fitness to practise cases relate mostly to poor professional behaviours, prioritising themes such as patient safety, quality improvement, health promotion, leadership, safeguarding of vulnerable groups and team-working.

## Multiple Consultant Report

There will be a new assessment in the workplace called the Multiple Consultant Report (MCR), appraising trainees on the CiPs and GPCs. The MCR will give Clinical Supervisors an opportunity to voice professional judgements gained from day-to-day working with trainees while at the same time providing trainees with a parallel self-assessment. The MCR will be carried out at two points in each placement. At the mid-point it will provide trainees with detailed and meaningful feedback about their capability to practice while at the end-point it will be more summative and feed into the AES report, whilst still providing detailed formative feedback to take into the next placement.

Introducing a new assessment will not place an extra burden on trainers or trainees; workplace-based assessment will continue to be an important vehicle for observation and formative dialogue between trainees and trainers but will be tailored to trainee need and no longer associated with a requirement to perform a certain number per year.

## Surgical curricula

In the build-up to this revision we consulted widely with stakeholders, including trainees, trainers, employers, lead deans and lay/patient representatives. We are currently piloting the MCR and are aiming to place an interactive test version on the ISCP website in the spring to enable everyone to familiarise themselves with it.

We are working with the GMC to bring the surgical curriculum in each specialty through the mandated 2-stage approval process. Trauma and Orthopaedic Surgery and Core Surgery are being prepared for Stage 1 approval, while General Surgery, Neurosurgery, Oral and Maxillofacial Surgery, Plastic Surgery, Paediatric Surgery, Vascular Surgery and Urology are awaiting the Stage 1 outcome. Cardiothoracic Surgery and Otolaryngology have had approval for Stage 1 and currently awaiting the outcome for Stage 2. However, the aim is that all specialties will launch the new curriculum in August 2020.

We are thankful to everyone who has or is engaged in helping us with this initiative. Your feedback has been invaluable in helping us to move this revision forward.

---

---

## News items from JCST

### Reminder to trainees:

Wherever possible, we would encourage trainees to upload evidence to ISCP throughout the duration of your placements, instead of saving it until the end-date approaches. This should help to avoid any difficulty in loading multiple pieces of evidence at once, as well as avoiding any potential unforeseen issues at your next ARCP.

### Correct emails being used for MSFs:

Please ensure that nominated raters are entering their full and correct email address when submitting their ratings. If there are any errors with the email address, the form will 'bounce-back' from the system and the original rater will not be aware that it was not recognised or logged.

### Bullying, Undermining, Harassment and Discrimination:

There is no place for any of these behaviours in the workplace or outside of it. If you are, or have been, affected by any of them you should take up the matter formally through your employer or with your AES, TPD, or Deanery/Local Office. The RCSEd website provides a wealth of support and other information [here](#).

### AoMRC priorities and activities 2019:

You can view the latest policy priorities for the Academy of Medical Royal Colleges (AoMRC) on their website [here](#).

## ISCP news

### New ISCP user guide; download a copy [here](#).

This simple guide has been put together as a resource to take users through the more general steps and stages of using ISCP e.g. setting up placements and learning agreements, or completing WBAs. There are also a range of supporting materials and demonstration videos available on the ISCP website [here](#) – we hope to add further videos in future, so please let us know what you think would be helpful to include

You can also find our YouTube channel [here](#).

### New MSF:

We were pleased to receive such positive feedback on the new MSF (Multi-Source Feedback) form in ISCP; we have heard that it is much more straightforward for raters to use, and also offers more flexibility by being able to select a broad selection of raters.

Thank you all for your feedback, and well done to our Web Team for creating it!

### New eLogbook-to-ISCP link

Phase 1 of this project is now complete and has been implemented. It is now possible for trainees to enter operations directly into their eLogbook from within the ISCP and for trainees to browse operations and download the different consolidation sheets, again from within ISCP. Phase 2 is now under development and will include further new developments.

### FAQs

Don't forget there are FAQs available on the ISCP website [here](#).

---

---

## SAC Newsletters

Our SACs provide a newsletter following their regular meetings, and you can download the latest copies below:

- [General Surgery newsletter](#) from January 2019
- [OMFS newsletter](#) from February 2019

## Fellowships

In parallel with, but separate from, the GMC's work on credentialing, the four Royal Colleges of Surgeons in the UK and Ireland (through their quarterly Joint Surgical Colleges Meeting) have given approval in principle to the JCST piloting a small number of Fellowships at post-certification level. These would provide training in defined areas of practice to levels beyond those required within the specialty curriculum for certification, better preparing trainees to work in such areas of practice with a supporting curriculum focused on ensuring patient safety. Their delivery would be consistent with all formal training requirements and they would be well placed to be recognised as credentials if so required by the GMC. Much work needs to be done to deliver these Fellowships, but watch this space for developments.

## JCST fee

The four Presidents of the Joint Surgical Colleges (RCS Edinburgh, RCS England, RCPS Glasgow and RCS Ireland) have agreed that there will be no increase in the JCST fee in 2019-20, with the intention to hold it at this level for a further two years beyond that, to August 2022, subject to affordability. The fee will therefore remain at £260 from August 2019; you can read their full statement [here](#) and find more information on the JCST's financial position [here](#).

The fee is payable by logging into your ISCP account and following the 'JCST fee' link under the 'Dashboard' heading. Some Surgical Colleges also have arrangements in place to allow trainees to combine fee payments with College membership fee payments. If you have any questions about the JCST fee please see the [JCST fee FAQs page](#)

*We would encourage you, where possible, to pay by debit card and help us minimise the administrative cost of processing your fee. The Royal Colleges of Surgeons of the UK and Ireland are charity organisations and payments by debit card will have a significant positive impact on our costs. Thank you.*



## The trainee's voice

We would like to know what you want to hear about; in order to make sure you are receiving the most relevant information about the JCST please let us know if there are particular aspects of our work you would like to know more about, or receive updates on.

Do these newsletters work for you? Would you like them to be sent more frequently, or is two per year enough? Would you like them to have more detail, or a specific focus per issue? Let us know what you think and we will do what we can to help you.

---

---

## College news

[RCSEng news](#)  
[RCSI news](#)

[RCPSGlas news](#)  
[RCSEd news](#)



**JCST Twitter** Don't forget to follow us on Twitter at [@JCST\\_Surgery](#)

## Useful links

You can find all the main processes on the JCST website here: [UK trainees](#) & [Irish trainees](#)

There are FAQs on using the ISCP [here](#)

You can find all previous issues of the newsletter on the JCST website [here](#)

## About the JCST

The Joint Committee on Surgical Training (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training, and works closely with the Surgical Specialty Associations in Great Britain and Ireland. The JCST is the parent body for all ten Specialty Advisory Committees (SACs) responsible for surgical specialties, the Core Surgical Training Advisory Committee (CSTAC), the Training Interface Groups (TIGs) and the [Intercollegiate Surgical Curriculum Programme \(ISCP\)](#). The JCST and your SAC form an integral part of your training from start to completion - you can find out more [here](#).

You can find all the contact details for the JCST [here](#)

## JCST staff news

So that you know a bit more about who works within the JCST department we have decided to create a regular update on JCST staff.

### Leavers

Last October we said goodbye to John Nixon, our ISCP Curriculum Officer, who had been in the JCST department for 3 years; fortunately, he did not have far to go since he has started a new role which is based in the same building, so we still get to see him around from time to time! At the end of December Karina O'Neill left the department, and in March Rickane Shah also left to start a new role at the Royal College of Physicians - we are in the process of recruiting to replace both of them.

### New starters

We are pleased to let you know that Rachel Dowle joined us in December as our new ISCP Curriculum Officer – she is settling in to the team well and looks forward to working with you all in future. We also welcomed Rebecca Griffith to the department as our Project Manager; this is a new position which will focus on the delivery of improvements to the functionality of the ISCP website.

---

---

## JCST staff

As well as Gareth, Jon, and James, the department consists of:

Alan Simpson	CESR Casework Manager
Calum Cochrane	Committee & Trainee Services Manager
Chloe St Leger-Davy	Committee & Trainee Services Manager
Encarna Manzano	Committee & Trainee Services Manager
Erik Majaus	Trainee Services Coordinator
Lawrence Redway	Trainee Services Coordinator
Margaret Murphy	ISCP Education Officer
Maria Bussey	Head of ISCP
Mark Johnson	CESR Casework Manager
Megan Warde	Committee & Trainee Services Manager
Megan Wilson	Head of CESR & Policy
Pram Kaur	Committee & Trainee Services Manager
Rachel Dowle	ISCP Curriculum Officer
Rebecca Griffith	Project Manager
Robert Fox	Head of Trainee Services
Sarah Lay	Quality Manager
Susana Cipriano	Head of JCST
Trinsigh (TJ) Rogers	Trainee Services Coordinator
Vacant	Committee & Trainee Services Manager
Vacant	ISCP JCST Data Manager / Analyst
Vacant	Trainee Services Coordinator

## Staff spotlight

As a brief introduction to each of the department, in this issue we would like to introduce you to Encarna Manzano.



### Encarna Manzano – Committee and Trainee Services Manager

I love films from the 1940s and 1950s, and I think I must have come across all the best by now. One I have watched many times is *The Heiress (1949)*; it is based on Washington Square, a story by Henry James.

I have worked at JCST since April 2004; I enjoy the variety of tasks within my role, and the fact that there are always new things to learn.