Core Surgical Training Committee Newsletter November 2016

Chair's Update: Miss Stella Vig

The Core Surgical Training Committee has pledged to improve the training environment for Core Trainees. The committee has strived to become a surgical Advisory Committee with the same remit and responsibilities as the Specialty Advisory Committees (SACs). This has been formally agreed and the CSTC will formally become the Core Surgical Training Advisory Committee (CSTAC) in November 2016.

It is anticipated that a current Core TPD from each UK training programme will be co-opted onto the CSTAC to ensure better regional representation.

The benefits of becoming the CSTAC are as follows:

- The establishment of a formal system of externality, with CSTAC members allocated to specific training regions to provide advice to training programmes in an SAC Liaison Member capacity.
- The authority to work with the JCST QA Group to set appropriate quality indicators and other standards for Core training posts in all surgical specialties, which will be monitored via the JCST trainee survey.
- The ability to work closely with the Core TPDs to embed and deliver a joint national vision for Core Surgical Training.
- The ability to more actively engage with our Core Surgical trainees and trainers and to support them in addressing concerns within the structures of local training programmes.

The success of the CSTAC's work will be contingent on continued strong relationships with the Surgical Royal Colleges, SACs, Health Education England and the equivalent bodies in the devolved nations, the GMC, the Confederation of the Postgraduate Schools of Surgery (CoPSS), the Intercollegiate Committee for the Basic Surgical Examinations (ICBSE), the trainee organisations, and public and patient stakeholder groups.

The CSTAC structure

It has been agreed that the four key work streams should continue under the leadership of our nominated leads:

National recruitment: Miss Elizabeth Sharp

Simulation: Professor Oscar Traynor

ISCP/Curriculum: Mr John Brecknell

ISCP/Curriculum: Mr Patrick Lintott

Quality Assurance: Mr Paul Renwick

The CSTAC will also be appointing to the following additional positions over the coming months:

- Chair
- Vice Chair

- Academic training lead
- eLogbook Lead
- Less than full time training lead
- Defence medicine representative

Nominations for all positions with the exception of Chair will be taken following the next meeting, due to be held at the Royal College of Surgeons of England on 25th November 2016.

Core Surgical Training

Core Surgical Training is provided by excellent trainers in well organised and supported regional training programmes. However, tensions between service delivery and the maximisation of training opportunities continue to make the effective delivery of the full scope of the curriculum difficult. These concerns have been evidenced in the JCST and GMC surveys over a number of years.

The CSTC has a simple formula for success in Core training:

The Right Placement and Right Trainer for the Right Trainee better ensures excellence in training and an enjoyable experience for trainees.

What has become apparent is that rota gaps and NHS service requirements continually make the Core programme challenging to deliver. In the face of these challenges, it is vital to maintain robust standards for training.

Core Surgical Training remains an attractive career progression option for trainees, but evidence suggests that trainees are considering the geographical location over the speciality of placement when choosing a post.

Recruitment

At the 2016 national recruitment round, there were 591 Core posts available across England, Wales and Scotland. The programme achieved a 100% fill rate.

There were three interview stations: clinical, management and portfolio. The portfolio station attracted half of the total available marks. The appointability score was set using the Angoff method and the selection design group confirmed that there was no desire to fill all the posts at the expense of standards.

In 2016, there were 1481 applicants, only 50 less than the previous year. 895 were deemed appointable compared to 854 in the previous year. All posts were filled, although a handful withdrew after accepting initial offers. There were 294 appointable applicants who were not appointed due to a lack of available training posts.

The details of the posts by region are as follows:

Preference	Places	Accepted	Remaining	Fill rate
East Midlands	42	42	0	100%
East of England	47	47	0	100%
KSS	39	39	0	100%
North East	32	32	0	100%
North West	77	77	0	100%
South West	41	41	0	100%
Thames Valley	18	18	0	100%
Wessex	23	23	0	100%
West Midlands	56	56	0	100%
Yorkshire & the Humber	54	54	0	100%
London	77	77	0	100%
Scotland	47	47	0	100%
Wales	38	38	0	100%
TOTAL	**591**	**591**	**0**	**100%**

This timetable for the 2017 recruitment round is as follows:

2017 Timeline

Timeline for 2017 CST recruitment	
Advertisement Published	Thursday 3rd November 2016
Application Window	Open – Wed 9th November 2016 (10am, UK time) Close - Thursday 1st December 2016 (4pm, UK time)
Longlisting	December 2016 (TBC)
Invitations to Interview	December 2016 (TBC)
Interviews	Monday 23rd January - Friday 3rd February 2016
Sub-preferencing Deadline	February/March 2017 (TBC)
1st Offers Made	By Thursday 2nd March 2017
Offer Holding Deadline	Thursday 9th March 2017 (1pm, UK time)
Offers Upgrade Deadline	Thursday 16th March 2017 (4pm, UK time)
Clearing	April 2017 (TBC)
Post Start Date	from 5 August 2017

All information relating to the 2017 recruitment process can be found on the Core Surgical Recruitment webpage here.

Quality Indicators

The JCST QIs provide recommended standards for training opportunities available within individual training posts. Updated versions were published for Core training in August 2016.

We strongly recommend that trainers embed the principles in their services to promote UK-wide quality standards that might be monitored via the JCST survey.

The GMC has published the summary reports of its 2016 National Training Survey here. The survey findings have highlighted some ongoing concerns in Core Surgical Training, requiring review and improvement over coming months.

What is concerning is that Foundation Year 1 trainees continue to express real dissatisfaction with surgical placements. If we are to enthuse this group about the prospect of further surgical training, surely we should be inviting them into our theatres and clinics?

I would ask the Surgical Tutors to re-engage with the Foundation Programmes and look at the deliverables in conjunction with the Foundation Programme Office. The new Surgical Tutor role description is now available online.

It would be useful to consider adding the Core QIs to the Learning Agreement of each Core trainee so that training post compliance might be considered and monitored by the Assigned Educational Supervisor and Clinical Supervisor throughout the placement.

Core trainees have expressed dissatisfaction with induction and many programmes have agreed to ensure that there is an Enhanced Induction at the start of the Core programme or within the first months of the programme starting.

The CSTC has developed an Enhanced Induction Framework for use by training programmes when designing their own Core-specific inductions. The results of the 2017 GMC survey should provide useful information on whether these steps have improved the experience of Core trainees.

Quality Assurance

Annual Survey of Core TPDs

The annual survey of Core TPDs is now open. The responses to the survey form the basis of the Annual Report for Core Surgical Training, which feeds into the GMC's Annual Specialty Report for Surgery. I would encourage all Core TPDs to complete the survey by the November 2016 deadline. Please contact the JCST office for information on how to take part if you have not already received an email invitation.

JCST Survey

The second annual report of the JCST survey results, discussing the 2013/2014 and 2014/2015 surveys, is available here. The survey continues to demonstrate that the majority of Core posts are falling short of the relevant QI standards. It is important that Local Education Providers recognise the importance of appropriately targeting training opportunities to doctors in training across the training rotations.

ARCPs

The external responsibilities undertaken by CSTC members and Core TPDs over recent months continue to highlight the variation between regional ARCP processes. The CSTC has prepared a CT2 checklist, outlining suggested standards for all trainees completing Core training.

Core Programmes

Evidence gathered on the progression of CT2 trainees across regions indicates that trainees approach the completion of training in a number of different mind-sets, including:

a. Trainee is decided on a career choice and is aware of what experience is required by the ST3 interview process.
b. Trainee is undecided on a career choice and wishes to experience many aspects of surgery before making a choice.
c. Trainee has decided that the experience gained within Core Surgical Training will be of great value within another career speciality.

It is important that the content of Core Training posts is adequately flexible to be of value to the development of trainees with diverse career aspirations.

Progression

Initial Numbers of CT2s starting in 2014

LETB/ DEANERY	No. CT1 posts	No. CT1s in post	No. CT2s in post
East Midlands (North & South)	40	39	34
East of England	50	50	44
KSS	42	40	39
London	96	96	93
North West (Mersey & North Western)	86	86	80
North East	34	29	37
Thames Valley	20	20	21
Scotland (West)	46	36	24
Scotland (East)			23
South West (Severn & Peninsula)	58	51	43
Wales	30	30	33
Wessex	28	27	30
West Midlands	59	54	55
Yorkshire and the Humber	64	53	65
TOTAL	**653**	**611**	**621**

Northern Ireland returns 16 CT2 posts with 16 recruited at CT1.

The data is based upon an assumption of 1:1 CT1:CT2 posts. The data outcomes suggest that although CT1 numbers decrease within the year due to resignations and decisions to pursue an alternative career route, CT2 posts need to be in excess of CT1 numbers due to extensions to training. The dataset suggests that for the 2014 cohort, an extra ten posts were required to accommodate all CT2 trainees (an additional 2%). However it must be noted that the overall fill rate was 93.5%

Completion of Core Training

Total no. of CT2s	No.	% of 621	% of 611
No. completing Core training	475	76.5	77.7
No. not completing core training	146	23.5	23.9
Exam failure	65	10.5	10.6
Extended training	55	8.9	9.0
Resigned	17	2.7	2.8
Went to another post	3	0.5	0.5
ARCP 4	34	5.5	5.6
Other	5	0.8	0.8

Northern Ireland reported that 14 out of 16 trainees completed Core Training within the standard two year timeframe.

It is of concern that 24% of trainees starting Core training do not complete the programme within two years. Furthermore, 11% of this number had their training extended due to examination failure. Overall, 55 trainees in CT2 posts had their training extended for various reasons.

Success after Core Training

	Total	% of 621	% of 611	% of 475
Number gaining ST3 posts in surgery	202	32.5	33.1	42.5
Number gaining LAT ST3 posts	35	5.6	5.7	7.4
Other known outcomes e.g. trust posts and LAS posts	53	8.5	8.7	11.2
Number going into research	23	3.7	3.8	4.8
Run through specialty	5	0.8	0.8	1.1
Total	318	51.2	52.0	66.9
Destination of those leaving surgery				
Radiology	8	1.3	1.3	1.7
CMT	2	0.3	0.3	0.4
A and E	6	1.0	1.0	1.3
ACCS	0	0	0	0

GPVTS	3	0.5	0.5	0.6
O and G	1	0.2	0.2	0.2
Anaesthetics	0	0	0	0
Pharma	1	0.2	0.2	0.2
Number wishing time out to take a break from medicine	18	2.9	2.9	3.8
Number wishing time out to travel	4	0.6	0.7	0.8
Number wishing a break	20	3.2	3.3	4.2
Unknown	94	15.1	15.4	19.8

Northern Ireland successfully appointed 12 out of 14 trainees into ST3 or LAS jobs.

50% of Core trainees appear to successfully gain an ST3 post or planned pathway into a surgical career. This increases to 66% for overall comparisons to those completing Core Training. Trainees do appear to use Core Training to progress to other successful career appointments but the destination of up to 20% of trainees is unknown.

Workforce planning

A reduction in the number of Core Training posts would be a real concern to the CSTC. We strongly advise that numbers of Core posts remain unchanged and, furthermore, we would support the development of better cross-specialty recognition of competencies to allow those doctors successfully completing Core Training to move more freely into other medical careers should they choose to do so.

I would be grateful if Core TPDs would return their CT2 progression data for the 2015/2016 training year to us so that we can continue to contribute and inform discussions on workforce planning.

Shape of Training Review

The Royal College of Surgeons of England is leading on an Improving Surgical Training (IST) pilot, which is still in its infancy. It is anticipated that the CSTAC will work in partnership with the IST team. An update on progress will be provided at the joint CSTC/Core TPDs meeting in November 2016.

ISCP/Curriculum

Curriculum

The core curriculum has been rewritten and is being circulated to stakeholders with a roll out forecasted for August 2017.

The curriculum aims to:

- Provide a modular format.
- Incorporate the professional skills/competencies module and the majority of the current curriculum content into the 'generality of surgery'.
- Incorporate elements of the general surgery of childhood and acute urology.

In order to get an ARCP outcome 6 at CT2, trainees will be required to provide evidence of: competence in all the modules in the 'generality of surgery', competence in the early years' topics of three specialties and competence in the ST3 requirements of one specialty.

Trainees will be more broadly trained and will undertake placements in at least two specialties, for example, undertaking 3 x 4 month / 2 x 6 month placements in CT1 and 1 x 12 month placement in CT2. One of the benefits of this approach is that it will enable trainees to gain better defined transferable skills, which could potentially be credited if they decide to switch to a non-surgical specialty at ST3 level.

It is recognised that the concept of modular training would help to address the requirements of the Shape of Training Review. The curriculum revision process has required a high level of consultation with the SACs and the Heads of School and I am very thankful to John Brecknell, Patrick Lintott and these bodies for their immense work.

ISCP

Version 10 of the ISCP was launched in August 2016. Workplace-based assessment (WBA) forms now include a checkbox for simulation. Updates have also been made to the online ARCP, in line with recent changes agreed by the Conference of Postgraduate Medical Deans (COPMeD).

Progression through Core Training culminates with award of an ARCP outcome 6.

Simulation

Training via simulation is available to all Core Trainees via courses and via training programmes and Trusts/Boards depending on local arrangements. It has further been agreed that some elements of simulation training might be incorporated into the current version of the Core curriculum. It should be noted that the Advanced Trauma Life Support (ATLS) course is mandatory for the award of ARCP outcome 6 at Core and the Basic Surgical Skills (BSS) and Care of the Critically Ill Surgical Patient (CCrISP) courses are highly recommended.

A range of useful simulation resources are available on the Royal College of Surgeons in Ireland's (RCSI) mSurgery website here.

Intercollegiate Committee for Basic Surgical Examinations (ICBSE)

The MRCS or MRCS(ENT) exams continue to be mandatory for an ARCP outcome 6 at CT2. The ICBSE is concerned about the level of anatomical knowledge demonstrated by MRCS candidates and is therefore proposing to increase the number of anatomy questions in the Part A exam from 45 to 75.

It has been suggested that trainees failing either part of the exam should have access to an educational assessment, potentially after their first failure.

Engagement

TPDs

We are very grateful to Core TPDs for their support of the CSTC's activities. We look forward to seeing you at the joint meeting of CSTC and Core TPDs on 25th November 2016, to be held at RCS England.

Assigned Educational Supervisors, Clinical Supervisors & Surgical Tutors

There are a number of useful resources designed to support and promote the quality of Core Training available on the JCST website. If you have any questions, please do not hesitate to contact the JCST directly.

New Trainees

If you are a new trainee, please make sure that you enrol with the JCST as soon as you start your training programme. You can do this online via the ISCP.

Social Media

Follow us on Twitter @JCST_Surgery for updates. If you have thoughts about surgical training that you would like to share with a wider audience, please get in touch using the contact details below.

JCST secretariat and ISCP helpdesk contact details

The JCST Quality Manager and CSTC Committee Manager is Ms Sarah Lay. All relevant contact details can be found on the JCST website here.