

JCST Newsletter – July 2012

This is the second of my 6-monthly newsletters to surgical trainees in the UK and Ireland. In my first newsletter I introduced the JCST, explaining what we do and how we are funded. In this issue I am including some updates of my own but have also asked other colleagues to contribute. Bill Allum, our ISCP Surgical Director, will describe his role as clinical lead for the curriculum and JCST staff members will tell you something about what they do on a typical day. We have also tried to clarify some of the main differences between what JCST does and what the deaneries and schools of surgery do in relation to surgical training.

Review of JCST

I mentioned previously that the Joint Surgical Colleges had commissioned an external review of the structure and functions of the JCST. This took place during the early months of this year and the report was presented to the Colleges in April.

Encouragingly, the review concluded that we have a valuable role to play and that we are appreciated by the people with whom we work. While the overall conclusions were positive, however, there are some points on which we need to reflect. One of the most important messages was that we need to improve the way in which we communicate – especially with you, the trainees. We had already recognised this, hence this newsletter, and our soon to go live Twitter account. We have also added a JCST page to the ISCP website, to make the links between us clearer. Cyberspace is one thing, of course, but I have also enjoyed attending recent meetings of both ASiT and BOTA where I have had a chance to meet many of you. I hope that I have further opportunities to do this in the future.

Increase in Trainee Fee

The JCST review found no immediate scope for cost savings in our activity, which means that discussions continue about how best to fund JCST. As I am sure most of you will know by now, the Colleges decided in April to increase the annual fee for UK trainees to £150. You can view the statement issued by the Presidents on our website at <http://www.jcst.org/docs/Trainee%20fee%20statement%20May%202012.pdf>

I appreciate that fee increases are never welcome, and that the current financial climate is a particularly difficult one, but please be aware that this is the first increase since the fee was introduced in 2008. In the meantime, we are doing all that we can to contain costs.

New Policy on Recognition of Locum Appointments for Training (LATs)

Moving away from money, it is very important to note that we have updated our policy on the recognition of LATs for those trainees who are subsequently appointed to full training programmes. In summary:

- From **1 October 2012** all LAT posts of 3 months or more will count towards training time unless we hear otherwise from your training programme director or deanery;
- Unless you specifically opt out within your first year of training, we will usually and automatically recognise a maximum of 12 months of LAT towards your numbered training programme;
- If you are already in a numbered training post and have not yet applied for recognition of a previous LAT post, please do so **before 1 October 2012**;
- After this date, and if you are past the first year of your specialty training programme, the JCST will not normally grant recognition of any time spent in LAT posts;
- In exceptional cases, Specialty Advisory Committees (SACs) may consider recognition of more than 12 months, but all applications will be assessed on a case by case basis and all applications will need to demonstrate clear evidence of progression.

For full details of the new policy, see http://www.jcst.org/docs/lat_guidance_jan2012

Trainee Survey

Our new trainee surveys are in progress at the moment. The surveys are part of our programme of quality assurance, and have been developed jointly with the Schools of Surgery to assess the quality of your training. For UK trainees, please complete the survey for each one of the placements that you have had in the past 12 months. It will be necessary for you to complete the survey before your ARCP.

Once we have analysed the results, the data will be made available to training programme directors (TPDs) heads of Schools of Surgery and SAC chairs and liaison members. We expect these results to be available from October. This is the first time that we have run the survey in this form, so it may not be 100% perfect yet, but please bear with us. We are very keen to use all the

valuable data that we gather via the ISCP to improve surgical training.

CCT Guidance

We are currently finalising guidance for those trainees who are approaching CCT about what is expected of you. The guidance will be made available for all the surgical specialties and will cover all aspects of your training and not just your operative experience. We shall be circulating it widely in the near future, so watch this space.

Other News

We continue to be busy. Alongside our core activities of enrolling and monitoring trainees and making CCT/CSD recommendations and developing, updating and maintaining the curriculum, the following are just some of our key priorities at the time of writing:

- Preparing for the recruitment of the first wave of Vascular Surgery trainees in 2013. The new Vascular Surgery SAC will hold its first meeting this month;
- Identifying good practice from national selection and recruitment across the specialties. We are holding a special meeting this month to share information about what has worked well – and, of course, what has worked less well;
- Incorporating simulation into the curriculum for all specialties, which we hope will encourage provision of simulation-based training across all regions;
- Finalising quality indicators (QIs) for core surgical training programmes. See our website for the specialty QIs - http://www.jcst.org/quality_assurance/quality_indicators_and_survey
- Responding to an educational evaluation of the ISCP, which was completed very recently and which will be discussed in more detail over the coming months

I shall keep you up-to-date with these activities in future newsletters. In the meantime, my colleagues and I continue to welcome feedback in any format. If there is anything that you would particularly like us to cover, please let us have your suggestions.



Ian Eardley
JCST Chairman

Postgraduate Deaneries vs. JCST

According to the MMC Gold Guide, the Postgraduate Deans work with the Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate medical training to GMC standards. The Joint Committee on Surgical Training (JCST) is an advisory body that works on behalf of the four surgical colleges of the UK and Ireland to enhance the quality of surgical training and to support trainees and trainers. To help clarify the role of the Deanery and the JCST, we list below a number of roles/tasks we each perform (NB please note this list is not exhaustive):

Postgraduate Deaneries & Schools of Surgery	JCST/SACs
Regional bodies, responsible for delivering training in England, Northern Ireland, Scotland and Wales	Intercollegiate body, based in London, which acts on behalf of the four Surgical Colleges in the UK and the Republic of Ireland
Working with the SACs, the Deaneries actually run and provide HR support for national selection recruitment rounds	SAC members plan, assess and participate in the interviewing process for selection of new specialty trainees
Set up training programmes to deliver the relevant syllabus and allocate NTN numbers	Enrolment and confirmation of training route and expected certification date (i.e. CCT/ CESR (CP)/CSD for Irish trainees)
Through Training Programme Directors (TPDs) develop and deliver specialty training programmes that meet curriculum requirements	Develop, maintain and update all surgical curricula, which must be approved by the GMC
Keep a record of trainees' progress (e.g. portfolios)	Develop and administer the Intercollegiate Surgical Curriculum Programme (ISCP) online training management system
Organise and support RITA/ARCP meetings proceeding to the issue of individual RITA/ARCP outcomes	Participate in RITA/ARCP meetings to offer external and impartial advice and monitor trainees' progress

Organise and support out of programme (OOP) and less than full time training. They will apply to the GMC (on behalf of trainees) for prospective approval	Process OOP applications obtaining SAC support, which is a GMC requirement, without which OOP time will not be approved. JCST will then amend certification dates if necessary.
Arrange final ARCP assessment panels and grace periods	Review the trainee portfolio and recommend trainees to the GMC for the award of CCT/CESR (CP)
Schools organise and support Specialty Training Committees (STC)	SACs meet to discuss training issues, to develop surgical curricula, to discuss possible problems in training programmes etc.
Act on behalf of the GMC for monitoring the quality standards of training programmes through hospital visits and surveys	Support the quality assurance of surgical training, including development and analysis of the JCST Survey, development of Quality Indicators and completion of the GMC's Annual Specialty Reports. Through externality the SAC liaison members participate in deanery quality management activities

***Further information on the work of the Postgraduate Deaneries and JCST can be found on the following websites:**

www.jcst.org

www.iscp.ac.uk

www.gmc-uk.org

www.copmed.org.uk

www.mmc.nhs.uk

ISCP Update

The ISCP has come a long way, with the first cohort of “new style” trainees now at advanced stages in their training or, in some cases, approaching CCT. The Intercollegiate Surgical Curriculum Project became a programme in 2007 and its place in surgical training is a reflection of the level of commitment of the team who manage it on a day to day basis. My role as Surgical Director is both advising and overseeing specific issues as they occur as well as developing ISCP to improve its functionality and enhance its impact.

I work as a Consultant Surgeon with a specialist interest in oesophageal and gastric cancer based at the Royal Marsden NHS Foundation Trust in London. My training background includes a number of roles with the General Surgery SAC: liaison member for the South West covering the Severn and Peninsula programmes, Curriculum Editor and latterly Chairman.

ISCP has become embedded within the infrastructure of surgical training. It uniquely defines a comprehensive curriculum for training in all surgical specialties with syllabus content defining what needs to be learnt as well as the assessment process which allows progression through training to be documented and monitored. The web based format allows great flexibility particularly in presentation and recording an individual trainee’s personal experiences.

However no system is perfect. ISCP is an evolving process and we need to respond to feedback whether positive or negative. One of the recent observations has been the need to review the content and expected standards of the final years. This reflects the fact that trainees have only recently reached these years and what seemed appropriate in theory has had some issues in practice. An independent evaluation has recently been completed and we are currently looking at its implications – more of this in future Newsletters.

ISCP has recorded a huge amount of information on training provision and outcome. It has a separate Assessment group which looks at the utility of the different work place based tools. This has allowed modification of criteria and standards of skills for each WBA. In order to analyse the data and provide information about a variety of topics within training, a Data Evaluation group has been established. The group includes representation from the Heads of Schools of Surgery, Surgical trainees, as well as the RCS Regional Coordinators, the ISCP team and the e-logbook team. It will be supported by a dedicated data analyst. It is hoped to provide summary and specific reports about training across the country, by programme and by specialty as well as specific projects. For example an

ongoing project is looking at linking e-logbook activity with Procedure Based Assessments, thus combining experience and competence.

I am very happy to receive comments and opinions about ISCP. It is only with such feedback that the Programme will improve. There will be further updates in future JCST Newsletters.



Bill Allum
ISCP Surgical Director

A day in the office

“Amongst all the post, today I have received the JCST Chairman’s expenses. The payments were relating to the last JCST meeting. We have four JCST meetings per year held either at the London, Glasgow or Edinburgh Colleges. One of my duties as PA is to coordinate and oversee the JCST meetings. I ensure that overnight accommodation is offered to all the members, as they attend from all around the UK and Ireland. I also book catering and rooms and, like today, process the expenses”

David Calderón, PA to the Management Team

“It is ARCP season and trainees and trainers are calling and emailing the ISCP helpdesk frantically trying to tie up all the loose ends before the big meeting. We have had lots of “what’s my password?” and “my trainer is on holiday!” calls this week. One particular issue we are helping trainees with is linking their new operative eLogbook accounts to their ISCP portfolios. It is easy to set up, but like most things not immediately obvious...”

Dawn Williams, ISCP Website Administrator

“I am preparing to send the agenda for the upcoming Specialty Advisory Committee (SAC) meeting for Neurosurgery. Training Programme Directors (TPDs) are also attending, I will be expecting over 40 members. At the moment I am liaising with the SAC regarding the key items to be discussed on the day. Some of the SAC members are currently attending ARCPs and will be reporting back to the SAC and the Quality Assurance team on training programmes. I will attend the meeting to take the minutes and also to clarify any queries related to training regulations”

Encarna Manzano (Miss), Specialty Manager for Neurosurgery and Cardiothoracic Surgery

“Today I have been in touch with the four College Presidents to get their approval for the membership of

the newly formed Specialty Advisory Committee (SAC) in Vascular Surgery. So far it is going well as I have had responses from all but one. Now I am trying to draft a management/editorial process for our, soon to appear in the realms of social media, JCST Twitter account! So watch this space...”

Susana Cipriano, Deputy Head of JCST

“All sorts of things and people come into my office and my inbox, but at the moment I am writing papers for our next quarterly JCST meeting and fine-tuning the agenda with Ian Eardley. I am also dealing with follow-up action from a recent Simulation Working Group meeting, trying to sort out interview dates for two forthcoming SAC chairmanship appointments and preparing for an induction day for new SAC members”

Sallie Nicholas, Head of JCST

“My morning was spent finalising a presentation for the Paediatric Surgery SAC meeting next week and preparing to present various QA items at the Neurosurgery SAC meeting tomorrow. After amending and distributing a couple of reports from the recent T&O SAC visit to units in the Republic of Ireland, I spent the remainder of the day testing the new reporting system for the JCST trainee survey on ISCP”

Helen Lewis, Quality Assurance Manager

“I have just finished distributing today’s post! My inbox is full of emails from our trainees which I have not had a chance to respond to yet as I have just finished generating several enrolment letters. I need to call one of the deaneries today about a research application, where there are some queries about the length of time this particular trainee can have counted towards his CCT. I also need to process a couple of OOPT applications although one of them may need to be held as I need to check with the trainee the actual start date”

Ms Paramjit Kaur, Specialty Assistant for Otolaryngology and Plastic Surgery

“I received an email from the Severn Deanery this morning detailing the new fellows who have accepted a place on a Training Interface Group fellowship. After updating the fellow lists on our database, I will send out welcome letters to the new fellows, copying in all the relevant parties. I am also currently working towards improving the integration between the JCST processes (such as enrolment), our database and the ISCP website”

Megan Warde, Specialty Manager for Urology; and Training Interface Groups

Staff Profile

Name - Evelyn Pauls

Job title - Specialty Assistant
for General and Paediatric Surgery

Role - Supporting General Surgery/
Paediatric Surgery SAC,
Responsible for General/

Paediatric Surgery ST3 and above and SpR/Calman
trainees, East of England/West Midlands core trainees

Start date - October 2011



1. What did you do before starting your current job?

I finished my degree last year and moved to the UK from Germany in the summer. I came to London in October 2011 and started working in JCST then.

2. What is your favourite part of the job?

I really like the contact with all the different people, be it trainees or senior surgeons. I find the SAC meetings especially interesting, as you can see how passionate the members are about ensuring good future training.

3. And your least favourite part?

Currently, my least favourite part is definitely that the copy machine constantly breaks. And archiving all agendas of last year's meetings has not been particularly fun either. We changed the process now, so hopefully no one will have to endure that in the coming years.

4. How many trainees do you work with?

I deal mostly with General Surgery trainees, about 600 (there are more than this, but other colleagues also look after them). I also look after Paediatric Surgery trainees; we have about 100 of them. In addition to these specialty trainees, I also deal with core surgical trainees. I look after about 300 East of England and West Midlands core trainees, so that is about 1000 trainees in total.

5. How do you travel to work and how long does it take you?

I am very lucky to live nearby, so I walk to work and it takes me about 30 minutes one way.

6. What is your favourite TV show?

Undisputedly, the best TV show ever is The Wire. I also love The West Wing. Recently, I really enjoyed the BBC London's Markets, as I am still continuously learning about London and its innumerable interesting stories.