JCST
Joint Committee on Surgical Training

Terms of Reference for the Specialty Advisory Committees

The Joint Committee on Surgical Training (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations in Great Britain and Ireland. Under the jurisdiction of the JCST, there are currently 10 Specialty Advisory Committees (SAC) in operation - one for each GMC recognised surgical specialty - and a Core Surgical Training Advisory Committee (CSTAC), which oversees core surgical training. As part of the strategic workplan of the JCST, it was agreed that the SACs should be reviewed in all respects in order to ensure that the SACs continue to function efficiently and appropriately, remain fit for purpose, make good use of members and staff time and resource and provide value for money. In 2015 a thorough review of the SACs was completed and a series of 27 recommendations were agreed; these have now been set as the *Terms of Reference* for the SACs currently in operation. [To note: these ToRs were updated further in 2018 to include addendum 1 (recommendation 10)].

All SACs will operate under the following Terms of Reference:

1 Each SAC will comprise: (i) sufficient appointed Liaison Members (LMs) to cover all training regions in the UK (ii) other designated members (see term 2). The skill set and experience of SAC members will reflect the breadth of the specialty.

2 SAC members will be drawn from the following categories:

(a) Liaison Members: Each specialty will have a defined number of Liaison Members according to the numbers of trainees. Liaison Members should nominally cover a single training region (including the Republic of Ireland), but in large specialties the large regions may require two Liaison Members and in small specialties Liaison Members may cover up to three training regions.

(b) Other designated members:

a. The Lead Dean for the specialty
b. One trainee representative
c. Chair of the Specialty Intercollegiate Examination Board (ex officio)
d. President of the Specialty Association or deputy
e. Representative of RCSI
f. Military Surgical representative (if appropriate to the specialty)
g. Members of the JCST secretariat supporting the specialty

3 Additional members may be co-opted on to an SAC to provide specific expertise. Such cases will be exceptional and will be for a defined time limited period. Such appointments should be made in consultation with the relevant Specialty Association or other relevant professional body.

4 The following will have rights of attendance at all SAC meetings:

a. The Chair of the JCST (ex officio)
b. The Surgical Director of the ISCP (ex officio)
c. The JCST QA lead (ex officio)
d. The Chair of CoPSS or deputy (ex officio)
e. The Head and Deputy Head of the JCST secretariat
f. The JCST QA Manager

g. The Head of ISCP
h. The JCST Policy and CESR Registration Manager

5 The total number of Liaison Members should follow what is suggested in the table below:

Specialty	Number of trainees	Suggested number of LMs
CT	143	10
ENT	367	15
GS	1253	21
Neuro	239	12
OMFS	125	10
Paeds	112	10
Plastics	331	12
T&O	1101	21
Urology	315	15
Vascular	142	10

6 In the light of the suggested number of LMs outlined in term 5 above, each SAC should consider how best to support training regions with small numbers of trainees.

7 All SAC members will have experience of managing training, whether as Training Programme Directors (TPDs), Specialty Training Committee (STC) Chairs, Assigned Educational Supervisors (AESs), Deanery / LETB / School work, Clinical Tutor (College or Training Region appointment) or DME.

8 Liaison Members will be:

a. Appointed for a period not exceeding 5 years.
b. Subject to a biennial appraisal process conducted by the Chair of the SAC
c. Removed from membership of the SAC after failing to attend three consecutive SAC meetings

9 Liaison Members will be appointed in open competition following a paper application process by a group of senior Liaison Members (normally including the Chair) and senior Specialty Association Executive members using established criteria to an agreed person specification. All appointments will be ratified by the four College Presidents.

10 Addendum 1: Regarding membership extension for Liaison Members appointed via JCST application – see term 9 above:

a. SAC members are allowed up to two 12-month extensions (24 months maximum) for a valid reason at the Chair's request, if supported by Head and Chair of JCST. Each extension has to be asked for separately.
b. If the second extension is approved then the Chair and SAC member will be told that no further extensions can be permitted, but that the member could be co-opted (with approval from the Head and Chair of JCST) for specific expertise if necessary after the second extension. If the member is co-opted, her/his full SAC seat will be advertised.
c. We would not expect members to re-apply. There are no rules but our expectations would be that once extensions have been exhausted and

there is no longer the possibility of co-opting, the person would no longer be appointable – this is to encourage a healthy turnover.

11 Other members will be appointed to the SAC for the duration of the term of their role up to a maximum of five years.

12 Trainee members will:

a. Be appointed by the relevant specialty trainee organisation using criteria defined by them
b. Be appointed for a period not exceeding three years
c. Cease to qualify for SAC membership when they achieve CCT/CESR (CP)
d. Be reported to the President of the relevant trainee body after failing to attend three consecutive SAC meetings and potentially removed from membership of the SAC

13 The following defined roles will be established in each SAC:

a. Chair
b. Vice Chair
c. Leads for Certification (CESR), Curriculum Development, e-Logbook, Simulation training, QA, National recruitment, Core training, TIG representation, Academic Medicine (and credentialing if appropriate)

14 Leads will be appointed from within the SAC and will serve a term as lead not exceeding four years, allowing for succession planning.

15 It is not anticipated that the Trainee member of the SAC, the Lead Dean, the Chair of the Intercollegiate Specialty Examination Board for the specialty or the President of the Specialty Association will lead on any of the areas of work outlined in term 12c.

16 The Chair of an SAC:

a. will be appointed by a panel convened by the Chair of the JCST and involving representation from at least two of the four parent Surgical Colleges and from the relevant Specialty Association(s)
b. will be appointed after an open call for nominations/applications
c. will require to have been a member of the SAC within the last two years prior to appointment
d. will be appointed for a fixed period of three years
e. will be subject to an annual appraisal process conducted by the Chair of the JCST
f. will conduct biennial appraisals of all LMs
g. will not normally be expected to be responsible for a Liaison Region and will not normally act as a designated lead
h. will be responsible for the production of a newsletter to be circulated after each SAC meeting to all members of the SAC and all TPDs
i. will be responsible for ensuring the continuity of LM duties at member changeover and making the relevant arrangements to cover these duties

17 Each SAC will appoint a Vice Chair. The Vice Chair:

a. will be appointed following nomination/application from current SAC members and, if necessary, by an election process involving SAC members

b. will be appointed for no more than the duration of the appointment of the Chair or when their 5 year term of office as an SAC member ends
c. will be eligible to be considered to be appointed as Chair of the SAC subject to the process outlined in paragraph 15.
d. will be subject to an annual appraisal process conducted by the Chair of the SAC
e. will be responsible for a liaison region and would usually act as lead for one of the areas of responsibility

18 Liaison Members will be expected to:

a. Fulfil their Liaison Member role as detailed in the job description
b. Attend at least:
   - 50% of interim ARCPs
   - 75% of annual ARCPs
   - 100% of end of training ARCPs (ARCP 6)
c. Attend at least one Specialty Training Committee (STC) meeting per year in their region out of those to which they are invited
d. Maintain good working relations with the TPD in their training region
e. Produce the Annual Specialty Report (ASR) for their training region
f. Provide external advice to the QA process in any other reasonable way
g. In larger specialties (T&O, GS) be responsible for trainee (CCT/CESR (CP)) certification in their Training Region
g. Be in good standing with the General Medical Council and have a current licence to practice in the specialty of the SAC
h. Inform the Chair of the SAC in the event that they become subject to investigation by the GMC, the Deanery/LETB/ equivalent body or their employer

19 All SAC members will be expected to:

a. Attend at least 75% of SAC meetings per annum
b. Take a corporate approach to SAC business
c. Attend the joint TPD/SAC meeting each year
d. Attend National Selection annually
e. Accept other roles within the SAC upon agreement with the Chair

20 All Liaison Members will be expected to take on other corporate roles within the SAC e.g. as lead for a specific area of work.

21 SACs will be responsible for:

a. Trainee matters including enrolment and support
b. Certification – CESR CP/CCT/CESR
c. Out of Programme activities and LTFT training
d. Curriculum development, including academic surgery
e. Logbook development
f. Simulation training
g. Quality Assurance
   i. Annual Specialty Report
   ii. JCST trainee survey
   iii. Quality indicators
   iv. CCT guidelines
h. National Recruitment (in conjunction with Lead Deanery/LETB)
   i Job descriptions

ii Selection criteria
iii Selection processes
i. Effective communication with stakeholders
j. Externality
k. Credentialing (if appropriate)

22 Each SAC must maintain good working relationships with:

a. The General Medical Council
b. Specialty Associations
c. Relevant Training Interface Group(s)
d. JCST
e. Postgraduate Deaneries/LETBs
f. Trainee Associations
g. Non-surgical Colleges
h. Academy Specialty Training Forum
i. Departments of Health in the four home nations (HEE in England)
j. Confederation of Postgraduate Schools of Surgery (CoPSS)

23 SAC members may be approached to be GMC visitors; this will require bespoke GMC training.

24 SAC members will be required to attend the JCST Induction Day (which includes approved Equality and Diversity training) prior to commencing their role or within six months of appointment – failure to do so will result in removal from the SAC.

25 SACs will meet at least three and no more than four times each calendar year.

26 SACs will usually meet at the Royal College of Surgeons of England.

27 SAC members' employing authorities will be expected to pay the reasonable expenses of all members attending SAC meetings.

28 Deaneries, LETBs and equivalent bodies will be expected to pay reasonable expenses of all members undertaking SAC liaison duties.

Addendum 1 – effective as of September 2018