JCST Newsletter – January 2012

This is the first of what will be 6- monthly newsletters from the JCST Chairman to surgical trainees within the UK and Ireland. The primary aim is to keep trainees up to date with changes in surgical training. In addition, we shall provide regular updates on the processes and activities of the Joint Committee on Surgical Training (JCST). In this first newsletter I shall focus on introducing the JCST and explaining what we do.

To introduce myself first, I am a consultant urologist in Leeds and have previously been Chairman of the Specialty Advisory Committee (SAC) for Urology and Surgical Director of the Intercollegiate Surgical Curriculum Programme (ISCP). I was appointed to the post from September 2011 for a 3-year term and look forward to meeting as many of you as possible during that time.

What is the JCST?

The JCST works on behalf of the 4 Surgical Colleges of the UK and Ireland to enhance the quality of surgical training and to support trainees and trainers. Our offices are in the Royal College of Surgeons of England (RCSEng) and our main functions are:

- To enrol surgical trainees at the beginning of training
- To provide support for surgical trainees throughout training
- To work with the GMC to award the Certificate of Completion of Training (CCT) and with the RCSI to award the Certificate of Specialist Doctor (CSD) for Irish trainees;
- To develop and administer the Intercollegiate Surgical Curriculum Programme (ISCP)
- To support and co-ordinate the Surgical Specialty Advisory Committees (SACs) and the Intercollegiate Core Surgical Training Committee (CSTC)
- To provide quality assurance of surgical training
- To work with the GMC to assess surgeons who are seeking a Certificate of Eligibility for Specialty Registration (CESR).

The JCST involves both surgeons and staff. The secretariat, based in the English College, undertakes the day to day functions outlined above, while the main Committee itself meets quarterly to discuss and develop policy on surgical training. The membership of the Committee includes the Chairs of all the Surgical SACs and the CSTC, representatives of the Heads of Schools of Surgery, the Postgraduate Deans, the trainee organisations (ASiT and BOTA), the various examination committees and lay representation. Given the intercollegiate nature of the committee, there is also representation from the Scottish Surgical Specialties Training Board and the Royal College of Surgeons in Ireland.

How is the JCST funded?

The JCST gets its funding from 4 main sources (Table 1). Historically JCST was funded by the Department of Health (DH) and by the Joint Surgical Colleges, but in recent years the funding from the DH has gradually diminished and is expected to cease completely in 2012. The trainee fee for surgical training was introduced for UK trainees in 2008 in line with practice in other Medical Royal Colleges, and currently accounts for just under 50% of the budgeted income. The other major source of income remains the Joint Surgical Colleges. The GMC funds the work relating to CESR applications, with the UK Colleges meeting any shortfall. There is no funding for any of the other work that we carry out on behalf of the GMC. It can be seen that, with the cessation of the DH grant of £112k plus the existing shortfall of £515k subsidised by the Colleges, the total shortfall is some £627k and there is ongoing debate about whether the Colleges can continue to subsidise the significant costs involved.

Table 1. Funding of JCST – 2010-11

Source	Amount (£ 000s)
Trainee fee	590
Department of Health	112
GMC	96
Total external income	798
Shortfall met by Joint Surgical Colleges	515
Overall total	1313

Functions of the JCST

The income of JCST is spent in the 4 broad areas as shown in Tables 2 and 3. Table 2 outlines the broad functions of JCST, with the amount that is spent on each of these functions, while Table 3 outlines actual ways in which the money is spent. Obviously the tables below are something of a simplification, since several individuals, not least the JCST Chairman, work across all areas.

Table 2. Functions of JCST

Function	Expenditure (£ 000s)
Enrolment and certification	665
ISCP	399
Quality assurance	141
CESR	108
Total	1313

Table 3. JCST Costs

	Expenditure (£ 000s)
Staff costs	874
Honoraria (*)	63
Travel expenses	27
Catering charges	19
Office expenses	21
Accommodation, service and other charges	309

* The Honoraria support the JCST Chairman and the ISCP Surgical Director. Payments equivalent to 3 PAs and 2 PAs respectively are made to the employing Trusts of these individuals. SAC Chairs also receive a small amount of funding for secretarial support if needed.

Enrolment, Trainee support and Certification

This is probably the core function of the JCST. When trainees gain a place in Specialty training they need to enrol with the JCST office, whose staff can verify their core training and determine a provisional CCT date. The SACs and JCST staff subsequently monitor progress, deal with matters such as requests for out of programme training (OOPT) and make recommendations to the GMC about the award of CCT or CESR (CP) at the end of training.

The Intercollegiate Surgical Curriculum Programme (ISCP)

The process of producing a curriculum has several phases. Initially it needs to be written, usually by an Editor nominated by the SAC in the relevant specialty. The first draft of the curriculum then undergoes a process of consultation, with input being sought from SAC, Specialty Associations, Postgraduate Deans, Trainees, Lay persons, and Employers. This feedback informs the development of the final version of the curriculum, which is then submitted to the GMC for approval. It is usual for the curriculum to be formally reviewed at a special panel meeting of the GMC, and if approved it can then be entered onto the web- based ISCP platform.

The JCST staff support this process at every stage and, following launch of the curriculum, also provide help and feedback for trainees and other users of the platform via the ISCP Helpdesk.

Quality Assurance (QA)

The GMC has overall responsibility for the quality assurance of surgical training, but expects the JCST to contribute in a variety of ways set out in its Quality Improvement Framework (QIF). Our contribution includes the development and analysis of the JCST survey, the development of Quality Indicators for surgical training and the preparation of Annual Specialty Reports (ASRs) that are submitted to the GMC

The JCST Quality Indicators (QIs) have been developed to enable the quality of training placements within each surgical specialty and at core level to be assessed. The QIs will not be used to assess the achievements of individual trainees, but will be used to identify good and poor quality training placements, so that appropriate action may be taken, and will be measured through the new JCST trainee survey. The QIs can be accessed via the QA section of the JCST website - http://www.jcst.org/quality_assurance/quality_indicators_and_survey.

The JCST survey has been developed to reflect these indicators. Administered via ISCP, it will be filled in online prior to ARCP, to allow trainees to feed back on the content and quality of their surgical training. It has been developed with the Schools of Surgery and replaces the SPACE survey.

The SACs have a major role in local quality management, largely through their networks of external SAC liaison members, who support local training committees both in the ARCP process and in the regular meetings of these committees.

CESR applications

The final main area of activity involves evaluating applications for Certificates of Eligibility for Specialist Registration (CESR) on behalf of the GMC. This is funded by income from the GMC, with any shortfall met by the UK Colleges. The income offsets office costs, with SAC members carrying out the evaluation work on a voluntary basis.

The JCST in Numbers (2010/2011)

Trainees registered with JCST: **6,406**
CCT/CESR (CP) recommendations: **574**
Registered ISCP users: **60,678**
Average daily queries to Helpdesk: **64**

What's new in surgical training?

Just as surgical treatment changes, so does the need to update and enhance surgical training. Changes in the NHS taking place at a national level will be accompanied by changes in the structures supporting medical training, although whatever the shape of training turns out to be, the Surgical Royal Colleges remain committed to achieving the highest possible standards of training. We await the Coalition proposals with interest – bearing in mind the differences in approach within the devolved nations of the UK.

Aside from the response to these national initiatives, the following are areas that will be the focus of work at JCST over the coming months:

- Development and introduction of the curriculum and training programme for Vascular Surgery – due to become a separate specialty in the very near future;
- Updating of the Plastic surgery and ENT curricula
- Further development of Quality Indicators for surgical training programmes
- Launch and review of the JCST survey
- Introduction of surgical simulation into the surgical curricula
- Review of the place, content and role of post- CCT training
- Educational evaluation of the ISCP

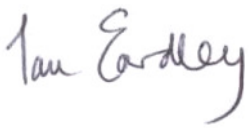
And finally

These are both changing times and economically challenging times, and to reflect that, the Surgical Royal Colleges have initiated an external review of the structure, functions and funding of JCST, which is due to report in the Spring of 2012.

As you will see, there is a lot to do over the coming year and in the longer term. I have not even discussed the challenges that relate to delivery of surgical training in the current NHS, with the difficulties of Foundation Trusts, EWTR and full shift on-call rotas. I expect that my job over the next three years will be interesting, challenging and rewarding.

Everyone at the JCST, including myself, remains committed to delivering the highest possible standard of training in all the surgical specialties, and we are delighted to have the support of the trainee organisations in achieving this. We welcome feedback, either by telephone or electronically, and I hope to meet many of you in person at events that I shall be attending in 2012.

In future newsletters we plan to introduce members of our team and to focus in more detail on different areas of the work that we do. If there is anything that you would particularly like us to cover, please let us have your suggestions.



Ian Eardley
JCST Chairman

Who's who in the JCST Office?

Below are key contacts for queries. Other staff also play an important role in developing and maintaining curriculum content and systems.

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