KSS Deanery

A Guide to Higher Specialty Training in General Surgery

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<th>Issuing Department</th>
<th>School of Surgery, Specialty Workforce Team</th>
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## Dates for Your Diary

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Acknowledgements
Section 1

Welcome and Introduction

Welcome to the Kent, Surrey and Sussex School of Surgery. I am delighted that you have been successful in your application process to the higher surgical training programme. This is a great achievement and congratulations on your success. This handbook is an introductory guide for you to understand how the deanery works and it is also an introduction to your speciality. At Kent, Surrey and Sussex School of Surgery, we take training very seriously. We are responsible for the management of your training and it is important for you to realise that we at the school are all working together to make sure that your education and training is of the highest standard possible in order that the patient care you deliver is exemplary. As you may be aware, there have been major changes in the way post-graduate surgical training is delivered and the majority of these changes have been made to facilitate your training. If there are any issues, could you please contact the School of Surgery or your training programme directors to have these dealt with as soon as possible.

Having come through core training you will realise the importance of workplace-based assessments (WBA’s) and now that you have entered higher surgical training, we will expect you to maintain your ISCP portfolio, logbook and WBA’s as these are critical to your Annual Review of Competence Progression (ARCP). The School of Surgery will expect you to maintain good numbers of work-based assessments (average one per week) and to focus on your logbook activity. We plan to continue having interim reviews halfway through the year where we will expect the minimum requirements to have been achieved prior to your ARCP. The interim reviews are a face-to-face discussion where your concerns, if you have any, can be highlighted.

Professional behaviour is expected by you at all times and this includes your interactions with deanery personnel as well as your consultants and patients.

You are now a higher surgical trainee and it is important for you to take the initiative for your training. Please take advantage of all educational opportunities at all times within your workplace.

The School of Surgery and your consultant trainers are all working on your behalf but it is important for you to realise that ultimately you are responsible for your training. I hope you have an enjoyable time in the Kent, Surrey and Sussex School of Surgery. I expect you to have fun and to have an enjoyable training. I wish you good luck and please feedback to me if there are any problems or queries you have during your training time.

With kind regards

Mr Humphrey Scott
Consultant colorectal Surgeon
Head of KSS School of Surgery

Email: Humphrey.Scott@asph.nhs.uk
**Section 2**

**Key Contacts**

The Specialty Workforce should be the first port of call with any queries relating to your training within the KSS Deanery.

**The Head of the Kent, Surrey and Sussex Postgraduate School of Surgery is:**
Mr Humphrey Scott  
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**The Specialty Training Committee for general surgery:**

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The Trainee Rep is:
Sandeep Bhatia

The Royal College of Surgeons Regional Co-ordinator is:
Ms Jaci Joyce jjoyce@rcseng.ac.uk

The ISCP Helpdesk contact is:
helpdesk@iscp.ac.uk, 020 7869 6299

Section 3

Specialty Training Guidance

Statutory Bodies and Roles

The statutory authority for Postgraduate Medical Training is the General Medical Council.

Role of the General Medical Council (GMC)

The GMC’s role in medical education and training changed on 1 April 2010 after PMETB merged with the GMC. The General Medical Council is the independent regulator for doctors in the UK. Its statutory purpose is ‘to protect, promote, and maintain the health and safety of the public’.

The GMC do this by controlling entry to the medical register and setting the standards for medical schools and postgraduate education and training. They also determine the principles and values that underpin good medical practice and take firm but fair action where those standards have not been met.

The GMC’s powers and duties are set out in the Medical Act 1983.

Role of the Kent, Surrey and Sussex Deanery (KSS)

The Postgraduate Deaneries are responsible for implementing specialty training in accordance with GMC approved specialty curricula. They work closely with Royal Colleges and local healthcare providers to quality manage the delivery of postgraduate medical training to GMC standards.

The Head of School is a joint appointment with the Royal College of Surgeons. Training Programme Directors (TPDs) are accountable to the Head of School, and are responsible for developing appropriate specialty training programmes within educational provider units that meet curriculum requirements. GMC quality assures Deanery processes to ensure that the training programmes meet GMC standards.

All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by GMC.
Role of the KSS Postgraduate School of Surgery

The School of Surgery is a Deanery structure for managing Specialty Training in Kent, Surrey and Sussex that will bring together the relevant Royal College of Surgeons (Eng), the KSS Deanery and the NHS and other providers of training. The School has a Board drawn from the institutions and groups that contribute to training as well as other stakeholders. It provides a structure for Educational Governance and sets the direction for the development of Postgraduate Medical Education (PGME) in that Specialty within KSS.

The School of Surgery includes trainees, trainers, Trust based Educational Supervisors, Training Programme Directors, Specialty Training Committees and all those involved in training in the specialty. The work of the School will encompass the work of Specialty Training Committees and the work currently done in the Deanery and in Trusts.

The School of Surgery for KSS’s vision is:
- World class education for world-class healthcare
- Excellence of Postgraduate training and education
- Producing clinical leaders and Teachers of tomorrow

The structure within the School is outlined in the diagram below:
Role of the Royal College of Surgeons (RCS)

The Royal College of Surgeons of England maintains the Intercollegiate Surgical Curriculum Programme (ISCP) on behalf of the Joint Committee for Surgical Training (JCST). ISCP is the surgical training structure approved originally by the then PMETB and registration became mandatory in 2007 for all trainees aspiring to pursue a surgical career. The curriculum houses the syllabus for each of the nine surgical specialties which share a common set of standards and way marks – from initial to final stages of training – with specialty specific requirements clearly defined on the ISCP website: www.iscp.ac.uk.

All surgical trainees are required to enrol with the JCST and to register with the ISCP.

The RCS supports local representatives, which include Trust/hospital based College Tutors / Programme Directors, Regional Advisors and these together with the Specialty Advisory Committees (SACs) work closely with the KSS Deanery to monitor the delivery of the ISCP across Kent, Surrey and Sussex and the quality of training within individual training units.

The RCS has established an active and responsive regional team of professional coordinators. There is a Regional coordinator based in each Strategic Health Authority (SHA) area of England, Wales and Northern Ireland. The Coordinator in KSS works with the entire network of the College roles described here and provides an effective conduit for communication between the College and its regional representatives.

Role of the Joint Committee on Surgical Training (JCST)

Previously the Joint Committee on Higher Surgical Training (JCHST), the JCST assumed its new identity in late 2007 to reflect changes in training structures in the UK.

The JCST is an intercollegiate body, working on behalf of the 4 surgical colleges in the UK and Ireland as well as with the surgical specialty associations. It also works closely with postgraduate deaneries, schools of surgery and organisations representing trainees. With a Specialty Advisory Committee (SAC) for each of the 9 surgical specialties and 5 training interface groups covering areas straddling more than one specialty, it is the parent body for the Intercollegiate Surgical Curriculum Programme (ISCP) and responsible for developing and maintaining standards across surgical training.
Section 4

Structure of General Surgery Training

Overview
General Surgery is a diverse specialty composed of four main subspecialties: Breast Surgery, Coloproctology, Upper GI surgery and HPB and Vascular Surgery. It also encompasses transplant surgery. From October 2012, Vascular Surgery will devolve from general surgery but some components of vascular surgery will be available for general surgery trainees. Similarly, vascular trainees will have the opportunity to receive general surgery training in the first two years of their HST. General Surgery HSTs will rotate through the four subspecialties in the first two years followed by four years of targeted training which will include the final two years in dedicated subspecialty training, which may include a year in a London Teaching Hospital. Fellowships will not be encouraged within the training programme. Out of programme activities will be considered but a minimum of six months notice is mandatory. Read more at https://www.iscp.ac.uk/home/syllabus.aspx

The minimum objective of training is to produce specialist surgeons who are emergency safe and can manage the common conditions set out in the syllabus, from start to finish. At successful completion of training, CCT holders will also possess a depth and breadth of knowledge that permits accurate diagnosis and assessment of a wide range of conditions and onwards referral as appropriate.

Links

Royal College of Surgeons of England – www.rcseng.ac.uk

General Surgery courses at The Royal College of Surgeons http://www.rcseng.ac.uk/courses

Intercollegiate Surgical Curriculum Programme (ISCP) - https://www.iscp.ac.uk/Default.aspx
Section 5

Training Programmes

KSS

General Surgery training in KSS is provided in the Brighton teaching hospital, and all other Acute Trusts within KSS. HPB surgery is provided by a centre of excellence at the Royal Surrey County Hospital, Guildford. Vascular Surgery is currently provided at five centres, Brighton, Canterbury, Medway, Frimley Park and Ashford St Peter's. A national vascular review is currently being undertaken which may influence the future numbers of vascular centres in KSS.

There are links with St George’s, St Thomas', Guy’s, King’s and the Royal Marsden Hospital in all the major specialties including Transplant surgery. Trainees will be able to spend six to twelve months in these Hospitals towards the end of their training. This will probably be subject to competitive entry.

As well as the training received within the hospitals, there are approximately 8 study days arranged each year in combination with London. In future years, when devolution is more complete, study days will be run in KSS. -- it is mandatory for trainees to attend these days and over the six years of higher surgical training most of the syllabus is covered. Trainees are also encouraged to attend national and international courses and conferences to further develop their knowledge.

As a result of consultation with Trainees, it is proposed that three rotations within KSS will be established in order to provide stability and continuity in training posts. These are likely to be in each of the three counties, Kent, Surrey and Sussex with some shared posts at Brighton.

The KSS trainers aim to support the trainees and encourage them to develop their full potential. The training program directors are both supportive and accessible.

The KSS rotations offer a high standard of training, good support for trainees, encourage individual career development and should be near the top of any aspiring General Surgeon’s 'wish list' when considering where they would like to train, especially if they have a preference for SE England in general.
Section 6

ISCP  
Intercollegiate Surgical Curriculum Programme

The curriculum for postgraduate surgical education and training is designed to produce surgeons who are able to provide excellent care for the surgical patient, safely. Surgical practice is complex and the curriculum has adopted a definition of competence developed specifically for the professions.

The curriculum was founded on a number of key principles that support the achievement of the aims:

- A common format and framework across all the specialties within surgery.
- Systematic progression from the foundation years through to the exit from surgical specialist training.
- Curriculum standards that are underpinned by robust assessment processes, both of which conform to the standards specified by GMC.
- Regulation of progression through training by the achievement of outcomes that are specified within the specialty curricula. These outcomes are competence-based rather than time-based.
- Delivery of the curriculum by surgeons who are appropriately qualified to deliver surgical training.
- Formulation and delivery of surgical care by surgeons working in a multidisciplinary environment.
- Collaboration with those charged with delivering health services and training at all levels.

The curriculum is appropriate for trainees preparing to practise as consultant surgeons in the UK. It will guide and support training for a Certificate of Completion of Training (CCT) in a surgical specialty. The curriculum enables trainees to: develop as generalists, be able to deliver an on-call emergency service; and deliver specialist services to a defined level.

The surgical curriculum has been designed around four broad areas:

- Content/syllabus - what trainees are expected to know, and be able to do, at any point in their training;
- Teaching and learning - how the content is communicated and developed, how trainees are supervised;
- Assessment - how the attainment of outcomes are measured/judged, feedback to support learning; and
- Systems and resources - how the educational programme is organised, recorded and quality assured.

In order to promote high quality, safe care of surgical patients, the curriculum specifies the parameters of knowledge, clinical skills, technical skills, professional skills and behaviour that are considered necessary to ensure patient safety throughout the training process and specifically at the end of training. The curriculum therefore provides the framework for surgeons to develop their skills and judgement and a commitment to lifelong learning in line with the service they provide.

Patient consent & safety:
- Before commencing any assessment, patient consent must be gained.
• If the trainee is in danger of harming the patient at any point s/he must be warned or stopped by the trainer immediately.
• Principles of Good Medical Practice should be adhered to in all circumstances

The Learning Agreement sets out the workplace assessments that will be used to measure trainee progress against objectives.

The ISCP Assessment Framework

The ISCP Assessment Framework combines examinations and workplace-based assessments (WBAs) to provide a range of evidence of the trainee’s progress at key stages of training. WBAs have been introduced to provide evidence of competence by assessing what trainees actually do in the workplace, emphasising communication within the team and with patients, clinical skills and judgement. The important difference between WBAs and examinations is that WBAs are primarily assessments for learning (i.e. they are formative assessments) while examinations are assessments of learning (i.e. they are summative assessments). The WBAs, taken as a whole, are used by the Assigned Educational Supervisor (AES) to provide the basis for the end of placement report that is central to the Annual Review of Competence Progression (ARCP).

WBAs are competence-based, which reflects the curriculum. This allows every trainee to learn at his or her own pace. WBAs are not used to pass/fail or rank trainees; they focus on constructive feedback from skilled clinicians with a view to helping learning.

Workplace Based Assessments

These are designed to:

• Provide feedback to trainers and trainees. The most important use of the workplace-based assessments is in providing trainees with formative feedback to inform and develop their practice. Each assessment is scored only for the purpose of providing meaningful feedback on one encounter. The assessments should be viewed as part of a process throughout training, enabling trainees to build on assessor feedback and chart their own progress.
• Provide formative guidance as part of the learning cycle. Surgical trainees can use different methods to assess themselves against important criteria (especially that of clinical reasoning and decision-making) as they learn and perform practical tasks. The methods also encourage dialogue between the trainee and assigned educational supervisor and other clinical supervisors.
• Encompass the assessment of skills, knowledge, behaviour and attitudes during day-to-day surgical practice. Workplace-based assessment is trainee led; the trainee chooses the timing, the case and assessor under the guidance of the assigned educational supervisor via the learning agreement. It is the trainee’s responsibility to ensure completion of the required number of the agreed type of assessments by the end of each placement.
• Provide a reference point on which current levels of competence can be compared with those at the end of a particular stage of training. The primary aim is for trainees to use assessments throughout their training programmes to demonstrate their learning and development. At the start of a level it would be normal for trainees to have some assessments which are less than satisfactory because their performance is not yet at the standard for the completion of that level. In cases where assessments are less than satisfactory, trainees should repeat assessments as often as required to show progress.
• Inform the (summative) assessment of the assigned educational supervisor at the completion of each placement.
• Contribute towards a body of evidence held in the learning portfolio and made available for the annual review of competence progression panel and planned educational reviews.
All assessment data is stored in the trainee’s electronic portfolio. Although the principal role of workplace assessment is formative, the summary evidence will be used to inform the annual review process and will contribute to the decision made as to how well the trainee is progressing. At the end of a period of training, the trainee’s whole portfolio will be reviewed. The accumulation of formative assessments will be one of a range of indicators that inform the decision as to satisfactory completion of training at the annual review of competence progression.

**Summary Guidance on the frequency, timing and use of WBA methods**

The table below gives an indication of the frequency, timing and use of WBAs. Unlike Core Surgical Training, there are no set minimum numbers of assessments outlined for higher surgical training. The focus at higher surgical training level is on the assessment of technical skills through Procedure Based Assessments (PBAs) and trainees are encouraged to do a PBA every time they do an elective procedure.

Trainees are expected to complete the number of assessments that their STC or TPD set out for them.

The table below outlines assessments that should be completed across your training.

<table>
<thead>
<tr>
<th>Method</th>
<th>Main competencies assessed</th>
<th>Training level</th>
<th>Standard against which the assessment should be judged</th>
<th>Appropriate assessors</th>
<th>Clinical setting</th>
<th>Target number per year – Core training &amp; Specialty training</th>
<th>Basic minimum frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD</td>
<td>Clinical judgement; Clinical management; Reflective practice</td>
<td>All</td>
<td>Standard at completion of that stage of training Scale 1 – 6</td>
<td>AES Clinical Supervisor</td>
<td>Multiple areas covered by a challenging case</td>
<td>20 per annum</td>
<td>1 every 2-3 weeks</td>
</tr>
<tr>
<td>Surgical DOPS</td>
<td>Technical skills, procedures and protocols</td>
<td>Mainly core, also specialty training where applicable</td>
<td>Standard at completion of that stage of training Scale 1 – 6</td>
<td>AES Clinical Supervisor Senior trainee or doctor Qualified members of the multi-professional team</td>
<td>Clinic A&amp;E Ward Theatre</td>
<td>Should be commenced as soon as possible after the beginning of the placement (ideally within the first month). For commonly performed index procedures, it would be normally necessary to undertake assessments at least twice monthly, to maximise learning and demonstrate progression. When competence is achieved, the frequency of the assessments can be reduced, but assessments should be maintained to assist continued learning</td>
<td>At least 1 per week on average</td>
</tr>
<tr>
<td>PBA</td>
<td>Technical skills, procedures and protocols; Theatre team-working</td>
<td>Mainly ST3 and above, also in core training where applicable</td>
<td>CCT Scale 1 – 4</td>
<td>Consultant or ST5+ trainee</td>
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<tr>
<td>CEX</td>
<td>Communication with the patient; Physical examination; Diagnosis; Treatment plan</td>
<td>All</td>
<td>Standard at completion of that stage of training Scale 1 – 6</td>
<td>AES Clinical Supervisor Senior trainee or doctor Qualified members of the multi-professional team</td>
<td>Clinic A&amp;E Ward Community</td>
<td>10-15 per annum</td>
<td>1 every months</td>
</tr>
<tr>
<td>Mini-PAT</td>
<td>Team-working; Professional behaviour</td>
<td>As advised by the Programme Director and at least in ST1, ST4 &amp; ST7</td>
<td>Standard at completion of that stage of training Scale 1 – 6</td>
<td>Trainee’s multi-professional team</td>
<td>Multiple areas covered by the multi-professional team</td>
<td>Annually in ST1/CT1, ST4 and ST7</td>
<td>Repeated if necessary</td>
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A Guide to Higher Specialty Training in General Surgery
October 20112
Procedure-based Assessments

PBAs assess trainees' technical, operative and professional skills in a range of specialty procedures or parts of procedures during routine surgical practice up to the level of CCT. PBAs provide a framework to assess practice and facilitate feedback in order to direct learning. The PBA was originally developed by the Orthopaedic Competence Assessment Project (OCAP) for trauma and orthopaedic surgery and has been further developed by the SACs for all the surgical specialties.

The assessment method uses two principal components:

- A series of competencies within six domains. Most of the competencies are common to all procedures, but a relatively small number of competencies within certain domains are specific to a particular procedure.
- A global assessment that is divided into four levels of overall global rating. The highest rating is the ability to perform the procedure to the standard expected of a specialist in practice within the NHS (the level required for the Certificate of Completion of Training - CCT).

The assessment form is supported by a worksheet consisting of descriptors outlining desirable and undesirable behaviours that assist the assessor in deciding whether or not the trainee has reached a satisfactory standard for CCT, on the occasion observed, or requires development.

The procedures chosen should be representative of those that the trainee would normally carry out at that level and will be one of an indicative list of index procedures relevant to the specialty. The trainee generally chooses the timing and makes the arrangements with the assessor. Usually the assessor will be the trainee's assigned educational supervisor, but it is anticipated that other surgical consultants will take on the assessment of certain procedures depending on the trainee's work pattern. Trainees are encouraged to request assessments on as many procedures as possible with a range of different assessors.

Assessors do not need to have prior knowledge of the trainee. The assessor will observe the trainee undertaking the agreed sections of the PBA in the normal course of workplace activity (usually scrubbed). Given the priority of patient care, the assessor must choose the appropriate level of supervision depending on the trainee's stage of training. Trainees will carry out the procedure, explaining what they intend to do throughout. The assessor will provide verbal prompts, if required, and intervene if patient safety is at risk.

See the attached links for more information:

https://www.iscp.ac.uk/surgical/assessment_pba.aspx

https://www.iscp.ac.uk/static/public/pba_tips.pdf
PBA Assessments for general Surgery
http://www.iscp.ac.uk/Assessment/WBA/PBA.aspx

Consult the ISCP website

Examples

Hernia repair
Appendicectomy
Cholecystectomy
Colectomy
Varicose vein surgery
etc
Learning Agreements

The Learning agreement is the framework of your placement. The learning agreement is a mutual agreement between the trainer and trainee and sets out what will be covered during that placement. There should be three meetings between the trainer and trainee to discuss the learning agreement

- Initial meeting – to set objectives
- Interim review – to check progress and make any adjustments
- Final meeting - to sign off the learning agreement

The learning agreement should take into account

- The trainee’s personal development plan
- The learning opportunities on the placement
- The Syllabus topics for the trainee’s stage of training

What happens in practice

What to do with your AES in terms of Objective Setting

At the beginning of a placement, in their first meeting with their AES, the trainee should discuss what the objectives should be for their current placement and what they would like to achieve. The discussion should take into consideration the trainee’s personal development plan, the learning opportunities on the placement and the topics for that level of training as outlined in the syllabus. Once discussed, the trainee can enter in the details by entering comments in the following headed boxes on the Objective Setting page: assessments, resources required, learning opportunities, exams, courses and details of audits/research/projects.

It is also important that at the beginning of the placement that the trainee and AES select Topics for the Learning Agreement using the ‘Topics Chooser’ link at the top of the Objective Setting page. These Topics are to be selected from the Global Objectives set by the trainee’s Programme Director. Topics from other specialties and stages are also available. The Topics selected are to be relevant to the trainee’s current placement.

Once the trainee is happy with the selected Topics and the comments made they are to make the final comments for this section of their Learning Agreement using the trainee comments at the bottom of the page and ‘sign off’ by selecting the ‘complete’ button. The AES is then to make their final comments and can amend the Topics if required and once they are happy with this section of the Learning Agreement select ‘complete’ to ‘sign off’.

Showing satisfactory completions of assigned topics

The ‘outcome’ of the selected topics will default ‘not started’ until the AES begins to select the ‘outcome’ of the Topic. When the AES begins to select the ‘outcome’ of Topics the options that may show other than ‘not started’ are ‘in progress’, ‘needs development’, ‘satisfactory’ or ‘unsatisfactory’. This will be done for each Topic and when the ‘outcome’ has been selected they will show on the ‘assessments’ and ‘Learning Agreement’ pages and within the ‘Topics’ section of the trainee’s ‘Portfolio’.

The outcome for a Topic is not automated as both Workplace Based assessments and non-Workplace Based assessments can be taken into consideration when reviewing progress. The topic outcomes should be updated by your AES before the Final Meeting has been signed off as it is not possible to change them after this time.
Interim Review

The interim review should take place halfway through the placement. It is an opportunity to review the trainee's progress and to make any necessary changes to the Topics that were selected at the beginning of the placement. The AES can access them via the 'assessments' link on the 'interim' page of the Learning Agreement.

Here, the AES will find the 'progress against objectives' page where the Topics are listed. The AES can add more Topics if required and they can also start to select the 'outcome' of the Topics. Next to each Topic there is a row of the following 'outcomes' for the AES to choose from, they are 'not started', 'in progress', 'needs development', 'satisfactory' and 'unsatisfactory'. At first the 'outcome' of the Topic defaults to 'not started' and as the AES starts to select the 'outcome' they will show on the trainees Learning Agreement. The AES can also amend/select 'outcomes' of Topics in the 'Final Meeting' stage of the Learning Agreement.

In General Surgery, all trainees will attend an interim review at the Deanery conducted by the Head of School, Programme Director and selected local Programme Directors. The purpose of this is to identify strengths and weaknesses in both the Trainees' portfolios and similarly to gain feedback on the strengths and weaknesses in the educational programmes provided by the Local Educational Providers (Trusts).

Final Meeting

In the Final Meeting, as well as reviewing the trainees progress the AES also needs to ensure that they have selected the 'outcome' of the selected Topics for the placement. The AES can access them via the 'assessments' link on the 'Final Meeting' page of the Learning Agreement.

Here, the AES will find the 'progress against objectives' page where the Topics are listed. The AES can add more Topics if required and they can select the 'outcome' of the Topics. Next to each Topic there is a row of the following 'outcomes' for the AES to choose from, they are 'not started', 'in progress', 'needs development', 'satisfactory' and 'unsatisfactory'. At first the 'outcome' of the Topic defaults to 'not started' and as the AES starts to select the 'outcome' they will show on the trainees Learning Agreement.

This needs to be done before the AES 'signs off' the Learning Agreement as they cannot select the 'outcome' of the Topics once the Learning Agreement has been completed.
Electronic Logbook

The FHI logbook should now be used exclusively for logging surgical procedures. If you have not done so, you should transfer your ISCP/ASGBI procedures over now.

For further information please see:

https://www.iscp.ac.uk/NewsItem.aspx?enc=uCWfGV9CFBlY6Bji+wf7sw7xGV00u5GB4AhFHd8KJs

Supervision Levels

The level of supervision recorded in the trainee’s Logbook should be agreed with the supervisor at the time of recording. It is important that trainees understand and correctly record the levels of supervision. Below is a guide to the Logbook supervision levels:

- Assisting (A) – trainee scrubbed to assist but not taking a leading part in the operation itself e.g. in the dissection, anastomosis
- Supervised Trainer Scrubbed (STS) – trainee and supervisor both scrubbed for the majority of the operation but the trainee taking a lead part in the majority of the surgery
- Supervised Trainer Unscrubbed (STU) – trainer in theatre observing and available for advice but trainee performing the operation
- Performed (P) – trainee performing operation without supervisor immediately available in theatre
- Training more junior trainee (T) – trainee scrubbed as supervisor while a more junior trainee takes the leading role in the operation
Section 7

ARCP – Trainee Requirements

Revalidation

Revalidation is the General Medical Council’s new way of regulating licensed doctors to give extra confidence to patients that their doctors are up to date and fit to practice. The GMC is planning to roll out revalidation across the UK at the end of 2012.

Licensed doctors including doctors in foundation year two and specialty training will have to revalidate, usually every five years. In addition, for doctors in postgraduate training, you will also revalidate when you receive your Certificate of Completion of Training (CCT).

KSS Deanery is committed to enabling its doctors in postgraduate training to revalidate by providing as much information and support as possible and will provide you with regular updates.

As part of the revalidation process you will be sent an enhanced form R which you will need to complete and sign by the time of your ARCP. This paperwork will contribute to your ARCP final outcome.

For further information on revalidation please visit the KSS website: http://kssdeanery.org/specialty/revalidation/FAQs

Leadership

Clinical leadership is now recognised as an integral part of professional practice for doctors. Leadership skills and attitudes are now embedded within all specialty curricula.

All trainees will need to complete a Leadership assessment of some sort which will be checked for at ARCP. The KSS School of Surgery have agreed this can take place as a Workplace based assessment. Examples for your level of training are listed below.

<table>
<thead>
<tr>
<th>“LEADER” Task</th>
<th>Foundation Trainee</th>
<th>Core Trainee</th>
<th>Higher Specialist Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Leading Ward Round</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2 MDT’s Organizing</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3 Rota Organization</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4 Teaching Programme</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5 Teaching Seminar</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6 Implementation of Audit</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7 Patient Satisfaction Surveys</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8 Speciality Quality and Safety Projects</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9 Working with Managers on Specific Projects</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
What is the purpose of assessment?

Structured postgraduate medical training is dependent on having curricula which clearly set out the standards and competencies of practice, an assessment strategy to know whether those standards have been achieved, and an infrastructure which supports a training environment within the context of service delivery.

The three key elements which support trainees in this process are appraisal, assessment and annual planning. These three elements are individual but integrated components of the training process and contribute to the Annual Review of Competence Progression (ARCP).

Assessment is a formally defined process within the curriculum in which a trainee’s progress in the training programme is assessed and measured using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee’s rate of progress.

Appraisal provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/requirements of the employer (workplace based appraisal).

What is the ARCP?

The Annual Review of Competence Progression (ARCP) is designed to provide an opportunity to review a trainee’s progress towards the requirements of the training curriculum. This is necessary in order to determine the trainee’s readiness to progress to the next stage of training.

The ARCP’s are centrally assessed by a panel consisting of the Training Programme Director, STC Members, Lay Chair, External Representative and Military or Academic Representative where required.
The following is a list of the ARCP outcomes of which you will receive one:

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Satisfactory Progress – Achieving progress and the development of competences at the expected rate. This is subject to successful completion of the training period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2</td>
<td>Development of specific competences required - additional training time not required</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>Inadequate progress – additional training time required</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>Released from training programme – with or without specified competences</td>
</tr>
<tr>
<td>Outcome 5</td>
<td>Incomplete evidence presented – additional training time may be required</td>
</tr>
<tr>
<td>Outcome 6</td>
<td>Gained all required competences - will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR</td>
</tr>
<tr>
<td>Outcome 7: FTSTA or LAT Trainees</td>
<td>Outcome 7.1 Satisfactory progress in or completion of the LAT placement</td>
</tr>
<tr>
<td></td>
<td>Outcome 7.2 Development of Specific Competences Required – additional training time not required</td>
</tr>
<tr>
<td></td>
<td>Outcome 7.3 Inadequate Progress by the Trainee</td>
</tr>
<tr>
<td></td>
<td>Outcome 7.4 Incomplete Evidence Presented</td>
</tr>
<tr>
<td>Outcome 8</td>
<td>Out of programme for research, approved clinical training or a career break (OOPR/OOPE/OOPC)</td>
</tr>
<tr>
<td>Outcome 9</td>
<td>Doctors undertaking top-up training in a training post</td>
</tr>
</tbody>
</table>

Further details of the principles underpinning the ARCP process can be found in Section 7 of ‘A Reference Guide for Postgraduate Specialty Training in the UK’ (the Gold Guide).

ARCP Advice

- Don’t leave your assessments to the last minute!
- Ensure your portfolio and CV are regularly kept up-to-date
- Talk to your Educational Supervisor EARLY if you are having difficulties
- Keep the Deanery informed of any changes in contact details
- If your attendance is required at your ARCP, confirm your ability to attend as soon as possible
- It is your responsibility to know what will be assessed
- If you don’t provide evidence by the ARCP date, you cannot be issued with a Satisfactory Outcome, without exception.

What are the documentation requirements?

All trainees must register with the Intercollegiate Surgical Curriculum Programme (ISCP) complete their Learning Agreements and assessments online.
The site contains the surgical curriculum with details of knowledge and skills required at every level of training.

**Logbook**

Use the agreed FHI elogbook

You need to ensure that you use the categories in the logbook appropriately so that you do not either overvalue or devalue your operative experience. For instance “P” indicates a procedure wholly performed by the trainee without supervision. At your stage of training, the ARCP panel would not expect to see any significant procedures under this column.

If you perform a significant part of a procedure under supervision, even if you do not do the whole procedure from start to finish, then this can be categorised as an “STS” rather than “A”.

**Quality Assurance**

Due to the importance of the panel’s decision for both you and the public, its decisions will be scrutinised by one external examiner. The external examiners will be present to review the process, and will **not** review your progress.

A Lay Assessor is present in order to scrutinise the whole ARCP process, and to find out your views, and that of the panel, on the procedures in place to support all the parties involved. Their presence ensures consistent, robust and transparent decisions are made. If the Lay Chair finds any significant or persistent concerns, these will be raised with the London Deanery representatives, who still manage the process.

An External Assessor should review a random 10% of outcomes and the documentation used by the final Deanery ARCP Panel to come to its decision. The External Assessor will also review the outcomes of any trainees who performance is causing concern.

Link to ARCP guidance:

[http://kssdeanery.org/arcp](http://kssdeanery.org/arcp)
Appeals Process

*Note: The ARCP Appeals process is currently subject to national review and is expected to be updated during 2012.*

The Gold Guide sets out in detail the appropriate process for appeals in sections 7.113 – 7.134. Below is a summary of what action should be taken by the Panel at the time of the ARCP Review.

The over-riding principle guiding the Appeals process is that no Trainee should be surprised by an Unsatisfactory Outcome. Schools should take steps to ensure that Trainees experiencing difficulty with the training programme are identified early, given guidance and support, and have documented, agreed objectives that are SMART and so measurable at ARCP.

**ARCP Review Meeting**

The ARCP Review Panel should meet with all trainees who have been issued with:
- Outcome 2 – where the trainee is required to progress on identified specific competencies.
- Outcome 3 – where the trainee is required to undergo additional training because of inadequate progress.
- Outcome 4 – where the trainee is required to leave the training programme before its completion.

The purpose of the Review Panel is to plan the further action which is required to address the issues of progress identified in the ARCP meeting. Where a trainee has been issued with an outcome 4, the Review Panel should make it clear to the trainee with which competences they will leave the programme.

If a trainee is issued with any of the above outcomes, they should receive notification in writing together with a copy of this Appeals Process and flow chart on the following page. The trainee should also be referred to the Gold Guide section 7.113 – 7.134.

**Appeals against an Outcome 2**

- The Trainee should write to the ARCP Review Panel Chair within ten working days of being notified of the panel's decision. In their letter to the Chair, they should include:
  - Their reasons for wishing to have the outcome decision reviewed
  - Details of any further evidence that they wish to present to the panel
- The chair should arrange a further meeting for the trainee within fifteen working days of the request being received.
- Where possible, the original panel should reconvene to reconsider the outcome. The trainee should be invited to attend this meeting.
- The trainee may provide additional evidence at this stage.
- Proceedings should be documented and a copy of this account should be given to the trainee as well as being kept by the Deanery.
- The decision of the panel following such a review is final and there is normally no further appeal process.
Appeals against an Outcome 3 or 4

- The Trainee should write to the Postgraduate Dean within ten working days of being notified of their Outcome 3 or 4.
- The appeal process has two steps, as outlined below and detailed in the Gold Guide 7.125 – 7.134.

Step 1: Discussion

- The trainee should meet with their Training Programme Director and Regional Adviser or Faculty representative. The purpose of this meeting is to discuss the perceived issues with the Trainee's progress and try to reach an agreement regarding next steps.
- If, after discussion, the Trainee accepts the ARCP Panel's decision of an Outcome 3, an action plan should be developed with specific objectives and timelines.
- If an Outcome 4 is accepted by the Trainee, then they will leave the training programme.
- If, after discussion, the Trainee still does not accept the Panel's decision, they may wish to progress to Step 2.

Step 2: Formal Appeal

- The Trainee should write to the Postgraduate Dean within ten working days of the discussion outcome detailed above. In their letter to the Postgraduate Dean, they should include:
  - Their reasons for appeal
  - Whether they wish to have external representation
  - Whether they wish to submit further written evidence to the panel before it convenes.
- The Postgraduate Dean should arrange a further interview for the trainee within fifteen working days of the request being received.
- Members of the original ARCP Review Panel must not take part in the appeal process.
- Where lack of progress may result in the extension or termination of a contract of employment, the employer must be kept informed of each step of the appeal process.
- The Appeal Panel’s decision is final and there is no further avenue for appeal.

Address to which Trainee should write:

[Panel Chair of Postgraduate Dean Name]
KSS Deanery
Specialty Workforce Team
Alpha House, 5th Floor
100 Borough High Street
London
SE1 1LB
Section 8

Policies and documents

Relocation Expenses

From 1 April 2009, the London Deanery is responsible for processing all relocation Expense Claims (covering removal and excess travel expenses) for all London and KSS based trainees on a recognised training Programme.

The Deanery’s objective will be the timely reimbursement of a trainee’s verified entitlement to expense. However, before incurring any expenses for which you anticipate submitting a claim to the Deanery, please complete a relocation eligibility form and return by post for authorisation, without which a claim will not be processed. You can find this form on the London Deanery website: http://www.londondeanery.ac.uk/var/relocation

Completed forms should be returned by post (emails will not be accepted) to:

The Relocation Department
London Deanery
Stewart House
32 Russell Square
London
WC1B 5DN

Flexible Training

Less than Full Time (LTFT) Training in Kent, Surrey and Sussex (KSS) Deanery allows doctors and dentists to work less than full-time in posts that are fully recognised for training. KSS Deanery supports access to Less than Full Time Training through slot sharing and, if this is not feasible, trainees may need to train on the basis of reduced sessions in a full time placement.

The intention of flexible training is to keep doctors in training where full-time training is not practical for well-founded individual reasons. SpR training supports doctors who wish to train part-time, while remaining as close as possible to the arrangements for doctors working full-time.

Further information on flexible training can be found at the following site:

http://kssdeanery.org/less-than-full-time-training

Inter - Deanery Transfers

If you are a trainee within the KSS Deanery area and wish to be considered for an inter-deanery transfer to another Deanery, please ensure you give as much notice as possible. Training vacancies in other deaneries may not be readily available and arrangements therefore may take some time to set up.

There are 2 application windows during the course of the year. If you wish to be considered for an inter-deanery transfer you should first visit the KSS Deanery website:
Out of Programme Policy and overview

This guidance covers all Specialty Trainees in the KSS Deanery with the exception of GP, and offers direction for all Specialty Schools and Trainees. This document indicates the KSS Deanery preferred methodology for implementing the Gold Guide Out of Programme (OOP) guidance. The Guidance can be found online at http://kssdeanery.org/sites/kssdeanery/files/Out%20of%20Programme%20process_2012%20revision%20FINAL.pdf

A Core Trainee or Specialty Training Registrar may take time out of their programme to undertake a period of research, gain clinical experience or other appropriate categories that is or is not available within KSS. Out of Programme placements are designed to accommodate this and can take place either in the UK or abroad.

All OOP requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. It is normally expected that a trainee would have completed one year of training before submitting an application given the short period and nature of the training.

Types of OOP

There are four types of OOP which may be considered:

- **OOPT** – Out of Programme for Approved Clinical Training
  This is where a trainee is undertaking GMC prospectively approved clinical training which is not part of the trainee’s specialty training programme.

- **OOPE** – Out of Programme for Clinical Experience
  Where a trainee is gaining clinical experience which is not approved by GMC but which may benefit the doctor or help support the health needs of other countries.

- **OOPR** – Out of Programme for Research
  Where a trainee is undertaking a period of research.

- **OOPC** – Out of Programme for Career Break
  Where a trainee is taking a planned career break from the specialty training programme.

Notice

Trainees should give their Postgraduate Dean as well as current and next employers a minimum of six month’s notice, but preferably as much as possible. This is to ensure that service issues and the needs of patients can be properly addressed. In exceptional circumstances notice of three months may be acceptable.

Study Leave Guidance

Please find below some information on your study leave guidance:

- Entitled to up to a maximum of 30 days in a year (which is calculated from the date of commencement of appointment or rotation)
- Leave to sit necessary examinations is allowable but does not count against the entitlement of study leave
- Trainees in locum specialty posts, those in FTSTAs and LATs exceeding three months are entitled to study leave pro rata
- There is no entitlement to study leave for LAS appointments

Using your study leave:
- Approval rests with your Local Clinical Tutor
- Applications should be received by your Clinical Tutor on the appropriate form at least 6 weeks prior to the leave
- Leave should not be taken within the first two weeks of a new appointment
- You must have an agreed personal development plan before applying for Study Leave
- Topsliced Study Leave is used by your specialty school to deliver centrally run training days and simulation days that you are required to attend.

Deanery guidance is available online:
http://kssdeanery.org/study-leave

The Gold Guide

The 2010 Gold Guide replaces all previous versions and is relevant for the length of your training.

The Gold Guide provides overarching guidance and standards as to the arrangements for Specialty Training in the UK.

Refer to the Gold Guide together with Deanery guidance for standards relating to:
- The role of statutory bodies
- Supervision
- LAT and LAS
- Less Than Full Time Training, Maternity Leave, OOP
- Deferral
- Appraisal, assessment and annual planning

http://kssdeanery.org/gold-guide

Trainee Support

KSS Deanery is committed to supporting Trainees who are in difficulty or at risk of being in difficulty through the Trainee Support Group

Guidance available online:
http://kssdeanery.org/TraineeSupport

ALL Trainees are monitored for satisfactory progress, not just those experiencing difficulties.

Trainees that may need additional help are discussed by the Trainee Support Group to ensure all routes of support are explored.

Trainees must be fully aware and involved at all stages. If you have concerns about your own progress get in touch early, don’t wait! Talk to:
- Educational Supervisor (in the first instance), or
- Training Programme Director (TPD)
- Clinical Tutor
- Deanery school administration team for surgery
With help from your Educational Supervisor, develop a plan
If your ability to progress is at risk, your Head of School and the Trainee in Difficulty Committee will be kept informed of your progress. They are able to offer additional support if required.

The aim is to get you ‘back on track’ and for training to continue successfully.

**Trainee Support**

**Categories include:**
- Inadequate performance
- Inadequate/Mismatch of training post
- Health issues
- Employment Issues
- Examination failures

A. **Local Mechanism for Problem Solving**

1. Discussion between AES (or PD) of Local Faculty and the Trainee. Ideally MEM/Trainee advocate present.
3. Satisfactory resolution – recorded in LFG minutes.
4. Not resolved – referral to KSS School of Surgery (or via SOS to STC for HST) *with Trainee’s knowledge.*

B. **School of Surgery Mechanism for Problem Solving**

1. Head of School (HoS)/Training Program Director (TPD) assigned.
2. Meeting with Trainee – documented on *Trainee Action Plan* with Trainee agreeing to the Action Plan with the assigned HoS/TPD
4. Trainee, TID Forum, via HOS or delegate, informed of progress monthly until resolution/closed.
5. Feedback the Action plan to Local Faculty Group PD and AES.

**Maternity Leave**

Each Trust will have a Maternity Policy which **must** be referred to and read in conjunction with the KSS Deanery document. Please email the school if you wish to have a copy of this document

**Blood Borne Virus**

There is a requirement for a Trainee to report via Occupational Health-OH at the outset of employment, matters relating to certain BBVs.

This is a Potential Patient Safety issue and the Trainee may also require specific adjustments to be made to their working practices.

For further details contact your OH Department

**TAKING CONSENT**

**Patient Safety and Informed Choice.**
1. Follow best guidance in consent summarised by DH and GMC.
2. Familiarise yourself with local guidance and consent paperwork at the outset of your post.
3. Consult with your Educational and Clinical Supervisor for queries relating to consent.

**Careers Support at the Deanery**

Who to contact at the Deanery:
- Joan Reid – Head of Careers
- Jason Yarrow – Senior Careers Adviser
- Lisa Stone – Careers Adviser
- Kathleen Sullivan – Teaching Fellow
- Gill Sharp – Consultant Careers Adviser

What the Careers team do:
- Careers – 3 tiers of support
- Referrals – trainee in difficulty guide
- 4 stage model – career planning
- Faculty development – career support workshops and PG cert Managing Medical Careers
- Information evenings and support career fairs
- ROADS – career planning book
- KSS careers website
- Medical careers website – www.medicalcareers.nhs.uk
- Other guides e.g. to accompany Peninsula/AGCAS DVD

[www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)

**Library and Knowledge Services**

Library and Knowledge services form part of the KSS Deanery, known as LKSDT. They manage a collaborative network of NHS libraries, offering a variety of services that support evidence-based practice, and the skills to use them.

[http://kssdeanery.org/education/about-library-knowledge-services-development-team](http://kssdeanery.org/education/about-library-knowledge-services-development-team)

YOU CAN:
- Search a wide range of regional resources, including:
  - Books
  - Journals
  - Local and linked libraries
- Sign up for an Athens account and gain access to:
  - Databases
  - eBooks
  - Specialist Libraries
  - Current awareness services

**Local Faculty Groups, Local Academic Boards and Local Educational Provider visits**

LOCAL FACULTY GROUPS (LFG)
- Established and maintained by Local Education Providers (LEPs)
- One for each specialty within the LEP
- Responsible for ensuring LEPs deliver high quality postgraduate medical education
- Ensure systems are developed, implemented and evaluated.
- Must comply with
  - the approved curriculum of the Royal College of Surgeons,
  - the GMC’s ‘Good Medical Practice,’
  - Relevant GMC publications
  - the NHSLA Risk Management Standards for Acute Trusts, CQC, Primary Care Trusts and Independent Sector Providers of NHS Care.

LOCAL ACADEMIC BOARD (LAB)
- Meets In each Local Education Provider (LEP), established by KSS
- Receive information from Local Faculty Groups (LFGs)
- Fulfil the educational governance function
- Monitor and oversee the quality of training
- Centralised conduit of communication
- Meet 3 times a year
- Review and consider reports from LFGs
- May initiate LEP internal review of programmes
- Host and manage visits to LEPs
- Detailed remit is contained in GEAR

LOCAL EDUCATIONAL PROVIDER VISITS (LEP)
- All core and selected higher specialties are visited in each LEP
- There is a 3-4 year cycle of visits
- KSS Deanery forms the visiting team with an external visitor on the panel
- In line with the GMC framework for quality assurance of training
- Areas of concern or good practice are noted and reported
- Reports are delivered by the visiting team to the KSS Deanery Quality Management Steering Group for consideration.
- Reports feed into Annual School and Specialty Reports
Section 9

GMC Trainee Survey

The surveys form an essential part of the work GMC does to quality assure postgraduate medical education and training in the UK.

The trainee survey is comprised of a set of core questions which test trainees’ perceptions of training providers' compliance with our standards, and specialty specific questions set by Royal Colleges and Faculties which test their perceptions of the quality of delivery of the curricula.

The full results of both trainer and trainee survey, which allow comparison by deanery and by hospital, are available at [http://reports.pmetb.org.uk/](http://reports.pmetb.org.uk/)

Completion of the trainee survey will be a mandatory element of training.
Section 10

Royal College of Surgeons (Eng) Resources

Wellcome Museum of Anatomy and Pathology

The Wellcome Museum of Anatomy and Pathology is a unique educational resource that contains a modern anatomical and pathological teaching collection and is used to support the education, training and examination of surgeons. The museum contains over two thousand anatomical and pathological preparations, covering all the major systems featured in the IMRCS and supporting the range of surgical skills courses offered by the college.

Facilities in the museum include:

- **Anatomical prosections and corrosion casts**
  These are arranged according to regions of the body:
  - Cranial cavity and brain
  - Head and neck
  - Thorax and thoracic viscera
  - Abdominal wall and viscera
  - Spinal cord and vertebral column
  - Upper limb
  - Lower limb

- **Pathological prosections**
  Including:
  - Nervous system and special sense organs
  - Musculo-skeletal system
  - Respiratory system
  - Breast disorders
  - Cardiovascular system
  - Endocrine system
  - Male and female genito-urinary systems

- **Mounted skeletons**

- **Disarticulated bones and teeth**

- **Histology Slides**

- **Computer programs**
  - McMinns Interactive Clinical Anatomy
  - McMinns The Interactive Skeleton
  - McMinns Imaging Atlas of Human Anatomy
  - Stevens and Lowe Pathology

Opening times and access:

The museum is free for you to use (in groups of ten or less).
It is open between 10am-5pm Monday to Friday. However you will need to call 020 7869 6560 or email wmap@rcseng.ac.uk to check the museum is open on the day you want to visit as it can be closed for courses or examinations.

The museum does have extended opening hours including some Saturday openings, for candidates preparing for the IMRCS. These can be found on the museum website: http://www.rcseng.ac.uk/museums/wellcome/wellcome.html

You will need to bring some ID with you that shows you are a medical professional, e.g. hospital pass, Affiliates card or examination candidate number when you come to visit the museum.

**Library and Information Services**

The online library (available for members’ and affiliates’ areas of the college website) contains electronic resources including health databases (Ovid Medline and EMBASE) and a range of full text electronic journals from across the surgical specialties. This can be accessed using a College-issued Athens user name and password. The library section of the College website (www.rcseng.ac.uk/library), which is open to all, gathers together a large collection of freely available health informatics resources to support professional activities from evidence-based practice to using electronic journals, from current awareness to passing exams. An extensive links database is also provided.

Those using the library in person can make the most of current holdings that support surgical practice and research, and historical collections charting the development and achievements of surgery, medicine and the College. Internet access is available, as well as a selection of computer-assisted learning packages. Library services include inquiry and literature search services: the provision of photographs, slides and images from library and College collections; and a document delivery service for photocopies of journal articles. The library’s online catalogues are available to all form anywhere, and can be searched to provide details of the library’s book and journal holdings as well as the archive and museum collections.

For further details, take a look at the website or get in touch with library staff (library@rcseng.ac.uk).
Section 11

Trainee Support Networks

Opportunities in Surgery

The Royal College of Surgeons of England Opportunities in Surgery Department (OiS) provides support for trainees throughout their Careers. Support and guidance can be found on the website www.rcseng.ac.uk/career or by e-mailing careers@rcseng.ac.uk. Opportunities in Surgery are responsible for The Royal College of Surgeons of England Affiliates Membership Scheme. The Affiliates’ is free to join and ensures you are provided with up to date information on any changes within the surgical profession: www.rcseng.ac.uk/support. For further information on this or any other of the OiS initiatives, please e-mail ois@rcseng.ac.uk.

Women in Surgery

WinS (Women in Surgery) mission is “to encourage, enable and inspire women to fulfil their surgical ambitions”. Currently, around 60% of medical students are female. Though the number of female surgical consultants has risen significantly over the last years, the proportion of women consultants is only 7% of surgical consultants.

To address this discrepancy, WinS hopes to raise the profile of women in surgery. We maintain a national network of over 2700 members. Through this and other activities, WinS supports women surgeons and students by providing advice, enabling contact with other surgeons and running events, including our annual conference. The network is free to join and open to anyone from medical student upwards.

To find out more please visit the following website: http://www.rcseng.ac.uk/career/wins
ASSOCIATION OF SURGEONS IN TRAINING (ASiT)

www.asit.org

Originally established in 1976 as a forum for registrars to meet socially and discuss training matters, ASiT is now a charitable organisation with over 2,000 members from all nine surgical specialities.

We represent the views of surgical trainees through the Councils of the Surgical Royal Colleges, ISCP, JCST, and numerous other working parties and committees. ASiT remains independent of these, and is run by trainees, for trainees.

ASiT offers numerous courses, prizes, and awards throughout the year. Every March we host a national two-day conference attended by over 300 delegates. This includes oral and poster presentations of trainees' research and audit work, with accepted abstracts published in the International Journal of Surgery.

For more information about membership please visit our website, or email us at: info@asit.org

Association of Surgeons in Training
c/o Royal College of Surgeons of England
35 - 43 Lincoln's Inn Fields
London
WC2A 3PE
Web: www.asit.org
Telephone: 020 7973 0300
Section 13

Frequently Asked Questions

What are Specialty Schools?

Specialty Schools are Deanery structures whose purpose will be to manage Specialty Training in KSS by bringing together the relevant Royal College and the Deanery. They will include Training Programme Directors (TPDs) and trust based Educational Supervisors who together will make up the Faculty for that specialty. Trainees will be part of their Specialty School as well.

How do I get my National Training Number (NTN)?

When you start the run-through training programme, we will ascertain if you are on a CCT or CESR route during your training. An NTN will then be allocated to you. You will receive a ‘Form R’ with your new NTN, which you have to complete and return to the Deanery in order to register formally for postgraduate training in your specialty. This will then be forwarded to the Royal College for them to begin the enrollment process for you.

How do I register with the JCST?

Once your Form R has been signed by both yourself and the Postgraduate Dean, a copy will automatically be sent to the JCST. Once this is received by the JCST, each trainee will receive a request for a CV. Trainees may wish to forward a CV before completing the Form R with the Deanery so that the JCST has them on record.

The JCST will also ensure that each trainee is properly registered with and using the ISCP. Please note that registration with the ISCP does not automatically entitle a trainee to be enrolled with JCST; different information and checks are required.

How do I register with ISCP?

You need to log on to the following website: www.iscp.ac.uk and follow the links to register. If you are already registered, you do not need to re-register. You will have to enter the details of your new stage of training, enter your placements and select an appropriate programme Director.

Any problems should be directed to the ISCP helpdesk at helpdesk@iscp.ac.uk or 02078696299.

How will my performance be appraised?

All trainees must have an educational supervisor who should provide feedback on performance and assistance in career development through constructive and regular dialogue.

The educational supervisor will also be responsible for providing a trainer’s report which contains evidence of your progress and also for undertaking workplace based appraisal. During your appraisal you should be able to discuss any concerns and worries you have to provide a constructive plan for future personal development.

How will my progress be assessed?

The Annual Review of Competence Progression (ARCP) is a formally defined process within the curriculum in which your progress in the training programme is evaluated and measured. It
results in an Outcome to confirm that the required competences, including those around patient safety, are being achieved.

Trainees who commenced their training prior to 2007 will be assessed by the RITA system (Record of In-Training Assessment). Similar to the ARCP, it results in an outcome form confirming whether or not the trainee has made adequate progress.

**Do I have to attend a departmental induction session every time I change post / Trust?**

Every trainee starting a post or programme must attend a departmental induction to ensure that they understand the curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff.

This must be undertaken within the first week of the trainee taking up the post and must include documentary evidence of attendance and the provision of a handbook including departmental protocols and administrative information. This applies to all trainees, irrespective of start date. Where trainees enter a new Trust an induction to the Trust should occur to familiarise the trainee with the hospital environment and to ensure that statutory employment requirements are met, such as health and safety and employment contracts.

At the start of every post within a programme you should also meet with your assigned educational supervisor (AES).

**I want to work abroad next year / been offered a research fellowship. Can I defer my start date?**

It is not possible to defer a start date in order to undertake research or to take a pre-employment career break or a post elsewhere.

Once a trainee has been in a run-through programme for at least a year and has shown satisfactory progress it is possible to consider out of programme experience. All such experience would need to be discussed with the Training Programme Director and ultimately agreed by the Postgraduate Dean

**I wish to undertake my training in the same place as my partner. How can we do our training in the same place?**

You need to apply to the same Deanery /Deaneries. Inter deanery transfers – where you move between Deaneries - may be agreed in some circumstances.

**I've moved address / changed my email – who do I have to inform?**

It is your responsibility to inform the JCST and the Medical Workforce officer in charge of your specialty – see key contacts page.
Section 14

Who Do I Contact…?

The summary below indicates who you need to contact when a query, or problem, arises:

ISCP Helpdesk

Problems registering with ISCP
Problems using ISCP assessment tools

KSS Deanery

Any change to your contact details (address / email / phone)
Problems with your clinical / educational supervisor
Problems with your training post
Queries regarding the training programme and rotations
Queries regarding ARCP and relevant paperwork
Flexible training requests
Inter / intra Deanery transfer requests
Mortgage letters
Out of Programme requests
Visa letters
Approval of funding for flexible training

London Deanery

Relocation and removal expenses
http://www.londondeanery.ac.uk/var/relocation

Trust

Banding
Pay Protection
Any change to your contact details (address / email / phone)
On-call rota
Study leave expenses
Travel expenses

For the majority of questions related to training you will contact your Assigned Educational Supervisor or Training Programme Director first. If the issues need more clarity then you may contact the MWPO for information, and in some instances it might be advisable to copy the MWPO into any email communication with your TPD so that we can ensure that your query is dealt with by the appropriate person.
Section 15

Helpful Websites

Association of Surgeons of GB and Ireland:  http://www.asgbi.org.uk/
British Medical Association:  www.bma.org.uk
BMA Doctor Support  http://www.bma.org.uk/doctors_health/index.jsp
British Medical Journal:  www.bmj.com
Department of Health:  www.dh.gov.uk
General Dental Council:  www.gdc-uk.org
General Medical Council:  www.gmc-uk.org
Hospital Doctor:  www.hospital-doctor.net
Hospital Medicine:  www.hospitalmedicine.co.uk
ISCP:  www.iscp.ac.uk
JCST:  www.jcst.org
KSS Deanery:  http://kssdeanery.org/
London Deanery:  www.londondeanery.ac.uk
NCEPOD:  http://www.ncepod.org.uk/
NHS Employers:  http://www.nhsemployers.org/
NHS Professionals:  http://www.nhsprofessionals.nhs.uk/
Medical Careers  http://www.medicalcareers.nhs.uk/
Medical Defence Union:  www.the-mdu.com
Medical Protection Society:  http://www.medicalprotection.org
Modernising Medical Careers:  http://www.mmc.nhs.uk/
Quality and Safety in Healthcare:  www.qshc.com
Raven Department of Education:  http://www.rcseng.ac.uk/education/courses/core.html
Royal College of Surgeons:  www.rcseng.ac.uk
The Lancet:  www.thelancet.com
The Health Service Journal:  www.hsj.co.uk
Section 16

Acronyms

Assessments

ARCP      Annual Review Competence Progression
CBD       Case Based Discussion
CEX       Clinical Evaluation Exercise
DOPS      Direct Observation of Procedural Skills
ISCP      Inter Collegiate Surgical Curriculum Programme
Mini PAT  Mini Peer Assessment Tool also referred to as 360 Appraisal
MRCS      Membership of Royal College of Surgeons
PBA       Procedure Based Assessment
SITE      Surgical In Training Evaluation

Associations

ASGBI     Association of Surgeons in Great Britain in Ireland
ASIT      Association of Surgeons in Training
BAAPS     British Association of Aesthetic Plastic Surgeons
BAOMS     British Association of Oral and Maxillo Facial Surgeons
BAPRAS    British Association of Plastic, Reconstructive and Aesthetic Surgeons
BAPS      British Association of Paediatric Surgeons
BAPU      British Association of Paediatric Urology
BAUS      British Association of Urological Surgeons
BOA       British Orthopaedic Association
BOTA      British Orthopaedic Trainees Association
ENT UK    British Association of Otorhinolaryngologists
PLASTA    Plastic Surgery Trainees Association
SCTS      Society for Cardio-thoracic Surgery
WinS      Women in Surgery

Key Contacts

AES       Assigned Educational Supervisor
CS        Clinical Supervisor
HoS       Head of School for Surgery, KSS Deanery
MWPO      Medical Workforce Projects Officer, KSS Deanery
ST        Surgical Tutor
TPD       Training Programme Director

Out of Programme

OOP       Out of Programme
OOPC      Out of Programme for Career Break
OOPE      Out of Programme for Experience
OOPT      Out of Programme for Training
### Relevant Bodies

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>FDS</td>
<td>Faculty of Dental Surgery</td>
</tr>
<tr>
<td>GDC</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>JCST</td>
<td>Joint Committee for Surgical Training</td>
</tr>
<tr>
<td>MMC</td>
<td>Modernising Medical Careers</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>PMETB</td>
<td>Postgraduate Medical Education and Training Board</td>
</tr>
<tr>
<td>RCPSSG</td>
<td>Royal College of Physicians and Surgeons in Glasgow</td>
</tr>
<tr>
<td>RCS (Ed)</td>
<td>Royal College of Surgeons of Edinburgh</td>
</tr>
<tr>
<td>RCS (Eng)</td>
<td>Royal College of Surgeons of England</td>
</tr>
<tr>
<td>RCS (I)</td>
<td>Royal College of Surgeons of Ireland</td>
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### Training & Specialties

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Academic Clinical Fellow</td>
</tr>
<tr>
<td>ACL</td>
<td>Academic Clinical Lecturer</td>
</tr>
<tr>
<td>CST</td>
<td>Core Surgical Training</td>
</tr>
<tr>
<td>CSTC</td>
<td>Core Surgical Training Committee</td>
</tr>
<tr>
<td>ENT</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>LAS</td>
<td>Locum Appointment for Service</td>
</tr>
<tr>
<td>LAT</td>
<td>Locum Appointment for Training</td>
</tr>
<tr>
<td>OMFS</td>
<td>Oral Maxillo Facial Surgery</td>
</tr>
<tr>
<td>SAC</td>
<td>Specialist Advisory Committee</td>
</tr>
<tr>
<td>T&amp;O</td>
<td>Trauma and Orthopaedic Surgery</td>
</tr>
</tbody>
</table>
Section 17

Key Dates for 2012/13

Please find below the key dates for General Surgery. Please note that you should ensure that you are available on all these dates – attendance is mandatory. You will be notified of the exact date, time and venue nearer the time.

Interim Reviews Date: 1 March 2013
ARCP Date: 5 July 2013

Section 18

Relevant Courses – 2012 / 2013

Below are a list of relevant courses organised by the Royal College of Surgeons (Eng) for your information; attendance is not compulsory.

www.rcseng.ac.uk/education

Emergency Skills in Maxillofacial Surgery
Legal Aspects of Surgical Practice
Intermediate Skills in ENT
Operative Skills in Ear, Nose and Throat Surgery
Technical Advances to Skull Base Surgery

Contact Details

<table>
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<tr>
<th>Contact Details</th>
<th>020 7869 6315</th>
<th><a href="mailto:step@rcseng.ac.uk">step@rcseng.ac.uk</a></th>
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</thead>
</table>

A Guide to Higher Specialty Training in General Surgery
October 20112
START 020 7869 6311 ccrisp@rcseng.ac.uk
ATLS® 020 7869 6309 atls@rcseng.ac.uk
BSS 020 7869 6312 bss@rcseng.ac.uk
CCrISP® 020 7869 6311 ccrisp@rcseng.ac.uk
Preparation for IMRCS Oral Examination, SBSP 020 7869 6315 step@rcseng.ac.uk
Teaching and Learning 020 7869 6350 pdcourses@rcseng.ac.uk
Aesthetic Surgery 020 7869 6336 plastic@rcseng.ac.uk
Breast Surgery 020 7869 6340 breast@rcseng.ac.uk
Cardiothoracic Surgery 020 7869 6328 cardiothoracic@rcseng.ac.uk
Coloproctology 020 7869 6328 coloproctology@rcseng.ac.uk
General Surgery 020 7869 6328 generalsurgery@rcseng.ac.uk
Neurosurgery 020 7869 6336 neurosurgery@rcseng.ac.uk
Oral and Maxillofacial Surgery 020 7869 6340 maxfac@rcseng.ac.uk
Orthopaedic Surgery 020 7869 6337 orthopaedics@rcseng.ac.uk
Otorhinolaryngology 020 7869 6336 ent@rcseng.ac.uk
Paediatric Surgery 020 7869 6340 paediatrics@rcseng.ac.uk
Plastic Surgery 020 7869 6336 plastic@rcseng.ac.uk
Spinal Surgery 020 7869 6337 orthopaedics@rcseng.ac.uk
Urology 020 7869 6340 urology@rcseng.ac.uk
Vascular Surgery 020 7869 6328 vascular@rcseng.ac.uk
Drawing for Surgeons 020 7869 6337 drawingforsurgeons@rcseng.ac.uk

Acknowledgements

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