

JCST Quality Indicators for Surgical Training – Cardiothoracic Surgery

There are 10 'generic' QIs for all surgical training and JCST fellowship placements that are followed by specialty-specific QIs. If you have any feedback on the QIs please email qa@jcst.org.

Quality Indicators for Surgical Training

QI 1	Trainees/Fellows ¹ in surgery should be allocated to approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than full-time trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
QI 2	Trainees/Fellows ¹ in surgery should have at least two hours of facilitated formal teaching each week (on average). For example, locally/regionally/nationally provided teaching, educational induction, virtual teaching programmes, simulation training, specialty meetings, journal clubs, x-ray meetings, MDT meetings.
QI 3	Trainees/Fellows ¹ in surgery must have the opportunity and study time to complete and present audit, patient safety or quality improvement projects during each post, <i>such that Trainees will have had the opportunity to have completed three such projects by certification</i> ² .
QI 4	Trainees/Fellows ¹ in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include protected time to allow for this.
QI 5	Trainees/Fellows ¹ in surgery should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training.
QI 6	Trainees/Fellows ¹ in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
QI 7	Trainees/Fellows ¹ in surgery must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, with an appropriate degree of reflection and feedback. Specifically, the mandatory Workplace Based Assessments in critical conditions and index procedures defined by the current curriculum should be facilitated.
QI 8	Trainees/Fellows ¹ in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees/Fellows ¹ in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.
QI 10	Trainees/Fellows¹ in surgery must have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum. Timely midpoint and end of placement Multiple Consultant Reports (MCRs) should be led and performed by trainers, with feedback and discussion of outputs. The focus of the placement should reflect the areas for development identified at the midpoint MCR or previous end of placement MCR.

¹JCST post-certification Fellows. Fellowship placements are based on an approved surgical curriculum template and use the same 'generic' quality indicators as used for specialty trainee placements.

² See [JCST post-certification fellowship curriculum](#) for research and audit requirements for JCST Fellows. A JCST post-certification fellowship placement should provide opportunity for research and audit.

Quality Indicators for Cardiothoracic Surgery

Cardiothoracic Surgery – All Trainees

QI 11	All Trainees in Cardiothoracic Surgery should have the opportunity to attend one MDT meeting, or equivalent, each week (on average).
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Cardiothoracic Surgery Phase 1

QI 12	Trainees in Cardiothoracic Surgery in Phase 1 should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
QI 13	Trainees in Cardiothoracic Surgery in Phase 1 should have the opportunity to be actively involved in the care of patients in a cardiothoracic intensive care setting.
QI 14	Trainees in Cardiothoracic Surgery in Phase 1 should have the opportunity to be trained in all the basic components of the common adult cardiothoracic surgical operations.

Cardiothoracic Surgery Phase 2

QI 15	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to attend at least four consultant-supervised theatre sessions each week (on average).
QI 16	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to attend at least one consultant-supervised outpatient clinic each week (on average) and should see a mix of new and follow-up patients.
QI 17	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
QI 18	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to lead and be decision-makers in the care of patients in a cardiothoracic intensive care setting.
QI 19	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum.

Cardiothoracic Surgery Phase 3

QI 20	Trainees in Cardiothoracic Surgery in Phase 3 should have the opportunity to attend at least four consultant-supervised theatre sessions each week (on average).
QI 21	Trainees in Cardiothoracic Surgery in Phase 3 should have the opportunity to attend at least one consultant-supervised outpatient clinic each week (on average) and should see a mix of new and follow-up patients.
QI 22	Trainees in Cardiothoracic Surgery in Phase 3, where possible, should not be resident on-call on the ITU, in order to maximise their educational opportunities.
QI 23	Trainees in Cardiothoracic Surgery in Phase 3 should have the opportunity to operate, both independently and under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum.