JCST

Quality Indicators for Surgical Training – Specialty and Core training programmes (Training programme management)

The new Quality Indicators (QIs) will apply from August 2021.

| Quality Indicator | |
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| 1. | Training programmes in surgery must have an identified Training Programme Director (TPD) with responsibility for management for the specialty training programme. |
| 2. | Training programmes in surgery must have an appropriately trained network of Assigned Educational Supervisors and Clinical Supervisors recognised by the GMC as trainers in their specialty. |

Quality Indicators for Surgical Training – Specialty and Core training programmes (Specialist Training Committees)

| Quality Indicator | |
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| 3. | Training programmes in surgery should maintain a schedule of STC meetings, with meeting occurring at least once per year. It is recommended that the membership includes the TPD, the SAC Liaison Member, a trainee representative and a representative of each unit in the rotation where practical. The STC should receive appropriate administrative support from the relevant local office. |

Quality Indicators for Surgical Training – Specialty and Core training programmes (Education delivery)

| Quality Indicator | |
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| 4. | Training programmes in surgery must ensure that all regional specialty programmes and training units are appropriately approved by the GMC to offer training in the given specialty. |
| 5. | Training programmes in surgery should be able to deliver training posts that meet the terms of the JCST's quality indicators for training posts. |
| 6. | Training programmes in surgery must be able to deliver the scope of the GMC-approved curriculum. This may include provision for training in other programmes. |

| 7. | Training programmes in surgery must provide trainees with the opportunity to develop the full range of Generic Professional Capabilities and Capabilities in Practice. |
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| 8. | Training programmes in surgery should make provision to deliver a high quality formal teaching programme, either independently or in partnership with other UK training programmes. |

Quality Indicators for Surgical Training – Specialty and Core training programmes (Support for trainees)

| Quality Indicator | |
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| 9. | Training programmes in surgery must deliver an annual programme of review, inclusive of summative review via the ARCP process and formative review with an Assigned Educational Supervisor. |
| 10. | Training programmes in surgery should provide the facility for trainees to access high quality careers advice. |
| 11. | Training programmes in surgery should provide the facility to proactively support trainees in difficulty. |
| 12. | Training programmes in surgery should allow a degree of flexibility to trainees in undertaking their training. Examples include support and opportunity to train on a less than full time basis, pursue academic training and undertake periods of out of programme training and experience. |
| 13. | Training programmes in surgery should provide trainees with a minimum of three months' notice of the location and details of their next training placement. |

Quality Indicators for Surgical Training – Specialty and Core training programmes (Support for trainers)

| Quality Indicator | |
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| 14. | Training programmes in surgery should support trainers in accessing adequate time and support to undertake training activity. This is 0.25 SPAs per trainee for Assigned Education Supervisors. |
| 15. | Training programmes in surgery should support trainers in securing adequate time in the clinical setting to undertake training activity with their trainees. |
| 16. | Training programmes in surgery should support clinical supervisors in securing adequate time to be contributors to the Multiple Consultant Report. |