

JCST Newsletter – July 2015
Chairman's Update



Bill Allum, JCST Chair

Congratulations to all those appointed to core surgical training or specialty training programmes at national selection this year and good luck to everyone starting new posts this summer and autumn. Welcome also to new Irish ST3 trainees, who will be using the Intercollegiate Surgical Curriculum Programme (ISCP) for the first time.

I am now more than halfway through my first year as JCST Chair and it has certainly been busy. It has been a great pleasure to meet and talk to many trainees and to hear your views about what we are or should be doing. I was made very welcome at the annual ASIT meeting in February and at the BOTA trainees' meeting last month and both the formal and informal discussions were very helpful. I have also attended the trainee sessions at the Association of Breast Surgeons and ENT UK meetings recently, which have given me much more insight into their specific issues.

Since my last newsletter we have welcomed Jon Lund as Chair of the General Surgery Specialty Advisory Committee (SAC) and Jonathan Boyle as Chair of the Vascular Surgery SAC. Many thanks go to the outgoing Chairs, Gareth Griffiths (now ISCP Surgical Director) and Cliff Shearman.

In this edition I shall give a brief overview of recent events. Our new Quality Assurance (QA) Lead, Joe O'Beirne, introduces himself and Gareth Griffiths gives the latest news on the curriculum, not least the forthcoming launch of version 10 of the ISCP.

About the JCST

For anyone new to the JCST, we are 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 and find previous newsletters, our strategy 2013-18 and the intercollegiate equality and diversity policy on our website (www.jcst.org) or on the website of the ISCP, for which we are the parent body ([here](#)). We publish financial information in our January newsletters.

You can also follow us on Twitter (@JCST_Surgery). At the time of writing we have more than 1,500 followers, so do add to the total. Do also read our [blogs](#) – and if you would like to blog for us, we would love to hear from you.

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

We have been delighted to welcome guests from the Northern Ireland and Wales Deaneries and Schools of Surgery to JCST meetings this year. Both presentations highlighted specific challenges and also areas of impressive good practice. Northern Ireland has successfully tackled problems with core surgical training (CST) recruitment (albeit by withdrawing from national selection), while Wales has reconfigured CST, improved success rates at ST3 selection and is achieving high satisfaction scores in the GMC trainee survey.

We have recently completed a thorough review of the governance, structure and processes of the SACs in order to make them more effective and accountable.

A key component is our relationship with the Confederation of Postgraduate Schools of Surgery (CoPSS), with whom we have been able to assess the full role of simulation in surgical training which will shortly become a required part of the revision of the core curriculum.

Improving Surgical Training

Firstly, for any readers not yet familiar with the October 2013 *Shape of Training* review, you can catch up with it [here](#).

In February 2015 the *Shape* steering group published [this statement](#). Since then the Academy of Medical Royal Colleges has started the mapping exercise referred to in the statement, asking all College bodies to answer a range of questions about future approaches. The questions cover areas such as service requirements, cross-specialty working and training, handling acute and emergency patients, credentialing and the length of training.

I know from direct discussions and from social media that many trainees have significant anxieties about the review and its implementation. ASiT and BOTA are currently surveying trainee opinion further and I look forward to seeing the results of that survey. I am reassured, however, by the message that those aspects of training that work well will remain and that any changes will be carefully planned and implemented to avoid disruption. We are working closely with trainee bodies, so please let us know what you think – either directly or via your trainee organisation.

In the meantime I am also involved in the work commissioned by Health Education England (HEE) from the RCSEng, seeking to identify future options for piloting.

General Surgery of Childhood (GSCH)

One area that does offer opportunities for cross-specialty working is the General Surgery of Childhood (GSCH), which has much to offer General Surgery and Urology as well as Paediatric Surgery trainees. I am currently working with Colleges, SAC and specialty association colleagues, regional network leaders and commissioners to encourage better service provision – and, I hope, more attractive career opportunities for trainees as a result.

Credentialing

Very recently the GMC has launched a consultation on its proposals for introducing regulated credentials. This is not directly linked to the *Shape* review, but the GMC has designed

the process to accommodate any system that may eventually emerge. You can read and respond to the consultation [here](#).

Equality and Diversity

We have been examining the way in which we work to ensure that we are as fair and transparent as possible. All of our SAC and Core Surgical Training Committee (CSTC) members have now completed mandatory equality and diversity training, based on real-life scenarios, and this is now built into the induction training for new members.

The GMC has recently published guidance on equality and diversity in curriculum design. This has 2 parts – ensuring that the diverse needs of different groups of patients are covered in curriculum content and that we consider the needs of different groups of trainees when planning any changes. We are looking carefully at how we comply with this – for example, the extent of information that we may need to collect on trainees using our curriculum. We are also looking at the way in which we involve lay and patient representatives in our work.

In March 2015 the GMC published data highlighting factors that affect the progression of doctors in training, including equality and diversity characteristics. The data focus on examination results and recruitment outcomes and are based on medical schools and Deaneries/Local Education and Training Boards (LETBs) overseeing postgraduate training. You can read more about the broad (pan-specialty) trends that the GMC highlighted [here](#).

Best Practice in National Selection

Our SACs and CSTC work closely with Deaneries and LETBs to design and run the core and specialty national selection processes. The selection leads meet regularly to share best practice and ensure that the processes are as fair and transparent as possible. This includes working with the Health Education England Quality Assurance group to ensure consistency across all medical recruitment

Publication of Surgeon Outcome Data – Is it affecting training?

One of the questions that we have started to talk about is whether the publication of individual surgeon mortality rates is making trainers – or their employers – more risk averse and whether this is having an effect on training opportunities particularly in more complex procedures.

I have met the Medical Director of the Healthcare Quality Improvement Partnership (HQIP) for an exploratory discussion about this and particularly about getting trainee organisations more fully involved in HQIP's work. Our trainee representatives and I are keen to gather further evidence of your experience, so please get in touch if you have information to share.

New GMC Standards - Time for Training

The GMC is due to publish its new Standards for Medical Education and Training in the near future. These are billed as putting patient safety, quality of care, patient experience and fairness at the heart of educating and training medical students and doctors. The standards, underpinned by requirements, are grouped into four themes – learning environment and culture; educational governance; supporting learners and trainers; developing and delivering curricula and assessment.

We are waiting to see the final version, but were very encouraged by the emphasis in the consultation draft on support for trainers. This included time in job plans to meet educational responsibilities and a requirement for organisations to support trainers, supervisors or learners to undertake activity that drives improvement in education and training to the benefit of the wider health service.

We know that the GMC is committed to enforcing these standards, and in 2016 it will roll out a national trainers' survey. You can read more about this, and the key findings of a 2014 pilot, [here](#). In the meantime, we also want evidence of problems to share with the GMC. Trainees – please tell your trainers. Trainers reading this – please tell us of any difficulties that you have had with support for your role or with time for wider professional activity that supports training.

Quality Assurance



Joe O'Beirne, new QA Lead

I did my training in Trauma and Orthopaedic Surgery on the Irish programme, and also spent some time in Liverpool and, later, Toronto. I was appointed to my present consultant post in Waterford in 1993, and have a special interest in Hand Surgery.

I have been involved in surgical training activity in the Royal College of Surgeons in Ireland (RCSI) for many years, beginning as Chair of our regional Basic Surgical Training (BST) committee. I served for some time in my early years as Chairman of the RCSI BST Hospital Recognition Committee. I have been on the Council of RCSI since 2004. I served on the SAC for Trauma and Orthopaedic Surgery from 2006 to 2010, and on the Hand Surgery Interface Committee from 2008 to 2010. I became involved with the JCST as RCSI representative in 2013.

In my spare time I have a keen interest in choral music, and am musical director for our church choir. I am also one of the volunteer train drivers for a local heritage railway.

One of my priorities as QA Lead is to make better use of e-logbook data for quality improvement purposes. This project is at an early stage at present, so look out for updates in future newsletters.

Quality Improvement – Surveys and Guidance

Many thanks again to those of you who have completed our trainee survey. We ask you to complete one per placement and you will find the details on your ISCP account. Please fill it in before your ARCP if you can. What you tell us is important, as we share the information with Schools of Surgery and the GMC in the Annual Specialty Reports that it requires of us.

We also work closely with the GMC on its own national training survey. The GMC has recently

released the results of its 2015 survey [here](#) although the summary report is not yet available. As noted above, however, a summary report of the 2014 pilot trainer survey is now available [here](#) and the full trainer survey will be rolled out in 2016.

Please also look at the [QA section of our website](#) for our quality indicators (QIs) and certification guidelines. The QIs describe what your current post should be providing for you, and the certification guidelines provide advice for those of you approaching CCT or CESR (CP) about what is expected of you.

We have recently amended generic QI 4 to ensure that trainees have time to undertake personal study, audit and research. The core QIs for Vascular Surgery are now also available. Certification guidelines will be updated for most specialties in August, to coincide with the start of new training year, so watch this space. We announce all changes on the JCST and ISCP websites and via Twitter.

Many SACs have now also completed benchmarking guidelines for ST4 and ST6, to help you and your trainers to measure your trajectory and ensure that you are on track. For guidelines for your specialty, see [this link](#).

Curriculum News



Gareth Griffiths, ISCP Surgical Director

This is an exciting period for us, as we prepare to welcome Irish colleagues using the ISCP for the first time and to launch **Version 10 (V10) of the ISCP** in August. V10 is a major upgrade and will bring improvements in the web interface and functionality. Many thanks to those of you who have already viewed the BETA site and given us feedback. You can still do so [here](#) and keep an eye on the ISCP website and our Twitter feed for further news and updates.

Subject to final internal and security testing, we plan to release the final BETA site during the first week of August. This will show you what the new site will look like, but you will not yet be able to save data. If all goes well, we shall turn off the old site later in the month and activate the live V10 site.

We hope that the switch will be as smooth as possible, so please let us know what you think of the new site.

For those of you using the **ISCP app**, please note that this will cease to be available when the new site launches. This is because the new site is designed to optimise mobile compatibility and you should be able to use it easily whatever type of mobile device you have.

Other work coming up includes the development of a **trainers' portfolio** within the ISCP, working closely with the Faculty of Surgical Trainers (FST) of the Royal College of Surgeons of Edinburgh (RCSEd). You can read more about the FST and its standards for surgical trainers [here](#). The aim of this work is to improve surgical training by helping trainers collect the evidence they need to meet the **new GMC requirements for the recognition of trainers**. The process is designed to involve as little extra work as possible yet, by following it, we hope trainers will identify ways in which they can improve their training. The portfolio will capture trainers' activity as well as giving them tools to record and reflect on their training activity. You can read more about the GMC's plans, which take full effect from 31 July 2016, [here](#).

We are working to improve **links between the ISCP and the e-logbook**. One of the priorities is focusing on improved functionality for individual users and for ARCP panels.

We have a number of **research projects** planned or in progress. The main areas are as follows:

- The relationship between experience and achievement of competence
- A formal qualitative analysis of the quality of feedback comments entered into ISCP for workplace-based assessments (WBAs)

- The relationship between summative assessment at MRCS and (i) formative Workplace Based Assessments in Core Training and (ii) subsequent performance in specialty training
- Descriptive report on WBA completion by trainer groups, the degree of correlation between trainers and between single assessments and overall outcome.

In other news:

- The GMC has recently launched a consultation on a **General Professional Capabilities framework**, designed to be included in all postgraduate curricula and focusing on the professional and non-technical skills required of all doctors. Once this is finalised, we shall need to incorporate it in our Professional Behaviour and Leadership Skills syllabus. You can read more about this, and respond to the consultation, [here](#).
- Subject to GMC approval, there will be **changes to the curricula for Core Surgical Training (CST), Trauma and Orthopaedic Surgery and Urology** from August 2015. You can read more about the planned changes on the [ISCP website](#). In the pipeline are further changes to CST and updates to ENT, and the Oncoplastic Breast Interface training syllabus.
- All curriculum changes go through an extensive stakeholder consultation process required by the GMC and are then submitted to the GMC Curriculum Advisory Group (CAG). We therefore need to plan well ahead for any changes.
- As Bill explained the availability of Simulation means we can now include it in the revision of the Core curriculum. We are also looking at incorporating the very successful simulation-based “bootcamps” that some specialties now run. We are seeking the support of patient and lay groups for this important contribution to patient safety.
- Finally a reminder that we have a package of **faculty training material** available [here](#). This includes guides to the **Non-Technical Skills for Surgeons (NOTSS)** formative assessment tool. We strongly encourage you to try out

the tool for yourself. It should be available within your ISCP account.

Regulatory News and Reminders

- You can read about and respond to the GMC consultations on Credentialing and Generic Professional Capabilities [here](#)
- The GMC has recently published a statement on approved curricula and the role of UK and overseas exams, available [here](#)
- It has also published a report on applications to the GP and Specialist Registers 2014. It awarded 551 CCTs in surgical specialties in 2014 and issued 166 decisions on surgical CESR applications. Read more [here](#)
- Other recent announcements include plans for the development of a single UK medical licensing assessment [here](#), new guidance on the duty of candour [here](#) and an independent review of GMC handling of cases involving whistleblowers [here](#)
- A reminder that GMC guidance on out of programme training and research (OOPT/R) is available [here](#). Be aware that the approach is very rigorous. If you want your OOPT/R to count towards your CCT/CESR CP, you need to plan well ahead. All approval paperwork must be complete before the post starts;
- And as usual a reminder of the new GMC rule that you must apply for your CCT or CESR (CP) within 12 months of your certification date. After that you will no longer be eligible and will have to apply for a full CESR (the “equivalence” route to specialist registration) instead. The JCST makes CCT/CESR (CP) recommendations to the GMC and we shall contact you 5 months before your certification date to explain what we need from you;
- Finally, the *Gold Guide* (fifth edition 2014), which sets out arrangements agreed by the 4 UK Health Departments for all UK trainees appointed from August 2007, is available [here](#)

JCST secretariat and ISCP helpdesk contact details

Our contact details are available [here](#) and [here](#)