JCST Quality Indicators for Surgical Training - Cardiothoracic Surgery

The new Quality Indicators (QIs) will apply from August 2021.There are 10 'generic' QIs for all surgical training placements that are followed by specialty-specific QIs.

The SACs have undertaken a review of the specialty-specific QIs to ensure they are aligned with the new August 2021 curriculum. If you have any feedback on the QIs please email qa@jcst.org.

Quality Indicators for Surgical Training

QI 1	Trainees in surgery should be allocated to approved posts commensurate with their phase 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.
QI 2	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). For example, locally/regionally/nationally provided teaching, educational induction, simulation training, specialty meetings, journal clubs, x-ray meetings, MDT meetings.
QI 3	Trainees in surgery must have the opportunity and study time to complete and present audit, patient safety or quality improvement projects during each post, such that they will have had the opportunity to have completed three such projects by certification.
QI 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 protected time to allow for this.
QI 5	Trainees in surgery should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training.
QI 6	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
QI 7	Trainees in surgery must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, with an appropriate degree of reflection and feedback. Specifically, the mandatory Workplace Based Assessments in critical conditions and index procedures defined by the current curriculum should be facilitated.
QI 8	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

QI 10	Trainees in surgery must have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum. Timely midpoint and end of placement Multiple Consultant Reports (MCRs) should be led and performed by trainers, with feedback and discussion of outputs. The focus of the placement should reflect the areas for development identified at the midpoint MCR or previous end of placement MCR.

Quality Indicators for Cardiothoracic Surgery

Cardiothoracic Surgery – All Trainees

QI 11	All trainees in Cardiothoracic Surgery should have the opportunity to attend one MDT meeting, or equivalent, each week (on average).

Cardiothoracic Surgery Phase 1

QI 12	Trainees in Cardiothoracic Surgery in Phase 1 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.
QI 13	Trainees in Cardiothoracic Surgery in Phase 1 should have the opportunity to be actively involved in the care of patients in a cardiothoracic intensive care setting.
QI 14	Trainees in Cardiothoracic Surgery in Phase 1 should have the opportunity to be trained in all the basic components of the common adult cardiothoracic surgical operations.

Cardiothoracic Surgery Phase 2

QI 15	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to attend at least four consultant-supervised theatre sessions each week (on average).
QI 16	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to attend at least one consultant-supervised outpatient clinic each week (on average) and should see a mix of new and follow-up patients.
QI 17	Trainees in Cardiothoracic Surgery in Phase 2 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.

QI 18	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to lead and be decision-makers in the care of patients in a cardiothoracic intensive care setting.
QI 19	Trainees in Cardiothoracic Surgery in Phase 2 should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum.

Cardiothoracic Surgery Phase 3

QI 20	Trainees in Cardiothoracic Surgery in Phase 3 should have the opportunity to attend at least four consultant-supervised theatre sessions each week (on average).
QI 21	Trainees in Cardiothoracic Surgery in Phase 3 should have the opportunity to attend at least one consultant-supervised outpatient clinic each week (on average) and should see a mix of new and follow-up patients.
QI 22	Trainees in Cardiothoracic Surgery in Phase 3, where possible, should not be resident on-call on the ITU, in order to maximise their educational opportunities.
QI 23	Trainees in Cardiothoracic Surgery in Phase 3 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.