



## JCST Strategy 2013-18

### Introduction

The Joint Committee on Surgical Training (JCST) works on behalf of the 4 Surgical Colleges of the UK and Ireland and has important links with many other stakeholder groups. In the first half of 2012 the Surgical Colleges commissioned an external review of the JCST. The review report drew on interviews with a wide range of JCST members and JCST staff, together with organisations and individuals who work with us. The report was largely positive, indicating that we have an important role to play. Not surprisingly, however, it also highlighted areas that we should clarify or improve.

In drawing up our strategy for the next 5 years we have taken the review as a starting point. We have carried out a written consultation among JCST members, held a special meeting involving key interest groups (JCST Chairman, ISCP Surgical Director, Specialty Advisory Committee and Core Surgical Training Committee Chairs, Lead Dean for Surgery, Confederation of Postgraduate Schools of Surgery, trainee and lay representatives) and followed this with further consultation before final submission to the full JCST and subsequently the Joint Surgical Colleges.

### Our Mission/Purpose

*To develop, promote and ensure the highest possible standards of surgical training for the benefit of patients.*

### Our Core Functions

We do this by the following means:

- Establishing, maintaining and updating the curriculum, syllabuses and assessment framework for surgical training. These are held within the Intercollegiate Surgical Curriculum Programme (ISCP);
- Developing, maintaining and updating the ISCP online training management system and e-portfolio;
- Working with stakeholders to develop processes designed to select the most appropriate candidates into surgical training
- Enrolling trainees, monitoring their progress and making recommendations to the regulator when they are ready for certification;
- Evaluating applications for the CESR<sup>1</sup> (equivalence route to specialist registration) on behalf of the regulator;
- Providing guidance and advice to trainees and trainers and those who work with them;
- Supporting national quality assurance and local quality management processes;
- Communicating with our stakeholders

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<sup>1</sup> Certificate of Eligibility for Specialist Registration

## **Our Core Values**

We will:

- Put the interests of patients at the heart of all that we do;
- Work for the benefit of both trainees and trainers;
- Work in partnership with all our stakeholders;
- Be responsive to developments and feedback;
- Respond promptly and courteously to trainees, trainers and all who approach us for advice or information;
- Be open, transparent and honest in all that we do and communicate clearly and frequently;
- Apply best practice in equality and diversity to all that we do

## **Challenges**

In setting our strategic aims, we are conscious of the following factors:

- The regulatory framework. We recognise that we do not have the formal or statutory authority to impose standards, so need to work in partnership with the regulator and those who organise and deliver training. We need to persuade and inspire, and in order to do so we need a strong evidence base;
- Intercollegiality. We need the support of the 4 Surgical Colleges for all that we do, but we also need appropriate autonomy to act on matters within our remit;
- Finance. We have limited resources, but we shall ensure that all costs involved in delivering our functions are closely monitored and represent value for money;
- The healthcare and political environment. There will continue to be variation and uncertainty in relation to future training structures within the UK devolved nations and Ireland, with the possibility of increasing divergence in the future;
- Increasing pressure on surgeons from their primary employer, leading to reduced time to spend on JCST/Specialty Advisory Committee (SAC) activity. This would be alleviated by provision of financial support for SAC members.

## **Our Strategic Aims 2013-18**

1. To establish and consolidate a clear leadership role for the JCST in relation to surgical training;
2. To ensure, for the benefit of patients and to enhance patient safety, that surgical education and training across the whole of the UK and Ireland are of the highest possible quality and that all those achieving specialist registration have met appropriate standards;
3. To raise the profile of the JCST among trainees, trainers and opinion-formers and to increase awareness and understanding of what we do;
4. To ensure that we have an accessible and effective curriculum (the ISCP) that moves with new developments and is flexible for all users;
5. To build an evidence base to support quality improvement, measure the effectiveness of our curriculum and assessment system and facilitate educational research;
6. To ensure that we are as effective and as cost-effective as possible in the way that we work;

7. To work with the Surgical Colleges and our sister intercollegiate bodies towards an intercollegiate governance structure that reflects the close relationship of training, curriculum and assessment.

### **Specific Objectives – how we will achieve our aims**

#### ***1 To establish and consolidate a clear leadership role for the JCST in relation to surgical training***

The JCST is in a unique position in being able to coordinate and lead surgical training at a national level, i.e. within the UK and Ireland. We can earn a leadership role in surgical training by the quality of the work that we do, by the expertise that we can offer and by authoritative, timely and effective communication with stakeholders.

We are conscious that other organisations have specific roles within surgical training, and it is essential that we work closely in partnership with bodies such as the GMC/Irish Medical Council (IMC), Deaneries, Schools of Surgery and equivalent bodies. It is important therefore that we ensure that our members are well briefed and well prepared for their roles.

Key objectives/indicators:

- 1.1 To fulfil our functions in a timely, effective and efficient manner;
- 1.2 To communicate with stakeholders in a comprehensive and timely fashion;
- 1.3 To work closely with the relevant regulators on all aspects of surgical training, including curriculum, assessment and quality, in the interests of public protection and patient safety;
- 1.4 To develop and consolidate close links with trainees and trainee organisations;
- 1.5 To work with patient representatives to ensure that patient views are promoted in surgical training
- 1.6 To build links with Health Education England (HEE), Local Education and Training Boards (LETBs) and with equivalent bodies within the United Kingdom;
- 1.7 To support a revised surgical training pathway in the Republic of Ireland, by supporting the Irish Surgical Postgraduate Training Committee (ISPTC) in areas of curriculum development, assessment and quality assurance when invited to do so;
- 1.8 To ensure that our structures and governance adequately support the functions of the JCST;
- 1.9 To ensure that all new SAC members undergo induction that focuses on their responsibilities as liaison members. As resources permit, we have introduced and shall continue to run 2 induction sessions per year;
- 1.10 To update SAC job descriptions and person specifications to ensure that they state as clearly as possible what is expected of SAC members;
- 1.11 To use data from ISCP, the trainee survey and other aspects of surgical training to research surgical training and through this to seek to develop an international reputation for leadership within surgical education.

***2 To ensure, for the benefit of patients and to enhance patient safety, that surgical education and training across the whole of the UK and Ireland are of the highest possible quality and that all those achieving specialist registration have met appropriate standards***

At a time when structures are increasingly devolved and there is significant uncertainty about the future, it is important to have a single body for surgical training that can take an overview and identify problems and coordinate and share good practice across the UK and Ireland. We feel that we are best placed to undertake this role in relation to both clinical and academic training and to enhance the role of professionalism and leadership in surgical training.

We recognise that we need to work within the current regulatory framework and to add value to it; in particular, we interpret the regulator's generic standards and apply them to surgical training to protect the public and to enhance patient safety.

Our work on selection and certification underpins this aim. We owe it to patients and the public to ensure that the best candidates are selected into surgical training. We work in partnership with Postgraduate Deaneries and the Departments of Health in the five different countries to achieve this. Our aim is for standardised selection processes for all surgical specialties, refined to ensure that all candidates are treated fairly and transparently, and such that the best candidates are successful. We welcome the creation of an equality and diversity strategy commissioned by the Colleges for all the intercollegiate bodies.

The work that we do on certification is on behalf of the regulator – and, in the case of Irish certification, the Royal College of Surgeons in Ireland (RCSI). The CESR<sup>2</sup> work is contractual and involves specific performance targets. The CCT<sup>3</sup>, CESR (CP)<sup>4</sup> and CSD<sup>5</sup> work is non-contractual and involves close cooperation with Deaneries and Schools of Surgery as well as the regulator. Both areas of work are vital in ensuring that those who achieve specialist registration are properly qualified and fit to practise.

Key objectives/indicators:

*Surgical training*

- 2.1 In the interests of patients and to enhance patient safety, to work with the regulator, the RCSI, HEE, equivalent bodies within the other devolved nations, the Deaneries and the Schools to ensure that surgical training in the UK and Ireland is delivered to the highest possible standards;
- 2.2 To work with Deaneries and Schools of Surgery to implement joint JCST/Confederation of Postgraduate Schools of Surgery (CoPSS) guidance on the provision of external expertise and advice in core and higher surgical training, recognising the need to convince our partners of the value that we can add;
- 2.3 To ensure that we fulfil our externality roles consistently and reliably. For specialty training, we would expect to attend at least 95% of those Annual

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<sup>2</sup> Certificate of Eligibility for Specialist Registration

<sup>3</sup> Certificate of Completion of Training

<sup>4</sup> CESR (Combined Programme)

<sup>5</sup> Certificate of Specialist Doctor (Irish specialist qualification)

Review of Competence Progression (ARCP) panels to which we are invited, at least 95% of those visits to which we are invited, and attend at least 90% of the Specialty Training Committee (STC) meetings.

- 2.4 To monitor the JCST quality indicators (QIs) for surgical training posts and enhance them if appropriate;
- 2.5 With the regulators, to ensure that a robust system is in place for the QA of simulation-based training;
- 2.6 To monitor surgical training by means of the annual JCST survey and work with partners to take any necessary actions as a result;
- 2.7 To enhance the utility and take-up of the JCST survey, seeking an uptake rate of over 90% of surgical trainees by 2014;
- 2.8 To communicate the results of the survey to stakeholders from 2013 onwards. This will take the form of an annual report;
- 2.9 To ensure that surgeons involved in any aspect of the JCST's work are supported and that their employers are encouraged to release them from clinical duties to allow them to function effectively in these roles;
- 2.10 To work with the GMC, Deaneries and Schools to ensure that surgical trainers are equipped, trained and supported to provide training of the highest possible quality.

#### *CCT guidelines*

- 2.11 To refine our CCT guidelines to ensure in particular that we have a realistic set of indicative numbers for operative procedures and to include them in all Specialty Curricula so that trainees and those who work with them have clear guidance about what is expected;
- 2.12 To work with Deaneries and Schools to incorporate the guidelines in the regular appraisal process particularly in the penultimate year assessments for all trainees. This will ensure that patient safety is enhanced, no-one "slips through the net" with inadequate experience and will reduce disagreements over CCT sign-offs;

#### *Surgical trainees*

- 2.13 To work with the National Institute for Health Research (NIHR), Deaneries and Schools to enhance the selection, supervision, mentoring, assessment and support of academic trainees;
- 2.14 To work with Deaneries and Schools of Surgery to support revalidation for trainees;
- 2.15 To share best practice in selection across specialties;
- 2.16 To work with Deaneries and the Health Departments in relation to selection to analyse data and identify and address potential problems, evidence of bias etc;

#### *Certification*

- 2.17 To cooperate with the GMC's proposals to set up a QA system for CCT/CESR (CP) recommendations and ensure that our processes are robust;
- 2.18 For CESR contractual work, to implement the joint performance improvement plan drawn up with the GMC and aim to return 95% of evaluations within the GMC's 7-week deadline;

- 2.19 To work with the GMC to ensure that all new CESR evaluators receive training and more experienced evaluators top-up training;
- 2.20 To monitor and help to shape the GMC's new equivalence process as it develops, promoting the JCST as a source of expertise;

### *Equality and diversity*

- 2.21 To introduce and implement the planned Intercollegiate equality and diversity strategy by the end of 2013 so that we contribute to eliminating unlawful discrimination and advancing equality of opportunity;

### **3 To raise the profile of the JCST among trainees, trainers and opinion-formers and to increase awareness and understanding of what we do**

We would wish to see the JCST as the “go-to” organisation for trainees, trainers the regulator, Deaneries, and other stakeholders in relation to advice and support on matters concerning surgical training. We shall achieve this by raising our profile and enhancing our communication with stakeholders.

#### Key objectives/indicators

- 3.1 To maximise opportunities to highlight what we do via presentations, articles and other communication routes that may be available via College, trainee or specialty association routes;
- 3.2 To produce two newsletters per year, circulated to all trainees and also to other key stakeholders;
- 3.3 To maximise our use of social media. We already have a Twitter account and aim to increase our followers by frequent and well-judged tweeting. We are exploring how best to make use of a Facebook page;
- 3.4 To improve website presentation – both the JCST website itself and the JCST tab that we have now added to the ISCP website;
- 3.5 To work with the RCSI to deepen the understanding of JCST and its relationship with our Irish trainees
- 3.6 In support of all the above, to work with College communication experts during 2013 to draw up a specific communications strategy;
- 3.7 To ensure that the service provided by our help desk remains accessible, timely and effective.

### **4 To ensure that we have an accessible and effective curriculum (the ISCP) that moves with new developments and is flexible for all users**

We commissioned an in-depth evaluation of the ISCP, which was completed during 2012. During 2013 we aim to engage all stakeholders as widely as possible on the findings of the evaluation and thereafter to implement the results of the discussion.

At the same time we must keep pace with new developments and meet the requirements of the regulatory framework. A current priority is to maximise the use of simulation techniques in surgical training. We believe that this is an essential step to improving patient safety.

We have already taken steps to clarify and strengthen the ISCP staffing structure, bringing staff working on the curriculum formally within the JCST management structure to reflect what is already the case within the governance structure.

Key objectives/indicators:

- 4.1 To present at meetings, publish in journals and use social media to engage as wide an audience as possible in the debate about the future of the curriculum;
- 4.2 As part of this process, to consider and debate a shift to a clear separation of summative and formative workplace based assessments,
- 4.3 To review the outcome of these discussions and modify the curriculum as appropriate;
- 4.4 To increase patient and public involvement in curriculum development, in the first instance by appointing a patient representative to the ISCP Management Committee;
- 4.5 Subject to approval by the GMC, to have simulation formally required within the curriculum from August 2013. This will be the first stage in a phased approach, starting with the highest priorities and moving to “desirable” elements as resources permit;
- 4.6 To make regular submissions to the GMC Curriculum Advisory Group (CAG) within the quarterly slots allocated to the JCST for curriculum revisions;
- 4.7 In connection with the above, to strengthen links with stakeholder groups – in particular those bodies representing employers – and to ensure appropriate consultation and feedback in advance of submissions;
- 4.8 To monitor curriculum deliverability by means of the JCST survey;
- 4.9 To continue to enhance the utility of ISCP for all users
- 4.10 To introduce access to WPBAs via handheld devices in 2013.

***5 To build an evidence base to support quality improvement, measure the effectiveness of our curriculum and assessment system and facilitate educational research***

We are conscious that we hold a great deal of valuable information that we can harness for the benefit of training. We can use this information to enhance the quality of training and thereby patient safety and public protection but we can also use it for the purposes of educational research and as a means of establishing JCST as a leader in medical and surgical training.

Key objectives/indicators:

- 5.1 JCST/ISCP Data Manager to be in post by early 2013 and to work with the JCST data group to identify priorities for data analysis. This will enable us to begin analysing the information that we hold within the ISCP and e-logbook and identifying areas of good practice and areas needing improvement;
- 5.2 To present and publish data from the ISCP;
- 5.3 To analyse and disseminate the results of the first new JCST surveys, completed in November 2012;
- 5.4 To refine and improve the surveys for 2013 and following years and aim for 90% compliance by trainees (see also under strategic aim 2);
- 5.5 Via the Intercollegiate Data Governance Group, to ensure that we have robust and transparent data governance processes in place;

**6 To ensure that we are as effective and as cost-effective as possible in the way that we work**

In formulating this strategy we have discussed the way in which we work at both strategic and operational level. We shall be scrutinising our structures to ensure that they are fit for purpose. Our staff teams are also working to maximise the efficiency of office processes. Within our resources, however, we are also committed to supporting and developing our staff team and ensuring that its members are recognised for the work that they do.

Key objectives/indicators

- 6.1 To streamline office processes so that they are as simple as possible for trainees. The first step in this is our online enrolment system, launched in January 2013;
- 6.2 To move to a completely paperless system for trainee enrolment, certification and out of programme processes. We would aim to achieve this by 2014;
- 6.3 To re-examine which committees are required to deliver the JCST's functions, to review the terms of reference and membership of those committees within our governance structure and to streamline their operation to ensure value for money;
- 6.4 To publish details of our income and expenditure annually in our newsletter so that trainees can see what they are paying for;
- 6.5 As noted under 2, to introduce and implement the planned intercollegiate equality and diversity strategy by the end of 2013.

**7 To work with the Surgical Colleges and our sister intercollegiate bodies towards an intercollegiate governance structure that reflects the close relationship of training, curriculum and assessment.**

We already work closely with the intercollegiate bodies overseeing examinations. Recent discussions about the JCST fee have highlighted the need for a structure that more clearly reflects the relationship between the different areas of work, however.

Key objective/indicator

- 7.1 We plan to work with the Joint Surgical Colleges, Joint Committee on Intercollegiate Examinations (JCIE) and Intercollegiate Committee on Basic Surgical Examinations (ICBSE) on a proposal for a Joint Training Board.