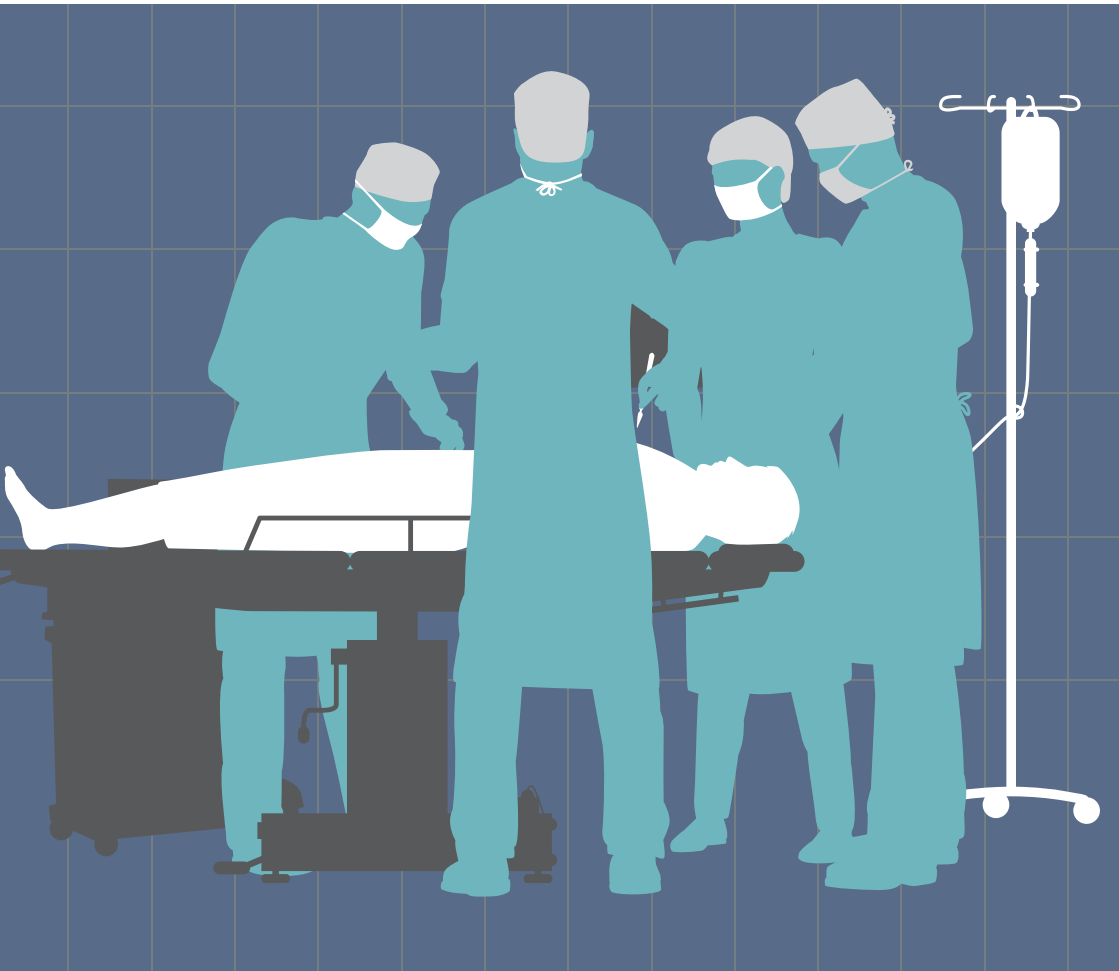
Royal College of Surgeons
ADVANCING SURGICAL CARE

The Royal College of Surgeons of England

Surgical Tutor Handbook



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President's foreword

Surgical tutors are the College's local representatives, supporting all aspects of surgical training and education within trusts, local health boards (LHBs) and hospitals. They are our largest group of College representatives 'on the ground', supporting those involved in surgical training and acting as a conduit for the flow of information between the College, the school of surgery and the hospital, trust or LHB.

The College places great reliance on consultant surgeons who are prepared to act as surgical tutors; their hard work and the time they dedicate to the role are greatly appreciated. The tri-partite relationship with the College, school of surgery and trust/LHB is important in maintaining communication and supporting and enhancing standards of surgical training and education. In addition to the work they may do with the College, surgical tutors also work very closely with the school of surgery, postgraduate education centre, and trainers and trainees.

This handbook was first published in 1999, updated in 2004 and then again in 2010. In recent years there have been significant changes in medical education, with more to come following the Shape of Training[1] review. We will ensure this handbook is updated regularly, to reflect these ongoing changes.

I would like to take this opportunity to thank you, the surgical tutors, for your contribution to patient care through your support of training. Yours is a significant role, fundamental to ever ything the College is trying to achieve, and an important step on the ladder to other posts in education and training, in the College, in schools of surgery and elsewhere.

Clare Marx
RCS President

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1 The surgical tutor role description

1.1 Summary

The surgical tutor is an ambassador of the College, a school of surgery (SoS) advocate for the Intercollegiate Surgical Curriculum Programme (ISCP), and provides a crucial support for the trust (or LHB in Wales, this handbook uses 'trust' to refer to both) in supporting and demonstrating good governance of surgical training matters.

The tutor is responsible for providing leadership to surgical trainees in the trust. Key functions include supporting and advising the Director of Medical Education (DME) on educational resource issues for surgery and liaising with the SoS via the core training programme director (TPD)/core surgical training committee (CSTC) and the specialty training committees (STCs) as necessary.

The surgical tutor may also provide a link to the relevant regional Professional Affairs Board (PAB) where his or her role is to advise the Director for Professional Affairs (DPA) of service and educational issues affecting surgeons in their trust. Surgical tutors could either be a member of the PAB in their own right, or represent their surgical tutor colleagues in the region. Surgical tutors are accountable:

- **Professionally** to the College via the Vice President with responsibility for regional development
- **Managerially** to the trust via the DME
- **Educationally** to the Head of School of Surgery

The term of office for a surgical tutor is initially three years, which can be extended for up to two years by mutual agreement.

1.2 Key roles and responsibilities

Support for trainees

- Be available to provide support and guidance to all surgical trainees in the trust.
- Become an active member of the relevant SoS CSTC and regularly attend meetings.
- Support the activities of the CSTC including the annual review of competence progression (ARCP) process, regional teaching, simulation teaching sessions, induction, faculty development and other relevant activities.
- Ensure all trainees have access to local/regional teaching sessions and study leave.
- Identify and support any trainees with differing needs and liaise, where necessary, with the SoS/local education and training board (LETB), appropriate Training Programme Director (TPD) and/or Assigned Educational Supervisor (AES) to help develop training action plans.
- Monitor the number and type of surgical posts within the trust and their educational opportunities.
- Identify and support trainees in difficulty.
- Liaise with other groups of healthcare professionals who are members of the wider surgical team.

Support for trainers

- Support faculty development so that those involved in educational activities meet General Medical Council (GMC) and/or College standards for trainers.
- Utilise ISCP in support of the trainee–AES relationship.

Advocate for ISCP

- Act as an advocate for the ISCP, ensuring all trainees and their trainers are aware of the requirements of the curriculum, are capable of using the ISCP system and its tools, and have participated in the formulation and assessment of learning objectives.
- Attend core surgery induction as necessary and promote the use of ISCP and College services.

College ambassador

- Promote membership of the College via membership examinations, provide support and guidance on the College's educational courses and signpost other relevant College services that support surgeons in the trust.

Education and training lead for surgery
This section to be negotiated and agreed locally with trusts.

- In conjunction with clinical directors, ensure that planning processes within the trust take surgical educational needs into consideration particularly in relation to access to theatre, clinics and wards, medical staffing, service configuration, waiting lists and bed numbers.
- Represent the interests of surgery in medical education meetings at the trust and work closely with those involved in training and education within the trust including the DME, Postgraduate Centre Manager and Medical Director, as well as consultant colleagues.
- Consider support for SAS surgeons, liaising with the SAS tutors or other local roles where they exist.
- Support quality assurance (QA) process including organising/ participating in SoS and GMC hospital visits as required, providing reports and correcting problems highlighted in GMC reports and trainee surveys.
- Coordinate local consultant involvement in national recruitment at both core and higher surgical training levels as required.

Making the links with service
- Attend the College's regional representative meetings held each year and disseminate information on College policy and guidance to colleagues in the trust.
- If appropriate, attend the regional PAB meetings to advise the DPA of service and educational issues affecting surgeons in the trust or region.
- Engage with the annual (or as required) arrangements for review and assessment of the surgical tutor role in the SoS, conducted on paper or by the appropriate panel, as required.
- Work with the College's Regional Coordinator, Head of School, DPAs and TPDs to ensure that a free flow of information on the full range of surgical matters is disseminated to colleagues in the trust.

1.3 College support for the role

In addition to the annual regional representatives' conferences (which surgical tutors are expected to attend), the College will establish the following mechanisms for ensuring surgical tutors are updated and supported in their role:
- Regional surgical tutor forums with opportunities for networking, socialising and information sharing (potentially organised around other events such as CSTCs, PABs etc).

- Dedicated surgical tutor induction and educational sessions at the College, linked to regional representatives' conferences.
- Dedicated online resources to support effective two-way communication between the College and the surgical tutors, which includes regular updates of this handbook.

The surgical tutor role is a partnership between the College, the trust and the SoS and, as such, this role description should be negotiated with the relevant DME at the trust in advance of any appointment. The role description is a guide to the range of responsibilities and may be subject to change in accordance with national, trust or SoS objectives.

1.4 Appointment process

The surgical tutor role is subject to local negotiation but is based on a number of key principles:

- A tutor must have an established or honorary consultant appointment in the NHS and must be a Fellow of The Royal College of Surgeons of England. Where a surgical tutor is appointed through a properly constituted appointments panel is not a fellow or member of the College, the College will offer the surgical tutor ad eundum fellowship and will waive the fee for the period of the appointment. Where a vacancy exists, this will be advertised to all consultants in the hospital/ trust in liaison with the Regional Coordinator.
- The interview panel should consist of the DME or equivalent, Head of School of Surgery (or deputy), and a College representative (this can be the DPA, the Regional Council Member, and/or the Regional Coordinator, but at least one must be present).
- If required, a representative of the surgeons in the trust and/or the Medical Director could be included on the panel. The panel will be convened by the College Regional Coordinator in conjunction with the trust.
- After due process the College will formally appoint the tutor and this will be ratified by the College Council.
- Time must be available within the job plan to support the role and should be negotiated with the relevant trust's DME in advance of the appointment process. The College recommends that one supporting professional activity (SPA) is allocated to this role. Applicants should discuss this with their Clinical Director and/or the trust's Medical Director before submitting an application.

1.5 Commitment to the surgical tutor role

The College requires surgical tutors to carry out their duties as set out in the role description, and acknowledges their dedication and value within the workplace. The College is committed to providing continued support for this role via the Regional Coordinators and DPAs.

In some cases, there may be issues within the workplace that make it difficult for the surgical tutor to allow sufficient time for the role. This could be due to lack of SPA time or other conflicting professional commitments that make it difficult to attend external events or meetings, such as the SoS CSTC. If you are in a situation where you feel that you cannot fully undertake the surgical tutor role, please speak to your respective Regional Coordinator as soon as possible for advice. The Regional Coordinator will also be able to explain options available to you, such as appointing a deputy.

The College is committed to having surgical tutor representation in all trusts and will endeavour to ensure all surgical tutors are fully supported.

1.6 Surgical tutor person specification (suggested)

Essential

► A fellow of the College in good standing or prepared to apply for ad eundum fellowship on the basis that the fee will be waived for the period of appointment.	Application
► A surgeon on the specialist register who holds a minimum of five sessions with the trust.	Application
► Holds a consultant post.	Application
► Knowledge of education principles, with an active, informed and continuing interest in postgraduate medical education and career guidance of surgeons in training. Previous experience of postgraduate education.	Application and interview
► Knowledge of College activities and services, and a willingness to promote and signpost as appropriate.	Interview

► An awareness and ability to further the aims and policies of the ISCP. Able to contribute to faculty development.	Application and interview
► A knowledge of management structures at trust and deanery level. Able to facilitate the delivery and monitoring of high quality surgical training.	Interview
► Strong leadership skills and an ability to manage change effectively in postgraduate medical education.	Interview
► Well organised, with excellent interpersonal and time management skills.	Interview
► Approachable and able to make time to see trainees.	Interview
► A knowledge and understanding of equality and diversity legislation, regulations and procedures.	Application and interview
► Able to negotiate for resources and advocate the educational agenda.	Interview
► A knowledge of digital/web-based interfaces in education and recruitment.	Application and interview
► Has attended a training course for educational supervisors.	Application and interview
► Up to date with current issues in medical education and those issues affecting the relevant SoS and/or trust.	Interview

Desirable

► Able to cooperate with other health professionals to promote multi-disciplinary working.supervisors.	Interview
► Previous clinical management experience and/or commitment to management training.	Application

2 Surgical training

2.1 Regulation – the GMC

The GMC registers doctors to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. It has four main functions: keeping up-to-date registers of qualified doctors, fostering good medical practice, promoting high standards of medical education and training, and dealing firmly and fairly with doctors whose fitness to practise is in doubt. Since April 2010, the GMC has subsumed the work of the previous Postgraduate Medical Education and Training Board (PMETB) in the approval of training programmes and relevant specialty curricula. As the regulatory body, the final decision on approval of posts and programmes designed to lead to the award of a certificate of completion of training (CCT) or a certificate of eligibility for specialist registration (combined programme (CESR (CP)) is made by the GMC.

While the GMC is responsible for the overall QA of training, the LETBs/ deaneries are responsible for quality management (QM), with surgical royal colleges providing essential input via the Joint Committee for Surgical Training (JCST). Local education providers (normally trusts) have the task of quality control (QC). The GMC conducts an annual survey of all doctors in training, which the postgraduate deans use as a key component of their QM processes.

The GMC has undertaken the production and promotion of *Good Medical Practice* (*GMP*).[2] *GMP* is the underpinning framework for all doctors registered with the GMC and involved in the delivery of care to patients. To ensure maximum trust for patients, it outlines the professional duties of a doctor and how they must show respect for human life and make sure their practice meets the standards expected across four domains: knowledge, skills and performance; safety and quality; communication, partnership and team working; and maintaining trust. In 2009 the GMC issued

registered doctors with a UK licence to practise and, since 2012, all licensed doctors who practise in the UK have to demonstrate that they are meeting the *GMP* domain expectations through revalidation (see 2.12 Revalidation for trainees, p19) in order to maintain their licence.

Good Surgical Practice (GSP)[3] has been produced by The Royal College of Surgeons England and endorsed by the other surgical royal colleges and surgical specialty associations (SSAs), to delineate the specific duties and standards expected of a surgeon, mapped to the *GMP* standards.

2.2 Changes to surgical training since 2007

Basic surgical training (BST) came to an end in August 2007 with the onset of the specialty changes resulting from Modernising Medical Careers (MMC). The aim was to introduce 'run-through' training across all specialties, with trainees entering a training programme (post foundation) at the ST1 level and, subject to satisfactory progress though the GMC-approved curriculum (see 3. Curriculum, p26), advancing through training to ST8 level, and becoming eligible to apply for their CCT. Some fixed-term specialty training appointment (FTSTA) posts were included in a small number of specialties, including neurosurgery. A national recruitment process to underpin run- through training was developed, called the Medical Training Application Service (MTAS).

Serious concerns raised about this new system led to independent formal reviews by Professor Sir Neil Douglas[4] and Professor Sir John Tooke.[5] The result was that cardiothoracic surgery, ENT, general surgery, paediatric surgery, plastic surgery, trauma and orthopaedic surgery, and urology all 'uncoupled' from run through training. These specialties then offered an indicative two years of core training (known as CT1 and CT2) with no automatic progression beyond this; trainees had to re-apply in open competition for a specialty post at the specialty training (ST3) level. Since that time, only neurosurgery has retained run-through training for all trainees. Other specialties have also undertaken new pilots of run-through training for a small number of trainees.

The model of two years of core training followed by six years of specialty training (for most surgical specialties) is now well established, apart from urology which has two years and five years respectively. The programme for oral and maxillofacial surgery also deviates owing to the dental components of training. However, depending on the implementation of the Shape of Training review,[1] training pathways may once again change.

2.3 Organisation of surgical training

Health Education England (HEE)[6] was established as a special health authority in June 2012, taking on some functions from October 2012 before assuming full operational responsibilities from April 2013. From that time, it has been responsible for the organisation of medical and dental education in England as well as for the education, training and personal development of every member of NHS staff. HEE created 13 local education and training boards (LETBs) in order to deliver its educational and workforce objectives. Up until this time, each region's postgraduate deanery had held the responsibility for postgraduate specialty training under the auspices of the relevant strategic health authority (SHA). The deaneries were subsequently subsumed into the LETB structure and use of the term 'deanery' ceased, with each postgraduate region now known as Health Education <name of region>. The role of postgraduate dean was retained within the LETB.

A reduction in the number of LETBs – from 13 to 4 – is expected in 2015. This will create four overarching LETBs with four national directors covering the north of England, south of England, Midlands and the east, and London and the south east.

In Wales, responsibility for specialty training remains with the School of Postgraduate Medical and Dental Education (Wales Deanery)[7] and in Northern Ireland, via the Northern Ireland Medical and Dental Training Agency (NIMDTA).[8]

The Health Education organisations and postgraduate deaneries in the UK are responsible for delivering specialty training in accordance with the GMC-approved specialty curricula.

2.4 Postgraduate deans

The postgraduate deans work within the LETB or deanery to manage the delivery of postgraduate medical training to GMC standards across all medical specialties, including foundation and general practice. They also work alongside local healthcare providers and medical royal colleges and their faculties to manage the quality of provision of this training.

The postgraduate dean may be supported in achieving this aim by a team of associate postgraduate deans, each having their own portfolio of responsibility, a business manager, and various other support staff covering quality management, education, specialty support, recruitment and so on. All deans use the guidance and information outlined in the Gold Guide[9] (see 2.13 The Gold Guide, p19) when managing their training programmes.

Postgraduate deans have a national organisation called COPMeD (the Conference of Postgraduate Medical Deans of the UK) and have a range of policies applying to the trainees, eg study leave, flexible training and time to go 'out of programme'. Websites are used both to communicate their activities to trainees and as a main source of general information. There are often secure areas that only those involved in training can access. Contact your local administrator to gain further information specific to your region.

2.5 Schools of surgery

The model of having a 'school' as the overarching framework to bring together local training structures is common across all medical specialties, not only within surgery.

The first school of surgery (SoS) was established as a pilot in 2005/6 and the model has been developed and refined since then. Each school is led by a head of school (HoS), often appointed in conjunction with the College; this is done in open competition and the term of office is normally three years in the first instance. Local needs have determined the structure of each SoS but it would be usual for there to be a board (meetings held three or four times per year), with other possible sub-committees such as an executive group, a quality management group and an education group. The postgraduate dean is often a board member and other members may include a trust chief executive, various College representatives (DPA, Regional Council member, Regional Coordinator), a lay or patient liaison group representative, and a trainee representative.

The specialty training committees (STCs) are normally represented on the board through either the training programme director (TPD) or STC chair. With more focus on the early years of surgical training, the core surgical TPD is also a member of the SoS board and will also normally lead the local CSTC. The CSTC may include STC representatives – and the surgical tutor normally has an important role to play in this committee.

A national HoS forum known as CoPSS (Confederation of Postgraduate Schools of Surgery) is held twice per year, where each HoS can meet colleagues from other areas to debate and discuss areas of concern or on- going activities and receive central updates. More information can be found on the CoPSS website.[10]

2.6 The Joint Committee on Surgical Training

Previously called the Joint Committee on Higher Surgical Training (JCHST), the Joint Committee on Surgical Training (JCST)[11] assumed its new identity in late 2007 to reflect changes to the training structures in the UK.

The JCST is an intercollegiate body working on behalf of the four surgical royal colleges in the UK and Ireland as well as with the SSAs. It also works closely with postgraduate deaneries/LETBs, SoS, and organisations representing trainees. It comprises a specialty advisory committee (SAC) for each of the ten GMC-approved surgical specialties, the intercollegiate CSTC, and five training interface groups (TIGs) covering disciplines that straddle more than one specialty. It is also the parent body for the ISCP (see 3.1 Intercollegiate Surgical Curriculum Programme (ISCP), p26), is responsible for recommending updates and amendments to surgical curricula to the GMC and is responsible for developing and maintaining standards across surgical training within the regulatory framework.

SACs and the staff teams that support them enrol trainees at the start of their training, monitor their progress (which includes giving support for out- of-programme posts), and make recommendations to the GMC when they are ready for the award of a CCT or CESR (CP) (for trainees who undertook part of their training in unapproved training slots).

On behalf of the GMC, SAC panels also evaluate applications for the CESR (CP) from doctors who have not completed an approved training programme in the UK or European Economic Area (EEA).

2.7 Core surgical training committees

The CSTC within the SoS has its origins in the former basic surgical training (BST) committee and is specifically concerned with all matters relating to the training and education of junior surgeons in the early years of their careers. This committee is normally led by either the core TPD or another nominated chair. It may meet three or four times per year and the CSTC chair will also normally be a member of the board of the SoS.

Membership of this committee is agreed locally but normally includes the College's surgical tutors as well as some specialty representatives. Included in the remit of this committee may be responsibilities for recruitment and on-going quality monitoring of early years posts. The CSTC may also ensure an appropriate regional teaching and/or simulation programme is in place to complement workplace-based experience, in

line with the curriculum. The surgical tutor has a key role to play on this committee in order both to feed in concerns or achievements from their own trust or hospital site, as well as to discuss issues affecting the regional programme and to gain updates.

To complement the work of the JCST's ten SACs, the surgical royal colleges established an intercollegiate CSTC in 2011. This includes representatives of the SACs and core TPDs.

2.8 Core training programmes – CT1/CT2

The aim of the core training programme is to provide training in the principles of surgery in general and to prepare a trainee for future surgical training at a higher (specialty) level. The programme allows core competencies to be achieved in terms of general and practical skills common to all branches of surgery and there is also a range of professional skills and behaviour competencies to be achieved (see 3. Curriculum, p26). Success in the Intercollegiate MRCS exam is now an exit requirement from CT2 as well as an entry requirement for ST3 applications (see 2.14 Intercollegiate Membership of the Royal College of Surgeons (Intercollegiate MRCS) exam, p20).

Some programmes offer a 'themed' rotation (with a clearer focus towards an end choice of specialty) whereas others offer more generic training rotations. No matter which programme is undertaken, the trainee must meet the competencies indicated in the curriculum by the end of CT2. For example:

a) Themed programmes may offer either one or two-year rotations, with a variety of surgical posts. The CT1 year may have three four-month placements or two six-month placements, with the CT2 year being two placements of six months each. However, trainees know from the outset that in CT2 they are guaranteed posts in their specialty of choice and that their CT1 posts have been in surgical posts aligned to their specialty 'theme'. For example, in an ENT theme, the CT1 posts may be ENT, plastic surgery and general surgery, and the CT2 posts may both be ENT.

b) Generic programmes offer either one or two-year rotations, with a variety of surgical posts. The CT1 year may have three four-month placements or two six-month placements, with the CT2 year being two placements of six months each. Trainees may be asked to select a preference as to which specialty posts they might like to do in CT2 but there is no guarantee that this will be possible. Some SoS utilise a credit-based system or relatively formal interviews in order to allocate posts in CT2.

2.9 Specialty training

After the acquisition of core competencies and successful completion of the Intercollegiate MRCS exam (see 2.14 Intercollegiate Membership of the Royal College of Surgeons (Intercollegiate MRCS) exam, p20) a trainee is eligible to apply for ST3 specialty training (except in neurosurgery, where run-through training exists although a small number of vacancies at ST4 level may still arise). Once at ST3 level, a trainee is expected to progress through the intermediate and/or final stages of his or her particular specialty curriculum, known as ST3–ST8 (or ST3–7 in urology and OMFS).

The specialty TPD, in conjunction with the STC, is responsible for the overall management of a trainee's progress through a number of specialty placements to ST8 level. At the end of the training programme, the TPD is also involved in assessing whether or not the trainee has satisfactorily achieved all curriculum competencies in order that they can be formally 'signed off' as having completed their training programme and thus be recommended for the award of a CCT or CESR (CP).

With recent reductions in the number of surgical training posts, the competition for ST3 posts has been increasing in some specialties. Further information on this is available via the HEE website.[12]

2.10 Recruitment

When MTAS was abolished, recruitment into surgical training programmes returned to being a local process. However, since 2010/11, much work has gone into developing and refining a robust and validated national recruitment and selection process. This has resulted in a standardised online application process, with trained panel members and a 'selection centre' for interviews. Recruitment into core training pioneered this approach and piloting of new (and validation of existing) interview stations continues, to ensure a fair but competitive process. For each specialty, recruitment is undertaken by a 'lead' organisation on behalf of all others, with the support of the relevant SAC. The ability to recruit to locum appointment for training (LAT) posts in England ceased in 2015.

Core surgical training

The Core Surgery National Recruitment Office (CSNRO), based within Health Education Kent, Surrey and Sussex, administers the national process for entry into CT1 each year (entry into 'stand-alone' CT2 posts is no longer allowed in England). Applications are normally open from November each year, with a closing date of early December; interviews are then held centrally in January over a two week period, with offers being

made from late February. Interview panels are made up of consultants (often surgical tutors) from around the UK, who normally each participate for one to three days. There is no shortlisting undertaken, so every applicant is guaranteed an interview (subject to longlisting). Three interview stations are used – portfolio, management, and clinical scenario – but others, such as practical skills or communication stations, are under consideration. Currently the CNSRO recruitment process is for entry into training posts for the following August, except in Health Education London and Health Education Kent Surry and Sussex where it is for October entry. Competition ratios are available on the CSNRO website.[13]

Specialty training
All specialties recruiting at the ST3 level now undertake a national selection process with a national selection centre. The actual process is similar to that used in CT1, although the number of interview stations is usually more and can include communications, academic, leadership, teaching and audit stations. If successful, applicants are then allocated to a training programme in line with their stated preferences.

Only the Wales, Northern Ireland and Scotland Deaneries may advertise for other training or locum posts as vacancies arise outside the main recruitment calendar; this is no longer allowed in England.

2.11 Annual review of competency progression (ARCP)

The annual review of competence progression (ARCP) is a formal process that assesses a trainee's ability to progress to the next level of training or to complete training, and is underpinned by appraisal, assessment and annual planning. The ARCP panel will base its decision on the evidence submitted by the trainee and the AES for the period since commencing training or the previous ARCP review. The review records the competencies attained by trainees and their progression through the training programme. 'Flexible' trainees undertake annual ARCPs but their learning agreements will reflect their less-than-full-time status.

The ARCP is undertaken by a panel of assessors. Members of the panel may include the TPD, other members of the relevant STC, an academic representative, an external representative (often an SAC member) or a lay representative. Surgical tutors are often asked to help at or observe ARCPs.

The ARCP panel will normally review the evidence submitted via the ISCP website (see 3.1 Intercollegiate Surgical Curriculum Programme (ISCP), p26) and make its

recommendation without the trainee being present. Depending on local processes, trainees may then be called in to speak with the panel, where they will receive immediate feedback on their ARCP 'outcome' together with an opportunity to discuss other training issues.

Within the ISCP portfolio the trainee should have evidence of:

- an active learning agreement
- a minimum of three meetings with their AES
- an AES summary report
- the appropriate mix of validated workplace-based assessments
- a satisfactory multi-source feedback (MSF) assessment
- an appropriate mix of "other" evidence
- an up to date logbook.

There are nine possible outcomes that the ARCP panel can award:

Satisfactory progress

1. Achieving progress and competences at the expected rate.

Unsatisfactory evidence

2. Development of specific competences required – additional training time not required.
3. Inadequate progress – additional training time required.
4. Released from training programme with or without specified competences.

Insufficient evidence

5. Incomplete evidence presented – additional training time may be required.

Recommendation for completion of the training programme (core or higher)

6. Gained all required competences for the training programme.

7. Outcomes for trainees out of programme or not in run-through training

7.1 Satisfactory progress in or completion of the LAT/FTSTA placement.

7.2 Development of specific competences required – additional training time not required.

7.3 Inadequate progress by the trainee – additional training time.

7.4 Incomplete evidence presented – LAT/FTSTA placement.

8. Out of programme

OOPE (experience) OOPR (research) OOPC (career break)

2.12 Revalidation for trainees

Since 2012, all doctors who hold a GMC licence to practise in the UK are now required to revalidate every five years, based on the domains and attributes of *Good Medical Practice*. Assigned 'responsible officers' make recommendations to the GMC for revalidation for each of the doctors for whom they have responsibility for within their 'designated body'. The designated body for a trainee surgeon in England is their LETB, in Wales it is the Wales Deanery, in Scotland it is NHS Education for Scotland, and in Northern Ireland it is the NIMDTA. Revalidation for trainees is aligned with their progression through the ARCP and completion of their trainee portfolio, with some additional input from the educational supervisor. The supporting information required for revalidation is covered as part of the surgical curriculum and training programme, which trainees produce as a matter of course during their training. Trainees do not need to collect CPD credits for revalidation as their training is, by nature, developmental.

The point at which trainees are revalidated will depend on how long their training lasts. If it lasts less than five years, then their first revalidation will be at the point they become eligible for CCT. If their training lasts longer than five years, their first revalidation will be five years after they gained full registration with a licence to practise.

More information about revalidation for surgeons and supporting resources, including our Revalidation Guide for Surgery,[14] can be found through our website. The College also has a revalidation helpdesk, which links to a network of specialty advisors, at revalidation@rcseng.ac.uk.

2.13 The *Gold Guide*

A guide to postgraduate specialty training in the UK, the *Gold Guide* was first published in June 2007 to set out the arrangements for the introduction of competence-based specialty training in the UK. It primarily dealt with the operational issues to help support the transition from specialist training (which had been in place since 1996 following the Calman report) to specialty training.

The standards and requirements set by the GMC, including those in *Good Medical Practice*, are quoted extensively to ensure that the *Gold Guide* is underpinned by them. The guide is the recognised framework by which postgraduate deans undertake their

operational activities so that, as far as is practicable, a uniform approach is adopted across the UK. The latest version of the *Gold Guide* (5th edition)[9] dated May 2014 is available but is subject to constant revision.

2.14 Intercollegiate Membership of the Royal College of Surgeons (Intercollegiate MRCS) exam

All CT2 trainees exiting their core surgical training programme and all applicants for entry into a surgical specialty at ST3 (ST4 for neurosurgery) must be in possession of the Intercollegiate MRCS exam – the professional qualification for surgeons from the UK – or, if applying to ENT, the Intercollegiate MRCS (ENT). The MRCS exam was revised to make it appropriate for the new curriculum and the pattern of surgical training introduced in the UK from August 2007. The syllabus, format and content of this revised examination are common to all surgical royal colleges in the UK and Ireland: The Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Surgeons in Ireland. Candidates can enter any part of the examination through any college but may enter with only one college at each sitting.

Upon successful completion of all parts of the examination, candidates will be eligible for election as members of any of the four surgical royal colleges but will be invited to become a member by the college at which they have applied for Part B of the examination, irrespective of where the examination is held. Some exams may be held in rotation at different college locations depending upon candidate numbers.

The Intercollegiate MRCS exam is in two parts:

Part A (MCQ)
Part A is an overall four-hour multiple-choice question examination consisting of two papers, each of two hours' duration, taken on the same day. The marks for both papers are combined to give a total mark for part A. To achieve a pass in part A the candidate will be required to demonstrate a minimum level of competence in each of the two papers, in addition to achieving or exceeding the pass mark set for the combined total mark for part A. The papers covers applied basic science and principles of surgery in general – the core knowledge required in all ten surgical specialties.

Part B (OSCE)
The objective structured clinical examination (OSCE) will normally consist of 18 examined stations each of 9 minutes' duration in the following areas:

- anatomy and surgical pathology (5 stations)
- applied surgical science and critical care (3 stations)
- clinical and procedural skills (6 stations)
- communication skills in giving and receiving information and history taking (4 stations)

There may be, in addition, one or more preparation stations and one station that is being pre-tested (not known to candidates and not contributing to the final exam mark).

Candidates are only permitted four attempts in which to pass the Part B (OSCE).

The Intercollegiate MRCS examination of the surgical royal colleges will be held in the UK and Ireland by each college up to three times per year. To enter the examination, a candidate must possess a primary medical qualification that is acceptable to the GMC for full or provisional registration (or to the Medical Council in Ireland for full or temporary registration). Overseas candidates must hold a primary medical qualification acceptable to the councils of the colleges.

MRCS (ENT)
The examination route for entry to ST3 in otolaryngology was modified recently. Trainees had been required to sit Part A of the Intercollegiate MRCS (MCQ) together with Part 1 (MCQ) and Part 2 (OSCE) of the DO-HNS (Diploma in Otolaryngology, Head and Neck Surgery) examination. However, as the MCQ components of the Intercollegiate MRCS and DO-HNS are comparable, trainees are now required to sit only the Part A of Intercollegiate MRCS and the Part 2 of the DO-HNS examination. The examination will lead to the Intercollegiate MRCS (ENT).

2.15 Future changes

From February 2012 and building on the work done in previous medical reviews, a Shape of Training review,[1] led by Professor David Greenaway, looked at potential reforms to the structure of postgraduate medical education and training across the UK. The review's aim was to make sure the UK continues to train effective doctors who are fit to practise in the UK, provide high quality and safe care, and meet the needs of patients and service now and in the future. Five themes were identified that the review focused on: patient needs; balance of the medical workforce – specialists or generalists; flexibility of training; the breadth and scope of training; and the tensions between service and training. The review published its final report in October 2013.

The four UK health departments have formed a UK-wide group to take forward the recommendations in Shape of Training[1] in more detail. They have been given a deadline of summer 2015 to report back on how they plan to implement the proposals.

2.16 Trainees in difficulty

It is likely that as a surgical tutor you will come across trainees in difficulty. Trainees in such situations may approach you directly or may be brought to your attention by trainers or other colleagues. Trainees in difficulty fall broadly into three main categories:

- those failing to progress satisfactorily with their training
- those facing personal difficulties
- those with whom others find it difficult to work.

The postgraduate dean and your trust will have formal protocols, guidance and resources for managing and supporting trainees in difficulty. They may also run courses or awareness sessions on this, or have information available online. SAC liaison members may also need be involved. It is therefore important that, where an issue is clearly one that is not easily resolved 'on the ground', you have liaison and support from the appropriate person(s) and do not try and deal with any apparent problem in isolation. It is also essential that trainees are supported throughout any remediation or support processes. It is helpful to seek regular updates on every trainee – often a trainee in difficulty will demonstrate a failure to engage across the board. Proactively seeking out information (for example from the ISCP) may help identify a trainee who is disengaging or failing to reach milestones. The process of identifying a trainee in difficulty is often a good starting point to help understand what needs to be in place to support them.

2.17 Advice on avoiding bullying behaviours

Bullying is where an individual or group abuses a position of power or authority over another person or persons that leaves the victim(s) feeling hurt, vulnerable, angry, or powerless.[15] Bullying is now defined as someone perceiving that a senior is being negative. Often those accused of bullying are devastated. The surgical tutor may need to contribute to a way forward for both parties. Typically senior surgeons with high standards who expect dedication and are valued as trainers by well-performing trainees sometimes have difficulty coping with a poor-performing trainee, or another staff member who does not seem to be working to their expectations. For these situations, it can be helpful for the senior to allow more time for listening, to ask

questions and to clarify a minimum level of expectation (eg notes to be written in, start time of rounds, allocation of leave, ability to make clear decisions etc). They may need to realise that is usually better to frame the task or behaviour as the problem, not the person. Allow time to have a discussion about what options are available to change as expectations may not be clear.[16] Usually it is helpful to define the actual problem, and consider whether or not there is a skill gap that could be improved in a different way.

15% of NHS staff report bullying, although the prevalence is higher in some institutions.[17] Those accused may be managers, senior staff or those with no hierarchical relationship to the aggrieved staff member. Often the perpetrators do not realise how they are perceived. The Royal College of Obstetricians and Gynaecologists have a good resource for those who feel bullied on practical steps to take.[18] Bullying online ('cyber-bullying') includes electronic communications that are perceived as bullying, but this may not have been the sender's intention. Care should be taken to re-read emails to avoid distress, to avoid copying in unnecessary recipients and to avoid putting undue work pressure when the recipient is outside of work time.[19]

2.18 Equality and diversity

Equality means allowing equal opportunities and not discriminating at the point of selection or assessment. Diversity means supporting others (especially trainees) to be the best that they can be: for example if a trainee needs some adaptations (eg a stool to stand on) it is not discriminatory to ask about this in a supervisory capacity; in fact it is important to do so. Some surgical trainers will not realise this distinction.

2.19 Less-than-full time-training (LTFT)

Background
There is increasing concern that surgery, particularly at the core level, is not attracting sufficient candidates of the appropriate skill level. LTFT training can be invaluable in permitting a trainee who would otherwise leave the profession to progress to the next stage of his or her career.

Those attempting LTFT training are examples for more junior trainees, so a difficult experience can be off-putting for future cohorts. As a craft specialty, surgery can present particular challenges to those in training. LTFT training in surgery is relatively rare compared to other medical specialties and can be difficult for trainees to access and organise. Craft skills take time to master and LTFT training programmes must provide sufficient time to allow this. Many of those training LTFT do so only for a relatively short period and go on to work full time in their substantive post.

The College is supportive of trainees wishing to train at LTFT and encourages trusts and LETBs to be as accommodating to the needs of these trainees as possible. LTFT training in surgery is a legitimate and a valid career choice and should be respected as such. Lessons can be learnt from other medical and craft specialties that have been able to accommodate LTFT trainees within their rotas and training programmes. Likewise, rotas accommodating academic trainees – who spend a proportion of their time undertaking research – can provide models for accommodating LTFT trainees. LTFT training must be both supported and seen to be supported in order to be considered as a realistic career option for trainees in surgery. As it is still rare, the surgical tutor may have to lead others in this aspect of training.

General principles

There is a well established and nationally agreed set of principles and processes for arranging LTFT training for those with well-founded reasons. All trusts and LETBs should have a local LTFT training policy that is readily accessible to trainees and trainers. Policies should be constructed to reflect NHS Employers' Principles underpinning the new arrangements for flexible training.[20]

The overriding principle in relation to LTFT training should be one of fairness. LTFT training policies should be drafted to be accessible and clear, presenting LTFT working in a positive light. Training programmes must meet all relevant legal requirements, including those related to employment law, and training and working time regulations. It should be acknowledged and accepted that there will be times when LTFT trainees are not available. They should not be penalised or made to feel guilty for this.

Programme content

The training programme for a LTFT trainee should provide the same educational opportunities on a pro-rata basis as that of a full-time trainee, including, but not limited to, operating lists, clinics, team meetings, out-of- hours opportunity, audit, research and teaching. LTFT trainees should be given sufficient opportunities to achieve the quality indicators required of their training. The provision of these opportunities should be adjusted on a pro-rata basis.

Programme organisation

There are three main options for LTFT training:

- Slot share
- LTFT in a full-time post
- Supernumerary

In some surgical specialties there are relatively few trainees with whom job or slot-shares can be arranged. This should be acknowledged and alternatives should be provided. Trainees should be made aware of how LTFT training would affect working patterns, length of training, salary etc. All those involved in training and supervising surgical trainees should strive to be accommodating and supportive of LTFT trainees, including making the process of organising LTFT training as straightforward as possible.

The College's flexible working advisor is available to provide information and advice to surgeons and trainees considering LTFT training, contact ois@rcseng.ac.uk. Further information about LTFT training is available on the College's website http://surgicalcareers.rcseng.ac.uk/flexible-working.

3 Curriculum

3.1 Intercollegiate Surgical Curriculum Programme (ISCP)

The JCST is the parent body for the ISCP. A number of changes led to the need for, and development of, the ISCP. These include changes in postgraduate medical education as well as changes to the delivery of service and training, and the implications for working practices and attitudes. The surgical curricula were developed in collaboration with the SACs and SSAs and are approved by the GMC. All trainees appointed since August 2007 must follow the relevant specialty curricula hosted on the ISCP website (www.iscp.ac.uk). Each curriculum is updated and developed by the JCST on a regular basis.

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 its aims:

- A common format and framework across all the specialties within surgery.
- Systematic progression from the foundation years through to the exit from surgical specialty training.
- Curriculum standards that are underpinned by robust assessment processes, both of which conform to the standards specified by the 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 to achieve a CCT or CESR (CP) in a surgical specialty. The curriculum enables trainees to develop as generalists, to be able to deliver an on-call emergency service, and to deliver specialist services to a defined level.

The surgical curriculum has been designed around four broad areas:

a) Content/syllabus – what trainees are expected to know and be able to do at any point in their training.
b) Teaching and learning – how the content is communicated and developed and how trainees are supervised.
c) Assessment – how the attainment of outcomes are measured or judged, and feedback to support learning.
d) 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.

The Orthopaedic Curriculum & Assessment Project (OCAP) was developed by the British Orthopaedic Association (BOA) and the trauma and orthopaedic surgery SAC. From 2011, both systems have been fully integrated.

ISCP helpdesk

The ISCP helpdesk is a customer-focused resource that can be accessed by all users of the website. For help and advice regarding the programme and using the website the helpdesk can be contacted via telephone on 020 7869 6299 or by emailing helpdesk@iscp.ac.uk. The helpdesk core hours are from 9am to 5pm, Monday to Friday.

3.2 Workplace-based assessments (WBAs)

Workplace-based assessments (WBAs) form an important part of the ISCP. They are competence based, which reflects the curriculum, and 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 – they are assessments for learning, not of learning. Assessments are a useful way of measuring the trainee's knowledge and experience as well as monitoring his or her progress and the effectiveness of teaching. They should motivate trainees and serve to protect patients.

WBAs are designed to:

- Provide feedback to trainers and trainees. The most important use of the WBAs 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 those of clinical reasoning and decision-making) as they learn and perform practical tasks. The methods also encourage dialogue between the trainee and the AES and other clinical supervisors.
- Encompass the assessment of skills, knowledge, behaviour and attitudes during day-to-day surgical practice. WBAs are trainee-led; the trainee chooses the timing, the case and assessor under the guidance of the AES 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 to 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 that 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 by the AES at the completion of each placement.
- Contribute towards a body of evidence held in the learning portfolio and made available for the ARCP panel and planned educational reviews.

Trainees are expected to complete a series of WBAs during the course of their training. The range of assessments is:

- Procedure-based assessments (PBA)

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.

- Direct observation of procedural skills (DOPS)

Surgical DOPS is used to assess the trainees' technical, operative and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures, during routine surgical practice.

- Case based discussion (CBD)

CBD was designed to assess clinical judgement, decision making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible.

- Clinical evaluation exercise (CEX)

CEX assesses the trainee's history taking, physical examination, professionalism, clinical judgement, communication skills, organisation/ efficiency and overall clinical care as they interact with a patient in a range of clinical settings.

- Multi-source feedback (MSF)

Also sometimes referred to as '360° assessment' or 'peer assessment tool (PAT)', the MSF is a method of assessing professional competence within a team environment and providing developmental feedback to the trainee.

- Observation of teaching (OOT)

Assesses the trainee's formal teaching sessions.

- Assessment of audit (AoA)

Assesses the trainee's competence in completing an audit.

- Non-technical skills for surgeons (NOTSS)

Assesses the trainee's non-technical skills encompassing situation awareness, decision making, communication, and teamwork and leadership.

All the assessments and assessment forms can be found on the ISCP website. Assessment forms can be completed on paper but will need to be uploaded to the website and validated by trainers. It is recommended by the JCST that trainees undertake one assessment per working week on average, in order to demonstrate and evidence progression through the curriculum.

Summary guidance on the timing and use of ISCP WBA methods:

Method	Main competencies assessed	Training level
CBD	Clinical judgement Clinical management Reflective practice	All
DOPS	Technical skills, procedures and protocols	Mainly core, also specialty training where applicable
PBA	Technical skills, procedures and protocols Theatre team-working	Mainly ST3 and above, also in core training where applicable
CEX	Communication with the patient Physical examination Diagnosis Treatment plan	All
MSF	Team-working Professional behaviour	As advised by the programme director and advice is to do one every year.
AoA	Completed audit	All
OOT	Formal teaching	All

Standard against which the assessment should be judged	Appropriate assessors	Clinical setting
Standard at completion of that stage of training Scale 1–4	AES Clinical supervisor	Multiple areas covered by a challenging case
Standard at completion of that stage of training Scale 1–4	AES Clinical supervisor Senior trainee or doctor Qualified members of the multi-professional team	Clinic Accident and emergency Ward Theatre
CCT Scale 1–4	Consultant or ST5+ trainee	Clinic Accident and emergency Ward Theatre
Standard at completion of that stage of training Scale 1–4	AES Clinical supervisor Senior trainee or doctor Qualified members of the multi-professional team	Clinic Accident and emergency Ward Community
Standard at completion of that stage of training Scale 1–6	Trainee's multi-professional team	Multiple areas covered by the multi-professional team
Standard at completion of that stage of training	Any doctor with appropriate experience	Agreed audit subject area
Standard at completion of that stage of training	Any doctor with appropriate experience	Formal teaching settings

3.3 Logbooks

Trainees should keep an online portfolio of clinical, surgical and educational experience. Part of the trainees' online portfolio will be their logbook, which they use to record their clinical experience. The logbook should show whether an operation was an emergency or elective procedure and whether the trainee observed, assisted, carried out the operation under supervision, or was able to perform unsupervised. Core trainees should only carry out unsupervised operations after they have obtained adequate experience and then only with skilled assistance close at hand.

The logbook, which all surgical trainees should use no matter which specialty, is the UK Faculty of Health Informatics (FHI) e-logbook – www.elogbook.org.

3.4 Supervisory roles

An important aspect of the surgical tutor role is supporting consultant surgeons, staff associate specialist (SAS) surgeons and others in their training and supervising roles. This may involve liaising, offering help, organising meetings, planning ahead and providing support. The surgical tutor may be involved in signposting other services, courses and support. The surgical tutor should be involved in induction of surgical trainees in the trust, and should support trainers in all the surgical specialties.

Training programme director (TPD)
TPDs are appointed via the SoS and are responsible for:

- organising, managing and directing the training programmes and ensuring the programmes meet curriculum requirements
- identifying, appointing and supporting local faculty (eg AES) including training where necessary
- overseeing progress of individual trainees through the levels of the curriculum
- ensuring learning agreements are set, appropriate assessments are being undertaken, and that appropriate levels of supervision and support are in place.

Assigned educational supervisor (AES)
The AES is normally nominated by the TPD and is responsible for between one and four trainees at any time. He or she is responsible for:

- setting, agreeing, recording and monitoring the content and educational objectives of the placement using the learning agreement
- ensuring delivery of the training and education required to enable the trainee to fulfil the objectives of the placement, including the identification and delegation of training and assessment in other clinical areas

- overseeing the achievements and personal and professional development of the trainee and, in consultation with specialty colleagues, reflecting this in the formal report to the annual review process
- ensuring patient safety in relation to trainee performance by the early recognition and management of those doctors in distress or difficulty.

Clinical supervisor (CS)
Clinical supervisors are responsible for delivering teaching and training under the delegated authority of the AES. They:

- carry out assessments of performance as requested by the AES or the trainee (this will include delivering feedback to the trainee)
- liaise closely with other colleagues, including the AES, regarding the progress and performance of the trainees with whom he or she is working during the placement.

Assessor
Assessors will carry out a range of assessments and provide feedback to the trainee and the AES, which will support judgements made about a trainee's overall performance. Assessments during training will usually be carried out by clinical supervisors (consultants) but other members of the surgical team, including those who are not medically qualified, may be tasked with this role. Those carrying out assessments must be appropriately qualified in the relevant professional discipline and trained in the methodology of WBA. This does not apply to those rating multi-source feedback.

Trainee
The trainee is required to take responsibility for his or her learning and to be proactive in initiating appointments to plan, as well as undertaking and receiving feedback on learning opportunities. The trainee is responsible for ensuring that a learning agreement is put in place, that assessments are undertaken and that opportunities to discuss progress are identified. A further important obligation of the trainee is to provide important feedback on the quality of his or her training programme.

Support for trainees should be active, assessments should be formative (developing) rather than summative (at the end).

3.5 The learning agreement (LA)

The LA is an online statement of the mutually agreed learning goals and strategies negotiated between a trainee (learner) and the AES. The agreement is based on the learning needs of the individual trainee undertaking the learning as well as the formal requirements of the curriculum. The AES and trainee must agree the aims and learning objectives for a placement at the beginning of each surgical placement. The role of the surgical tutor is to ensure that all trainees in the hospital or trust have learning agreements in place as early as possible after taking up the training placement.

4 Quality assurance

As mentioned in 2.1 Regulation – the GMC, p10, the GMC has overall responsibility for QA, but surgical royal colleges also have an important role to play. To support SoS, the JCST has developed an end of placement survey, which trainees are expected to complete via the ISCP website at the end of every placement.

The survey asks questions of each trainee relating to their experience in that particular placement and the questions align with the recommended speciality quality indicators (QIs), which are also published by the JCST. The results are created automatically and available to HoSs and TPDs via the ISCP website. The results can then be used alongside the GMC survey and any other local surveys, to help triangulate the quality of all training posts.

SACs have a network of liaison members who are available to support SoS/LETBs in quality management activity. As well as producing QIs (see above) for training posts in each specialty and in core surgical training, the JCST has also produced certification guidelines and SACs are developing benchmarking guidelines to supplement these and help trainers to monitor progress at different stages of training. The JCST works closely with the GMC and shares information on a regular basis, including via the completion of the annual specialty report (ASR) required by the GMC.

5 College support and facilities

5.1 College support in the regions

Aside from its role in education and training, a major strategic priority for the College is to support surgeons in the workplace to implement and maintain professional standards of patient care.

The College is committed to providing support for surgeons in the workplace through a regional professional affairs infrastructure that provides:

- a strong, unified national voice for surgery
- effective professional leadership for local surgeons and stakeholders through Professional Affairs Boards (PABs), each headed up by the Director for Professional Affairs (DPA) for the region
- support for surgeons in difficulty
- support with job planning, career development and revalidation processes through the regional specialty professional advisors (RSPAs)
- support for trainees, working in partnership with surgical tutors.

The College provides local support and advice across England (ten regions), and Wales and Northern Ireland.

Regional representatives include:

- 15 DPAs
- Nine regional coordinators
- Regional Council Members
- RSPAs
- Surgical tutors

Regional PABs chaired by the DPAs bring together local stakeholders and regional representatives to discuss matters affecting the delivery of local surgical services. Surgical tutors are strongly encouraged to attend their local PAB meetings to raise issues related to surgical training.

For details of College activities in the regions and key local contacts please visit www.rcseng.ac.uk/surgeons/supporting-surgeons/regional.

5.2 Regional coordinator

The College's ten regional coordinators work across England, Wales and Northern Ireland to support and promote the College's guidance and policy in the regions and devolved nations. The main role of the coordinator is to lead the facilitation and evaluation of all College activities in their region. They work with all of the regional representatives, including surgical tutors. Based in the region and working from home, coordinators will travel to hospitals across their area and to local stakeholder offices for meetings as necessary. The key duties of the coordinator are:

Reporting and communication
To report and communicate with the College on the regional landscape and issues relating to their area through:

- local meetings with surgeons
- working with regional representatives to identify and feedback issues
- producing regular formal reports and feedback of meetings and issues
- ensuring an effective two-way feedback process and advising on and facilitating the consultation and implementation of College policies, functions and resources
- engaging with stakeholders including the local schools of surgery, LETBs, and service providers
- planning and managing communications to stakeholder groups such as email alerts, regional reports and newsletters, and the regional web pages.

Supporting surgeons in the workplace

- Developing the local strategy for supporting surgeons in the workplace together with the DPAs and the Regional Council Members.
- Profiling the local structures, roles and initiatives.
- Providing support for the DPAs and local PAB.
- Supporting the appointments process for surgical tutors.

5.3 Director for Professional Affairs (DPA)

The College has appointed 15 DPAs across England, Wales and Northern Ireland as local leads for professional advice and support to surgeons in the regions. Your DPA is the local College spokesperson, engaging directly with fellows and members, schools of surgery, local health education boards, commissioners and providers. Your DPA chairs the regional PAB and represents the views of surgeons and stakeholders in the region to the College, working closely with the Regional Council Member and regional coordinator. DPAs are consultant surgeons and not College employees.

5.4 RCS annual regional representatives' conference

The regional representatives' conference is an annual meeting which is held at the College, usually in the Autumn, and covers a wide range of topical education, training and professional issues. Those invited to the meeting include:

- College Regional Council Members
- DPAs
- Heads of schools of surgery
- RSPAs
- Surgical tutors
- Regional coordinators
- TPDs

The programme of the meeting varies depending on College and regional priorities. It is chaired by RCS Council members including the RCS President and Vice President. Various College departments have stands at the event, allowing delegates to ask questions and gain information directly. Audio, presentations and delegate pack information is placed on the College website after every meeting. http://www.rcseng.ac.uk/surgeons/supporting- surgeons/regional/regional-reps-conference

5.5 Opportunities in Surgery

Confidential Support and Advice for Surgeons (CSAS)
The RCS is committed to supporting surgeons throughout their careers, including those requiring professional advice and support.

CSAS is a confidential telephone helpline where surgeons can discuss issues of concerns. To access the CSAS service please call 020 7869 6212 during normal office hours.

Careers support services

The College provides a range of careers support services for all current and future surgeons from pre-medical student onwards, including comprehensive careers information, a confidential support and advice service and access to individual careers support from other surgeons.

- http://surgicalcareers.rcseng.ac.uk
- careers@rcseng.ac.uk

Affiliate Scheme

The College's Affiliate Scheme is open to a medical or dental student studying at a UK university or a foundation, core surgical or dental trainee who has not yet passed their MRCS or MJDF, at a cost of £15 per annum.

The scheme includes wide benefits, including

- selected bursaries
- free online access to the College's Annals, Bulletin, FDJ and e-resources
- free access to study facilities and learning resources in the Library and Lumley Study Centre
- free access to the Wellcome Museum of Anatomy and Pathology
- regular online newsletter and ad-hoc emails keeping you up-to-date with developments in surgery and relevant training information.

It is strongly recommended that all trainees interested in a career in surgery register as an affiliate of the College via the website: http://www.rcseng. ac.uk/surgeons/membership/affiliates-and-associates or email ois@rcseng. ac.uk or telephone 020 7869 6212 for further assistance.

Women in Surgery (WinS)

WinS is a national network working to promote surgery as a career for women and to enable women who have chosen a career in surgery to realise their professional goals. WinS aims to encourage, enable and inspire women to fulfil their surgical ambitions.

WinS maintains a network of circa 4,500 members across the country. The network is free to join and open to all surgeons and aspiring surgeons from medical students upwards. Through membership of WinS, trainees will receive:

- access to a national network of women surgeons willing to provide support, advice and information
- invitations to WinS events, including annual conferences and workshops
- regular WinS newsletters
- access to the WinS directory (new for 2014).

Visit www.rcseng.ac.uk/career/wins, email ois@rcseng.ac.uk or telephone 020 7869 6212 for further assistance.

5.6 College journals

The *Annals of The Royal College of Surgeons of England* is the College's scholarly journal and is published eight times a year. The journal publishes high quality peer-reviewed research and review papers relating to all branches of surgery, and also includes letters, comments, a regular technical section, the best trainee presentations from around the UK, book reviews and case reports.

The College also publishes the *Bulletin* (monthly with the exceptions of August and December), which publishes research, comment and feature articles, and the *FDJ*, the official journal of the Faculty of Dental Surgery, which publishes opinion, research and feature articles.

Fellows and members of the College have free online access to the full text of the journals.

5.7 Education

RCS Education develops and delivers high quality education activities for trainees, SAS grades and consultant surgeons covering all surgical specialties with many aimed at sub-specialist interest. Furthermore the department has developed courses that support the wider surgical team as well as other medical specialties, in recognition of increased multidisciplinary care of patients. There is a range of professional development activities including *Leadership*; *Training the Trainers: Developing Teaching Skills*; and *Training and Assessment in the Clinical Environment* (*TrACE*).

Surgeons attending courses are able to learn and practice new skills, refresh existing skills or prepare for examinations in a safe, controlled environment with the support of expert surgical faculty and other specialists as required. All courses are quality assured and, where regionalised, meet the nationally set standards for content and teaching methods. In addition to courses held in London, we deliver courses in regional centres throughout the UK.

To deliver its range of educational activities, RCS Education has a team of enthusiastic and experienced course faculty. The course faculty plays a vital role in the running of the RCS Education courses. They voluntarily give up their time to attend and take part in the teaching on courses, and their contributions and feedback is used to develop and update the courses going forward.

The Education Centre on the fourth floor of the College houses state-of-the- art education and training facilities comprising:

The Wolfson Surgical Skills Centre (WSSC) is one of the UK's largest cadaveric dissection facilities, equipped for use of embalmed and unembalmed cadavers to simulate procedural training. The WSSC is equipped with nine specially designed dissection/surgical technique tables, a demonstration table, and there are two smaller demonstration rooms ideally suited for courses such as head and neck anatomy.

The Clinical Skills Unit provides a flexible working space that can be utilised for skills-based training as well as minimally invasive surgery skills. The unit allows trainees to learn safe surgical practice, develop their operative skills and reinforce the importance of surgical training to patient safety. Laparoscopic surgery skills can be practised using the integrated laparoscopic equipment supplied through boom arms, which is able to recreate the entire range of simulation techniques. This room is also ideally suited for skills training including suturing techniques, knot tying, practising safe operating techniques, gowning and gloving.

The Team Skills Training Theatre comprises a functioning operating theatre, recovery area and debrief room. The theatre is equipped with the latest SimMan® wireless 3G mannequin, with multi-angle video capture offering simulation training and creating numerous opportunities to develop and teach teamwork skills. All activity can be recorded and debrief techniques employed to monitor behaviour and team interaction. Simulation can now be extended to the wider surgical team, including anaesthetists, radiologists, physicians, cardiologists and theatre nurses.

Also on the fourth floor are a range of seminar rooms, refreshment area and a lecture theatre.

For further information on courses, teaching opportunities and the hire of the facilities, please visit www.rcseng.ac.uk/courses.

5.8 RCS quality assurance and accreditation

Part of the College's role is to uphold the highest standards and recognise excellence in surgical education and training, wherever it is delivered. Proper competition stimulates innovation in teaching and learning practices and drives up standards. To encourage such developments, the College has implemented a range of QA accreditation policies with regard to surgical education courses, centres and fellowship programmes. In the past year, more than 100 continuing professional

development (CPD) activities and around 30 short courses have been accredited; 4 UK surgical education centres have been similarly recognised, as well as a successful parallel programme for overseas institutions. The National Surgical Fellowship Scheme is also proving attractive and beneficial, with more than 60 fellowship posts approved by the College

All the College's accreditation schemes are supported by the College's accreditation portal (http://accreditation.rcseng.ac.uk). This offers a wide range of related one-stop-shop services, including access to the online application processes for CPD accreditation, short course and university course accreditation, fellowship post accreditation and education centre accreditation. Those that reflect the College's standards of surgical education and training are duly recognised as such; for those that fall short in achieving accreditation, the College offers advice and assistance as to how the event might be improved. For more information please contact the Quality Assurance Department via qa@rcseng.ac.uk, or phone 020 7869 6235.

5.9 Museums and Archives

The College houses two museums as well as world-class research collections:

- The Hunterian Museum contains the 3,600 surviving specimens from John Hunter's 18th-century collection of anatomical and pathological preparations supplemented by thousands of others added over two centuries. The Hunterian Museum is open without charge to members of the public Tuesday through Saturday and offers changing exhibitions, talks and activities.

- The Wellcome Museum of Anatomy and Pathology is a teaching museum displaying prosections demonstrating human anatomy arranged according to the regions of the body alongside specimens illustrating surgical pathology. It is open to medically trained visitors.

- The Odontological Collection has displays on dental anatomy and pathology in humans and animals, dental instruments and dentures. The collection includes teeth retrieved from the battle of Waterloo and Winston Churchill's dentures. A selection is on display in the Hunterian Museum.

- The Historical Instrument Collection has 11,000 items including the cabinet belonging to Lord Lister, the father of antiseptic surgery.

- The Archives include the institutional records of the College as well as personal papers of institutions and individuals who played a significant role in the history of surgery. Of particular recent interest have been the records of Harold Gillies' First World War plastic surgery unit.

The MacRae Gallery in the Hunterian Museum can be reserved for teaching sessions, practical demonstrations or workshops, as well as seminars and small symposia. The odontological, instrument and archival collections are open to researchers by appointment.

Please email museum@rcseng.ac.uk or telephone 020 7869 6560 for further assistance.

5.10 Library and Surgical Information Services

The College's Library and Surgical Information Services (www.rcseng.ac.uk/library) provides information to support members in their practice, research, professional development and educational activities.

College fellows and members can access a wide range of electronic journals from wherever they are based. Databases are available to carry out research and literature searching, directing wherever possible from search results to full text, and online resources are offered to support anatomy teaching and learning. Fellows and members will need their RCS login details to access subscribed resources – please contact the library if you need assistance. Library staff can also advise on and carry out searches in support of practice, assist with information requests relating to surgical policy and practice, and supply journal articles from our collections, subject to copyright.

The evolving current awareness service helps surgeons at all career stages keep up to date with the latest available evidence in surgical practice and research via regular specialty-based and patient safety email bulletins. Produced by library staff working closely with advisory panels of surgeons, these bulletins highlight key guidance, research and opinion from a wide range of journals and information sources.

The library also holds outstanding on-site collections, awarded Designated Status by the Arts Council in 2013 in recognition of their national and international significance.

Current books (borrowable by members) and journals cover the breadth of surgery, dentistry and allied disciplines. Rich collections of historical books, journals and pamphlets chart the development and achievements of surgery, medicine and the College. These, along with the College's institutional and deposited archives collections, can be used for research on an appointment basis.

Please get in touch (library@rcseng.ac.uk, 020 7869 6550, or in person) if you have any questions about any of the library's services and activities.

5.11 Media volunteers and intelligence gathering

The College will always be in need of fellows and members willing to represent the voice of surgery to the media. Surgical tutors are well placed to do this, and to extend our influence at a time of fast-moving NHS reforms. Equally, surgical tutors are best placed to identify emerging issues on which the College will want to have a view, or about which it would wish to campaign.

Surgeons and doctors quite rightly face rigorous journalistic scrutiny. Increasingly, too, patients are demanding to know more about their care. It is vital that the Royal College of Surgeons is open and stands up for the profession. To do so requires surgeons to have a story to tell and to be able to speak to a lay audience. Being responsive to the stories that media find interesting helps to inform different audiences and to educate the public on what surgery involves. It also shows that as a profession, we are open to new ideas and are constantly looking at innovative ways of work, backed by our aspiration to the highest standards.

All media enquiries about the RCS should be directed to the Press Office. If you have information or concerns about surgery in your hospital that the College should be aware of, or for further advice and assistance with dealing with the media, contact the RCS Press Office, through:

Charlotte Newton, Senior Press Officer
Telephone: 020 7869 6052 or email: cnewton@rcseng.ac.uk
Out of hours duty press officer: 07966 486 832

5.12 College roles and opportunities

As surgical tutor, the College very much appreciates your current commitment to your role as a regional representative. There are a variety of College roles that can be undertaken throughout the surgical career, in support of the profession. These include:

Write for the *Annals*, *Bulletin* and *FDJ*
The College welcomes contributions to its journals.
T 020 7869 6167
E publications@rcseng.ac.uk

Volunteers for the Wellcome Museum of Anatomy and Pathology
The College's teaching museum is currently updating and improving facilities including updating its display and information of extensive anatomy and pathology collections. It is looking for advisors and volunteers to help achieve this.
T 020 7869 6574
E museums@rcseng.ac.uk

Volunteers for careers events
The College's Opportunities in Surgery team and the Hunterian Museum support a series of events that promote surgical careers. These can involve making presentations and teaching suturing to school students.
T 020 7869 6217 or 020 7869 6566
E ois@rcseng.ac.uk or museums@rcseng.ac.uk

College assessor
College Assessors of the Advisory Appointments Committee play an important role in ensuring the fair and transparent appointment of consultants.
T 020 7869 6219
E collegereps@rcseng.ac.uk

Court of Examiners
Supports both college and intercollegiate examinations activities in the UK and abroad.
T 020 7869 6281
E examsgeneral@rcseng.ac.uk

Education tutor/clinical lead
Education tutors or clinical leads are seconded from their NHS trust to undertake a quality improvement and faculty coordination role for a portfolio of courses or manage a specific project based around a portfolio or area of expertise, eg elearning.
T 020 7869 6300
E education@rcseng.ac.uk

Regional Specialty Professional Advisor (RSPA)
Regional Specialty Professional Advisers represent each of the 10 Specialty Advisory Committee (SAC) defined surgical specialties and provide specialty advice in relation to delivery of surgical services, training and professional matters, working with the DPA. They are also involved in the approval of consultant job plans.
T 020 7869 6211
E fhassan1@rcseng.ac.uk

Director for Professional Affairs (DPA)
The DPA is a local College spokesperson based in the regions across England, and in Wales and Northern Ireland, engaging directly with fellows and members, schools of surgery, local health education boards, commissioners and providers and representing local views to the College.
T 020 7869 6211
E fhassan1@rcseng.ac.uk

Invited Review Mechanism - Clinical Reviewer
Appointments are usually for three years, with a possible additional two years. Reviewers commit three to six days per year, with remuneration and expenses. This role requires knowledge and understanding of the principles of equal opportunities, leadership, and team working. Applicants for this role require a compulsory training day.
T 020 7869 6222
E IRMteam@rcseng.ac.uk

Travel awards
Travel awards for overseas visits are awarded to fellows and members of the College who are in good standing.
T 020 7869 6092
E membership@rcseng.ac.uk

Confidential Support and Advice Service (CSAS)
The College's Confidential Support and Advice Service (CSAS) for surgeons is intended to provide a listening ear and signposting service for surgeons facing professional difficulty.
T 020 7862 6212

Flexible training advisor
Supporting surgical trainees or those considering entering training on issues and support to train and work less than full time.
T 020 7869 6212
E ois@rcseng.ac.uk

College lecturer
The Council invites applications for election to the office of Hunterian Lecturer, Arris and Gale Lecturer, and Arnott Lecturer.
T 020 7869 6092
E membership@rcseng.ac.uk

College committee roles
These roles are usually advertised in the *Bulletin*, on the website, or via social media. Expressions of interest are sought from particular specialty groups.

College Council, Vice-President, President
24 trustees of the College are elected by postal ballot of fellows and members. From this group, Vice-Presidents and President are elected.
T 020 7869 6027
E ceo@rcseng.ac.uk

Make a charitable donation
The College is very grateful to all of our charitable donors and sponsors, as without their continued support this work would not be possible.
E fundraising@rcseng.ac.uk

Follow the College's Twitter feed @RCSNews, or join us on Facebook (www.facebook.com/royalcollegeofsurgeonsengland).

6 College contacts

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Regional Governance and Project Coordinator
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Midlands and East of England Regional Coordinator
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London Regional Coordinator
Rubana Hussein: rhussein@rcseng.ac.uk

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North East and Yorkshire and the Humber Regional Coordinator
Alison Young: ayoung@rcseng.ac.uk

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Susan Kelly: skelly@rcseng.ac.uk

Wales Policy Coordinator
Alice Attenborough: aattenborough@rcseng.ac.uk

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E chiefexecutive@rcseng.ac.uk

Clinical Effectiveness Unit
T 020 7869 6600
F 020 7869 6644
E ceu@rcseng.ac.uk

Communications Department
T 020 7869 6052
E communications@rcseng.ac.uk
Out of hours media enquiries: 07966 486 832

Development Office
T 020 7869 6086
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E fundraising@rcseng.ac.uk

Education
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E education@rcseng.ac.uk

Examinations
T 020 7869 6281
F 020 7869 6290

Facilities (conferences and banqueting)
T 020 7869 6702
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E facilities@rcseng.ac.uk

Hotel Accommodation Contacts
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E nuffield@rcseng.ac.uk

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E fds@rcseng.ac.uk

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Human Resources
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E humanresources@rcseng.ac.uk

International Office
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Joint Committee on Surgical Training
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Library and Surgical Information Services
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Membership and Events
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President's Office
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Professional and Clinical Standards Advisory Appointments Committee
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Quality Assurance and Accreditation
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8 Glossary

AES Assigned educational supervisor
AoA Assessment of audit
ARCP Annual review of competence progression
ASR Annual specialty repor t
BOA British Or thopaedic Association
BST Basic surgical training
CBD Case-based discussion
CCT Cer tificate of completion of training
CESR (CP) Cer tificate of eligibility for specialist registration (combined programme)
CEX Clinical evaluation exercise
CPD Continuing professional development
CS Clinical supervisor
CSAS Confidential Support and Advice for Surgeons
CSNRO Core Surgical National Recruitment Office
CSTC Core surgical training committee
DME Director of Medical Education
DOPS Direct observation of procedural skills
DPA Director for Professional Affairs
EEA European Economic Area
ENT Ear, nose and throat
FHI Faculty of Health Informatics
FTSTA Fixed-term specialty training appointment
GMC General Medical Council
GMP Good Medical Practice
GSP Good Surgical Practice
HEE Health Education England
HoS Head of School of Surgery
ISCP Intercollegiate Surgical Curriculum Programme (ISCP)
JCST Joint Committee for Surgical Training
LA Learning agreement
LAT Locum appointment for training
LETB Local education and training board
LTFT Less-than-full time-training
MCQ Multiple-choice question
MMC Modernising Medical Careers
MSF Multi-source feedback
MTAS Medical Training Application Service
NIMDTA Northern Ireland Medical and Dental Training Agency
NOTSS Non-technical skills for surgeons
OCAP Orthopaedic Curriculum and Assessment Project
OOP Out of programme
OOT Observation of teaching
OSCE Objective structured clinical examination
PAB Professional affairs board
PAT Peer assessment tool
PBA Procedure-based assessments
PMETB Postgraduate Medical Education and Training Board
QA Quality assurance
QC Quality control
QI Quality indicator
QM Quality management
RSPAs Regional Specialty Professional Advisor
SAC Specialty advisory committee
SAS Staff associate specialist
SHA Strategic health authority
SoS School(s) of surgery
SPA Suppor ting professional activity
SSA Surgical specialty association
STC Specialty training committees
TIG Training inter face group
TPD Training programme director
WBAs Workplace-based assessment
WinS Women in Surgery
WSSC Wolfson Surgical Skills Centre