

## **General / Vascular Surgery Arrangements for Training**

### **General Surgery Trainees with a Vascular Special Interest, currently in General Surgery Training Programmes**

The GMC, the General Surgery SAC and the Vascular Surgery SAC have reached agreement about the training pathways for General Surgery trainees with a special interest in vascular surgery. We ask all concerned to follow the guidelines set out below. The Transition Group of the General Surgery and Vascular Surgery SAC will help manage issues arising from this. The group can be contacted via Megan Wilson at JCST ([mawilson@jcst.org](mailto:mawilson@jcst.org)).

This document may require some minor revision as the process proceeds but no major changes are anticipated.

### **General Surgery trainees with a special interest in vascular surgery and a certification (CCT / CESR CP) date on or before 31 December 2018**

- 1) These trainees will be able to follow the 2010 General Surgery curriculum to certification. Trainees following this path must inform the JCST and JCIE that this is the case, using FORM 1.
- 2) The GMC will require these trainees to follow any future significant changes to the General Surgery curriculum, such as changes to Workplace Based Assessments.
- 3) These trainees will have to sit the FRCS in General Surgery with a special interest in vascular surgery. JCIE have undertaken to ensure this exam will be available for these trainees.
- 4) These trainees will be discouraged from sitting the FRCS (Vasc) when this becomes available in 2016. Doing so would have no impact on their certification and would simply result in extra and unnecessary exams and costs.
- 5) Vascular Society workforce predictions suggest that there will be a number of vascular consultant posts being replaced in the period 2016-2019. The numbers of General Surgery trainees with a special interest in vascular surgery completing training will be relatively small at this time. The first batch of new Vascular Surgery trainees will gain their CCT in 2019, so there is a good window of employment opportunity for current trainees completing training 2016-2019.
- 6) Training programmes for these trainees should adhere to the guidance given in the previously circulated document from the General and Vascular SAC Transition Group (Appendix 1). In particular it should be noted that: ONLY trainees in the final two years of training (ST7 and ST8) should spend time doing vascular only emergencies. Further, this should only occur provided that all emergency knowledge and skills required by the 2010 General Surgery curriculum have been obtained and that the programme director is satisfied that such an arrangement will not compromise the trainee's ability to pass the FRCS in General Surgery.  
It has become apparent that some trainees, particularly those in academic posts, have been undertaking fulltime clinical and emergency work in vascular surgery as early as ST4. This is not appropriate.
- 7) These trainees are encouraged to complete their training programme without taking extensions. If extra experience is thought to be needed to improve competitiveness for consultant posts (as opposed to being needed to meet the curriculum's requirements), this should be obtained post-certification.
- 8) Requests for time out of programme should be considered by the local TPD and Deanery/LETB and only granted if they are likely to make a meaningful contribution

- to a trainee's ability to work on a vascular unit. For example, research periods (OOPR) should only be granted if it is believed that the OOPR will lead to a higher degree eg MD or PhD.
- 9) Clinical experience out with the programme (OOPE) should not normally be granted and should be obtained post CCT.
  - 10) Part of the approval process for trainees applying for OOPR (or, exceptionally, OOPE) which would extend training beyond 31 December 2018 should include:
    - a. Formal agreement to transfer the trainee to the local Vascular Surgery training programme upon their return. Should the local Vascular Surgery programme not have the capacity to do this then the SAC Liaison Group will attempt to identify a programme as close as possible to the trainee's local region with capacity and formal agreement to join that programme should be obtained before the OOPR is started. If no Vascular Surgery training programme with capacity is identified then the trainee will have to accept in writing that they will be moved to the 2013 General Surgery curriculum at the time of their return. Confirmation of this from the General Surgery TPD will be required. All these arrangements must be confirmed in writing with the JCST and JCIE before the period of OOPR starts, using FORM 2.
    - b. A review of the research proposal and the trainee's CV by the General and Vascular Surgery SAC Liaison Group in order to confirm that it would be appropriate for that trainee to transfer to the Vascular Surgery curriculum and that there is a realistic possibility of the research programme leading to a higher degree. The academic supervisor must provide confirmation of funding for the period of research.
  - 11) Trainees whose CCT is extended beyond 31 December 2018 for valid statutory reasons (eg maternity leave) or because of less than full time working will be transferred to the Vascular Surgery curriculum under the arrangements described in this paper.

**General Surgery trainees with a special interest in vascular surgery and a certification (CCT / CESR CP) date after 31 December 2018**

- 1) Provided that the trainee was appointed to an NTN or an academic NTN in general surgery prior to 1 January 2013 then they may apply for transfer to the new Vascular Surgery training programme (FORM 3). Where such a transfer is deemed appropriate it will be arranged locally and an individual's level of training on moving to the vascular programme will be determined on a case-by-case basis by the General and Vascular SAC Transition Group.
- 2) If the transfer cannot be accommodated locally, then the General / Vascular Surgery SAC Liaison Group will attempt to place the trainee in another region, as close as possible to their local region.
- 3) If there is no capacity for the transfer locally or elsewhere in the UK, the trainee will remain within General Surgery following the 2013 (or later) curriculum with a special interest in vascular surgery. However, problems with capacity are not anticipated.
- 4) If a transfer between Deaneries / LETBs is required, funding arrangements will be determined locally.
- 5) These transfers should only be undertaken if there is a firm commitment to a career in Vascular Surgery. Once the transfer has occurred trainees cannot return to General Surgery training or obtain a CCT in General Surgery. It is likely that transfers will take place over the coming year.
- 6) The training level of each trainee who transfers to a vascular programme will be determined by the SAC Liaison Group. It is expected that this will generally be at

ST3 to ST5. Trainees will transfer their NTN for the duration of their training only. After the trainee has left the vascular programme their replacement will be appointed to the General Surgery programme in the deanery/LETB to which they were originally appointed.

- 7) The trainee will begin their vascular training at the level determined on the earliest date that can be arranged locally. This may be out of synchrony with the normal academic year, in which case progress should be assessed at the next ARCP. The certification date may need to be adjusted (analogous to arrangements for Academic Clinical Lecturers).
- 8) FORM 3 details and lists these requirements and must be completed and returned to the JCST.

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4<sup>th</sup> August 2014