



TRAINEE PROSPECTUS 2018

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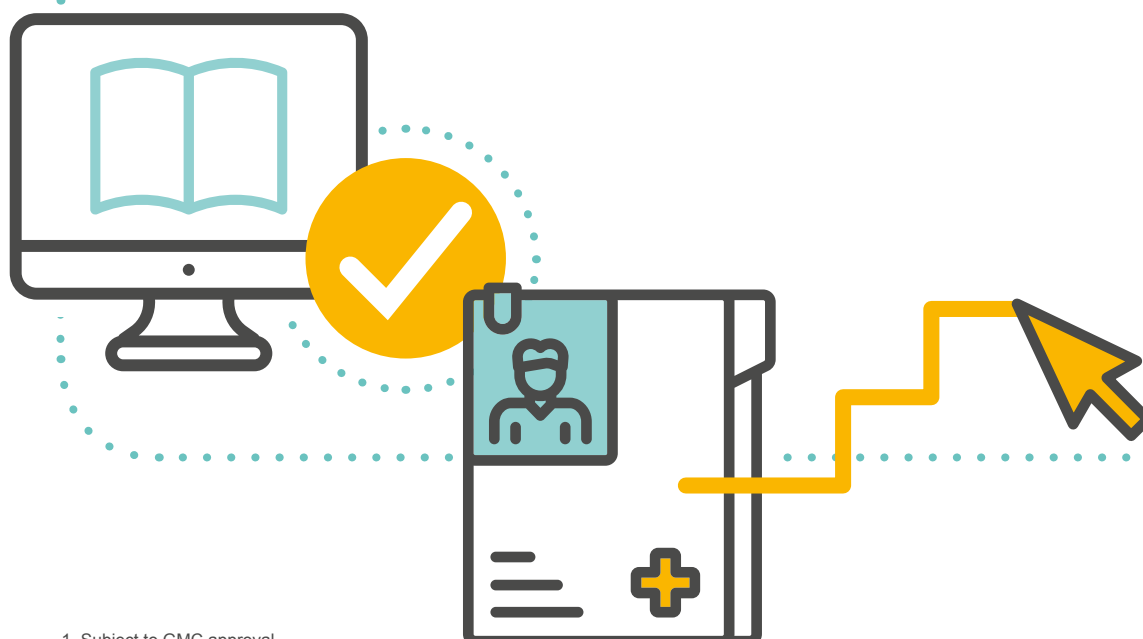
SUMMARY

Improving Surgical Training (IST) is a project led by the Royal College of Surgeons of England (RCS) and Health Education England (HEE), which aims to provide surgical trainees with a greater quality and quantity of training through a series of innovative initiatives. These include appropriate emphasis on clinical exposure supported by simulation, enhanced trainee–trainer interactions with dedicated training time and working with members of the surgical care team (also known as the extended surgical team (EST)).

IST is an ambitious project that will be piloted alongside existing core surgical training and will recruit into the early years of run through training in general surgery in 2018.¹ Trainees will be appointed to a programme in which regular formative assessments will be used to ensure progress against the core surgery curriculum, with appropriate feedback, personal reflection and self-assessment.

The IST initiatives are intended to allow early years trainees to develop competencies at their own pace, with opportunities to gain skills usually acquired in more advanced training. Pilot trainees will gain experience in both elective and emergency general surgery, with the opportunity to develop a special interest. Upon completion of training, there may be additional training available in complex areas of practice and opportunities to apply for dedicated, newly designed fellowships.

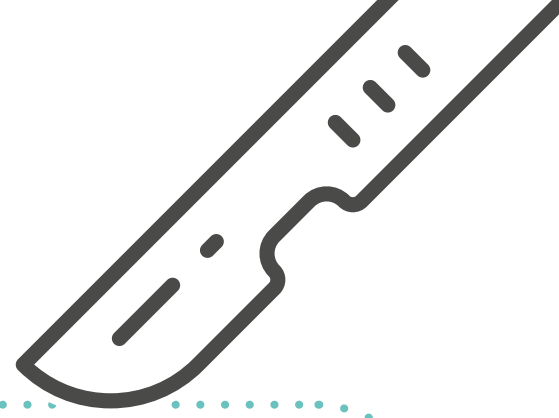
The pilot will be extended to urology and vascular surgery from 2019.



1. Subject to GMC approval.



BACKGROUND



Following the Shape of Training Review,² the RCS was commissioned by HEE in 2015 to investigate how surgical training in the UK could be developed. This led to the publication of the Improving Surgical Training report,³ which identified the following key issues:

- Increasing specialisation within general surgery, despite the need to provide a general emergency service.
- Trainees being used for 'service provision' with limited emphasis on training.
- Shift working resulting in loss of trainee–trainer relationship and lost opportunity for valuable elective daytime training owing to a high proportion of on-call work, especially at night.
- High dissatisfaction rates among surgical trainees, especially among core surgical trainees.
- Trainers with limited time to train.
- An Annual Review of Competence Progression (ARCP) process that lacks consistency and reliability.

The IST pilot aims to address these issues and create a surgical training system that produces competent, confident, self-motivated professionals who are able to provide the highest quality of care for patients in the NHS.

This will be achieved by:

- providing trainees with an appropriate balance between training and service, working closely with multi-professional colleagues;
- professionalising and securing time for educational and clinical supervision to provide support and feedback, and to promote reflective practice;
- introducing outcomes-based curricula that focus on the development of a competent surgeon with defined knowledge and clinical and technical skills;
- establishing a learning environment that embeds simulation for both technical and non-technical skills;
- improving and enhancing overall experience to ensure greater job satisfaction; and
- ensuring the product at the end of training is at least the same as current training and meets current and future patient needs.

2. Shape of Training. *Securing the future of excellent patient care*. London: GMC; 2013

3. Royal College of Surgeons of England. *Improving Surgical Training*. London: RCS; 2015

TRAINING IN THE IMPROVING SURGICAL TRAINING PILOT

1. Providing trainees with an appropriate balance between training and service, working closely with multi-professional colleagues

IST will provide training opportunities for approximately 60% of the working week. Pilot placements are intended to be restricted to a minimum 1:10 on-call rota to provide appropriate time for elective training.

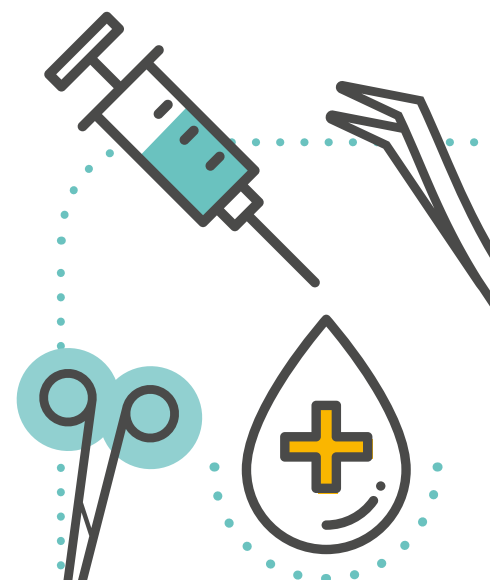
The IST pilot aims to champion the surgical care team to ensure that trainees' time is dedicated to activities of high educational value. The surgical care team (SCT or EST) may include advanced clinical practitioners, physician associates, surgical first assistants and surgical care practitioners. Further details can be found about these roles at rcseng.ac.uk/est. Members of the SCT will work closely with pilot trainees on most sites, providing clinical support and reducing administrative responsibilities.

Pilot sites will enable trainees to remain in one site for twelve months to produce a more settled environment.

2. Professionalising and protecting time for educational and clinical supervision to provide support and feedback and promote reflective practice

Trainers of pilot trainees must have protected supervision time for training in their job plan and a minimum average of one hour per trainee per week to provide feedback and reflection. Trainers will be expected to support trainees in obtaining the appropriate opportunities within ward work, when treating outpatients, and in the operating theatre, to gain the curriculum-defined skills for their stage of training.

Specific training for trainers will ensure that they are fully aware of the formative approaches inherent in IST, and provide feedback and encourage reflective learning by trainees. Trainers will be expected to maintain their own professional development of training and teaching skills.



3. Introducing outcomes-based curricula that focus on the development of a competent surgeon with defined knowledge and clinical and technical skills

Both IST pilot trainees and non-pilot core trainees will follow the same core surgery curriculum during the first two years of their training, which has recently been updated and approved by the General Medical Council (GMC). A new general surgery curriculum will be in place for the pilot, as all curricula must meet the GMC's standards for outcomes-based training by 2020. This approach will be developed in the current revision of the general surgery curriculum and will be introduced in the next revision of the core curriculum. IST pilot trainees may be able to work towards achieving higher-level curriculum outcomes alongside core curriculum competencies in the early years of the pilot.

4. Establishing a learning environment that embeds simulation for both technical and non-technical skills

The benefits of simulation are now established in surgical training for not only technical but also non-technical skills.

Pilot trainees will receive simulation-based training through dedicated educational induction programmes ('boot camps') as they move through different levels of training and have specific opportunities within their posts for both supervised and unsupervised activities. The use of simulation for training and learning is now part of the core curriculum and will be incorporated in the revised general surgery curriculum.

5. Enhancing overall experience to ensure job satisfaction

A key feature of IST is that progression will be based on acquisition of curriculum-defined competencies. Trainees learn and develop at different rates and IST recognises that such individual performance needs to be taken into consideration. Run through training facilitates the environment in which individual performance can be supported without the potential insecurity of having to move location for higher training. Summative assessment is necessary at different stages but this will ensure that targets are met in preparation for the next phase of training.

The working environment is anticipated to include the 'modern firm' structure comprising trainer, trainee, peer colleagues and the surgical care team.

The evaluation of the pilot will include an assessment of hours worked, the impact of the working environment on trainee wellbeing, and overall trainee satisfaction including work-life balance. Trainees will be directed to advice on pay and contractual conditions.

6. Ensuring the product at the end of training meets current and future patient needs.

At completion of training, pilot run through and non-pilot uncoupled trainees will have achieved the same clinical skills and professional competencies. In general surgery the Certificate of Completion of Training (CCT) includes competence in emergency general surgery and in a special interest within general surgery. IST trainees will meet the same CCT criteria but they will be gained through a more efficient and rewarding process using the initiatives outlined in this prospectus.

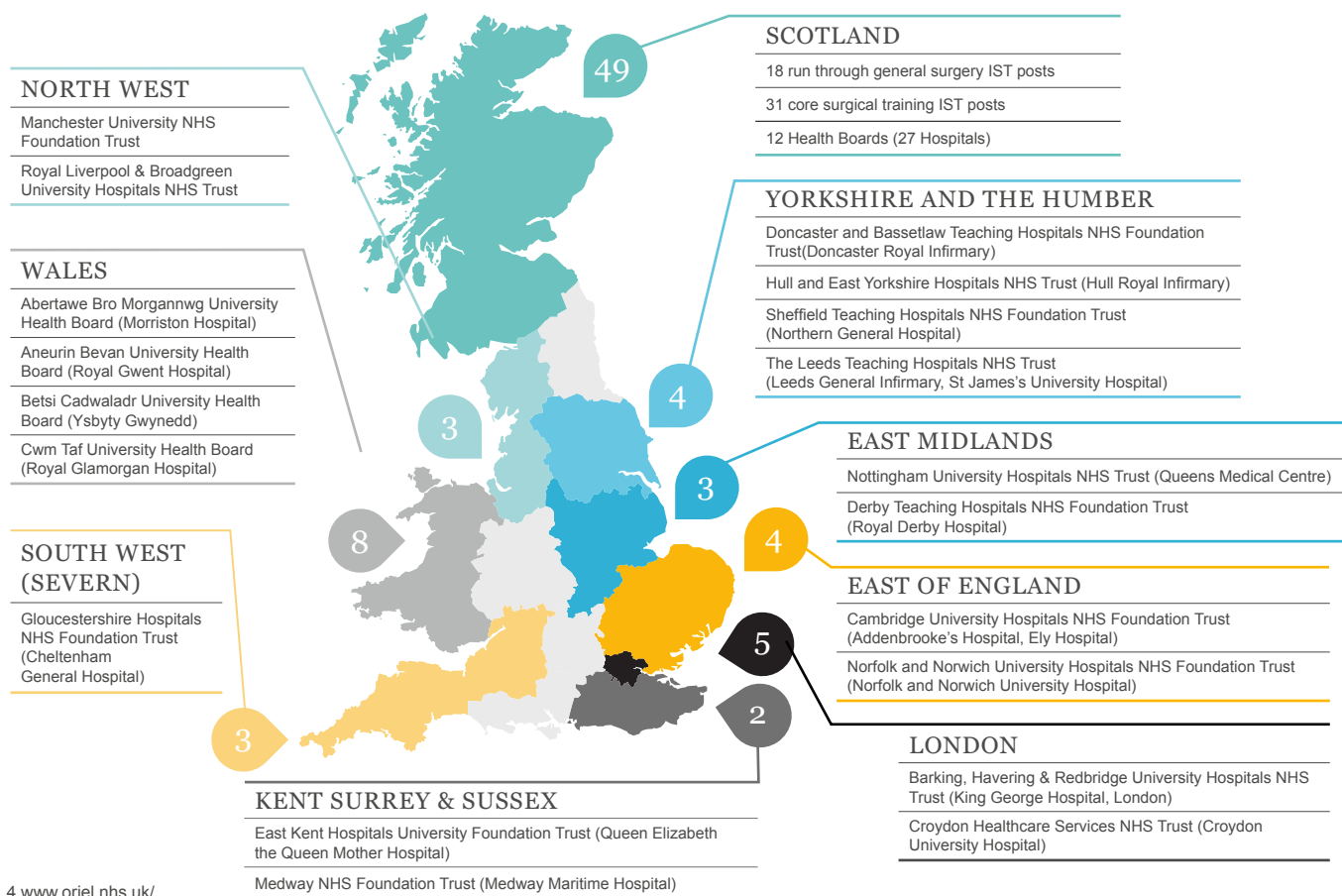
PROGRESSION AND LENGTH OF TRAINING

Progress within the IST pilot will be competency-based and is expected to take between six and eight years. IST pilot trainees will follow the current core surgery curriculum in ST1/2, followed by the general surgery higher specialty curriculum from ST3 onwards. Trainees completing their core competencies before the end of ST2 may have the opportunity to begin working towards achieving competencies from the higher curriculum prior to ST3, potentially allowing for accelerated progression towards the award of a CCT at the end of specialty training.

Throughout the run through programme, there will be formative and summative assessments, including the ARCP. During the second year of training, pilot trainees will be included in the general surgery selection process; progression to higher specialty training for IST trainees will be dependent upon achieving the appointable score required of non-IST trainees applying for uncoupled ST3 posts in general surgery. Scores by pilot trainees will form part of the evidence considered by ARCP panels in support of progression to ST3. If a pilot trainee does not achieve the appointable score but has achieved all other requirements for progression, additional training of up to 12 months within the same LETB/deanery may be provided.

PRELIMINARY PILOT SITES AND IST POSTS

At present the following schools and sites are expected to offer IST posts to trainees interested in a career in general surgery. Please note, these are subject to change and the posts listed on Oriol⁴ are final.



4. www.oriol.nhs.uk/

SCOTLAND

In addition to run through training in general surgery, all core surgical training posts in Scotland in 2018 will be part of the pilot. NHS Education for Scotland is supporting the implementation of the project locally.

Run through general surgery IST posts

Eighteen posts will be offered as IST run through posts in general surgery, as in England and Wales. Specifically, the Scottish run through general surgery placements will comprise twelve months in general surgery and two six-month posts in other specialties including cardiothoracic surgery, paediatric surgery, urology and vascular surgery.

Core surgical training IST posts

All other remaining core surgical training posts in Scotland, 31 in total, will be uncoupled IST placements. This means that trainees undertaking uncoupled surgical training will train in pilot site health boards that have made the environmental changes included in the IST model, such as adjusting rotas to provide training opportunities for approximately 60% of the working week, and protecting supervision time for training in trainers' job plans.

These placements however, are not run through in structure. Training programmes will comprise 6- and 12-month posts in different surgical specialties including cardiothoracic surgery, ENT, general surgery, paediatric surgery, plastic surgery, trauma & orthopaedics, vascular surgery and urology. Some of these posts will be themed for a career in all of the surgical specialties, including general surgery.

For more information about training in Scotland, the Health Boards taking part in the pilot and further details regarding training programmes, please visit www.scotmt.scot.nhs.uk/specialty/specialty-programmes.aspx



APPLICATION PROCESS

Entry to the IST pilot and core surgical training will be completed via the standard core national selection process in late 2017/early 2018, based on a single person specification. IST and core surgical training posts will be offered in a combined preferencing system via the Oriel online application system, with offers based on rankings achieved in the core surgery national selection process.



FAQS

For a list of FAQs please visit rcseng.ac.uk/ist

ENQUIRIES

To find out more, please visit rcseng.ac.uk/ist, contact ist@rcseng.ac.uk or call 020 7869 6264



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