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# OMFS SAC NEWS



## From the SAC desk

Welcome to our new look newsletter from the OMFS SAC. The purpose of this newsletter is to update trainees and trainers about the latest training related developments in our specialty. From the new OMFS curriculum to changes in indicative numbers for trainees, many training related matters have been discussed in the last three SAC meetings. The 'purpose' statement for the new OMFS curriculum has been presented to the GMC and we will hear shortly whether the GMC are happy with its intent and remit along with other surgical specialties.

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## The new curriculum

Three new sets of standards are guiding curriculum change which include 'Excellence by design' ([https://www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-0517\\_pdf-70436125.pdf](https://www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-0517_pdf-70436125.pdf)), 'General professional capabilities framework' ([https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817\\_pdf-70417127.pdf](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf)) and 'shape of training' ([https://www.shapeoftraining.co.uk/static/documents/content/Shape\\_of\\_Training\\_Final\\_SCT0417353814.pdf](https://www.shapeoftraining.co.uk/static/documents/content/Shape_of_Training_Final_SCT0417353814.pdf)).

The proposed new surgical curricula describes a series of high level Learning outcomes which describe the tasks trainees should be able to do independently by the end of training. The introduction of such learning outcomes is a regulatory requirement specified in the GMC's standards for curricula. The aim of the framework of learning outcomes is to provide a realistic description of surgical practice at the end-point of the training programme. The high level outcomes are divided into two groups:

- **Generic:** These describe the activities common to all surgical specialties and indeed all doctors and are based on the GMC's General Professional Capabilities (see link above). They have greater prominence in the new curricula in light of the themes of most fitness to practice hearings.
- **Speciality-specific:** These describe the activities required by individual specialties and include management of disease processes or organ systems within the common specialty content and any permitted special interests.

The high level outcomes are called 'Capabilities in Practice' CiPs and consist of:

1. Managing an out-patient clinic
2. Managing the unselected emergency take
3. Managing ward rounds and the ongoing care of in-patients
4. Managing an operating list
5. Managing a multi-disciplinary meeting

The proposed assessment is by attainment of different levels of supervision. Completion of the curriculum requires trainees to achieve Level IV i.e. can undertake the 5 CiPs without supervision. One difference between the current curriculum and that proposed is a level that recognises excellence.

### *Training Interface Group (TIG) fellowships*



The SAC confirmed that there are no intermediary options for trainees interested in the Reconstructive and Aesthetic TIG fellowship while there is no approved curriculum. It is unlikely the RAS TIGs will be available before 2020. However, experience in the private sector can be organised locally and you are encouraged to discuss with your TPD.

### *Handbooks*

The SAC received a Cleft Lip and Palate handbook from Alder Hey Children's Hospital, which is used as a roadmap for what trainees should aim to learn in their time spent in a unit. The SAC agreed this could be amended by individual training units for their own trainees and those visiting from other programmes. A handbook will be drafted to fit with the new Aesthetic Surgery Curriculum requirements. A similar handbook has been created by the Alder Hey team to cover the craniofacial curriculum. All trainees who have not had access to these excellent resources need to approach their TPD.

There will be less focus on numbers of WBAs but they remain as a means of facilitating learning and assessment, particularly around critical topics and procedures. There will be more emphasis on supervisor reports and MCRs (Multi-Consultant Reports) are intended to be the main means of assessing overall progress.

All the OMFS curricula information is still subject to agreement with the GMC but as ENT curricula has been agreed in the format suggested, it is very likely to be as we outline in this area.

A recent ISCP meeting focussed on the new MCR, which will take into account the CiPs and refer formally to the General Professional Capabilities. A demonstration video is available on YouTube. A pilot for the MCR will be run by ENT. Training days on the new curriculum are available to TPDs and supervisors and we will keep trainees up to date as more is confirmed. It is likely the new curriculum will not come into being before August 2020.

## OMFS TPD development day

OMFS TPD development day was organised at the Royal College of Surgeons, London on the 11th May, 2018. The TPDs from all regions attended the meeting and learnt about the new curriculum. The OMFS TPDs will be playing a key role in organising teaching for consultants in AES and CS roles in their local training programmes when the new curriculum is rolled out nationally.

## Quality indicators for OMFS

It was felt in the July SAC meeting last year that all OMFS higher surgical trainees should have the opportunity to attend at least a minimum of four consultant supervised theatre sessions each week and so this will be increased from the previously recommended three sessions.

## National recruitment

In the last ST3 recruitment round, 15 posts were available. 12 candidates were deemed appointable. Around 10 posts will be filled, 5 of which will be in the London area.

## Training opportunities

There were concerns raised regarding access to microvascular anastomosis training in some areas due to TIG fellows being in the unit. When considering new TIG venues, TPDs are asked to declare in the Hospital Application Form (HAF) that local

## Cleft placement

With the new curriculum, it has been decided that the higher surgical trainees will need a minimum of 'six-week' placement in cleft surgery in their five years of training. It is suggested that trainees could have a two-week placement in the ST3 year followed by a 'four-week placement' in cleft surgery closer to the FRCS exam.

## eLogbook validation

In the new curriculum, CiPs (Capabilities in Practice) will indicate in more general terms the capability of an individual trainee and therefore the granularity that is currently needed in logbook cases will not be necessary. Mr. Visavadia will bring about this change in the eLogbook and trainees will be informed when this is done. Trainee logbooks no longer need to be validated for ARCP but Educational Supervisors and TPDs will be able to undertake spot-checks so trainees are advised to ensure logbooks are an accurate account of activity. Advice from supervisors about entry into logbooks is still recommended.

## Study leave budget

The new study leave budget from HEE England allows trainees to claim from a list of mandatory and essential courses for OMFS. The courses not listed may be approved by the local TPD if deemed suitable. There is currently no cap on the amount of money claimed.

trainees will not be disadvantaged by the introduction of a TIG fellow. Any instances of this occurring should be raised with the TPD or LM.

One of the SAC members suggested that trainees should have their target microvascular numbers for the year or placement written in the learning agreement so they can achieve it by the end of their placement or flag it up if they don't get an opportunity to do so.

It was also noted that the new junior doctor contract may result in reduced theatre access. This and any other training concerns can be discussed through your local SAC Liaison Member (LM) representative if you are concerned about approaching local trainers and TPDs.

## Intercollegiate Speciality Board (ISB)

The SAC noted an ISB initiative to increase the number of Higher Order Thinking questions in Section 1 of the FRCS.

## Liaison Member (LM) representative contact

If you wish to contact your local SAC LM representative, please contact Ms Chloe St Leger-Davey (Committee and Trainee Services Manager/JCST)- [csldavey@jcst.org](mailto:csldavey@jcst.org)

## Next SAC meeting

The next SAC meeting will be in March, 2019 and all the TPDs and SAC members are requested to attend the meeting.



<sup>1</sup>Editors



## Indicative numbers

In the July 2018 meeting, the SAC agreed on the following amendments to the indicative numbers: TM Joint (Replacement) – Total 2; Orthognathic (Zygoma / orbital) – Total 2; Tracheostomy-Total 20;

## Republic of Ireland training programme

Republic of Ireland is now in its second year of their newly established training programme. There are currently two trainees in post who are ST4. As part of the SAC recommendation, the trainees must complete the last two years of their training in the UK. A 2015 SAC visit recommended that they can have up to four trainees for the first three years of their training.

## Shortening training

There has been discussions regarding rationalising maxillofacial training and potentially shortening the training pathway by incorporating medical school/ second degree as an integral part of training. There will be future discussions to see if this is feasible but this is complicated by amongst other things the EU!.

## ST1-ST3 applications

Junior trainees have in the past hedged their bets and applied to both ST1 and ST3 posts at the same time but now they are only allowed to apply for either ST1 or ST3 positions.

<sup>1</sup> Ms Emma Woolley (Chair SAC)/ Montey Garg (Trainee Representative)