

JCST
Quality Indicators for Surgical Training - Cardiothoracic Surgery

Quality Indicator	
1.	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2.	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3.	Trainees in surgery should have the opportunity and study time to complete and present one audit or quality improvement project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
4.	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this.
5.	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6.	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year (not including those done in a simulated setting), with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7.	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
8.	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
9.	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

Quality Indicators for Surgical Training - Cardiothoracic Surgery All Trainees

Quality Indicator	
10.	All trainees in Cardiothoracic Surgery should have the opportunity to attend a minimum of two days (4 sessions) of consultant supervised theatre each week.
11.	All trainees in Cardiothoracic Surgery should have the opportunity to attend a minimum of one consultant supervised outpatient clinic each week and should see a mix of new and follow-up patients.
12.	All trainees in Cardiothoracic Surgery should have the opportunity to attend one MDT meeting, or equivalent, per week.

Quality Indicators for Surgical Training - Cardiothoracic Surgery ST3/4

Quality Indicator	
13.	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
14.	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be actively involved in the care of patients in a cardiothoracic intensive care setting.
15.	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be trained in all the basic components of the common adult cardiothoracic surgical operations.

Quality Indicators for Surgical Training - Cardiothoracic Surgery ST5/6

Quality Indicator	
13.	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
14.	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to lead and be decision-makers in the care of patients in a cardiothoracic intensive care setting.
15.	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to

	operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST5/6.
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Quality Indicators for Surgical Training - Cardiothoracic Surgery ST7/8

Quality Indicator	
13.	Trainees in Cardiothoracic Surgery at ST7/8 level, where possible, should not be resident on-call on the ITU, in order to maximise their educational opportunities.
14.	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to operate, both independently and under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST7/8.
15.	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to attend a training course which covers management issues in the NHS.
16.	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.
17.	Trainees in Cardiothoracic Surgery at ST8 level should have the opportunity to complete 10% of major cases as specified in the specialty certification guidelines independently (trainer unscrubbed).