



T&O SURGERY SAC NEWSLETTER

JUNE 2019

Welcome to your T&O Surgery SAC newsletter. The new T&O curriculum is due to come into force in August 2020. All of you will have received communications from ISCP detailing the new assessments being implemented alongside the new curriculum. The new curriculum has been developed in line with the GMC's 'Excellence by design: standards for postgraduate curricula' publication. The aim of which is to re-focus training assessments away from exhaustive lists of individual competencies and towards capabilities required to be a safe day 1 consultant.

The new assessments will take place prior to each interim and final Learning Agreement meeting. It will negate the need for mandatory CS reports prior to sign off of the final Learning Agreement meeting. Each trainee will be expected to perform a self assessment. The trainee's lead CS (i.e. nominated trainer) will be expected to meet with at least 2 other CSs to generate a Multiple Consultant Report (MCR). This assessment will be based on 2 main domains:

Generic Professional Capabilities

GPCs are common to all surgical specialties and are evaluated under 9 specific headings:

- 1 Professional Values
- 2 Professional Skills
- 3 Professional Knowledge
- 4 Health Promotion
- 5 Leadership and Team-working
- 6 Patient Safety and Quality Improvement
- 7 Safeguarding
- 8 Education and Training
- 9 Research and Scholarship

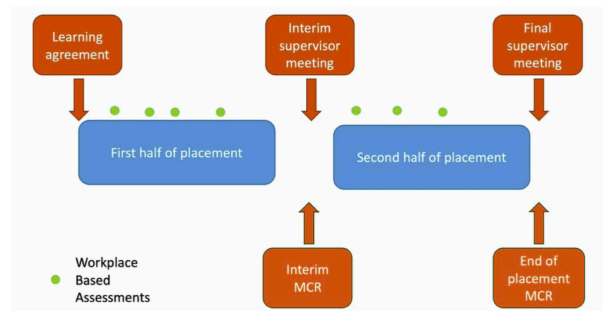
Each trainee will be assessed on their ability in each of these areas based on their level of training but set at the standard of certification. Trainers will be able to use pre-populated descriptors or free text to provide feedback for the trainee. Feedback will be given to help the trainee set personalised training goals.

CERTIFICATION GUIDELINES

The **August 2018 certification** indicative operations update was largely well received as it addressed the concerns regarding bias towards lower limb subspecialties. Concerns regarding osteotomy numbers have been raised with the Committee following feedback from trainees. It is the view of the Committee that the numbers set are achievable by the vast majority of trainees across all training regions.

Trainees who have attained a PhD, MD or MSc do not need to undertake a Research Methodology course if evidence of Research Methods training (either as part of course modules or a specific course) can be provided.

The Committee confirms that the European Trauma Course is equivalent to ATLS for the purpose of certification.



IMPROVING SURGICAL TRAINING

The ongoing IST pilot in T&O Surgery has been an area of particular focus for both T&O Surgery SAC and BOTAs. IST is an innovative project led by RCS England and backed by HEE. The pilot aims to have 30% uptake in T&O Surgery by 2020. The report of the pilot is due to be released in 2021. More information regarding IST can be found on the [RCS \(Eng\) IST website](#).

FORM R

All trainees are reminded that any work out-with the training setting must be declared on the Form R. This includes all paid or voluntary work undertaken domestically or abroad.

Capabilities in Practice

CiPs are common to all surgical specialties but will be assessed in the context of each surgical specialty. These will be evaluated under 5 specific headings:

- 1 Managing an Outpatient Clinic
- 2 Managing the Emergency Take
- 3 Managing Ward rounds and Inpatient Care
- 4 Managing an Operating list
- 5 Managing Multi-disciplinary meeting

Each trainee will be assessed on their ability in each of these areas based on the end point of training (i.e. day 1 consultant). Trainers will be able to assess each trainee using defined supervision level requirements that range from 'Able to observe only' to 'Performs beyond the level expected of a day 1 consultant'.

The introduction of yet more assessments will be a daunting prospect for many trainees but on reflection it seems like a move in the right direction. The aim is to move away from arbitrary annual assessment quotas (i.e. ≥ 40 WBAs per year) and towards meaningful assessments that provide valuable feedback to guide trainees towards becoming a safe and competent day 1 consultant.

ST3 RECRUITMENT

2019 saw yet another successful year of national recruitment for T&O surgery with 147 posts offered. CT2 trainees hold their position as the majority (70%) of appointees. Female trainees continue to out-perform their male counterparts and the Committee are pleased to note that the numbers of appointable female trainees continue to grow in T&O surgery.

TIG FELLOWSHIPS

TIG fellowships in Hand surgery continue to be highly competitive and sought after. Spinal surgery is due to commence its pilot of TIG fellowships and will be interviewing in Spring 2020.

Upcoming Dates

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|-------------------------|-----------------------------|
| T&O Surgery SAC meeting | 08/10/2019 |
| FRCS Section 1 | Application Deadline |
| 06/11/2019 | 22/08/2019 |
| 05/02/2020 | 07/11/2019 |
| 03/06/2020 | 19/03/2020 |
| FRCS Section 2 | |
| 03/11/2019 (Wigan) | 06/06/2019 |
| 02/02/2020 (Plymouth) | 14/11/2019 |
| 03/05/2020 (Aberdeen) | 13/02/2020 |

CREDENTIALING

GMC regulated credentialing sparked significant concerns from both T&O Surgery SAC and BOTAs. The GMC have now completed a comprehensive consultation process and are now able to provide reassurances that credentialing:

- ✦ will only be available to doctors with Specialist Registration
- ✦ will not replace requirements for postgraduate training leading to CCT
- ✦ will only be introduced for procedures where the status quo poses a significant risk to patient safety
- ✦ will undergo the same rigorous process of governance as for introduction of new curricula

From June 2019 to December 2020 the pilots for GMC regulated credentialing do not include any T&O surgery procedures. It is the view of the GMC and T&O Surgery SAC that future credentialing activity is unlikely to have a negative impact on T&O surgery training.

WORKPLACE GUIDANCE

The Committee unanimously agreed the guidance for out-of-hours work performed by trainees. This guidance stipulates that:

- ✦ All trainees should have a nominated consultant supervisor when on-call and/or working out-of-hours.
- ✦ Supervisors should be a substantively appointed consultant or a locum consultant who is on the GMC/IMC specialist register.
- ✦ Trainees should not cover more than one acute admitting unit under any circumstances.
- ✦ No trainee should be in a position whereby they could be performing emergency work beyond their competency and they should have access to immediate advice or prompt direct supervision from the consultant on-call.
- ✦ Trainees should be expected to discuss all emergency cases which they plan to take to theatre with their on-call consultant.

The Committee would like to reiterate that no T&O surgery trainee should be expected to provide care for patients with head injuries. If you work in a hospital where this guidance is not adhered to then please get in touch with your **BOTA SAC representative**.

Issues around the management of pregnancy and maternity leave for T&O surgery trainees were explored. Miss Sara Doorman presented her work on this topic to the Committee. The Committee fully supports her work on the development of guidance for female trainees who intend to undertake maternity leave.

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This publication has been produced by the SAC representative for BOTAs and the Chair of T&O Surgery SAC. It has been approved by the SAC communications lead and JCST communications office. Onward distribution has been granted by all parties. Correspondence should be addressed to Mr. Ran Wei - sac@bota.org.uk