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## Section A Regulations for higher surgical training

### A1 Introduction

This document sets out the regulations for higher surgical training (HST) in the UK and Ireland in respect of the 9 surgical specialties covered by the Joint Committee on Surgical Training (JCST – previously the Joint Committee on Higher Surgical Training). It applies to UK trainees appointed to Specialist Registrar (SpR) posts before 31 December 2006; separate guidance will be available for UK Specialty Registrars (StRs) appointed to run-through training programmes starting on or after 1 August 2007 and for trainees originally appointed to SpR posts who have chosen to switch to the new run-through curriculum. Curricula for the 9 specialties were drawn up in accordance with the requirements of the chief medical officer's (CMO's) 1994 report on higher specialist training and guidelines for Calman trainees. The Royal College of Surgeons in Ireland subscribes fully to the substance and tenor of this report. There are, however, a number of structural and operational differences in the healthcare system, appointments procedures and surgical training in the Republic of Ireland. The relevant details, set out in a supplementary leaflet, may be obtained from the Registrar, Royal College of Surgeons in Ireland (see Contacts). This manual should be read in conjunction with *A Guide to Specialist Registrar Training* (the 'Orange Book' published by the Department of Health February 1998) and the curriculum documents for each particular surgical specialty. While Calman trainees will still train according to the rules set out in the Orange Book, some provisions set out in that publication have been superseded by the The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. Any changes have been made explicit in revised chapters in this guide. Both the *Manual of Higher Surgical Training* and the curriculum documents are published on the JCST website at [www.jcst.org](http://www.jcst.org)

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## **A2 The aim of higher surgical training (HST)**

The aim of HST is to ensure that trainees satisfactorily complete a comprehensive, structured and balanced training programme, enabling them to enter the GMC's Specialist Register in their chosen specialty and to be eligible for appointment as a substantive consultant in the UK NHS.

HST is monitored and administered by the Joint Committee on Surgical Training (JCST), which represents the four surgical Royal Colleges in Great Britain and Ireland, and the relevant specialist associations. Formerly called the Joint Committee on Higher Surgical Training (JCHST), with the advent of run-through training the committee has expanded its remit to cover all surgical training beyond the Foundation Programme.

The JCST is the advisory body to the surgical Royal Colleges for all matters in relation to surgical training and recommendations for the award of the Certificate of Completion of Training (CCT) by the competent statutory body, the Postgraduate Medical Education and Training Board (PMETB). The JCST is divided into Specialist Advisory Committees (SAC) for each surgical specialty. The JCST and the SACs are administered by a secretariat housed in The Royal College of Surgeons of England. The JCST is funded on a proportional basis by all four surgical royal colleges in the UK and Ireland and by the Department of Health

The nine surgical specialties recognised by PMETB in the United Kingdom and the Republic of Ireland are:

- Cardiothoracic Surgery;
- General Surgery;
- Neurosurgery;
- Oral and Maxillofacial surgery;
- Otolaryngology;
- Paediatric Surgery;
- Plastic Surgery;
- Trauma and Orthopaedic Surgery;
- Urology.

Advanced special interest training is also available in interface posts, which combine curricular elements of at least two of the above specialties (see section B16). All trainees undertaking interface training receive a CCT in their parent specialty. Advanced special interest training is an integral part of the CCT programme, but no areas of special interest are currently recognised by the PMETB as a sub-specialty.

### A3 Constitution of the JCST

The composition of the JCST is as follows (to be reviewed in 2008):

- Chairman, appointed by interview, with representation on the interview panel from each of the Royal Colleges;
- College representatives:
  - The President of the Royal College of Surgeons of England;
  - The President of the Royal College of Surgeons of Edinburgh;
  - The President of the Royal College of Physicians and Surgeons of Glasgow; and
  - The President of the Royal College of Surgeons in Ireland.
- The President of the Federation of Surgical Specialty Associations (FSSA);
- The Chair of each of the Specialist Advisory Committees;
- A Chief Executive of one of the Royal Colleges, to attend on rotation.

One representative from each of the following, to attend meetings on rotation:

- The Association of Professors in Orthopaedic Surgery (APOS);
- The Society of Academic and Research Surgeons.

Observers from:

- The Conference of Postgraduate Medical Deans (COPMeD);
- The Association of Surgeons in Training (ASiT)/British Orthopaedic Trainees Association (BOTA);
- Two lay representatives nominated by the surgical royal colleges (one with a background in education);
- Schools of Surgery;
- The Chair of the Joint Committee on Intercollegiate Examinations (JCIE);
- The Chair of the Intercollegiate Committee on Basic Surgical Examinations (ICBSE).

## **A4 Terms of reference of the JCST**

**Interim Version – to be piloted during 2007/8 and reviewed in 2008**

### **Title**

Joint Committee on Surgical Training

### **Reporting Body**

Joint Surgical Royal Colleges of GB&I

### **Role**

To determine the content, structure and implementation of comprehensive surgical training programmes in Great Britain and Ireland, ensuring that standards are developed and maintained and ultimately recommending trainees who are suitably prepared to be entered on the specialty registers.

### **Remit**

To develop, implement and maintain a structured curriculum (Intercollegiate Surgical Curriculum Programme) of training for all 9 specialties within surgery through the Specialty Advisory Committees (SACs) and, where appropriate, Training Interface Groups.

To ensure that surgical training programmes are designed to match the principles of Modernising Medical Careers (MMC) and the training principles of PMETB.

Through the SACs, to recommend to the appropriate statutory body the relevant statement of completion for those trainees who have completed an approved training programme and successfully completed the mandatory examinations and assessment.

Through the SACs, to recommend to PMETB whether candidates applying for admission to the specialist register through the route of equivalence have achieved the appropriate standard, thus maintaining a consistent standard of practice and maintaining patient safety.

To hear appeals against decisions of the SACs and to adjudicate on matters in which they require guidance.

To collaborate with deaneries throughout Great Britain and Ireland and to provide external support to ensure that the quality of training experiences for trainees are maintained and that PMETB and other statutory bodies' standards for training are maintained.

To collaborate with the Schools of Surgery to ensure the consistent implementation of a curriculum and work-based assessment programme in order to maintain standards of training.

To assist in the development of post-completion of training professional development programmes, taking appropriate recognition of the training requirements and assessment methods throughout specialist training.

### **Meeting Frequency**

Quarterly

### **Venue**

Rotation

## A5 Constitution of the SACs

The constitution of each SAC is as follows:

Appointed members:

- A Chair, appointed by interview. The appointment panel should, where possible, comprise of the JCST chairman, the President of the specialty association, a President or vice president of two of the royal colleges on rotation, and a representative of the SAC (for the smaller SACs this might be an outgoing Chair);
- Representatives appointed jointly by the three UK surgical royal colleges;
- Representatives appointed by the appropriate specialist association;
- A representative appointed by the Royal College of Surgeons in Ireland.

Invited members:

- Representatives appointed by the Associations of Academic Surgeons for general surgery, trauma and orthopaedic surgery, otolaryngology, urology, and paediatric. If this is not possible because of a lack of availability of academic representatives, this post may be filled by a royal college representative. However, every effort must be made to ensure that there is full academic representation on the committee;
- One representative from the appropriate European Union of Medical Specialists (UEMS) committee;
- The lead Postgraduate Dean for the specialty;
- The chairman of the Intercollegiate Specialty Board;
- A representative of surgeons in training, usually from the appropriate specialty trainees' association;
- A representative from the Armed Forces for general surgery and trauma and orthopaedic surgery

Recruitment to the SAC must be based on a person specification to ensure that the various college, subspecialty and regional interests are represented on each of the SACs.

Additional invited members may only join the SAC for a specific purpose and with the express agreement of the JCST.

## A6 Membership regulations for SACs

Regulations relating to SAC membership are:

- Members serve for a maximum of five years.
- The Chair may serve for three years from the date of their appointment as Chair, even if this takes them beyond the five-year limit.
- The Deputy Chair may serve for three years from the date of their appointment as Deputy Chair, even if this takes them beyond the five-year limit.
- Members should not normally continue to serve on the SAC for more than one year after retirement from their NHS appointments.
- Members should normally undertake a minimum of six sessions per week in the NHS. However, an individual who does not fall into this category would be considered with approval by the SAC and JCST Chairs.
- Any proposals to alter the constitution of individual SACs should be submitted to the JCST for consideration.
- All members must have attended a *Training the Trainers* course or equivalent appraisal and assessment training, as well as have attended equality and diversity training.
- Members should also have gained education or training experience as a member of their regional Specialty Training Committee (STC).
- Either current elected SAC members or those who demitted membership within 2 years of the vacancy are eligible to apply to be appointed as SAC Chair.
- Membership and Chairmanship of the SAC can be terminated if the person does not fulfil their duties as outlined in the job description.
- Members must be in good standing with the GMC and their employers.

The terms of reference for each SAC are as follows:

1. To keep a register of trainees, in collaboration with Postgraduate Deans, and to recommend to the PMETB for the award of a CCT those who have satisfactorily completed their programmes;
2. To undertake the evaluation of applications from surgeons who have applied for assessment for entry to the Specialist Register under Article 14 and to make recommendations to the PMETB whether they should be awarded a CESR;
3. To draft, update, and maintain the specialty and special interest curricula and related assessments for submission to PMETB for consideration;
4. To monitor trainees' progress through the training programme, to maintain details of their experience and to assist with the annual assessment process in collaboration with Postgraduate Deans and Specialty Training Committees;
5. To submit to the JCST any proposals for modification of programmes or any questions requiring adjudication (e.g. in the case of individual trainees whose reports are unsatisfactory or whose training is not wholly in accordance with an approved



programme, or whose eligibility for entry to or continuation in a training programme is in doubt) and to advise the JCST on interface training and workforce issues; and

Regulations relating to Training Interface Group membership are:

- The Chair may serve for three years from the date of their appointment as Chair.
- Members are nominated from their parent SAC, and there are usually two representatives from each relevant specialty.
- Additional members may be co-opted for their particular expertise.
- Members generally serve for the duration of their appointment on their parent SAC.
- The lead Postgraduate Dean will serve for the duration of their appointment as lead dean for the interface specialty.

The Chair of the Interface Group would normally be selected from the group's membership, and in many cases is a former SAC Chair. Usually the chairman rotates between the parent specialties. The existing Interface Groups and their parent specialties are:

- Head and Neck Surgical Oncology, with representatives from oral and maxillofacial surgery, otolaryngology, and plastic surgery;
- Cleft, Lip, and Palate Surgery, with representatives from oral and maxillofacial surgery, otolaryngology, and plastic surgery;
- Hand Surgery, with representatives from plastic surgery and trauma and orthopaedic surgery;
- Breast Surgery, with representatives from general surgery and plastic surgery;
- Cosmetic Surgery, with representatives from oral and maxillofacial surgery, otolaryngology, plastic surgery, and ocular-plastic surgery (representative is a member of the Royal College of Ophthalmologists).

## A7 SAC liaison members

SACs have a system of SAC liaison members, who are responsible for overseeing training on behalf of the SAC in a particular region or regions. Liaison members must not normally work in the region they are representing but, where possible, they should work in an adjacent region. For the larger SACs, liaison members are generally expected to undertake all of the following duties and for the smaller SACs liaison members are expected to undertake some of the following duties with respect to their liaison region(s):

- Liaising with the regional Postgraduate Dean, regional specialty advisors, STC/SAC programme directors, College regional co-ordinators, trainers, and trainees over training issues;
- Attending the Record of In-Training Assessment (RITA) process
- Participation in resolving local problems with trainees where appropriate, and confirming that trainees' documentation is correctly completed at assessments;
- Providing support to the STC;
- Considering whether to give support for applications to PMETB for prospective approval for out of programme experience<sup>1</sup>;
- Assessing, in conjunction with the chairman of the STC and/or the STC/SAC programme director, whether or not any prospectively approved out-of-programme experience meets the requisite standard for the period to count towards a trainee's CCT;
- Agreeing Type 1 trainees' expected CCT dates at enrolment;
- Agreeing Type I trainees' expected CCT dates if they are altered as a result of a change in a trainee's training programme or because of unsatisfactory progress;
- Agreeing Type 2 trainees' year of entry at registration with the relevant SAC;
- Considering whether to give support for a PMETB application for prospective approval to trainees to 'act up' as a consultant;
- Ensuring that new STC/SAC programme directors are approved by the SAC, prior to their being appointed by the Postgraduate Dean;
- Contributing as needed/where possible to deanery-led quality management systems.

From time to time SACs may determine additional duties for the liaison members.

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<sup>1</sup> The RITA is being replaced by the Annual Review of Competence Progression (ARCP) for run-through training.

## **A8 Entry requirements for appointment to the grade**

**Please note that the appointments for Type 1 and Type 2 training programmes in the United Kingdom ceased on 31 December 2006; the following information is for reference only for those in the UK.**

### **Type 1 and LAT training programmes, prior to 1 August 2007**

The minimum entry requirement for appointment to LAT posts (prior to 1 August 2007 only) and Type 1 HST programmes leading to the award of a CCT is the Certificate of Completion of Basic Surgical Training (CCBST), issued by the Intercollegiate Committee for Basic Surgical Training (ICBST). Recruitment to Type 1 training programmes ceased in January 2007 in the UK, but continues in the Republic of Ireland. Therefore, The Royal College of Surgeons in Ireland now issues the CCBST and further information and applications are available at <http://www.rcsi.ie>

Trainees with the Collegiate FRCS/MRCS who started in post prior to 8 June 2006 do not need the CCBST certificate but will need to have completed at least 24 months of BST in a rotation of at least three specialties, including the one they are currently in. However, all trainees with the Intercollegiate MRCS need the CCBST regardless of start date.

### **Type 2 training programmes**

The criteria for entry to the grade and the arrangements for making an appointment to a Type 2 training programme or fixed-term training appointment (FTTA) can be more flexible. However, the appointment procedures must assure the standard required for patient safety. In addition, whether appointed from within or outside the UK, doctors must:

- be judged by the appointments committee to have attained a standard ‘similar’, although not ‘equivalent’, to that required for entry to the CCT training programme; and
- demonstrate that they have the experience and qualifications to benefit from the training offered.

The suggested criteria for defining ‘similarity’ is two years spent in training in the generality of surgery, including at least six months in each of three SAC-defined specialties, a significant proportion of which must be spent working with surgical emergencies and/or care of the critically ill.

Entry to Type 2 programmes in oral and maxillofacial surgery requires individuals to be in possession of both a medical and dental qualification. However, flexibility may still be required in the interpretation of ‘similar qualifications’ relating to the MRCS or MFDS examinations.

Type 2 trainees who have been successful in obtaining a Type 1 training number must have the CCBST.

## A9 Programme sequence – Type I training

SpRs in HST can expect to follow a structured programme of training and assessment.

Following appointment, Type 1 trainees will have been allocated a national training number (NTN) or visiting training number (VTN). Type 2 trainees will have been allocated a Fixed-term training number (FTN) (see section B3) by the Postgraduate Dean, who must notify the JCST. It is essential that trainees also enrol/register with the JCST secretariat, so that accurate records can be established at the beginning of training and so an expected CCT date can be determined for Type 1 trainees and a year of entry determined for Type 2 trainees.

Trainees will follow the prescribed period of clinical training laid down in the appropriate specialty curriculum. In addition to the mandatory minimum clinical years, flexible time is to be set aside within programmes for advanced (sub-specialty) training, research or other relevant activity. Minimum programme lengths, including the flexible period, are set out in the following table:

Oral and Maxillofacial Surgery	5 years
Cardiothoracic Surgery	6 years
General Surgery	6 years
Neurosurgery	6 years
Otolaryngology	6 years
Paediatric Surgery	6 years
Plastic Surgery	6 years
Trauma and Orthopaedic Surgery	6 years
Urology	6 years/3 years for those starting training after April 2005

Usually upon satisfactory completion of the fourth year (or third for pilot urology trainees), trainees may be eligible to apply to sit the intercollegiate specialty board examination, success in which is a mandatory precursor to the award of the CCT.

Following completion of the requirements for the award of a CCT and submission of all relevant documentation, the SAC will notify the trainee when a recommendation has been made to the PMETB regarding successful completion of a CCT training programme. The PMETB awards the CCT, which is a mandatory precondition for inclusion on the GMC Specialist Register and appointment as a substantive consultant in the NHS.

## **A10 Consultant appointments and end of training**

Trainees who have received satisfactory assessments and passed the appropriate Intercollegiate Specialty Board examination may be interviewed for a substantive consultant post, provided the expected date of award of their CCT (or CESR) falls no more than six months after the date of interview for the substantive consultant post.

Royal College assessors (or national panellists in Scotland) participate in selection and recruitment panels for consultant posts and advise the Advisory Appointments Committee (AAC) on the suitability of an individual candidate's training and experience for a particular post. CCT holders will be allowed to retain their training numbers and continue in their posts/programmes, or another appropriate post on their rotation, for a period of time normally not exceeding six months after the date of completion of training. This may be extended (see section B20). Proleptic appointments are not allowed.

## **Section B Procedures and rules**

### **B1 Appointment**

***\*Please note that appointment to the SpR grade according to the guidelines outlined below ceased in the United Kingdom on the 31 December 2006. Run through grades in the UK are recruited according to the rules contained in the 'Gold Guide'.***

The postgraduate dean controls the appointment and day-to-day management of trainees in the SpR grade. Trainees must notify the appropriate SAC of their appointment and must maintain close contact with the SAC (through the secretariat) over all aspects of their training, particularly if they are concerned about any matter which cannot be resolved locally.

*A Guide to Specialist Registrar Training* makes it clear (section 2, paragraphs 28-32) that all members of the full appointments committee should participate in the shortlisting exercise and that a written record is kept.

### **Appointments committee \***

The normal constitution of an appointments committee for a specialist registrar is set out below.

In England and Wales:

- a lay chairman appointed by the appointing authority and ideally a second lay member;
- a representative of the appropriate Royal College or Faculty, preferably from outside the geographical area of the training scheme. This is usually the regional specialty adviser or STC/SAC programme director from a neighbouring region;
- the relevant postgraduate dean or a nominated deputy;
- representatives of the consultant staff in the training location(s) involved in the (rotational) training programme – the composition will depend on local circumstances but will normally be a minimum of two and a maximum of four consultants;
- a nominee from the appropriate university in the region;
- the STC/SAC programme director or chairman of the deanery specialty training committee; and
- a representative of senior management in an employing Trust in the training rotation.

In Northern Ireland, the committee is as detailed above but should include the chairman of the STC and regional specialty adviser or STC/SAC programme director where possible.

In Scotland, the committee will comprise at least five members:

- a chairman selected from a panel drawn up by the postgraduate dean in consultation with the Trusts in his/her region;
- a member from the appropriate section of the national panel of specialists;
- a member of the regional postgraduate medical education committee (usually the postgraduate dean or deputy);
- a senior medical representative of the services principally involved in the training programme for the post in question (e.g. clinical director or consultant); and
- a consultant appointed by the relevant university.



## B2 Suggested person specification for a Type I specialist registrar

*\*Please note that recruitment to the SpR grade according to the below person specification ceased in the UK on 31 December 2006.*

<b>Requirements</b>	<b>Essential</b>	<b>Desirable</b>
1. Qualifications and academic achievements	Qualified medical practitioner	Distinctions, prizes, awards, scholarships, other degrees, higher degrees
	Registered with GMC	Presentations
	FRCS/AFRCS/MRCS or assessment of similar BST by the JCST	Publications
2. Training	Certificate of Completion of Basic Surgical Training (CCBST)	
	Validated logbook indicating appropriate operative experience	
	Competence in preoperative and postoperative management	
3. Personal attributes	Caring attitude	Ability to work in a team
	Honest and trustworthy	Organisational ability
	Reliable	
4. Personal skills and attitude	Potential to cope with stressful situations and undertake responsibility	Initiative
	Understand and communicate intelligibly with patients, colleagues, nursing staff and allied health professionals	A critical enquiring approach to the acquisition of knowledge
	Behave in a manner which establishes professional relationships with patients, colleagues, nursing staff and allied health professionals	
5. Practical requirements	Computer skills	Outside interests
	Evidence of participation and understanding of the principles of audit	
	Ability to work as part of a team	
	Manual dexterity as confirmed by referees	
	SpRs should meet the requirements of their employing health authority.	



## B3 Training numbers

*\*Please note that Training numbers ceased to be allocated to SpRs in the UK on the 31 December 2006. Training numbers for run-through grades are allocated according to the rules set out in the 'Gold Guide'.*

Trainees will be allocated a training number by the postgraduate dean as soon as their appointment has been confirmed. They will retain this number until they have successfully completed their training or until their contract expires. Training numbers are classified by specialty, postgraduate deanery and by individual. Trainees will lose their number if they resign, or are withdrawn from the training programme. Numbers will be retained by trainees during periods of leave of absence, secondment, research periods or during rotations to other regions. For the purposes of this document, references to training numbers apply equally to the Republic of Ireland, which has its own arrangements for numbering trainees.

Training numbers indicate exactly what type of programme a trainee in the SpR grade is pursuing, such that:

- European doctors and overseas doctors with right of residence on Type 1 training programmes leading to a CCT will hold a national training number (NTN);
- overseas doctors without right of residence on a Type 1 programme leading to a CCT will hold a visiting training number (VTN);
- all doctors on Type 2 training programmes in the SpR grade will hold a fixed-term training number (FTN); and
- a holder of a LAT appointment will not hold a training number.

Holding an FTN will signify:

- that the holder is not on a CCT programme; and
- that the holder is on a fixed-term training programme leading to a specific goal which has been discussed and agreed prior to the commencement of training.

An FTN may therefore be available to:

- an overseas doctor without the right of indefinite residence;
- a European doctor, other than a UK national, who wishes to pursue part of their specialist training (Type 1 equivalent) programme in the UK. (In particular, this will allow those from Ireland and some European countries to complete their training when more specialised placements are not available in those countries). See section 2 of *A Guide to Specialist Registrar Training* for details of eligibility for appointment to these posts; and
- a doctor who holds a UK CCT and who benefits from European Community rights or has a right of indefinite residence or settled status in the UK and who wishes to pursue a sub-specialty training programme within the grade. Such doctors will be an exception and should only be appointed where there is a service need since most sub-specialty training will be undertaken before the award of a CCT.

### **Recognition of training slots and holders of national training numbers**

- NTN's belong to individual trainees. The trainee keeps the NTN until the training contract is completed, irrespective of where the current slot is located. Trainees who resign their training number prior to satisfactorily completing their HST, being awarded a RITA G (see section B5) and passing the relevant intercollegiate specialty examination will not be entitled to the award of a CCT.
- Slots do not have numbers.
- Slots occupied by SpRs must have educational approval from the PMETB.
- Educational approval of a slot does not mean that it will be occupied at all times by an SpR with an NTN. It may be occupied by a VTN, a LAT, a LAS, a FTN, a StR, or be vacant.
- Educational approval of a new slot does not mean that an additional training number is issued.

A Type 1 programme is an approved programme of study which leads to the award of a CCT, assuming all posts have PMETB prospective approval. A Type 2 programme does not lead to the award of a CCT.

## **B4 Assessment**

*\*Please note that the assessment arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the assessment processes outlined in the ‘Gold Guide’.*

Training in the SpR grade requires steady progress through planned programmes designed to meet the curricular requirements of the specialty concerned. The purpose of assessment is to ensure progress at each level of training. All trainees must meet an agreed standard to be able to proceed from year to year and to achieve a CCT. Trainees have their training progress reviewed through the RITA process with the deanery STC, arranged by the postgraduate dean at six months, one year and annually thereafter. In the case of trainees whose assessments are judged unsatisfactory, additional help and support will be given to enable them to fulfil the requirements of the programme (see section B5).

In addition, the JCST produces an assessment form for completion by both trainer and trainee (for the trainee assessment form or the ‘yellow form’, refer to [www.jcst.org](http://www.jcst.org)) on a six-monthly basis. Consideration of these forms is an essential component of the RITA process, although there may be variations in the assessment process between regions. It is essential that the yellow forms are returned promptly to the Specialty Manager of the SAC, after the assessment/RITA has taken place, and the forms are fully completed and signed by the trainer(s) and the trainee.

A parallel assessment form for trainees to assess their training (training post assessment form or the ‘green form’ refer to [www.jcst.org](http://www.jcst.org)) is used to monitor the effectiveness of the programme. This form is confidential and copies of the training post assessment forms are held in the SAC files, by the postgraduate dean and STC/SAC programme director only. The forms are a useful source of information for SACs.

### **Annual RITA process**

The annual RITA process requires the review of a trainee’s progress by an assessment committee which should comprise a minimum of four members from the following:

- the STC/SAC programme director;
- a representative of the appropriate Royal College or Faculty, preferably from outside the geographical area of the training scheme. This is usually the SAC liaison member;
- a representative of the consultant trainers;
- the chairman of the specialist training committee (if not the STC/SAC programme director or regional specialty adviser);
- the regional specialty adviser;
- the postgraduate dean or his/her representative; and
- a university representative.

## **Counselling**

It is the responsibility of trainers (see section C5), and most particularly STC/SAC programme directors, to counsel trainees encountering difficulties. It is in the interest of trainees, and ultimately of the service, that they are continually appraised of their performance so that any failure to progress can be identified quickly and appropriate advice given. The SAC liaison member also has a role in giving an external and independent view in relation to counselling and monitoring the progress of trainees throughout the training programme.

## **B5 Record of in-training assessment (RITA)\***

*\*Please note that the RITA assessment arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the assessment processes outlined in the 'Gold Guide'.*

Trainees, convenors of STCs and postgraduate deans should complete the record of in-training assessment (RITA), which provides a record of annual review and of the trainee's progress through the grade. The JCHST assessment forms referred to in section B4, together with other supporting documentation such as the training portfolio, logbooks and curriculum vitae, are elements of the annual review which is recorded using the RITA process. Whilst RITA forms are within the remit of the postgraduate dean, copies will be dispatched to the SAC secretariat along with the trainee assessment forms in order to support the Colleges' statutory obligations with regard to recommending the award of CCTs.

The RITA forms are set out below:

**RITA A** holds core information on the trainee. A RITA A must be completed before the trainee is registered and a signed copy sent to the SAC within one month of appointment. The RITA A form should only be used once; other RITA forms are used for change of address, recommendations for targeted training and so on, as detailed below.

**RITA B** lists changes to core information and must be checked against RITA A information at each annual review; changes must be made to dean's database and a copy of the form is sent to the SAC.

**RITA C** is a record of satisfactory progress. Completed annually and a signed copy returned to the SAC.

**RITA D** recommends targeted training, but does not affect the CCT date. A RITA C is required at the end of this period for progression.

**RITA E** recommends repeat training with intensified supervision and affects the CCT date. A RITA C is required at the end of this period for progression.

**RITA F** records of out-of-programme training or research. This form ensures the NTN/VTN and informs the postgraduate dean and the SAC of progress.

**RITA G** is issued to Type 1 trainees only as a final record of satisfactory progress, and is required by the SAC as a component of the CCT application. This form should not be completed more than 4 months prior a trainee's CCT date or if the trainee has not yet passed the intercollegiate specialty board examination.

**RITA G2** is issued by some deaneries for Type 2 trainees when they reach the end of their training contract to indicate satisfactory completion of this period of training.

Trainees must ensure that copies of their forms are dispatched to the JCST/SAC secretariat.

## **B6 Remedial action and appeal against assessments of progress**

*\*Please note that the arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the processes outlined in the 'Gold Guide'.*

In the event of trainees not progressing as expected, there are three stages of remedial action.

### **Stage 1 (RITA D)**

Targeted training – closer than usual monitoring and supervision, to address particular needs and to provide feedback

### **Stage 2 (RITA E)**

Repeat of the appropriate part of the programme with intensified supervision, possibly in another location if the STC/SAC programme director considers this to be desirable

### **Stage 3**

Withdrawal from the programme

Targeted training (stage 1), should be regarded as a positive step. It is not punitive or pejorative. Provided the period of targeted training is completed satisfactorily a RITA D would not delay the award of a CCT. A RITA D also commits the trainers to providing a trainee with training that addresses their particular needs.

The appeal process contains various steps (see *A Guide to Specialist Registrar Training*, section 13). At stage 1 (targeted training), trainees have a right to have decisions reviewed by an assessment panel (as far as practicable with all the parties of the annual review panel) whose decision will be final. At stage 2 (repeat experience with intensified supervision) and stage 3 (withdrawal from the programme), there is a two-step process, step 1 being an appeal interview by a panel which will not include those on the annual review panel, and step 2 a formal hearing by a panel chaired by the postgraduate dean which is the final avenue of appeal.

The JCST has discussed the mechanism by which a trainee may appeal against the decision of an SAC in relation to the date of entry or expected date of exit from a CCT programme. The JCST expects that the SAC and the STC will have been in close contact about such matters, and that appeals about expected end of training (CCT) dates will be very rare.

## B7 Training agreements

*\*Please note that the arrangements outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the processes outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP) at [www.iscp.ac.uk](http://www.iscp.ac.uk)*

Trainees are required to complete a formal training agreement with their postgraduate deans defining, in terms of education and training, the relationship, duties and obligations on each side. Section 4 of *A Guide to Specialist Registrar Training* includes guidance on the key elements of a training agreement. The formal training agreement must be included in trainees' training portfolios.

## B8 Training portfolios

*\*Please note that the guidance outlined below applies only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the guidance outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP) at [www.iscp.ac.uk](http://www.iscp.ac.uk)*

All trainees in the specialist registrar grade (Type 1 trainees, Type 2 trainees and LATs) must keep a training portfolio to include the following information:

- up-to-date curriculum vitae;
- GMC/IMC registration – annual certificate;
- contract of appointment including NTN/VTN/FTN confirmation form;
- BST assessments to show satisfactory completion of BST (top copy);
- confirmation of passing FRCS/AFRCS or MRCS (if grading agreed then include this also). This is essential for trainees in LAT and Type 1 training schemes;
- evidence of successful completion of a basic surgical skills course;
- details of other courses, certificates etc;
- attendance at meetings, reflective learning and utilisation of study leave should be recorded;
- bibliography;
- evidence of publications, front pages and abstracts;
- copy of programme for presentations at meetings, posters etc; and
- evidence that BST/HST posts have been completed satisfactorily.

Evidence could include:

- end of placement assessment forms;
- confirmation that posts held are recognised by one of the Colleges or the JCST;
- training agreements for the whole training programme;
- six-monthly training agreements or training agreements broken into specific periods, ie completion of generality of the specialty or a sub-specialty interest. These would include competencies to be achieved;
- timetable for each post;
- logbook summary sheets – validated for each post and for each year;
- research portfolio (see section B9);
- a summary of satisfactorily completed audit projects;



- confirmation of attending/passing a *Training the Trainer* course or similar course relating to teaching, appraisal or assessment;
- confirmation of attending/passing management skills course;
- details of absences from training, study leave, courses, research, sickness, maternity leave etc;
- any other information a trainee wishes to include such as:
  - details of courses attended that are not essential requirements for a CCT;
  - bibliography – full originals of publications;
  - a fully validated logbook.

## B9 Research portfolio

A trainee going into routine practice as a surgeon at consultant level should:

- be able to read a paper and appreciate its worth;
- be conversant with core statistical methods;
- carry out audit of outcome and process as part of routine clinical practice within a team context;
- retain an attitude of enquiry tempered by healthy criticism;
- be able to present simple research work coherently.

In order to meet these aspirations all trainees should keep a record of research and audit activities. The STC/SAC programme director should review and appraise this record and use it to maintain a programme of goals for a developing trainee leading towards consistent practice. In terms of core standards the portfolio itself must show evidence of reflection and insight. It is reasonable to expect trainees to have presented something annually on a teaching programme and to have presented some audit or small research programme annually to the local group. Research leading to peer-reviewed papers and papers at nationally acclaimed, peer-reviewed meetings is to be expected but would not be in itself an essential requirement as evidence of satisfactory training. In the absence of such peer-reviewed recognition, the overall make up of the research portfolio must be otherwise strong enough to reassure STC/SAC programme directors and SAC inspectors that the skills of the individual trainee meet the aims and objectives laid out. Ongoing commitment to audit is also essential and clear documentation of those projects should be present in the portfolio.

Over a period of training, the record should accumulate the following:

- at least one review of a component of the literature;
- a demonstration of statistical knowledge in the form of an analysis of a piece of literature;
- a diary of papers read or perhaps a portfolio of papers reviewed;
- a list of talks given locally on training programmes;
- a list of local papers read to the local research meetings or trainees research forum within a region – over perhaps four to six years;
- a list of national level presentations;
- a list of papers published; and
- at least one audit outcome and one audit of process project.

## **B10 Intercollegiate Specialty Board Examination**

Award of the CCT depends in part upon successful completion of both sections of the Intercollegiate Specialty Board examination. Full details, examination dates and entry forms may be obtained from:

The Intercollegiate Specialty Board  
2 Hill Place  
Edinburgh  
EH8 9DS

Tel: 0131 662 9222

Fax: 0131 662 9444

[www.intercollegiate.org.uk](http://www.intercollegiate.org.uk)

The Intercollegiate Specialty Board (ISB) exam is usually taken after HST in the generality of the specialty is completed. The ISB will seek confirmation of eligibility for the exam by requesting three references, all of which must be from individuals on the UK/Irish Specialist Register, and one of which must be the trainee's current programme Director.

It is not the responsibility of the SAC to determine an applicant's eligibility to sit this examination.

## **B11 CCT and the specialist register**

The award of the CCT will mark completion of HST. The certificate will be issued by the PMETB following recommendation and advice from the JCST, and will allow access to the GMC Specialist Register. Substantive consultants in the NHS must be on the GMC Specialist Register. Fellows of the Royal College of Surgeons in Ireland who have completed training in the Republic of Ireland will be recommended for the award of the Certificate of Specialist Doctor (CSD) by the Irish Medical Council.

The CCT/CSD is recognised throughout the EEA as certification that a doctor has completed specialist training, provided the holder has a primary medical qualification awarded in the EEA. Other EEA countries will usually recognise CCTs for the purposes of their own specialist registration, just as the GMC will usually recognise comparable qualifications from other EEA countries for specialist registration.

Those who can not be awarded a CCT but wish to be on the Specialist Register can apply for assessment via the Article 14 route (CESR). More information about Article 14 can be found on the PMETB website at [www.pmetb.org.uk](http://www.pmetb.org.uk).

### **Applying for the CCT**

Five months prior to the completion of the Type 1 training programme, trainees will receive an application for the award of the CCT from the SAC. At the same time, the SAC will seek an end of training report from the trainee's STC/SAC programme director. It is the responsibility of the trainee to ensure that all the paperwork is completed in sufficient time for the recommendation of their CCT. The SAC will also require confirmation that the trainee has passed the intercollegiate specialty examination if confirmation of this is not already on file. A RITA G should also have been received from the Postgraduate Dean no more than four months prior to the trainee's CCT date.

The completed paperwork will be forwarded to the SAC Chair or liaison member for approval and a recommendation will be made to the PMETB. The PMETB then considers the application and, if satisfied, issues the CCT. The date on the CCT is the PMETB approval date and will not necessarily be the date of completion of training. The PMETB will inform the GMC of eligibility for entry to the Specialist Register. Each trainee is required to apply to the GMC at this stage for entry; details of this should be forwarded to the applicant by the PMETB.

## **B12 European trainees and overseas doctors\***

**This section is largely historical, as appointments to the SpR grade in the UK have now ceased.**

Doctors from EEA countries have been eligible for entry into HST in the UK (as they are now for entry into run-through training) and are still eligible for entry into HST in Ireland, competing directly with UK and Irish graduates. However, prior to appointment, the Postgraduate Dean will have needed to establish that their training meets standards consistent with the entry criteria required of UK and Irish graduates; the certificate of completion of basic surgical training (CCBST) ensures this.

An overseas doctor who is appointed to a Type 1 training programme will be allowed to continue training to the end of that programme, provided that satisfactory progress is achieved. In such cases, the overseas doctor will be able to acquire a CCT but, thereafter, there will be no right of continuance in the UK and that doctor will be expected to return to their country of origin.

Similarly, a doctor who is appointed to a Type 2 fixed-term training appointment (FTTA) programme will be entitled to stay for the duration of that programme. They would also be expected to return to their country of origin once the training goal of the FTFA is achieved (see section B13).

\* See A Guide to Specialist Registrar Training, section 9

## **B13 Fixed-term training appointments and locum appointments\***

*\*Please note that appointment to LATs and FTTAs according to the guidelines outlined below ceased in the United Kingdom on the 31 December 2006. LATs and FTSTAs (Fixed Term Specialty Training Appointments) in the UK are recruited according to the rules contained in the 'Gold Guide'.*

### **Locum appointments**

Occasional vacancies in training posts will be filled either by an appointment to cover the service element of the vacancy or by an appointment which acknowledges the training value of the vacancy.

Locum appointments for service (LASs) are for service purposes only and are not training appointments. They should be limited to a maximum of three months and cannot be counted towards the award of the CCT.

Locum appointments for training (LATs) are training opportunities that do not normally run for a period of less than three months or exceed one year. They have sufficient training potential to allow holders to receive training recognition, and should be educationally approved prospectively by PMETB. Appointment to a LAT does not result in the allocation of a training number and it is not possible to obtain a CCT without first being appointed to a Type 1 training programme in open competition. Periods of training in LAT appointments may be counted towards calculating the level of entry to a Type 2 programme, as well as towards a CCT once appointed to a Type 1 programme. This is subject to the following guidelines:

- the minimum period of LAT time recognised towards the award of CCST will be three months;
- the maximum (cumulative) period of recognised LAT time is normally twelve months but may exceptionally be extended to twenty four months;
- LAT appointments do not need to have been undertaken in the same programme or in continuity with appointment to a Type 1 or Type 2 training programme;
- more than one LAT appointment in different programmes, may be cumulatively recognised. However, no more than two, three-month LAT appointments will be recognised;
- all LAT posts are educationally approved by PMETB. However, in order to be recognized towards the CCT, each LAT holder must have met the entry criteria for appointment to a Type 1 training programme at the time of appointment;
- for more than one LAT appointment and, in particular for more than twelve months to be approved, there must be evidence (from assessment forms, logbooks and training agreements) of a structured programme showing progression through the SpR grade rather than a scattering of single LAT appointments;
- there must be evidence of satisfactory progress at the appropriate year of training via the JCHST assessment forms and the RITA process. Copies of all the JCHST trainee assessment forms, the appropriate RITA forms covering the relevant LAT appointments and a consolidation sheet from the logbook must be sent to the JCHST office.

Requests for time spent in LAT appointments to be recognised towards the award of CCT should be made when a trainee is appointed to a Type 1 training programme and is enrolled by the relevant SAC i.e. within a trainee's first year in a substantive SpR post. However, as LAT posts are educationally approved by PMETB, there is no deadline for recognition of LAT posts and no further PMETB approval is required. The request must be accompanied by support from the STC/SAC programme director. Recognition of time in LAT posts is not automatic.

\* See A Guide to Specialist Registrar Training, section 7

### **Fixed-term training appointments (FTTAs)**

FTTAs (also known as Type 2 training) have been subject to some significant changes as described in A Guide to Specialist Registrar Training.\* Previously, only doctors who did not have a right of indefinite residence or settled status in the UK were eligible to apply for FTTA appointments. FTTAs can now be undertaken by doctors benefiting from European Community rights of residence other than UK nationals. However, post-CCT FTTAs are open to UK nationals. All doctors appointed to an FTTA will have been given a fixed-term training number (FTN), distinct from a NTN or a VTN (these are only available to doctors on Type 1 programmes leading to the award of CCT).

### **Recognition of FTTAs**

A doctor who undertook an FTTA programme and who subsequently entered a programme leading to the award of CCT (a Type 1 programme) may have relevant experience acquired during FTTA training taken into account when the expected date of completion of training is decided. In surgery, the following guidelines will apply:

- the minimum period of FTTA time recognised will be six months;
- transfer to a Type 1 programme must have been via a competitive appointments process and at least one year must be spent in Type 1 training prior to award of CCT;
- FTTA appointments do not need to have been undertaken in the same programme or in continuity with the substantive appointment;
- more than one FTTA, in different programmes, may be cumulatively recognised. However, there must be evidence (from assessment forms and training agreements) that a structured programme has been followed, rather than a scattering of single posts; and
- recognition of FTTA training is dependent upon postholders achieving a satisfactory assessment of progress and will be at a level commensurate with the training provided. If a RITA E is issued, the training period can not count towards a Type 1 programme.
- as FTTA posts were educationally approved by PMETB, those in Type 1 programmes can apply to have a period of FTTA recognized towards their CCT at any time. No further approval by PMETB is necessary.

Doctors appointed to an FTTA post must have attained a similar standard to that required for entry to a CCT programme. FTTAs are usually between six months' and two years' duration, but can be longer if there is an agreed goal between the postgraduate dean and the appointee before the FTTA begins.

\* See A Guide to Specialist Registrar Training, section 5





## B14 Less than full-time (LTFT) training

The intention of less than full-time (LTFT) training is to retain doctors in the NHS who might otherwise leave because they are unable to take up full-time appointments, in line with EC Directive 2005/36/EC on recognition of professional qualifications and previous legislation now superseded by that directive. LTFT training slots are open to all SpRs with well-founded reasons, such as domestic commitments, disability or ill-health, which prevent them working full-time. Trainees are required to work a minimum of five sessions per week (50%), plus appropriate additional duty hours. Trainees considering training LTFT should discuss any opportunities with the Postgraduate Dean, as early as possible. Trainees wishing to undertake LTFT training must be appointed by a properly constituted appointments committee in open competition. It is possible to move from full-time to LTFT and vice versa, to move between regions and to undertake training outside the UK. Section 6, paragraph 2 of *A Guide to Specialist Registrar Training* refers to the particular need to ensure that calculation of the required training period for LTFT training reflects the requirements of Annex 1 of EC Directive 93/16/EEC – now incorporated, in amended form, in Article 22 (a) of Directive 2005/36/EC. It is not possible to complete training in a shorter time overall through LTFT training. For further details, refer to section 6 of *A Guide to Specialist Registrar Training*.

PMETB requires that all LTFT training either takes place in an educationally-approved slot or that they prospectively approve the training on an *ad personam* basis. Upon being offered LTFT with their deanery, all trainees should establish whether they will be training in an educationally-approved slot. Deaneries usually use supernumerary funding for LTFT training, but occasionally have additional training capacity outside of educationally approved slots in which they will place LTFT trainees. If trainees are in these supernumerary slots outside of the educationally approved programmes, additional PMETB prospective approval is required for this training to count towards the CCT.

All LTFT trainees must submit the following to the SAC, as SAC support for all LTFT training is needed, whether it is in a PMETB-approved slot or not:

- Details of the proposed LTFT training e.g. timetable or number of sessions to be worked;
- Start and end date of LTFT training;
- Details of any periods spent outside training e.g. sick leave, study leave or maternity leave;
- Letter of support from the Programme Director or Postgraduate Dean with confirmation that the trainee will occupy an approved slot.

If a trainee is in an educationally approved slot, once SAC support is given, no further applications need to be made to PMETB.

If a trainee is not placed in a PMETB educationally-approved slot, the PMETB must also prospectively approve the LTFT training. This must be done before the trainee starts work in the post, so trainees should begin their paperwork in good time as they must apply for both SAC support and PMETB approval. Once SAC support is given, the Deanery must then submit the following to PMETB as part of an application for prospective approval:

- Letter from the Postgraduate Dean which outlines support for the post and confirms that the post will meet the necessary training and educational requirements;
- Copy of the letter from the SAC confirming their support
- Name of hospital;
- Job Description;

- Learning outcomes for the post;
- Current CV.

Once trainees have been granted approval for a period of LTFT, it is important that any changes that are made to either the timetable or to the duration of LTFT are reported to the SAC and PMETB as outlined above.

## B15 Research

All trainees are encouraged to undertake research and are expected to develop an understanding of research methodology during the period of HST.

### **Guidelines for recognition of research**

Please also refer to section B9 on the research portfolio.

Trainees may wish to take a period out-of-programme to undertake research. Up to 12 months of research may be recognised towards the CCT if prospectively approved by PMETB, although longer periods out-of-programme may be needed to complete the research. A clear timescale for writing up research should be agreed at the RITA meeting. Research may be undertaken at any time during the HST programme, although it is not recommended during the final year of training and will not normally be accepted in the final six months prior to the CCT date.

Recognition of research is also subject to the following guidelines:

- It must be prospectively supported by the STC/SAC Programme Director and the deanery;
- It must be prospectively supported by the SAC;
- It must have prospective approval from the PMETB;
- It must be properly supervised by a designated (named) research supervisor.

The CCT date will automatically be extended by the duration of the time taken out-of-programme for research.

If a trainee wishes to have the time spent in research recognised towards the CCT, evidence must be provided to the SAC that the research has met at least one of the following minimum criteria:

- It has been written up and submitted for a higher degree and there is a satisfactory reference from the research supervisor;
- It has resulted in a peer reviewed publication which the SAC considers to be of an appropriate level (either accepted or published);
- A higher degree has been awarded (only notarised copies of the degree can be accepted as per PMETB guidance).

Before the SAC can evaluate whether a trainee's out-of-programme research has met the above criteria, the SAC require written confirmation that the appropriate prospective approval was granted prior to beginning the research.

Those wishing to undertake a period of research of more than one year must notify the SAC and the Postgraduate Dean in advance. Such trainees must be subject to annual assessment. During periods of research, trainees will be permitted to retain their training numbers, with the consent of the Postgraduate Dean and the SAC. Where research is undertaken outside the scope of a structured programme, trainees will need to ask the Postgraduate Dean to confirm that their training numbers may be retained. Some trainees undertaking prolonged or highly focused research may not complete a standard training programme and therefore may not be eligible for award of a CCT. They can, however, apply to the PMETB for assessment of equivalence to the CCT standard via Article 14 and, if successful, subsequently apply to the GMC for entry to the Specialist Register.

Clinical work by those engaged in prolonged research may be recognised proportionately during the second and third years of prolonged research that leads to a PhD or other higher degree, even if the clinical work occupies less than 50% of the working week.

Support may also be given by the appropriate SAC for clinical teaching fellowships undertaken during HST. A maximum of one year undertaking a clinical teaching fellowship may be recognised towards the award of a CCT. Prospective support from the SAC and prospective approval from PMETB must be sought prior to starting the post (as outlined above), and confirmation of recognition of time towards the CCT will be subject to satisfactory completion of the post.

**\*After 31 July 2007, retrospective recognition of research undertaken prior to entry to the SpR grade can no longer be counted towards the CCT. This is in line with the PMETB rules that state that all periods of training intended to count towards a CCT must be prospectively approved by PMETB.**

## **B16 Advanced surgical special interest training\***

Special interest training builds on training in the generality of the surgical specialty. The curricula include special interest elements for each surgical specialty and, for SpRs, these take place within a Type 1 programme and contribute to the CCT training period. In special circumstances, and with the agreement of the deanery, it may be possible to pursue special interest training within the SpR grade but outwith a CCT programme, after the award of the CCT (see section B13). Opportunities for special interest training may be restricted because of decisions about priorities and limitations on the number of training opportunities and the expected NHS service requirements.

Special interests for trainees who are awarded a CCT in one of the surgical specialties are not listed as sub-specialties on the GMC Specialist Register.

HST consists of training in the generality of the surgical specialty, as well as advanced training in the specialist area(s) of the trainee's choice. Arrangements vary from one surgical SAC to another but, in general, the first four or five years of HST are spent in training in the generality of the specialty, and the last one or two years are spent in advanced surgical training, usually in the specialist area of the trainee's choice. The JCST advises that these training slots should be designated by the deanery as advanced surgical training slots and not as 'fellowships', as the latter may not be educationally approved by PMETB.

An advanced training slot provides specialist training in an area regarded by the SAC in the surgical specialty as contributing to a developing expertise resulting in a trainee being able to declare a special interest as part of consultant practice. Ordinarily, trainees should not be placed in such slots before they have passed the relevant intercollegiate specialty board examination.

Advanced training slots may be:

- part of rotations in the trainee's own programme;
- obtained in other UK training programmes, either by arrangement or through national advertisements;
- undertaken outside the UK.

If advanced training is undertaken in the UK but is not part of a PMETB educationally approved programme, a trainee's deanery must apply to PMETB for prospective approval of the post if it is to be counted towards the CCT. The process for this is similar to that for recognition of Research (B15) and training undertaken outside the UK (B18). The same applies for training undertaken outside the UK if it is not part of a PMETB-approved programme. Prospective approval of any period of training must be given by PMETB, with the support of the SAC given first.

Interface training slots should be educationally approved and do not require further approval from the PMETB. However, if trainees undertake interface training posts they will need the prospective support of the SAC. Furthermore, upon completion of the post, the SAC will need to ensure that they met the requisite standard in order for the period to count towards the CCT.

## **B17 Academic clinical medicine\***

*\*Please note that the guidelines outlined below apply only to SpRs in Calman training programmes in the UK and Ireland. Academic Clinical Fellows in run-through training in the UK must use the guidelines outlined in the 'Gold Guide', and the tools included in the Intercollegiate Surgical Curriculum Project (ISCP).*

Holders of academic clinical medicine and honorary SpR appointments must participate in approved rotational programmes if they are ultimately to be considered for the award of the CCST. SACs will have the responsibility to judge any equivalence of training in academic clinical medicine that might be claimed by the trainee. NTNs will be required for such trainees. University appointments in academic clinical medicine are a matter for the relevant university. However, where these are an integral part of a CCT programme for which an NTN/VTN is required, it is essential that both the relevant Royal College (or, in Scotland, the national panel of specialists, or the equivalent in Northern Ireland) and the postgraduate dean are represented on the appointment committee.

**\* See A Guide to Specialist Registrar Training, section 10**

## **B18 Training outside the UK**

### **B18.1 Prospective approval of training outside the UK undertaken during the SpR grade**

It is possible for time spent outside the UK by trainees during their HST programme to count towards the CCT provided the following requirements are met:

- Trainees must obtain prospective provisional support from the SAC in the relevant specialty for any time spent outside the UK during HST.
- Trainees must obtain prospective approval from the PMETB via their deanery for any time spent in unapproved posts; this includes all posts outside the UK.
- Clinical training outside the UK up to a maximum of one year may be recognised;

Final recognition will only be given after completion, when the SAC can confirm that the trainee met all educational requirements. The SAC will make the final decision as to whether the post is appropriate to count towards the CCT. This is subject to:

- the provision by the trainee and supervisor of a report on the training experience once the trainee has returned to the UK; and
- consideration of these reports, the logbook summary sheets and assessment material by the SAC.

Trainees should note that, if they train outside the UK in their final year of training, they will have to make arrangements with their Postgraduate Dean to have a RITA G assessment before their College Notification Form (a requirement for the award of CCT) can be signed by the postgraduate dean or a representative. The RITA G assessment should take place no more than four months before the anticipated CCT date. A CCT will not be awarded until evidence of satisfactory completion of training undertaken overseas has been received and approved.

### **B18.2 Recognition of training undertaken outside the UK prior to entry to the UK SpR grade**

After 31 July 2007, retrospective recognition of overseas training undertaken prior to entry to the SpR grade can no longer be counted towards the CCT. This is in line with PMETB rules which state that, in order to be counted towards the CCT, all periods of training must be in posts prospectively approved by the PMETB.

## B19 'Acting up' as a consultant

Trainees can spend three months of their last year of training 'acting up' as a consultant, if the post adheres to the following regulations:

- The post must be defined as an 'acting up' UK NHS consultant post and not a 'locum' consultant post. Posts outside the UK cannot be considered;
- The trainee must have a named consultant supervisor in the same hospital. If this named supervisor is not in the same specialty, it must be a linked specialty; a supervisor in the same specialty must be available, but not necessarily in the same hospital;
- The trainee must have been successful in both sections of the Intercollegiate Specialty Board examination;
- The period can only be in the last year of training;
- The maximum period recognised will be three months (irrespective of whether it is carried out as full-time or LTFT);
- The post may only be acting up for an absent consultant and not for a new post; it could not be used to address waiting list work or other service needs;
- The trainee must be acting up from his/her SpR post and must retain the SpR contract and training number;
- Provisional support for the time must be sought from the relevant SAC, with any application including written support from the STC/SAC programme director;
- This period of recognition is subject to a satisfactory written report from the consultant supervisor. The CCT will not be recommended until the report from the named consultant supervisor is received by the SAC;
- If this period of acting up as a consultant is **not** intended to count towards the trainee's CCT, then PMETB does not need to become involved in any form.
- If the period of acting up as a consultant **is** intended to count towards the trainee's CCT, prospective approval from PMETB must be sought.
- This prospective approval application has to be consistent with other PMETB approval mechanisms. That is, applications should come via the Deaneries who should complete a Form B (specifying that it is a Acting Up Consultant – or AUC – post) and a covering letter confirming Deanery support for the post. The letter confirming SAC support should also be included.

Should it become compulsory for any locum or acting consultant to be listed in the GMC's Specialist Register, such recognition will no longer be granted.



## **B20 Leaving the grade**

For Type 1 trainees, employment in the SpR grade will not end for a period of six months after the date of completion of training. Type 2 trainees are not entitled to a similar period of grace.

If consultant status has not been achieved by that time, there remains the opportunity for a single negotiation of contract extension with the postgraduate dean to allow a reasonable time to find a consultant post. Section 16 of *A Guide to Specialist Register Training* gives details of the administrative arrangements involved. It is not the responsibility of the JCST or its SACs to become involved in these events.

## Section C

### Content of training, roles and responsibilities

#### C1 A suggested timetable, on-call and categories of supervision

*\*Please note that the guidance outlined below applies only to SpRs in Calman training programmes in the UK and Ireland. Run-through trainees in the UK must use the guidance outlined in the 'Gold Guide', and the information contained in any subsequent JCST publications.*

The JCST attaches great importance to a proper balance of operating and other clinical experience (including consultant-supervised outpatient clinics and ward rounds), formal education, time for research and study and relaxation and emergency work.

#### Suggested weekly timetable

A suggested weekly timetable for a trainee may be as follows:

Operating	2–3 sessions
Outpatient clinics	2–3 sessions
Ward rounds (pre and postoperative) with consultant plus daily business round	1–2 sessions
Academic study	1 session
Formal education programme	1 session
Administration, etc	1 session

There should be a minimum of seven clinical sessions and a commitment to emergency work and on-call in accordance with the rota.

#### On-call arrangements

SpRs are usually not first on-call. However, SpRs may be first on-call provided they are receiving the appropriate training and rotas are arranged for training rather than service reasons.

It is only acceptable for SpRs to act down if this has been agreed in advance by the relevant SAC for training purposes or because of an emergency situation. It is not acceptable for SpRs to be expected to act down because of the introduction of shift work or the long-term absence of junior doctor.

#### Split site cover

Where out of hours cover has to be provided across Trusts, patient safety is of paramount importance. The trainee is part of a team along with his/her consultant and if the trainee has been called to one site, the consultant should be called for an emergency at another site. The

trainee would be expected to act as the contact person for the team. Trainees must not be expected to cover two emergencies at the same time.

Out of hours cover must be arranged so that there is adequate supervision for trainees and they must not be expected to cover emergencies outside their area of competence.

### **Electronic logbook and categories of supervision**

All trainees are expected to maintain an electronic logbook to record operative procedures. They must use the following categories of supervision:

A	Assisting a consultant
SU	Performed with a consultant present, unscrubbed
SS	Performed with a consultant present, scrubbed
P	Performed alone
T	Training a more junior trainee

Trainees must be aware of their obligations under the Data Protection Act 1998.

### **Cross Cover**

Trainees should be given maximum opportunities for training in their chosen specialty, and SpRs should not be used for cross specialty cover during the evening, night or at weekends. It is recognised that with the European Working Time Directive (EWTD) that training opportunities are significantly reduced in all specialties, and that providing cross cover will result in significant EWTD time off, further reducing training.

## **C2 Content of training**

### **Educational facilities**

Trainees should always have access to an adequate library, with operative surgery manuals available out of office hours. Facilities for computer literature searches must be available. Skills practice facilities should be available locally, for example in theatre complexes. Office space with internet access should be provided.

### **Audit**

Clinical audit is regarded as a vital component of training.

### **Study leave**

Trainees will require protected time for study and tuition within the training location and participation in full or part-time courses elsewhere. Postgraduate Deans will manage the study leave budget. SACs have, in some cases, specified those courses which are required and/or recommended for higher surgical trainees to attend during HST. These are listed in the relevant curricula. For further information, please see section 15 of *A Guide to Specialist Registrar Training*.

### **Exceptional leave**

The whole training programme must be completed. SACs have the discretion to allow an interruption in a training programme of up to three months. Trainees will need to make up, at a later date, any break in their training that exceeds three months, for whatever reason, including pregnancy and sickness.

### **Defence medical services**

The SACs have agreed to support three month electives with the defence medical services towards the award of CCT, provided the following conditions are met:

- The proposed training is compatible with the requirements of the CCT programme;
- The placement and proposed training is supported by the postgraduate dean and the SAC;
- The placement has the prospective approval of the PMETB
- The trainee has a named supervisor during the elective period; and
- The supervisor provides a training assessment report which feeds into the RITA process at the end of the year.

## **Training / experience in developing countries**

The SACs will consider applications from trainees wishing to train in developing countries as part of their Type 1 training programme, although prospective approval must be given by PMETB via an application from the Deanery. The SACs may allow up to three months spent in unsupervised posts to count toward the award of a CCT. If a trainee can provide satisfactory evidence that the training will be supervised and will be of an equivalent level to the training that they would receive in an SAC approved training slot, the SAC may allow, in exceptional circumstances, up to six months of the post to count towards the award of a CCT. If a period of training in a developing country is approved by the SAC, the trainee would utilise their exceptional leave allowance and would need to make up, at a later date, any additional break in their training. The JCST encourages trainees' to undertake training in a developing country and will support an application to the Postgraduate Dean to keep their contract whilst they are out of programme.

## **Training in the private sector**

This training must be properly supervised in a slot specifically approved by the PMETB for training purposes.

## **Indemnity for junior doctors working in the private sector**

All trainees are encouraged to take out separate indemnity through organisations such as the Medical Defence Union, Medical Protection Society or Medical and Dental Defence Union of Scotland. Trainees should refer to the publication *NHS Indemnity Arrangements for Clinical Negligence Claims in the NHS*. (Department of Health, 1996). It should be noted that for separate private institutions the following applies (there is an exception where private work is carried out in an NHS hospital):

- for junior doctors who need to work in the private sector in order to gain educational experience, they are either seconded from the NHS and therefore carry with them their own crown indemnity or they need to be separately indemnified in the private sector for this work;
- for junior doctors who are working in the private sector, purely in the role as an assistant to a consultant performing operations, etc, it is necessary for them to be covered by separate indemnity insurance, as crown indemnity will not carry over for this purpose.

Trainees working in an NHS unit and operating in a private hospital must check with their employing trusts regarding their indemnity.

It is not the role of the JCST to regulate private practice work undertaken by trainees outside their normal contracted hours. However, trainees must note that they are not to undertake any outside activities that may have a detrimental effect on their training or breach the European Working Time Directive.

### C3 The role of the SAC and the postgraduate dean

Responsibility for HST is overseen by the PMETB as the regulatory body for the UK, and is shared between the postgraduate deans and the surgical Royal Colleges via the JCST. The co-ordination of training between stakeholders is the responsibility of the Chair of the local Specialty Training Committee (STC).

The PMETB's responsibilities are set out on their website ([www.pmetb.org.uk](http://www.pmetb.org.uk)) but please note that these apply to trainees **appointed to run through training**.

The SAC is responsible for:

- determining the entry criteria for HST in the relevant specialty (no longer the case, as recruitment to HST has now ceased);
- formulating the surgical curricula and assessment strategies for HST;
- advising PMETB and deaneries on educational approval of training slots and programmes;
- enrolling Type 1 trainees and confirming their expected CCT date;
- registering Type 2 trainees and confirming their year of entry to the SpR grade;
- supporting any period a trainee spends outside their training programme to contribute to an application for prospective approval by PMETB;
- prospectively approving LTFT training in educationally-approved slots and supporting applications to PMETB in supernumerary slots;
- defining the exit criteria from HST;
- determining when an individual trainee has satisfied the exit criteria and recommending that trainee to the PMETB for the award of a CCT;
- maintaining a database of higher surgical trainees, including a record of their training;
- maintaining records of PMETB recognised training slots; and
- supporting the appointment of programme directors (see section C4).

The SAC is not responsible for:

- the appointment of trainees to training programmes;
- the numbering of individual trainees with NTN, VTN or FTN;
- the availability and allocation of numbers (NTN, VTN or FTN);
- delivering the required training to trainees;
- the placement of trainees;

- determining whether an individual trainee is eligible to sit the Intercollegiate Specialty Board examination;

Postgraduate deans are responsible for:

- the appointment of trainees to training programmes;
- maintaining records of trainees;
- maintaining records of educationally approved slots (non-approved slots are not training slots);
- organising slots into training programmes in collaboration with STC/SAC programme directors;
- ensuring PMETB educational approval of all training posts and programmes;
- the approval and utilisation of study leave;
- the numbering of individual trainees with NTN, VTN or FTN;
- allocating training numbers (NTN, VTN or FTN);
- funding the basic salary of trainees (see section D1);
- delivering required training to trainees;
- ensuring the assessment of trainees;
- advising the SAC of an individual trainee's appointment and his/her training number;
- sending copies of RITA forms in a timely fashion to the SAC; and
- the appointment of the STC/SAC Programme Director (see section C4).

The deanery is not responsible for:

- recommending an individual for a CCT.

The STC:

- is an instrument of the Postgraduate Dean and the Chairman is responsible to the Postgraduate Dean;
- is likely to have many of the responsibilities listed above delegated to it by the postgraduate dean; and
- may decide on priorities for new training slots.

The Regional Specialty Adviser:

- is an appointment by the College in England and Wales and a joint appointment between the College and the Postgraduate Dean in Scotland; and
- is responsible for advising about professional matters relating to the particular specialty at all levels. Examples include: approving job descriptions for consultant appointments; advising the SAC; and assisting the SAC in monitoring and maintaining standards of HST.

The STC/SAC Programme Director has the following responsibilities (see section C4):

- the organisation of the training programme including the core curriculum programme;
- ensuring a planned, progressive programme of training and education for the trainee;
- the determination of the proposed CCT date for all Type 1 trainees with the Postgraduate Dean, for confirmation by the SAC;
- ensuring that the assessment process is regularly carried out and the completed forms are sent to the SAC and Postgraduate Dean; and
- advising the SAC on the year of entry to the SpR grade for Type 2 trainees in their training programme.

The Intercollegiate Specialty Board:

- ensures that an individual trainee has the necessary support to sit the Intercollegiate Specialty Board exam by confirmation of the trainee having completed the necessary training; and
- makes the final decision on eligibility to sit the examination based on the information provided.



## C4 Training Programme Director

The Training Programme Director (or Programme Director) will be appointed to each rotational training scheme which provides a programme of higher training in a surgical specialty. Programmes are provided within regions by a group of hospitals but, in some instances, schemes cross regional boundaries.

A Programme Director acceptable to the Postgraduate Dean and the SAC will be appointed by the Postgraduate Dean. The Programme Director is be managerially responsible to the Postgraduate Dean for the delivery of training to the standards set by the Royal Colleges and professionally responsible to the PMETB and the JCST, via the relevant SAC, for the content and quality of training.

The Programme Director will either be nominated by the trainers in the particular specialty in the region and the academic department, where relevant, or by appointment following an application, shortlisting and interview process.

The Programme Director must:

- be practicing as a substantive consultant in the NHS for a minimum of six sessions;
- be recognised as a trainer;
- practice in a hospital which is recognised for training in the appropriate specialty;

It is important that any Programme Director is appointed with the support of the local trainers. Therefore, if there is more than one nomination then a vote will be held. Normally the Programme Director will be or have been a member of the STC.

The appointment will normally be for five years with a possible extension for a further three years if there is no other candidate to stand.

If there is a conflict between the Postgraduate Dean over the appointment, this would be discussed between them and be referred to the lead dean and/or the JCST if appropriate.

The duties of the Programme Director are:

- To advise trainees on all aspects of HST;
- To ensure that trainees notify the JCST of their entry into HST within three months of appointment;
- To arrange a balanced programme, implement the curriculum and be responsible for the planned progressive programme of education and training of each trainee;
- To be responsible for organising the training sequence to meet the needs of the trainee;
- To ensure that each slot delivers the education and training expected for that period and to feed back to the consultants involved any unsatisfactory reports from trainees. The Programme Director, in conjunction with the STC and the SAC, may withdraw a placement which is considered unsuitable to the needs of the trainee;

- To arrange the cycle of academic lectures, which should be published in advance and to keep a register of attendance at the core educational meetings of the training programme. This may be delegated to another member of the STC;
- To liaise with the Postgraduate Dean and the appropriate STC;
- To monitor logbook entries by regular inspection with the STC through the RITA process;
- To ensure that trainees are prepared for admission to the Intercollegiate Specialty Board examination at the appropriate time, allow only trainees who are suitably trained to apply for the exam, and to provide references to applicants;
- To give guidance to those trainees who fail the Intercollegiate Specialty Board examination;
- To ensure that a yellow trainee assessment form is completed for each trainee in their training programme every six months. This form must be discussed with, seen and signed by the trainee and the original should be sent to the JCST offices, with copies retained by the Programme Director, Postgraduate Dean and trainers. A copy of the forms should be used as part of the evidence at the annual RITA meeting.
- To arrange the annual RITA process with the Postgraduate Dean for all SpRs;
- To guide and stimulate the trainee to carry out clinical audit as well as clinical and basic research;
- To advise the trainee with regard to the appropriate use of study leave;
- Concurrently with the completion of the trainee assessment forms, to arrange for completion of the green training post-assessment form by each trainee. These forms are not to be seen by the individual's trainers. Original copies will be retained by the JCST office and copies may be held by the Postgraduate Dean and Programme Director (in the larger specialties) only. The Programme Director is to give anonymous feedback to units and ensure any problems highlighted are investigated;
- To keep the SAC informed of and seek advice on any changes in the training programme;
- To advise the Postgraduate Dean on:
  - the facilities needed for training; and
  - the minimum learning requirements necessary to complete training;
- To arrange for the contribution of the SAC to deanery-led quality control mechanisms in line with PMETB's recommendations;
- To be responsible for counselling individual trainees as necessary;
- To advise on the prospective CCT date for new SpRs on Type 1 training programmes and the year of entry for SpRs on Type 2 training programmes, which will be subject to confirmation by the SAC;
- To advise the SAC on prospective support for, and final recognition of time spent by SpRs in research, training slots outside the UK and LAT appointments; and
- To provide a final report on a trainee to feed into the RITA G, to be provided to the SAC to assist with recommendation for the CCT.

## C5 The trainer

The trainer is a consultant surgeon of the team or within the unit in which a trainee is placed. In order to be a trainer it is necessary for a consultant to be on the Specialist Register and have been appointed to a substantive NHS (or Irish Health Service) consultant, university, or Defence Medical Services post by a properly constituted AAC with the approval of the college assessor/national panellist. This includes senior clinical academic posts where the incumbent wishes to train SpRs.

Trainers should meet the standards listed below and be provided with protected time and resources for teaching and supervision and his/her own CPD.

Trainers must:

- be listed on the GMC Specialist Register (trainers in the UK) or the IMC Specialist Register (trainers in the Republic of Ireland);
- normally undertake a minimum of six sessions in the NHS. Any individual who does not fall into this group will require specialty consideration by the SAC and JCST chairmen for approval as a trainer;
- have successfully completed a *Training the Trainer* course or equivalent;
- have successfully completed an assessment/appraisal course;
- be able to assess learning needs;
- be able to identify teaching objectives;
- be able to teach in the operation theatre, in the outpatient clinic and on a ward round;
- be experienced in small group techniques;
- be able to use educational technology, if appropriate;
- be capable of teaching evidence-based medicine;
- participate in research;
- participate in audit; and
- have supervised a junior.

The duties of the trainer are:

- to continuously appraise the trainee throughout the appointment to HST, and to diligently and accurately complete the assessment forms at least every six months;
- to arrange and implement regular clinical teaching and training at the bedside, in the outpatient department and in the operating theatre. This includes supervision of emergency work. There must be a balance between training, education and service activities during each working week;

- to identify and provide support and assistance to remedy defects in the knowledge and performance of the trainee;
- to personally supervise operative teaching and training rotations in a progressive and planned way, including preoperative and postoperative ward rounds;
- to ensure that the trainee's programme allows time for reading, personal study and clinical research;
- to safeguard the trainee's attendance at core curriculum teaching meetings;
- to guide and support a trainee's application for appropriate study leave with expenses;
- to guide and stimulate the trainee to carry out clinical research and basic research where appropriate;
- to ensure that the trainee has access to 'new' outpatients, to provide adequate opportunities to follow up patients, particularly those whom he/she has treated and to ensure that the trainee is suitably supervised in the outpatient clinic;
- in consultation with the trainee, to complete the six-monthly assessment forms at the appropriate time;
- to keep up-to-date in the specialty through continuing professional development;
- to ensure that there is an appropriate balance between service commitment and training in each training slot;
- to ensure that the trainer sets aside time during each week for training;
- to ensure the volume and content of training lists and clinic sessions reflects the additional time required for training; and
- to ensure appropriate delegation of training to non-consultant staff.

The minimum commitment of the trainer will be, on average:

- two to three supervised operating lists a week, during which the trainer and the trainee are normally expected to be in the same operating theatre. The degree of supervision will take into account the level of experience and competence of the trainee;
- two to three clinics per week, during which the trainer is present to discuss 'new' and 'old' cases;
- a minimum of one ward round per week when inpatients are reviewed, particularly those to be operated on during lists attended by the trainee, whether operating or assisting (where a trainee has more than one trainer, the total training time may be shared); and
- supervision of emergency work, including both in-patient care and operative management.

Individual trainers are committed to regular contributions to the formal training activities of the unit and programme.

## **Locum consultants**

The JCST has agreed that locum consultants can act as trainers for SpRs under certain specific circumstances:

- the locum consultant must be a locum for an established consultant post which is currently vacant;
- a locum consultant cannot act as a trainer if they hold a newly created locum post; and
- the locum post must be covering a consultant absence of no more than three months.

The supervision of the SpR must be split between the locum and a substantive consultant so that the trainee is not working solely for a locum consultant during the period. This also applies to SpRs acting up as consultants who should not be solely responsible for other SpRs.

## **Delegation of training:**

A consultant trainer may delegate a clearly defined aspect of SpR training to other individuals, including staff and associate specialists etc. It is the responsibility of the consultant trainer to ensure appropriate delegation and supervision and the consultant trainer retains the overall responsibility for training.

In addition, whilst the consultant trainer remains ultimately responsible, they may delegate some of the day-to-day training of more junior doctors to SpRs at their discretion and under their supervision, provided neither the SpR nor the junior doctor exceeds the limits of their capabilities.

## C6 The trainee

The trainee covered by this guide is a surgeon appointed to a recognised HST scheme before 31 December 2006, and holding an NTN, VTN or FTN or in a LAT appointment. All trainees will be expected to remain on the scheme for the duration of training (unless they decide to transfer to the new run through surgical curriculum) and to participate in all mandatory training activities. The trainee must inform the Postgraduate Dean, the STC and the SAC of any planned divergence from the scheme for activities such as secondment or inter-deanery transfer to other regions or abroad, time spent out of programme in research or in sub-specialty experience. The trainee must also ensure PMETB prospective approval for any periods spent out-of-programme in un-approved posts (see sections B15, B16 and B18) if these are to count towards the CCT.

The duties of the trainee are:

- to enrol/register with the SAC through the STC/SAC Programme Director and the Postgraduate Dean within three months of appointment and ensure the SAC receives a copy of the RITA A form along with an up-to-date CV;
- to ensure that the yellow assessment forms are completed at least every six months - prior to the annual RITA process and at the end of each slot on the rotation;
- to participate fully in the weekly programme of training;
- to seek regular appraisal meetings with trainers;
- to keep an up-to-date electronic logbook in the format currently specified by the SAC. The trainee will ensure that it is signed by the appropriate trainer and is never more than three months out of date. Trainees should be aware of their obligations under the Data Protection Act 1998;
- to report via the green training post-assessment form if the experience in the current slot fulfils the stated requirements of the period of training being undertaken. This form should be submitted to the STC/SAC Programme Director or, if the trainee wishes, directly to the Postgraduate Dean or the SAC. Where a deficiency is recognised, suitable remedial action must be agreed within three months;
- to report to the STC/SAC Programme Director or, failing this, to the Postgraduate Dean or the SAC any problems that cannot be resolved at local level;
- to complete a training agreement with the Postgraduate Dean and to participate in the annual RITA process and to maintain an up to date training portfolio.

## **Section D**

### **Educational approval of training slots**

This section is currently under review. Please see PMETB website at [www.pmetb.org.uk](http://www.pmetb.org.uk) for more information about Quality Assurance and educational approval of programmes.

## Section E Contacts

The primary role of the JCST secretariat is to service the JCST and the SACs. Staff members are available to provide detailed information and advice on policy matters pertaining to HST and run-through training. Those seeking advice should write, telephone or email. Before seeking advice we suggest that you consult the JCST website at [www.jcst.org](http://www.jcst.org) which provides detailed information.

Postal address:

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**The Intercollegiate Specialty Boards (for entry forms and exam dates)**

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