

**Certification checklist for Trainees and Trainers**

**Otolaryngology Specialty Advisory Committee (SAC)**

This form is designed to help assess trainees against the requirements for CCT/CESR(CP).

Prior to the final ARCP the trainee should complete this form and upload it to their ISCP account under the ‘Other Evidence > Miscellaneous’ section. The SAC Liaison Member (LM) should then review the form and the uploaded evidence. The form should be uploaded at the earliest opportunity, ideally 8 weeks before the expected final ARCP and always at least 14 days before this date.

This form is designed to allow the trainee to self-score in advance of the ARCP meeting, and also for the LM to use either in the 14 days before the ARCP or on the day of the meeting.

Trainee name: ……..................................................................................................

Deanery / LETB / Programme: .................................................................................

National Training Number/GMC or IMC number: ….................................................

Training Programme Director name: ……………………..…….………………………

This form is designed to be used when assessing applications against the most up-to-date curriculum.

1. **Training Environment**

Evidence: CV, Timetables, ISCP topics, statement regarding each unit worked in (in CV), surgical logbook - all these should be uploaded to the ISCP. The information required in the CV is shown in the following link - <http://www.jcst.org/quality-assurance/documents/certification-guidelines/ent-certification-cv-and-logbook-submission-guidelines>

Trainees: You should upload two copies of your operative logbook to the **Other Evidence > Miscellaneous** section of your ISCP account - one in SAC Indicative Operation Group (Normal) format and one in Operation Group List (Normal) format. These should be downloaded from [www.elogbook.org](http://www.elogbook.org/) - see Consolidation Tab - and should be filtered to only cover the period you have spent in posts approved for higher surgical training (i.e. exclude time spent in OOP other than OOPT, and exclude time before ST3).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **COMMENTS****If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this**  | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| Has each attachment been in a unit with a minimum of 500 surgical cases per higher specialty trainee each year? **Evidence should be included in timetables in the CV uploaded to the ISCP including a statement for each unit the trainee has worked in.** |  |  |  |  |
| Has each attachment had a timetable compliant with JCST quality indicators (minimum equivalent of 4 operating lists, 3 clinics including at least 1 specialist clinic\*)?\*Specialist pre-CCT (pre-certification) fellowships e.g. interface fellowships may have different timetables and should be assessed on their learning opportunities.**Evidence should be included in timetables in the CV uploaded to the ISCP including a statement for each unit the trainee has worked in.** |  |  |  |  |
|  | **Yes** | **No** | **COMMENTS****If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this**  | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| Has the trainee been exposed to all the special interest areas of the curriculum (listed below)? **Evidence should ideally include at least two satisfactory WBAs for each of these topics on ISCP with a ‘green’ tick for that topic. If this is not available then the trainee must detail the evidence for their submission when ticking ‘YES’.** |  |  |  |  |
| * Head and neck oncology
 |  |  |  |  |
| * Benign head and neck surgery
 |  |  |  |  |
| * Sleep medicine
 |  |  |  |  |
| * Paediatric otorhinolaryngology
 |  |  |  |  |
| * Otology
 |  |  |  |  |
| * Neuro-otology
 |  |  |  |  |
| * Audio vestibular medicine
 |  |  |  |  |
| * Skull base surgery
 |  |  |  |  |
| * Medical rhinology
 |  |  |  |  |
| * Surgical rhinology
 |  |  |  |  |
| * Facial plastic surgery
 |  |  |  |  |
| * Phoniatrics
 |  |  |  |  |
| * Cleft lip and palate
 |  |  |  |  |
| Has the trainee demonstrated knowledge and skills of an area of special interest? This can be assessed from the logbook, fellowships, publications, courses attended, etc. **Ensure evidence is listed in the comments section.** |  |  |  |  |

1. **Operative Experience**

**Evidence: PBAs, eLogbook, AES and CS reports. Must be P, T, S-TU, S-TS (for FESS P, T, S-TU)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **COMMENTS** **If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this** | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| Has the trainee completed 2000 operations during their recognised Higher Surgical Training, e.g. StR, LAT as main surgeon or assistant?Operations during OOPE/OOPR do not count here. **Logbook upload - see above.** |  |  |  |  |
| 10 Mastoid operations as main surgeon (including evidence that at least one is level 4 if cortical, or level 3 for others). **Logbook and ISCP WBA.** |  |  |  |  |
| 10 Major Neck Resections as main surgeon (any 10 to count). See SAC Indicative log.* Neck Dissection
* Parotidectomy
* Hemithyroidectomy
* Laryngectomy
* Any other operation classified as Major Neck in SAC Indicative log. **Logbook and ISCP WBA.**
 |  |  |  |  |
| 10 Tracheostomy as main surgeon (including evidence that at least one is level 4) **Logbook and ISCP WBA.** |  |  |  |  |
| 10 Paediatric Endoscopy (including flexible) as main surgeon (including evidence that at least one is level 4) **Logbook and ISCP WBA.** |  |  |  |  |
| 10 Septorhinoplasty as main surgeon (including evidence that at least one is level 4) **Logbook and ISCP WBA.** |  |  |  |  |
|  | **Yes** | **No** | **COMMENTS** **If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this** | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| 10 FESS as main surgeon and only scrubbed surgeon (P, STU) (including evidence that at least one is level 4) **Logbook and ISCP WBA.** |  |  |  |  |
| 10 Removal of Foreign Body from airway (Pharyngoscopy/Bronchoscopy/Laryngoscopy /Nasal Foreign Body) (including evidence that at least one is level 4) **Logbook and ISCP WBA.** |  |  |  |  |

1. **Clinical Skills**

**Evidence: AES and CS reports, MSF, emergency log, CBD, Mini CEX**

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| --- | --- | --- | --- | --- | --- |
|  | **Level** | **Yes** | **No** | **COMMENTS** **If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this** | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| Has trainee managed at least 1000 emergencies or 300 nights on call? **Evidence in CV and, if available, emergency logbook.** |  |  |  |  |  |
| Has the trainee demonstrated competence in one or more areas of the special interest areas? |  |  |  |  |  |
| Able to manage Inpatients? **Evidence from WBAs.** | 4 |  |  |  |  |
| Able to manage Outpatients? **Evidence from WBAs.** | 4 |  |  |  |  |

1. **Professional and Leadership Skills**

**Evidence: CV, ISCP WPBAs, MSF, completed audits, MSF, Reflection, AES/CS reports**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the trainee demonstrated competence in: | **Yes** | **No** | **COMMENTS** **If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this** | **LM use only:****Has standard been met and evidence checked?****Y / N** |
| Communication, Teamwork and Leadership E.g. breaking bad news, MDT working, human factors |  |  |  |  |
| Quality and Safety Improvement E.g. audit, involvement in guideline development, SUIs, root cause analysis, etc.* 1 audit per year (including at least one covering personal practice)
 |  |  |  |  |
| Research Demonstrated engagement, e.g. met agreed target for publications. At least 2 peer reviewed publications during HST, journal club or other research meeting activity.  |  |  |  |  |
| TeachingInvolvement in teaching which may include Teaching certification. |  |  |  |  |
| Management and Leadership Skills Running rotas, sitting on management committees, etc.  |  |  |  |  |

1. **Courses and Certification**

**Evidence: Certificate or other comprehensive evidence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **COMMENTS** **If YES - put in detail here of where evidence can be found in ISCP****If NO – put in detail of omissions and plans to resolve this** |  |
| Temporal Bone Dissection course |  |  |  |  |
| Sinus anatomy and surgical dissection course  |  |  |  |  |
| LASER surgery course including laser safety (may be as part of a head and neck course as long as LASER fully covered) |  |  |  |  |
| Head and Neck Surgery  |  |  |  |  |
| Septorhinoplasty and Facial Plastics Surgery |  |  |  |  |
| Research and Critical Appraisal Skills (or equivalent training, e.g. research module in Masters) |  |  |  |  |
| Good Clinical Practice (GCP) (current at certification date i.e. within 3 years of certification) |  |  |  |  |
| APLS or PILS (current at certification date) |  |  |  |  |

Date of ARCP: ........................................................

Trainee signature: ................................................................ Date: ………..............................