JCST
Joint Committee on Surgical Training

JCST Newsletter – January 2013
Chairman's Report

Ian Eardley, JCST Chairman

First of all, a very Happy New Year to everyone reading this. For those of you new to the JCST, we produce a 6-monthly newsletter for surgical trainees in the UK and Ireland to update you on what we have been doing and what is new in surgical training. We welcome feedback, and if there is something that you would like us to cover in a future edition please let us know.

Just to remind you of who we are, the JCST is an intercollegiate body, working 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. You can read more about us on our website (www.jcst.org) or on the website of the Intercollegiate Surgical Curriculum Programme (ISCP), for which we are the parent body (here).

I am a consultant urologist based in Leeds and am now nearly 18 months into my 3-year term as JCST Chairman. Our ISCP Surgical Director, Bill Allum, is based at the Royal Marsden NHS Trust in London and has a special interest in oesophageal and gastric cancer. He provides an update on what is new with the ISCP.

CCT Guidelines

We have now completed guidance for those trainees approaching CCT or CESR (CP) about what is expected of you. This guidance includes a number of domains, including your operative experience, and does include some indicative numbers. The guidelines describe what is expected of you during training, but also what you training programme should provide for you. You can find them on our website here.

Only in ENT are the guidelines currently mandatory, since they have been included in the most recent version of the curriculum. They are also included in the General Surgery curriculum that will apply from August 2013. For other specialties the guidelines are advisory, with the primary aim of ensuring that trainees are on an appropriate trajectory. This means for example that if a trainee who is 2 years away from CCT is clearly deficient in a particular area, there is an opportunity to correct that deficiency over the remaining two years.

The guidelines will be implemented flexibly by the SACs in their advice to your Training Programme Director to ensure that no trainees, particularly those in the later stages of their training, are inappropriately disadvantaged at the time of applying for their CCT. If you have any queries, please contact the QA Team on qa@jcst.org

Quality Indicators (QIs) for Core Surgical Training Posts

We have now finalised QIs for Core Surgical Training posts, to accompany those already published for specialty training posts. Another way of looking at these is that they describe what your current training post should be providing for you. You can find all of our QIs here

JCST Trainee Survey

Many thanks to all trainees who have completed our JCST survey over the past year. The survey reporting system has now been launched and reports are available for Heads of School, Training Programme Directors (TPDs), SAC Chairs and SAC Liaison Members to view via ISCP. We are delighted that the overall response rate in our first year is approximately 70%, and we hope to build on this in future years.

Our initial analysis of the survey results has shown that the majority of training placements are meeting the JCST QIs (see above) and that the majority of trainees are gaining appropriate access to theatre, clinic and emergency

sessions on a weekly basis. On a less positive note, however, the provision of 2 hours of formal teaching per week has been an issue for several Plastic Surgery, Neurosurgery, T&O & Paediatric Surgery placements. In addition, most specialties are experiencing increasing tensions between training and service provision, largely due to financial pressures within the NHS.

The survey is vital in helping us to monitor the state of surgical training. Please continue to help identify any issues by completing the survey for each training placement that you undertake.

Communication

In my July 2012 newsletter I explained that the JCST had recently been subject to an external review commissioned by the Surgical Royal Colleges. One of the principal messages of the review was that we needed to communicate better with trainees. In addition to this newsletter we have launched a Twitter account (Twitter@JCST_Surgery) and we are planning to launch a JCST Facebook page. My colleagues and I also enjoy meeting our "constituents" face-to-face, however, and I am looking forward to attending the ASiT meeting in April this year. I would be more than happy to be invited to any other gathering of trainee organisations so that I can meet you, obtain feedback and explain what we do and what we want to do in the future.

JCST Strategy 2013-18

The next step after the review has been to think about our priorities for the next 5 years and we have been working on a strategy document. Colleagues from the Association of Surgeons in Training (ASiT) and British Orthopaedic Trainees Association (BOTA) have worked closely with us on this (as have many other "training" stakeholders) and I have greatly appreciated their support and ideas. We hope to finalise our strategy very soon, so watch this space for further updates.

Further Increases in Trainee Fee

In July 2012 I explained that the annual JCST fee was due to increase from £125 to £150 – the first increase since 2008. Since then discussions have continued about the way in which JCST is funded. The principal issue is that the cost of running JCST and ISCP is substantially greater than the income that we currently receive, with the shortfall being met by the Surgical Colleges themselves.

The individual Colleges have all spent time discussing how to resolve this, culminating in agreement on a series of further fee increases from 2013 until 2015. You can read the statement from the Presidents of the 3 UK Surgical Colleges, plus revised FAQs, here and John Cooper, Chief Executive of the Royal College of Physicians and Surgeons of Glasgow, writes later on about the tax status of the fee.

We recognise that you will want to understand more about how we are funded and how we are using your money, so here are some figures from the 2011-12 financial year (note that the financial year ends in June). Figure 1 shows the functions of JCST, with the amount that is spent on each of these functions, while Figure 2 outlines actual ways in which the money is spent.

Figure 1 Outgoings of JCST (by JCST function)

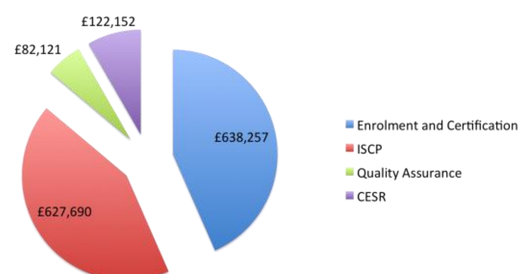
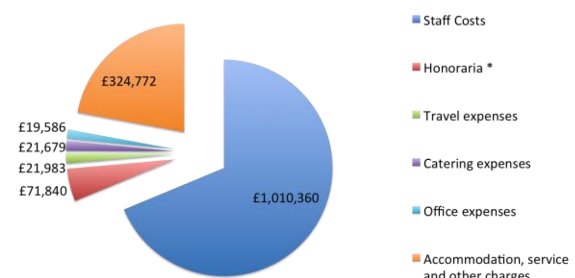


Figure 2 Outgoings of JCST (by type of spending)



*The Honoraria support the JCST Chairman and the ISCP Surgical Director. SAC Chairs also receive a small amount of funding for secretarial support.

Table 1 shows the way in which JCST receives income and, as can be seen, there is a shortfall, currently of over £550,000 that is borne by the Surgical Colleges.

Table 1. Funding of JCST – 2011-12

Source	Amount (£)
Trainee fee	723,480
GMC – for CESR[1] work*	114,954
COPDEND - Incorporation of dental specialties in ISCP	20,000
Academy of Medical Royal Colleges – integration of leadership into ISCP	36,207
Total external income	894,641
Shortfall met by Joint Surgical Colleges	575,579
Overall total	1,470,220

* The GMC funds work that we do to evaluate 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 (including enrolment of trainees, CCT and CESR (CP) recommendations and writing and maintaining the curriculum),

Online Enrolment with the JCST

As part of the ongoing objective of trying to move to completely paperless methods of managing the enrolment, progression and certification of surgical trainees, we are shortly to introduce online enrolment.

All trainees need to register/enrol with JCST at the beginning of core and specialty training. Historically we have done this as a paper exercise, but we are launching a new online system, within ISCP, that not only should be easier and faster but also less expensive to run. The process is as follows and will need to be followed by all trainees who have not yet enrolled with JCST.

[1] Certificate of Eligibility for Specialist Registration – the "equivalence" route.

Stage 1: Trainees will be asked to complete an *enrolment form* in ISCP; once completed they should *submit it to their Deanery* for validation;

Stage 2: Deanery validation – Deanery administrators will be able to edit/correct incorrect information, validate it and *submit it to JCST*;

Stage 3: JCST will check the information on the form. This validation confirms the expected certification date, the type of certificate and the date of the SAC meeting at which the trainee will be officially enrolled.

JCST validation completes the process and locks the form. All of the above will be done online via ISCP.

New CCT Specialty – Vascular Surgery

Vascular Surgery is now a full CCT specialty and the first cohort of specialty trainees will be recruited this year. We have a brand new Vascular Surgery SAC, chaired by Professor Cliff Shearman, which is working hard to ensure that everything runs smoothly. The new SAC is working closely with the General Surgery SAC, chaired by Mr Gareth Griffiths.

National Selection for vascular surgery will be held in conjunction with General Surgery and will be hosted by the London Deanery, April 15-26. There will be 20 posts available for entry at ST3. You can read more here.

Tax Status of Trainee Fee

John Cooper
Chief Operating Officer
Royal College of Physicians and Surgeons of Glasgow (RCPSG)

Trainees may be aware that there has been a long-standing debate with HMRC on the applicability or otherwise of tax relief on JCST Fees. Several applications have been made in recent years and hitherto the HMRC position has been that tax relief does not apply because it cannot be shown that JCST fees are contractually mandatory to a surgeon's career. That position was re-stated in 2012 in response to a case made by RCS Edinburgh's Trainee

Committee member, Mr Issaq Ahmed. In very brief summary, the key legislation/regulation is Employment Income Manual 32535, which lays down amongst other criteria that, in order to attract tax relief, it must be shown that employees are *"employed under contracts which require them to undertake training as an intrinsic part of their employment....".* Without raising hopes prematurely, the response from HMRC has been helpful and they have taken the view that they are open to persuasion if the relevant evidence can be produced.

JCST would take the view that the pattern of a surgical trainee's career pathway is evidence of training being an "*intrinsic part of their employment";* however, it is also true to say that trainee contracts do not specifically state that this is the case and, in the absence of that evidence, it is unlikely that HMRC will change its position. Consequently, the Chair of JCST is discussing with the Lead Dean for Surgery and the Chairman of the Confederation of Postgraduate Schools of Surgery (CoPSS) the possibility of changing the trainee contract to include a specific statement that training is an intrinsic part of employment. If the contract can be amended as described, the Colleges will re-engage with HM Treasury and HMRC and attempt to conclude the debate with them successfully.

ISCP Update

Bill Allum, Surgical Director of ISCP

ISCP Evaluation – we want to hear from you

I wrote in the July 2012 newsletter that the ISCP has been fully operational now since 2007 and the first cohort of "new-style" trainees is approaching CCT. I promised to write more about the full-scale review that we commissioned, aiming to find out whether the planned learning opportunities, programmes, courses and activities actually produce the desired result and also to determine how we can best improve the curriculum.

You can now read both the full evaluation report and an executive summary here. Among the key messages are that the ISCP is an effective curriculum management system and has challenged users to think about what they do and what they value in training. It has, however, been perceived by some as being too centralised and inflexible in its approach. There is a desire for greater flexibility in local implementation, more emphasis on formative feedback within the assessment system and more emphasis on apprenticeship, mentoring and harnessing the talent and charisma of individual trainers.

The review involved a wide-ranging listening exercise and we have reflected on the messages that we received from this. The priority for us now is to engage as many of you as possible in helping us to decide what happens next. We do not want to direct or control the discussion, as it is all about what you want from the ISCP. To help initiate the discussion we have, however, distilled 10 key themes from the report and would like to hear from you about these. You can also find these here.

Please encourage as many of your colleagues as possible to take part in the discussions. We want feedback to be as comprehensive as possible to help us to redefine surgical training. There does need to be a systematic learning programme in place, but let us know how it can best work for you. Please send your thoughts to iscpevaluation@jcst.org

We aim to complete this phase of the process by the end of April 2013, with initial feedback at College meetings in summer 2013.

MRCS to be formal exit requirement for Core Surgical Training (CST)

The GMC has agreed that, from August 2013, a trainee will need to pass the MRCS examination in order to complete Core Surgical Training (CST) successfully. At present it is a requirement for entry into ST3. This may seem a subtle distinction, but it is of great importance. There will be further details about

this on the ISCP and JCST websites in the near future.

Planned curriculum changes

The JCST has been working for some time to promote simulation-based training and to encourage more even provision of simulation facilities across all regions. We believe that this is essential both for patient safety and to help to accelerate the learning curves of surgical trainees. Incorporation of simulation into the curriculum is an important step in this process and we have mapped simulation against each of the specialty syllabuses plus those for core training and professional and leadership skills. We submitted the first of these to the GMC in autumn last year. We are very conscious of the financial and organisational challenges for those who deliver training and therefore proposed a phased approach with essential and desirable elements.

We have also submitted major changes to the General Surgery and Trauma and Orthopaedic Surgery curricula and more minor changes to the Paediatric Surgery curriculum. If approved (as is already the case for the General Surgery and Paediatric Surgery changes), all of these will be implemented in August 2013 and will be available to view on the ISCP website in pdf format in the near future.

All of our SACs keep the curriculum under constant review and request changes in line with the most up-to-date practice in their specialties. Watch this space for further information.

Coming soon - new ISCP app for iPhones

If you have an iPhone, you will soon be able to download an app to enter workplace-based assessments and portfolio evidence via your phone. Keep an eye on the Latest News section of the ISCP website.

New step-by-step guides for ISCP users

We have new step-by-step guides for trainees, Assigned Educational Supervisors and Training Programme Directors to help you get started. See the Help section of the ISCP website for more details or see it here

News from the GMC

The GMC has issued several position statements or other documents recently that will have an important impact on trainees and those who work with them. Make sure that you are aware of them.

- **Moving to the current curriculum:** In future all trainees will be expected to move to the most up-to-date version of their specialty curriculum with the exception of those in their final year of training. Implementation will be complete by 31 December 2015. Read more details here
- **Time out of training:** From 1 April 2013, current arrangements for "exceptional leave" will cease to apply. Deaneries will need to review any periods of absence of 14 days or more in any one year (excluding annual or study leave) and decide whether the trainees concerned need to have their CCT dates extended. Implementation will be flexible. Read more details here.
- **Time limit on CCT and CESR (CP) applications:** From 1 April 2013, there will be a limit to the timeframe in which trainees can apply to the GMC for CCTs or CESR (CP). **You will need to apply for your certificate within 12 months of your expected end of training date**. If you do not, your only route to the Specialist Register will be by applying for a Certificate of Eligibility for Specialist Registration (CESR). Read the full statement here. Remember that the JCST makes CCT and CESR (CP) recommendations to the GMC. We shall be in touch with you in good time before you are due to complete your training, so please work with us to ensure that everything runs smoothly.
- **Revalidation for trainees:** The GMC has published information on revalidation for trainees here
- **Recognition of Trainers:** The GMC has published an implementation plan for the recognition of trainers involved in undergraduate and postgraduate training. This is available here
- **The Shape of Training review** is calling for evidence and ideas by **8 February 2013.** Read more and find out how to contribute to the future of training here