**Fellowship unit application form**

# Introduction

JCST Fellowships provide high quality, high prestige and quality-assured advanced training in specified clinical areas of practice beyond the level required for certification, allowing graduates to gain the experience to become independent in the areas described by the fellowship. They build on the skills achieved by certification to enable the fellow to contribute unsupervised as a member of the multidisciplinary team in the area of practice. They incorporate all the processes and meet all the requirements that exist for formal specialty training, except the need for GMC approval.

This application form is to be used by units wishing to join the fellowship programme to deliver fellowship training in one of the approved clinical areas of practice.

Applicants should be aware that any expenses incurred should they be invited to any meetings to present/meet with the post-certification fellowships project board must be met locally. JCST cannot be responsible for any expenses.

This fellowship unit application form should be completed by the unit applying to host the fellowship. It will be assessed by a panel comprising the JCST Quality Assurance (QA) Lead, the JCST secretariat, and the Specialty Advisory Committee (SAC) or Training Interface Group (TIG) Chair or SAC/TIG QA Lead and the Surgical Specialty Association (SSA) Education Lead for the relevant specialty or specialties.

Applicant units are required to adhere to the quality indicators (QIs).

We envisage that units will hold support to host fellowships for a period of three years, at the end of which a further application form will have to be submitted and support granted to continue hosting the fellowships.

## Clinical area of interest

Clinical area of interest of proposed JCST Fellowship. (Clinical area of interest must be approved before this form is submitted.)

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## Unit/network information

Include the same information for all units that will host training for the fellowship.

* 1. Hospital(s)/unit/network within which fellowship training will be delivered (include address(es))

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* 1. Name/details of lead trainer

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* 1. Units within hospital that will host fellow (if relevant)

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* 1. Specialties represented within the MDT

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## Funding

Describe the confirmed funding source.

*Fellowships are not funded by JCST. As of 2022, fellows appointed to interface fellowships will be paid the basic salary in line with Nodal Point 5 (£58,398) local appointment grade, code – MT05 without on-call. The Trust will be responsible for paying the basic salary plus on-costs for the fellow. Trusts hosting fellowships in England will be reimbursed £38,697 (pro rota) by HEE as a contribution towards the overall cost. The Terms and Conditions of Service for the fellowship will be specific to the Trust that holds the employment contract.*

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## Training in the unit

* 1. Surgical trainers

| **Name** | **Specialty** | **Year of appointment to unit** | **GMC recognised asCS / AES / both?** | **Named as CS / AES to Fellow** |
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* 1. Key MDT members who will contribute to training for the fellow

| **Name** | **Parent specialty / profession** |
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* 1. Describe how the unit plans to deliver the outcomes of the fellowship curriculum without adversely affecting the training of those in approved training programmes.

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* 1. Describe, anonymously, the training that the unit has given to previous post-certification surgeons.

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* 1. Describe the study leave arrangements that will be in place for the fellow (leave and funding).

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## Timetable

* 1. Complete the table below using the following codes for types of activity:

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| --- | --- | --- | --- | --- |
| **MDT** | **SPD** | **Th** | **WR** | **OPC** |
| Multi-disciplinary team meeting | Supporting professional development | Operating theatre | Ward round | Outpatient clinic |

 (If the job plan cycles over a number of weeks please indicate activity for each week.)

|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
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| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

* 1. Attach/upload fellowship job description

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| *Job description attached/uploaded?* |

* 1. Will the post meet the [QIs for fellowships](https://www.jcst.org/jcst-fellowships/quality/)?

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* 1. Please indicate any QIs which may not be met and explain why.

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## Emergency Duty

* 1. Will the fellow contribute to the unselected emergency take in the parent specialty?

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* 1. Will the fellow contribute to emergency duty in the fellowship clinical area of practice?

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## Description of Unit and Workload

(All questions relate to the clinical area of interest of the fellowship)

* 1. Describe the staffing structure of the unit, including all relevant specialties:
		1. FY1

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* + 1. FY2

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* + 1. CST

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* + 1. NTN StRs

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* + 1. Training years of current trainees

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* + 1. Non-training grades

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* 1. Number of new patients per year seen by the unit / network

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* 1. Geographical region served by the unit

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* 1. Operative workload (list the five most frequent procedures relevant to this fellowship)

| **Procedure** | **Number of cases per year** | **Proportion anticipated to be performed by the fellow under supervision** |
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* 1. Include or attach national standardised clinical outcome data, where available.

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* 1. Describe office space arrangements and IT access.

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## Support

Signatures below confirm that:

* The unit is recognised by the GMC as a component of an approved training programme in the parent specialty and meets the ‘Promoting Excellence’ standards for medical education and training
* The GMC, HEE local office/Deanery and local provider have no training quality concerns with the unit
* Training to the requirements that exist for formal specialty training will be delivered
* That the ISCP will be used to record the appointee’s portfolio, including learning agreements, Workplace Based Assessments (WBAs), Capabilities in Practice (CiPs) and Multiple Consultant Report (MCR)
* The unit will contribute to the nationally co-ordinated selection process for the fellow
* The unit agrees to be subjected to quality assessment of the training it delivers by the JCST
* The unit will follow the programme of assessment within the fellowship requirements and understands that the fellow will have a national level assessment of their portfolio by a panel comprising the JCST, the SAC and the SSA at the end of the Fellowship
* Funding is available for the post and will not influence content, training or activity within the post
* Funding is available for study leave at an equivalent level to that available to consultants on the unit
* Terms and conditions of employment will be those used in the UK or Ireland as appropriate
* The post will not adversely impact trainees in approved training programmes on the unit
* There are no conflicts of interest

*For interface fellowships, the relevant sections below should be duplicated and completed for each specialty.*

* 1. Lead Trainer

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|  | *I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.* |
| Name |  |
| Email |  |
| Phone |  |
| GMC trainer revalidation date |  |
| Signature |  |
| Date |  |

* 1. Training Programme Director

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|  | *I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.* |
| Name |  |
| Email |  |
| Phone |  |
| GMC trainer revalidation date |  |
| Signature |  |
| Date |  |

* 1. Head of School (or equivalent)

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|  | *I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.* |
| Name |  |
| Email |  |
| Phone |  |
| GMC trainer revalidation date |  |
| Signature |  |
| Date |  |

* 1. Postgraduate Dean

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|  | *I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.* |
| Name |  |
| Email |  |
| Phone |  |
| GMC trainer revalidation date |  |
| Signature |  |
| Date |  |

* 1. Medical Director

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|  | *I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.* |
| Name |  |
| Email |  |
| Phone |  |
| GMC trainer revalidation date |  |
| Signature |  |
| Date |  |

The information that you have provided will be handled in accordance with the General Data Protection Regulation (GDPR), and will not be used for any other purpose, unless consent has been received for other uses.