

JCST  
Quality Indicators for the Training Interface Group (TIG) Fellowships – Cleft Lip & Palate 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.

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Quality Indicator	
10.	Fellows in cleft surgery should have the opportunity to undertake 3 or more cleft clinics a week with a mix of new and follow-up cleft patients.
11.	Fellows in cleft surgery should have the opportunity to participate in 4 or more operating sessions per week and be in a managed clinical network (MCN) with a minimum number of new cleft births of 100.
12.	Fellows in cleft surgery should have the opportunity to make independent clinical decisions and to operate, both independently and under supervision, on the full range of cleft surgery as defined by the curriculum for cleft surgery. By the end of the cleft fellowship, the trainee should be competent in all areas of cleft surgery.
13.	Fellows in cleft surgery should have one session per week protected study time, which would usually be expected to result in publications / presentations.
14.	Fellows in cleft surgery should have the opportunity and be encouraged to visit other cleft centres in the UK and abroad to develop a deeper and broader understanding of cleft management.
15.	Fellows in cleft surgery should have the opportunity and be encouraged to attend the annual Craniofacial Society of Great Britain and Ireland annual meeting and any surgical special interest group (SIG) meetings.
16.	Fellows in cleft surgery should have the opportunity to attend specialist multi-disciplinary team (MDT) clinics for the investigation and management of cleft and non-cleft speech problems.