JCST
Joint Committee on Surgical Training

JCST Newsletter – Summer 2016
Chairman's Update

Bill Allum, JCST Chair

Firstly, best of luck to everyone starting a new post this summer or autumn and congratulations if you have been appointed to a core surgical training or specialty surgical training programme. Welcome also to new Irish ST3 trainees, now using the Intercollegiate Surgical Curriculum Programme (ISCP) for the second year running.

These are difficult and uncertain times, and we are all – trainees and trainers alike - under pressure. I know that many of you in England in particular remain deeply unhappy about the outcome of contract negotiations and I continue to hear worrying messages about low morale and disenchantment.

I have written before about how my consultant colleagues and I value the trainees who work with us and how much the JCST values its trainee representatives. In the wake of the EU referendum in the UK, let me also echo what many others have said about supporting our very diverse and international workforce

We are committed to ensuring not only that your training is of a high standard, but also that you have the best possible experience while you are training. Surgery remains an intensely rewarding career choice. In this newsletter my colleagues and I will explain the role of the JCST and summarise our activity over the last few months – with a particular highlight being the launch of the new-look ISCP website (ISCP V10).

Representatives of the Association of Surgeons in Training (ASiT) and the British Orthopaedic Trainees Association (BOTA) sit on all our main committees and working groups, and representatives of specialty trainee groups on all our Specialty Advisory Committees (SACs) and Training Interface Groups (TIGs). Both ASiT and BOTA have new Presidents and we welcome Adam Williams and Simon Fleming to their roles and thank Rhiannon Harries and Mustafa Rashid, who were a pleasure to work with.

I particularly enjoyed attending ASiT's annual conference in March and answering a range of challenging questions from participants. One piece of good news that delighted us all was that Gareth Griffiths, our ISCP Surgical Director, won the prestigious Silver Scalpel award for surgical training. You can read more about the award here

Gareth Griffiths (centre) with the Silver Scalpel award – with thanks to ASiT for permission to use the photograph.

Since the last newsletter we have appointed Rajesh Shah as the new Chair of the Cardiothoracic Surgery Specialty Advisory Committee (SAC). He takes over

from Sion Barnard in the autumn, and our thanks go to Sion for all that he has done during his term of office.

JCST Trainee Fee

The Presidents of the 4 Surgical Colleges have agreed to freeze the fee at £255 for 2016-17. You can read their statement here. The fee is tax deductible and less than full time (LTFT) trainees are eligible for pro rata reductions. You can read more about this, and other reductions and exemptions, in the FAQs on our website. You can also read more about how we use the fee in our January 2016 newsletter

Improving Training

There is a lot of work going on in this area. I am a member of a working group set up by Health Education England (HEE) to look at **improving the quality of training for junior doctors**. Focusing on the quality of training **and** trainee experience, this group is concentrating in particular on flexible working and on the costs of training and of courses.

Linking with the HEE work, and drawing on recent work done by ASiT and individual Surgical Colleges, I have **set up a short-life JCST working group to look at what we can do to improve the experience of LTFT trainees in surgery.** I would welcome any thoughts that trainees or trainers would like to share with us.

The GMC announced in May (here) that it would be leading a **review of *how doctors in training can, within the relevant legal framework, be supported to have greater flexibility in changing specialties and transferring relevant competencies from one area of specialism to another.*** It will work closely with Royal Colleges, doctors in training and national bodies overseeing training delivery across the UK and aim to present a report to the four UK Governments by the end of March 2017.

I and other JCST colleagues are also closely involved with the ***Improving Surgical Training initiative*** led by the Royal College of Surgeons of England. A pilot programme in General Surgery will now be going ahead, with funding from HEE. It will trial improvements in the quality of training, a better training-service balance for trainees, and look to develop other members of the team from other professional backgrounds to work alongside trainees to improve patient care. You can read more about this here .

One area that we know needs attention is **Core Surgical Training (CST).** I am pleased to announce that our Core Surgical Training Committee (CSTC) will soon become the Core Surgical Training Advisory Committee (CSTAC). This change will bring its structure and remit more closely into line with that of a Specialty Advisory Committee (SAC), in particular to allow it to participate more effectively in regional and local quality management activity as the SACs do via their Liaison Member networks. It is also working on a major revision of the curriculum.

We have talked a lot about the **future of CST.** We are conscious that some trainees know exactly what they want to do from an early stage, while others need more time or may choose to change direction. There are differing views about the extent to which programmes should be generic or themed. Key points from our discussions are as follows:

- The need for more flexibility to accommodate groups with differing aspirations and to ensure that surgery remains an attractive career choice.
- While there are moves towards run-through training in some areas for a variety of reasons, there is a case for a "mixed economy" offering both approaches.

- There is an urgent need to improve the current experience of CST, and we hope that the CSTAC will be able to support local efforts.
- One first step is the provision of high quality, simulation-based enhanced induction. There are many inspiring examples out there already and we hope that this will soon become a UK-wide experience.

Finally, I have also been very impressed by the **Royal Australasian College of Surgeons (RACS) *Let's Operate with Respect* initiative** – a three-year campaign aiming to put an end to bullying, discrimination and sexual harassment in surgery. You can find further information on the RACS website.

Trauma Training

Our Training Interface Groups (TIGs) oversee advanced training in a range of areas involving more than one specialty. One particularly exciting area is trauma surgery, with opportunities for training in major trauma centres (MTCs). We are in the process of setting up a new Trauma TIG and hope to have up to 7 fellowships to offer to senior trainees from 2017. Watch this space for further news.

Improving General Surgery for Children

JCST colleagues and I have been working with Colleges, specialty associations, regional network leaders and commissioners to encourage better provision of elective and emergency general paediatric surgery at local units. Training is an important element in this and the draft strategy that we have drawn up is available for consultation here. Please respond by **16 September.**

Quality Assurance Update

Joe O'Beirne, QA Lead

Many thanks as always to those of you who have completed our **trainee survey**. For those new to the JCST, we ask you to complete one survey per placement and you will find the details in your ISCP account. Please fill it in before your ARCP if you can. What you tell us is important, as we share the findings with Schools of Surgery and the GMC in the Annual Specialty Report (ASR).

We have just published our **annual survey report**, setting out the findings of the 2013/14 and 2014/15 surveys. You can read more about this here.

We are pleased that the overall satisfaction rate is good and there are encouraging reports of good practice. There are concerns, however, about areas including the impact of service pressures on training and in some instances access to theatre, outpatient clinics and formal teaching. There are also some reports of undermining behaviour.

Our plans for the future include more specialty-specific questions, more focused questions on formal teaching and I would also like to see the survey extended to Irish trainees. Trainee representatives are closely involved in the work of our QA Group and we value their – indeed, your – suggestions about how we can improve the survey and make it more relevant.

I am also excited to announce that we have run our first **pilot trainer survey** in three regions, with a response rate of 60.3%. We are still analysing the results and hope to report further soon. Not

surprisingly, however, there are some important messages about time and support for trainers.

The **GMC** has also published the latest results of its trainee and trainer surveys, highlighting workload pressures for both trainees and trainers. It has also published new research on the progression of doctors from different backgrounds. We shall be looking at data from all these sources to see what lessons they hold for surgery.

Finally, please look at the QA section of our website for our **quality indicators (QIs) and certification guidelines**. We review these every year, and the updated versions have just gone live here and here.

The QIs describe what your current post should be providing for you, and the certification guidelines provide advice for those of you approaching CCT or CESR (CP) about what is expected of you. Some of our SACs have also produced further benchmarking guidelines to help you and your trainers measure your progress at intermediate stages of your training.

Curriculum Update

Gareth Griffiths, ISCP Surgical Director

The really big news for us is the launch of the new ISCP website, which went live on 3 August after many months of hard work, testing and re-resting. The first major rebuild since the ISCP launched in 2007, we hope that users will find it simpler and quicker to use and more intuitive.

Many thanks to those of you who tested the final beta site and provided feedback. Please continue to let us know what you think. We shall be adding new features, including online JCST processes, to the site over the coming months, so continue to watch this space.

Coming very soon will be the phased introduction of a **trainers' site,** developed with the Faculty of Surgical Trainers of the Royal College of Surgeons of Edinburgh. As of 31 July this year, all trainers must be recognised by the GMC and this site will enable trainers (on a voluntary basis) to build a portfolio of evidence to demonstrate how they meet the GMC's standards.

August is also when **curriculum changes** take effect. We and our SACs and TIGs develop and maintain the curricula, but all changes must be approved by the GMC. This year we have revised the Oncoplastic Breast Surgery and Head and Neck interface training syllabuses and have made some changes to the Otolaryngology curriculum. Some other proposed changes still need GMC approval. Read more here.

Working with colleagues from the Intercollegiate Specialty Boards, we have also completed **assessment "blueprints"** for each specialty, showing how each topic of each syllabus could be assessed in the workplace and in the FRCS exam and mapped to Good Medical Practice. Once the GMC has approved these blueprints, they will be available on the ISCP website.

There are much bigger changes on the way. As Bill writes above, a major revision of the Core Surgical Training curriculum is in progress. Something that will affect all specialties and create a major shift in the way in which we deliver and assess training is the GMC's **Generic Professional Capabilities (GPC)** framework, due for

publication very soon. It has 9 domains, each with detailed learning objectives:

1. Professional values and behaviours
2. Professional skills
3. Professional knowledge
4. Capabilities in health promotion and illness prevention
5. Capabilities in leadership and teamworking
6. Capabilities in patient safety and quality improvement
7. Capabilities in safeguarding vulnerable groups
8. Capabilities in education and training
9. Capabilities in research and scholarship

You can read more on the GMC website. We shall need to incorporate these domains in the curricula for all 10 specialties and CST, adding detail to reflect surgical practice. Assessment will be outcomes-based.

Alongside the GPC Framework, and reflecting its content, the GMC is also working on **new Standards for Curricula and Assessment**. We are expecting a formal consultation to take place in the autumn, so please look out for this and respond.

One subject that I know worries many trainees is the **disclosure of portfolio content in legal cases.** This applies especially to reflection, and there have been some worrying precedents in specialties outside the JCST's remit. The Academy of Medical Royal Colleges will be publishing guidance on this subject in the very near future. Please look out for it, and we shall publicise it as soon as it becomes available.

Regulatory News and Reminders

- For UK trainees and those working with them, the 2016 Gold Guide is now available. Its full title is *A Reference Guide for Postgraduate Specialty Training in the UK* and it sets out the arrangements for training in GMC-approved programmes.
- The **GMC's standards for education and training** are available here
- The GMC is now publishing information, updated regularly, about **approved training programmes and sites**, i.e. sites in which training counts towards the Certificate of Completion of Training (CCT). Your training site must be on the list for you to be sent the link to the GMC National Training Survey (NTS). You can read more here
- The GMC has published its annual report on applications to the GP and Specialist Registers 2015. Read it here
- For anyone planning a CESR application, read our guidance for applicants and specialty checklists.

JCST secretariat and ISCP helpdesk contact details

Our contact details are available here and here

About the JCST

For anyone new to the JCST, we are an intercollegiate body, working on behalf of the 4 Surgical Colleges of the UK and Ireland to enhance the quality of surgical training and to support trainees and trainers. We have 10 Specialty Advisory Committees (SACs), a Core Surgical Training Advisory Committee (CSTAC) and soon to be 6 Training Interface Groups (TIGs) overseeing advanced training fellowships. We also have groups looking at areas such as Quality Assurance (QA), Selection and Simulation in Surgical Training as well as the curriculum governance structure.

We play an important role in your training by enrolling you at the start, monitoring your progress and making

recommendations to the relevant regulator when you are ready for certification. The General Medical Council (GMC) requires this of College bodies in the UK and for Irish trainees we do this on behalf of the Royal College of Surgeons in Ireland.

We work closely with the GMC and RCSI, and also with Deaneries and Schools of Surgery to support local training and quality management activity.

You can read more about us and find previous newsletters, our strategy 2013-18 and the intercollegiate equality and diversity policy on our website (www.jcst.org) or on the website of the ISCP, for which we are the parent body. You can also follow us on Twitter (@JCST_Surgery) and read our blogs.

If you are a new trainee, please make sure that you enrol with us as soon as you start your training programme. You can do this online via the ISCP. For those of you approaching certification, we have a new process in place that is designed to be much simpler for trainees. You can read more about this here.