

## Guidelines for ARCP at the end of Core Surgical Training

These guidelines apply only to trainees undertaking the 2017 core surgical training curriculum, and this includes all trainees entering core surgical training on or after August 2017. Those trainees entering core surgical training before August 2017 and still in training after the end of January 2019, should transfer to the 2017 curriculum and should be assessed at ARCP against the requirements of that curriculum.

A set of guidelines equivalent to this document, summarising the requirements for successful completion of the 2015/6 curriculum before the end of January 2019, are available at <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/>.

An outcome 6 should be awarded to every core surgical trainee who at the end of their CT2 year presents within their ISCP portfolio, evidence that they have satisfied the requirements of the curriculum for core surgical training available at [https://www.iscp.ac.uk/static/public/syllabus/syllabus\\_core\\_2017.pdf](https://www.iscp.ac.uk/static/public/syllabus/syllabus_core_2017.pdf). These guidelines are intended to summarise those requirements in convenient form, to assist ARCP panels in their task, but in no way supersede the curriculum itself. Runthrough specialty trainees, including ACFs, should be assessed against the same criteria at the end of their ST2 year, but satisfactory performance should result in the award of an outcome 1 and progression to the ST3 year.

Curriculum area	Required evidence	Suggested Evidence
Common content module	<p>Certificate of completion of MRCS or MRCS(ENT)</p> <p>Mandatory WBAs (see table below)</p> <p>Current ATLS, APLS or BATLS provider status</p> <p>Completed AES report and at least one CS report from each placement</p>	<p>MSF from each WTE training year</p> <p>Logbook evidence of &gt;120 cases per year</p> <p>WBA portfolio<sup>1</sup> covering performance in clinic, the provision of acute care and in the operating theatre</p>

<sup>1</sup> Aside from the mandatory WBAs, no minimum number of WBAs is specified by the 2017 CST curriculum. Trainees who present a total of 40 or more good quality WBAs spread evenly over time, the available types and different senior assessors, should be considered to be engaging well with this area of their training programme

	Up to date logbook	
Core specialty modules	Completion of at least one module <sup>2</sup>	Logbook, WBA portfolio <sup>1</sup> and CS report covering specified syllabus areas – see curriculum for details
ST3 preparation modules	Completion of one module <sup>2</sup>	Logbook, WBA portfolio <sup>1</sup> and CS report covering specified syllabus areas – see curriculum for details
Annual appraisal	Completed enhanced Form R or equivalent	Engagement with training programme <sup>3</sup>
Teaching and training		Evidence of teaching delivery within AES report, <i>other evidence</i> or as OOTs
Keeping up to date and understanding how to analyse information		Evidence of engagement with audit, medical literature and guidelines within AES report, <i>other evidence</i> or as AoAs
Leadership		Evidence of engagement with local clinical governance and faculty groups within AES report or <i>other evidence</i>

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<sup>2</sup> It is to be hoped that the AES final report will provide comment on whether this is the case

<sup>3</sup> Details of the requirements for annual appraisal and revalidation for doctors in training can be found at <https://www.copmed.org.uk/publications/revalidation> and <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-requirements-for-doctors-in-training>

Competency	Form to use	Number required	Level of performance required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	3	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)	3	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of local anaesthetic)	3	3
Preparation and maintenance of an aseptic field	DOPS (Preparation of aseptic field)	3	3
Incision of skin and subcutaneous tissue	DOPS (Incision)	3	3
Closure of skin and subcutaneous tissue	DOPS (Closure)	3	3
Completion of WHO check list (time out and sign out)	DOPS (WHO checklist completion)	3	3