# Guidelines for ARCP at the end of Core Surgical Training

These guidelines apply only to trainees undertaking the 2017 core surgical training curriculum, and this includes all trainees entering core surgical training on or after August 2017.  Those trainees entering core surgical training before August 2017 and still in training after the end of January 2019, should transfer to the 2017 curriculum and should be assessed at ARCP against the requirements of that curriculum.

A set of guidelines equivalent to this document, summarising the requirements for successful completion of the 2015/6 curriculum before the end of January 2019, are available at https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/.

An outcome 6 should be awarded to every core surgical trainee who at the end of their CT2 year presents within their ISCP portfolio, evidence that they have satisfied the requirements of the curriculum for core surgical training available at https://www.iscp.ac.uk/static/public/syllabus/syllabus_core_2017.pdf.  These guidelines are intended to summarise those requirements in convenient form, to assist ARCP panels in their task, but in no way supersede the curriculum itself.  Runthrough specialty trainees, including ACFs, should be assessed against the same criteria at the end of their ST2 year, but satisfactory performance should result in the award of an outcome 1 and progression to the ST3 year.

| Curriculum area | Required evidence | Suggested Evidence |
|---|---|---|
| Common content module | Certificate of completion of MRCS or MRCS(ENT)<br><br>Mandatory WBAs (see table below)<br><br>Current ATLS, APLS or BATLS provider status<br><br>Completed AES report and at least one CS report from each placement | MSF from each WTE training year<br><br>Logbook evidence of >120 cases per year<br><br>WBA portfolio[1] covering performance in clinic, the provision of acute care and in the operating theatre |

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[1] Aside from the mandatory WBAs, no minimum number of WBAs is specified by the 2017 CST curriculum.  Trainees who present a total of 40 or more good quality WBAs spread evenly over time, the available types and different senior assessors, should be considered to be engaging well with this area of their training programme

Last reviewed Jan 2019

| | Up to date logbook | |
|---|---|---|
| Core specialty modules | Completion of at least one module[2] | Logbook, WBA portfolio[1] and CS report covering specified syllabus areas – see curriculum for details |
| ST3 preparation modules | Completion of one module[2] | Logbook, WBA portfolio[1] and CS report covering specified syllabus areas – see curriculum for details |
| Annual appraisal | Completed enhanced Form R or equivalent | Engagement with training programme[3] |
| Teaching and training | | Evidence of teaching delivery within AES report, *other evidence* or as OOTs |
| Keeping up to date and understanding how to analyse information | | Evidence of engagement with audit, medical literature and guidelines within AES report, *other evidence* or as AoAs |
| Leadership | | Evidence of engagement with local clinical governance and faculty groups within AES report or *other evidence* |

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[2] It is to be hoped that the AES final report will provide comment on whether this is the case

[3] Details of the requirements for annual appraisal and revalidation for doctors in training can be found at https://www.copmed.org.uk/publications/revalidation and https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-requirements-for-doctors-in-training

| Competency | Form to use | Number required | Level of performance required |
|---|---|---|---|
| Take a tailored history and perform a relevant examination in an outpatient clinic | CEX (Clinic; history & exam) | 3 | 2 |
| Take a tailored history and perform a relevant examination for an acutely unwell patient | CEX (A&E/ward; history & exam) | 3 | 2 |
| Effective hand washing, gloving and gowning | DOPS (Surgeon preparation) | 3 | 4 |
| Accurate, effective and safe administration of local anaesthetic | DOPS (Administration of local anaesthetic) | 3 | 3 |
| Preparation and maintenance of an aseptic field | DOPS (Preparation of aseptic field) | 3 | 3 |
| Incision of skin and subcutaneous tissue | DOPS (Incision) | 3 | 3 |
| Closure of skin and subcutaneous tissue | DOPS (Closure) | 3 | 3 |
| Completion of WHO check list (time out and sign out) | DOPS (WHO checklist completion) | 3 | 3 |