JCST Quality Indicators for Surgical Training - Core Surgery

There are 10 'generic' QIs for all surgical training and JCST fellowship placements that are followed by specialty-specific QIs. If you have any feedback on the QIs please email qa@jcst.org.

Quality Indicators for Surgical Training

QI 1	Trainees/Fellows[1] 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 full-time trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
QI 2	Trainees/Fellows[1] in surgery should have at least two 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/Fellows[1] 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 Trainees will have had the opportunity to have completed three such projects by certification*[2].
QI 4	Trainees/Fellows[1] 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/Fellows[1] 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/Fellows[1] 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/Fellows[1] 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 skills defined by the current curriculum should be facilitated.
QI 8	Trainees/Fellows[1] in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees/Fellows[1] in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.
QI 10	Trainees/Fellows[1] 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.

[1] JCST post-certification Fellows. Fellowship placements are based on an approved surgical curriculum template and use the same 'generic' quality indicators as used for specialty trainee placements.
[2] See JCST post-certification fellowship curriculum for research and audit requirements for JCST Fellows. A JCST post-certification fellowship placement should provide opportunity for research and audit.

Quality Indicators for Core Surgery

Core Surgery – All Trainees

QI 11	All trainees in Core Surgery should have the opportunity to attend five consultant-supervised sessions each week (on average): for variations in this QI for different specialties, see Appendix 1.
QI 12	All trainees in Core Surgery should have the opportunity to attend at least one consultant ward round each week (on average).
QI 13	All trainees in Core Surgery should have the opportunity to be involved with the management of patients presenting as an emergency at least once each week (on average), under supervision and appropriate to their level of training.
QI 14	All trainees in Core Surgery should have the opportunity to attend one MDT meeting, or equivalent, each week (on average), where appropriate.

Core Surgery – placements in surgical specialties

QI 15 (Cardiothoracic)	Core trainees in Cardiothoracic Surgery should have the opportunity to perform the supervised taking of long saphenous veins to a safe standard and should be capable of opening the chest by sternotomy or thoracotomy by end of 6 months placement.
QI 15 (General Surgery)	Core trainees in General Surgery should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: Primary abdominal wall hernia; appendicectomy; laparoscopic port placement; abdominal incision/closure for laparotomy; removal of skin lesions; and cutaneous abscess drainage.
QI 16 (General Surgery)	Core trainees in General Surgery, when on call for emergencies, should be free of daytime elective commitments.
QI 15 (ITU)	Core trainees in ITU should have the opportunity to be trained in the following: central line insertion, arterial line insertion, chest drain insertion, endotracheal intubation, percutaneous and/or open tracheostomy.
QI 16 (ITU)	Core trainees in ITU should be involved, under supervision, in the assessment of critically unwell patients referred for critical care, the admission of patients to critical care, the daily review of critical care patients and the outreach service.
QI 15 (Neurosurgery)	Core trainees in Neurosurgery should have the opportunity to develop clinical skills enabling them to assess and manage neurosurgical and neurological emergencies, urgent and elective cases.
QI 16 (Neurosurgery)	Core trainees in Neurosurgery should have the opportunity to develop practical competencies including ward and theatre based practical surgical skills.

QI 15 (OMFS)	Core trainees in OMFS should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: Extraction of teeth; removal of retained roots; biopsy of intra-oral lesions; removal of impacted teeth; debridement of contaminated wound/infected wound/wound with skin loss; and primary closure of skin lacerations of the face and oral tissues where there is no tissue loss or nerve injury; excision and primary closure of skin lesions; open reduction and fixation of simple facial fractures; incision and drainage of head and neck infections.
QI 15 (Otolaryngology)	Core trainees in Otolaryngology should have the opportunity to perform all the procedures in the Core Surgical Training Curriculum to a specified level as defined by the curriculum. The basic minimum is: Insertion of grommets; reduction of nasal fracture; tonsillectomy; and flexible laryngopharyngoscopy.
QI 16 (Otolaryngology)	Core trainees in Otolaryngology should have the opportunity to regularly attend ward rounds dealing with the management of emergency and elective admissions.
QI 15 (Paed Surgery)	Core trainees in Paediatric Surgery should have the opportunity to perform procedures in the category General Surgery of Childhood (to include circumcision, non-neonatal inguinal herniotomy, ligation of PPV, umbilical hernia repair, appendicectomy) to a specified level as defined by the curriculum.
QI 16 (Paed Surgery)	Core trainees in Paediatric Surgery should have the opportunity to attend a Basic Paediatric Life Support course or equivalent.
QI 15 (Plastic Surgery)	Core trainees in Plastic Surgery should have the opportunity to perform at least three procedures from each list to the standard stipulated below by the end of Core Surgical Training: a) Performed operations - exploration, repair of extensor tendon; excision of basal cell carcinoma; split skin graft; full thickness skin graft; repair of full thickness lip or eyelid lacerations (any one); debridement of contaminated wound / infected wound / wound with skin loss (any one). b) Performed with assistance or assisted operations / procedure – perform exploration, repair of flexor tendon with assistance; perform local flap to reconstruct a defect with assistance; burns resuscitation with assistance; perform microsurgical nerve repair with assistance; assist in free tissue transfer surgery; assist in fasciotomy for compartment syndrome.

QI 15 (T&O)	Core trainees in T&O should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: DHS; hemiarthroplasty; ankle fracture fixation; and MUAs with application of plaster.
QI 16 (T&O)	Core trainees in T&O should be allocated to units that ensure supervised attendance at least of one fracture/trauma based clinic each week (on average).
QI 15 (Urology)	Core trainees in Urology should have the opportunity to perform routine cystoscopy with retrograde stent placement and basic inguinoscrotal surgery (hydrocele, epididymal cyst excision, and circumcision) both to level 2 standard as defined by the curriculum.
QI 16 (Urology)	Core trainees in Urology should have the opportunity and time to access web based urology educational media.
QI 15 (Vascular Surgery)	Core trainees in Vascular Surgery should have the opportunity to develop skills in vascular operations including vessel exposure, vascular suturing and control of bleeding. This should include direct access to common arterial and venous procedures.
QI 16 (Vascular Surgery)	Core trainees in Vascular Surgery should have the opportunity to attend MDTs and interventional radiology sessions

Appendix 1 Weekly consultant-supervised sessions

Core trainees should have the opportunity to attend five consultant-supervised sessions each week (only four of which may be named). There is variation depending on the specialty of the placement the trainee is undertaking:

Specialty	Specific requirements for QI 11
Cardiothoracic Surgery	Core trainees in Cardiothoracic Surgery should have the opportunity to attend three operating sessions and at least one outpatient clinic each week (on average).
General Surgery	Core trainees in General Surgery should have the opportunity to undertake three supervised operating sessions (one of which should be an emergency session) and two supervised outpatient clinics each week (on average).
ITU	Core trainees in ITU should have the opportunity to take part in four consultant-led ward rounds each week (on average).
Neurosurgery	Core trainees in Neurosurgery should have the opportunity to attend three consultant-led operating sessions and one outpatient clinic each week (on average).
OMFS	Core trainees in OMFS should have the opportunity to attend three operating sessions and three outpatient clinics each week (on average). These should include emergency sessions and clinics.
Otolaryngology	Core trainees in Otolaryngology should have the opportunity to attend three operating sessions (at least one as the principle trainee) and three clinics (including emergency clinics) each week (on average).
Paediatric Surgery	Core trainees in Paediatric Surgery should have the opportunity to attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week (on average).
Plastic Surgery	Core trainees in Plastic Surgery should have the opportunity to attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week (on average).
T&O	Core trainees in T&O should have the opportunity to attend three operating sessions (two trauma and one elective) and at least one fracture clinic each week (on average).
Urology	Core trainees in Urology should have the opportunity to attend at least three operating sessions, (including flexible cystoscopy, but at least two GA operating sessions per week) and at least one outpatient clinic each week (on average).
Vascular Surgery	Core trainees in Vascular Surgery should have the opportunity to attend three vascular sessions per week, one of which may be an interventional radiology session. They should also have the opportunity to attend one vascular outpatient clinic and one MDT each week (on average).