

## JCST Strategy Update 2018-23

### Introduction

The Joint Committee on Surgical Training (JCST) works on behalf of the 4 Surgical Colleges of the UK and Ireland and has important links with many other stakeholder groups. In 2013 we published a detailed document setting out our strategic aims for 2013-18, underpinned by specific objectives. It remains relevant today, and you can read it [here](#). Taking this strategy as a starting point, we have reviewed progress against our aims alongside recent developments and identified our key priorities for the next 5 years.

### Our Mission/Purpose

*To develop, promote and ensure the highest possible standards of surgical training and assessment for the benefit of patients, trainees and trainers.*

### Our Core Functions

We continue to do this by the following means:

- Establishing, maintaining and updating the curriculum, syllabuses and assessment framework for surgical training. These are held within the [Intercollegiate Surgical Curriculum Programme](#) (ISCP) website.
- Developing, maintaining and updating the ISCP online training management system and e-portfolio.
- Working with stakeholders to develop processes designed to select the most appropriate candidates into surgical training.
- Enrolling trainees, monitoring their progress and making recommendations to the regulator when they are ready for certification.
- Evaluating applications for the CESR<sup>1</sup> (equivalence route to specialist registration) on behalf of the regulator.
- Providing support, guidance and advice to trainees and trainers and those who work with them, including benchmarking and certification guidelines and quality indicators for training posts.
- Supporting national quality assurance and local quality management processes.
- Facilitating and conducting research into surgical education.
- Communicating with our stakeholders.

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<sup>1</sup> Certificate of Eligibility for Specialist Registration

## **Our Core Values**

We will continue to:

- Put the interests of patients at the heart of all that we do.
- Work for the benefit of both trainees and trainers.
- Work in partnership with all our stakeholders.
- Be responsive to developments and feedback.
- Respond promptly and courteously to trainees, trainers and all who approach us for advice or information.
- Be open, transparent and honest in all that we do and communicate clearly and frequently.
- Apply best practice in equality and diversity to all that we do.

## **Challenges**

The challenges that we identified in 2013 continue to face us – and some to an ever-increasing extent:

- Intercollegiality. We recognise the support of the 4 Surgical Colleges for all that we do, but it is essential that we significantly enhance our sphere of influence to act on matters within our remit and to develop our profile;
- Finance. We have limited resources, but are very conscious that our principal income source is the JCST fee and that we need to ensure that all costs involved in delivering our functions are closely monitored and represent value for money;
- The regulatory framework. We recognise that we do not have the formal or statutory authority to impose standards, so need to work in partnership with the regulators and those who organise and deliver training in the UK and Ireland. We need to persuade and inspire, and in order to do so we need a strong evidence base;
- The healthcare environment. We recognise the different healthcare delivery processes across the four UK nations and Ireland. We need to ensure that all we do is compatible with these.
- Increasing pressure on surgeons from their primary employer, leading to reduced time to spend on JCST/Specialty Advisory Committee (SAC) and wider training activity. Also pressure on training from factors such as rota gaps and commissioning of elective procedures within the independent sector.

## **Our Strategic Priorities 2018-23**

The following are our principal priorities, to be underpinned by a detailed action plan and reviewed on a regular basis. We aim to:

### **1. Focus on patient safety and ensure that patients and carers have a strong voice in all that we do**

High quality training is crucial for patient safety, as is ensuring that all those who join the Specialist Register have met appropriate standards. Our work in this area includes:

- Engaging in regular dialogue with as wide a range of patient and lay representatives as possible.
- Ensuring that monitoring is robust, but fair, and maximising participation in the Annual Review of Competence Progression (ARCP) process fulfilling our externality responsibilities.
- Maintaining training completion standards for CCT, CCST (in Ireland), CESR (CP)<sup>2</sup> and full CESR to ensure patient safety is upheld.
- Evaluating CESR applications to a high standard and in keeping with the General Medical Council's (GMC) contractual requirements.
- Developing guidance on cultural differences in communication.
- Exploring our role in workforce planning.

## **2. Value and support trainees and ensure that they have a strong voice in all that we do**

We are very conscious of the need to boost morale and ensure that surgery remains an attractive career choice. Our work in this area includes:

- Providing advice and support to trainees throughout their training and use their feedback to ensure high quality experience.
- Ensuring that we communicate as effectively and with as wide a range of trainee organisations across all specialties and their representatives as possible.
- Ensuring that our structures and personnel are as diverse as possible so that we act as role models.
- Working with partners to eradicate bullying and undermining in surgery and to promote best practice.
- Promoting Less Than Full Time (LTFT) training and other measures to increase flexibility.
- Ensuring our resources are used to improve the experience of trainees.

## **3. Value and support trainers and ensure that they are fully represented in all that we do**

- Supporting trainers to improve training and to meet the GMC requirements for trainers by developing the Trainer's Area within ISCP.
- Advocating for time for trainers to train within the context of the GMC's [Promoting excellence – standards for medical education and training](#).
- Ensuring that training is appropriately valued by developing the JCST Trainers' Survey within the JCST's quality programme.

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<sup>2</sup> Certificate of Eligibility for Specialist Registration via a Combined Programme

#### **4. Influence and adapt to the reforms in training and assessment and ensure that our curriculum (the ISCP) remains up to date, accessible and flexible for all users**

The General Medical Council (GMC) has recently published *Excellence by Design*, its new standards for postgraduate curricula, and a Generic Professional Capabilities (GPC) framework for incorporation in all curricula. Our work here will include:

- Ensuring that all curricula are updated to meet the new standards and to incorporate the GPC Framework.
- Publicising the changes as widely as possible and supporting trainees and trainers in understanding the new approaches that they will bring.
- Developing innovations such as the *Improving Surgical Training* and *Extended Surgical Team* projects.
- Continuing to develop the ISCP online training management system in line with user feedback and to explore expanding ISCP use by members of the wider surgical team.
- Appointing a dedicated member of staff to project manage the ISCP.
- Conducting, encouraging and facilitating comprehensive analysis of, and research into, surgical education, using the data held by JCST and ISCP effectively within data governance and legislation requirements.
- eLogbook – ensuring the development of the eLogbook is embedded within ISCP for both inclusion in trainees' portfolios and our quality assurance of training.

#### **5. Maximise our involvement in national, regional and local quality improvement and build a strong evidence base to support this**

We will enhance our role in the quality assurance, quality management and quality control of surgical training. This will involve:

- The production of a JCST quality framework, defining the scope of our quality work, our key relationships and the extent of our quality resources.
- A review of the effectiveness of our current quality processes, including the JCST training surveys, and identification of where we can add most value.
- The formulation of a clear communications strategy to ensure that the output of our quality work stream reaches our stakeholders.
- Ensuring that we meet the requirements of the General Medical Council, [\*Excellence by Design – Standards for Postgraduate Curricula\*](#), and the Medical Council in Ireland in our quality standards. This includes ensuring assessment of equality and diversity in the structure and implementation of our curricula.
- Working within the GMC's Quality Assurance processes to assess the delivery of [\*Promoting excellence – standards for medical education and training\*](#).
- Explore our role in the quality assessment of peri-CCT fellowships and credentialing.

- Determine the most effective way that our resources can deliver the quality agenda.

## **6. Continue to strive to be as effective and cost-effective as possible in all that we do and to demonstrate value for money for those paying the JCST fee**

This encompasses our governance, staffing and day to day office processes. Our work here will include:

- Reviewing the Terms of Reference and constitution of the JCST itself.
- Developing the newly restructured Trainee Services Team to ensure it deals rapidly and effectively with trainee casework and queries.
- Continuing our move towards paperless office processes.
- Working as an intercollegiate body and using our depth of experience to lead on surgical training on behalf of all the surgical Royal Colleges.
- Re-investing resources, which become available, into JCST projects to improve training.

## **7. Continue to work and collaborate closely with the Confederation of Postgraduate Schools of Surgery (CoPSS) and the Specialist Surgical Associations (SSAs)**

This is to build on the approach we developed in the 2013-18 strategy by:

- Maintaining reciprocal representation with CoPSS.
- Developing survey outcomes to focus on specific training programme issues.
- Ensuring regular feedback to individual SSAs including discussions with the Federation of Specialist Surgical Associations.

## **8. Continue to raise our profile and increase our influence**

In order to carry out our duties effectively we must increase our profile nationally to act on matters within our remit and to develop our profile.

This will involve building on and enhancing our current links with our wide range of partners and stakeholders in the UK and Ireland as well as reviewing and consulting on the style in which we communicate and the mechanisms that we use. This will include:

- Using Twitter ([@JCST\\_surgery](#)) to update followers on JCST activities (including changes in processes that affect trainees and/or trainers).
- Improving JCST visibility within Surgical Colleges' websites, Colleges' recurring publications and Schools of Surgery.
- Publishing articles about JCST/ISCP activities and the work that we do on a regular basis.

- Further discussing and exploring the interest shown from other parts of the world in ISCP and, if requested and appropriate, to extend the use of ISCP into other countries.
- Attending national meetings on a regular basis held by the wide range of our stakeholders.
- Increasing the exposure of the JCST and its [website](#) within ISCP and when attending national meetings.

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