



*Health Education England*

HEALTH EDUCATION YORKSHIRE AND THE HUMBER SCHOOL OF  
SURGERY

## **WELCOME TO SURGERY AND THE BOOT CAMP INDUCTION**

### **WHAT IS IN YOUR INDUCTION PACK**

Boot Camp Programme

Global Objective

All you need to know for surgery in Y&H

ISCP Summary of Core Curriculum as at August 2017 & Mandatory  
WBAs.

ISCP – Possible examples of evidence for Portfolio

Quality Indicators

Core Surgery Regional Teaching Programme (2021-2022)

The role of Core Surgical Trainees in Accident and Emergency  
Departments

Supervision Code Help Guide - elogbook

Key Dates

Core Surgery Expectations for ARCP (2021-2022)

Trainee Self-scoring ARCP Outcome form

JCST ARCP Guidance

Who's who in surgical training

Yorkshire & the Humber College Surgical Tutors

Study Leave Guidance & Form

Exam dates

Form R

Golden Rose Award

Conditions of Joining a Speciality Training Programme

Glossary and acronyms

Academic Trainee / Research Trainee Progress Report

## USEFUL LINKS

Blackboard online Learning Management System

It is recommended to use Google Chrome when accessing Blackboard

<https://heeyhsurgery.blackboard.com>

Intercollegiate Surgical Curriculum Programme

<https://www.iscp.ac.uk/Default.aspx>

Gold Guide

[https://www.copmed.org.uk/images/docs/gold\\_guide\\_8th\\_edition/](https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/)

[Gold\\_Guide\\_8th\\_Edition\\_March\\_2020.pdf2](https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf2)

## DATES OF LOCAL FACE TO FACE INDUCTIONS

Bradford (for Airedale, Bradford, Calderdale) 9th and 10th August 2021

Hull (for Hull and NLAG) 9th August 2021

Leeds (for Harrogate, Leeds, MidYorks) 5th August 2021

Sheffield (for Barnsley, Doncaster, Rotherham, Sheffield) 7th and 8th  
August 2021

York (for York and Scarborough) 10th August 2021

**Core Surgical Training Enhanced Induction Course 2021  
Central Delivery**

**6<sup>th</sup> August 2021 PROGRAMME**

<b>FACULTY</b>			
<b>Adam Barlow, TPD, Cons Transplant Surgeon</b>	<b>AB</b>	<b>Alison Payne, Cons Colorectal</b>	<b>AP</b>
<b>Andrew Williams, TPD, Cons Plastic Surgeon</b>	<b>AW</b>	<b>David Russell, Consultant Vascular Surgeon</b>	<b>DR</b>
<b>Michael Ho, TPD, Cons OMFS</b>	<b>MH</b>	<b>David Dickson, Cons T&amp;O</b>	<b>DD</b>
<b>Paul Renwick, Head of School, Cons Vascular Surgeon</b>	<b>PR</b>	<b>Mrs Kayarkar, Cons ENT</b>	<b>RK</b>
<b>Jon Hossain, Deputy Dean, Cons Vascular Surgeon</b>	<b>JH</b>	<b>Mo Dooldeniya, Cons Urology</b>	<b>MD</b>
<b>Claire Murphy, DME AGH, Cons Breast Surgeon</b>	<b>CM</b>	<b>Mark Peter, Cons Upper GI</b>	<b>MP</b>
<b>Grace Wright, Outreach Officer, RCOSEng</b>	<b>TS</b>	<b>Tamsyn Grey, Cons Colorectal</b>	<b>TG</b>
<b>Helen Cattermole, DME Hull, Cons T&amp;O</b>	<b>HC</b>	<b>Sonia Lockwood, Cons Colorectal</b>	<b>SL</b>
<b>Anita Relins, Programme Support Officer, SoS</b>	<b>AR</b>	<b>Helen Cattermole, DME Hull, Cons T&amp;O</b>	<b>HC</b>
<b>Neurosurgeon</b>		<b>Anish Koneru CT2 Representative</b>	<b>AK</b>

<b>Day 1</b>	<b>Friday 6<sup>th</sup> August 2021</b>	<b>Venue</b>	<b>Speaker/Session Leader</b>
<b>08.30 -09.00</b>	<b>Welcome Registration</b>	Zoom	AB/AW/MH
09.00	Programme & School Structure Training Placements SMART standards A&E guidance Professional standards ISCP & e-logbook Educational & Clinical Supervision Preparing for your ARCP Undermining & Bullying	Zoom	AB/AW/MH
<b>10.45</b>	<b>TEA/COFFEE BREAK</b>		
1100	ISCP registration	Zoom	AK
11.45	Education Programme & Curriculum Delivery Simulation	Zoom	AB/AW/MH
<b>12.15</b>	<b>LUNCH</b>		
13.00	College Support	Zoom	GW
13.15	Pastoral Support	Zoom	HC
13.45	Flexibility in Training	Zoom	JH / CM
14.15	Programme Support	Zoom	AR
14.30	SUI, Complaints, Duty of Candour, OOP, reflecting on your practice	Zoom	PR
15.00	Q&A	Zoom	All Faculty
15.30	Post-course questionnaire, Evaluation	Zoom	All Faculty

BLACKBOARD SESSIONS

Consent and Capacity	CM		
Theatre Etiquette	AMW		
WHO / Safer Surgery	JH		

**Core Surgical Training Enhanced Induction Course 2020  
Local Delivery**

**PROGRAMME**

Timings	Topic	Support	Presenter
30 minutes	Donning and doffing Scrubbing / gowning / prep & drape	YouTube Blackboard	AP
80 minutes	Orthopaedics Joint examination / aspiration Thomas splint application Plastering skills, common casts – trainees perform Joint and fracture reduction Pitfalls - what not to miss in T&O / plastics	YouTube Blackboard	DD
45 minutes	Head & Neck Airway issues Epistaxis & nose packing Foreign body removal Referrals Pitfalls - what not to miss in ENT	YouTube Blackboard	RK
45 minutes	Urology Catheter troubleshooting, three way catheter Suprapubic catheter Acute scrotum Cystoscopy Pitfalls - what not to miss in urology	YouTube Blackboard	MD

45 minutes	<p>Professional Skills Referring / dealing with other professionals Management of the acute take Escalation / SBAR / personal responsibility How to present a case at handover Theatre prioritisation Dealing with GP calls</p>	<p>YouTube Blackboard</p>	<p>MP</p>
60 minutes	<p><b>Trauma</b> ATLS, simulated polytrauma Mini moulage</p>	<p>YouTube Blackboard</p>	<p>TG</p>
	<p><b>Neurosurgical emergencies</b> Head injury Spinal injuries Cord compression Pitfalls - what not to miss Referrals</p>	<p>YouTube Blackboard</p>	<p>VA</p>
	<p><b>Critically Ill Surgical Patient</b> Mini-CCrISP Recognising and treating the deteriorating patient Escalating care Post-op complications Medical management of surgical patient</p>	<p>YouTube Blackboard</p>	<p>SL</p>

# **CST Induction Bootcamp 2020**

## **Useful Links**

Theatre Etiquette and Discipline  
Andrew M Williams

<https://youtu.be/xdU5zWysDTEMr>

Study Leave Process in South Yorkshire  
(Doncaster, Rotherham, Barnsley, SCH, RHH, NGH only)  
Ms Lesley Izzard

<https://youtu.be/7H7VpIBx-v4>

## **Useful Induction Resources**

One page documents which tell you all you need to know to succeed in a post...

[https://drive.google.com/drive/folders/1KJJtUp\\_m5Oraeb3ZWv2gwoyas-Egy9Ns?usp=sharing](https://drive.google.com/drive/folders/1KJJtUp_m5Oraeb3ZWv2gwoyas-Egy9Ns?usp=sharing)



## **Global Objectives for Core Surgical Training Yorkshire and the Humber School of Surgery**

Dear Core Surgical Trainee

Welcome to Core Surgical Training in Yorkshire.

Please register with the Intercollegiate Surgical Curriculum Programme (ISCP) immediately at [www.iscp.ac.uk](http://www.iscp.ac.uk) and make yourself familiar with the details of the core curriculum. The curriculum is defined by ISCP and recognised and approved by the GMC.

You must familiarise yourself with the content of the curriculum in a comprehensive manner and be proficient in using the online assessment tools, logbook and learning resources.

You are required to provide adequate documented evidence of training and career progression throughout the year for your ARCP using the ISCP website to record your surgical training and progression.

### **Placement validation**

1. Please register your placement ASAP on ISCP.

Insert the following details:

a. Your Personal details

b. Your training programme

c. Your training level

d. Your two 6 month placements for the coming academic year

e. Select your TPD (Mr Barlow / Mr Williams / Mr Ho) as your Training Programme Director depending on your placements as per table below. Your placement will then be validated.

<b>Mr Michael Ho</b>	<b>Mr Andrew Williams</b>	<b>Mr Adam Barlow</b>
<a href="mailto:michael.ho2@nhs.net">michael.ho2@nhs.net</a>	<a href="mailto:andrew.williams1@bthft.nhs.uk">andrew.williams1@bthft.nhs.uk</a>	<a href="mailto:adam.barlow@nhs.net">adam.barlow@nhs.net</a>
Airedale General Hospital	Barnsley General Hospital	Castle Hill Hospital
Calderdale Royal Hospital	Bradford Royal Infirmary	Diana, Princess of Wales Hospital, Grimsby
Dewsbury and District Hospital	Northern General Hospital, Sheffield	Doncaster Royal Infirmary
Harrogate District Hospital	Royal Hallamshire Hospital, Sheffield	Hull Royal Infirmary
Huddersfield Royal Infirmary	Sheffield Children's Hospital	Scarborough General Hospital
Leeds General Infirmary	Rotherham General Hospital	Scunthorpe General Hospital
Pinderfields General Hospital		York District Hospital
St James's University Hospital		
<b>All Academic trainees (ACFs)</b>		

2. Trainees in a 12 month placement in the same unit MUST enter these posts as two consecutive 6 month posts. This includes IST trainees.
3. An Assigned Educational Supervisor (AES) will be allocated to you by the Surgical College Tutor in your hospital and this information should be available on your work schedule which should be issued by the Trust prior to starting your post. You will require an AES for each post. The AES should be a consultant in the Department in which you are working.
4. You will require a Clinical Supervisor (CS) for each six month post. This individual must be different to your AES. You are able to list more than one CS. We would recommend that you do this so that more than one consultant can comment on your clinical performance.

### **Learning Agreement, AES and CS meetings**

You are required to have a learning agreement with your AES in each attachment. You need to reach agreement with your trainer regarding which ISCP competencies you can achieve in your post. These topics should be activated and signed off throughout the year at your meetings. Activation and sign off of topics is done on the AES login. It is expected that you will satisfactorily complete a substantial amount of the curriculum (>75%) in any given year.

It is your responsibility to arrange meetings with your AES throughout the post. You must meet your AES at least 3 times in the 6 month post;

- i. Objective setting, this should be within two weeks of starting the post
- ii. Interim review at 6 weeks at which stage a midpoint MCR should be completed by your Trainers and yourself
- iii. Final review and MCR, at 12 weeks.

This timescale allows your final report to be written prior to lockdown, which is at 16 weeks into your final post.

You must meet with your CS regularly throughout the post. You must arrange a formal meeting with your AES so that they can discuss your MCR and set objectives on ISCP to reflect your progress and ability. The MCR process is led by Lead CS with the summative MCR being fed back to the AES to assist in the writing of a report.

An AES report is required after the AES final meeting. This cannot be completed until the final MCR is uploaded. The following link will be useful in explaining how the process works.

<https://www.iscp.ac.uk/iscp/curriculum/core-surgical-training-curriculum/1-introduction/>

Academic trainees will also need to complete the following with their academic AES for each placement:

[https://www.copmed.org.uk/images/docs/gold\\_guide\\_7th\\_edition/Appendix\\_5\\_-\\_Report\\_on\\_Academic\\_Trainees\\_Progress.pdf](https://www.copmed.org.uk/images/docs/gold_guide_7th_edition/Appendix_5_-_Report_on_Academic_Trainees_Progress.pdf)

### **Annual Review of Competence Progression**

Your progress, level of commitment and achievement of the curriculum requirements will be assessed at your Annual Review of Competence Progression (ARCP).

In order to achieve a satisfactory outcome at your ARCP in June 2022 it is vital that you complete the following objectives. These must be available on your ISCP portfolio by ARCP lockdown at midnight on Sunday 5th June 2022 for the panel to assess. Failure to ensure evidence is available for panel review by midnight on Sunday 5<sup>th</sup> June 2022 will result in an unsatisfactory outcome which will remain on your training record.

1. A learning agreement for each 6 month post
2. Evidence of 3 AES meetings in each 6 month post
2. A midpoint and final MCR for each 6 month post
3. An AES report for each 6 month post
4. Minimum number of Work Based Assessments (WBA's) per year, 50% should be validated by a consultant as per table below.

If the minimum number is exceeded, a 25% consultant validated proportion, of the excess, is expected. *e.g. if 26 CEXs for CT1 are completed, there needs to be a minimum of 8 (3 + 5) consultant validated CEXs.*

Competency	Form to use	Number required	Level of performance required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	3	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)	3	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of local anaesthetic)	3	3
Preparation and maintenance of an aseptic field	DOPS (Preparation of aseptic field)	3	3
Incision of skin and subcutaneous tissue	DOPS (Incision)	3	3
Closure of skin and subcutaneous tissue	DOPS (Closure)	3	3
Completion of WHO check list (time out and sign out)	DOPS (WHO checklist completion)	3	3

### CT1 WBA requirements

For CT1's there are mandatory WBA's that have to be performed as per ISCP; 6 mandatory CEX and 18 mandatory DOPS. Therefore, a minimum total of 35 WBA's to be performed in the CT1 year to include;

- 6 CEX
- 2 CEX consent
- 18 DOPS
- 4CBD
- 2OOT (one in each placement)
- 1AoA
- 2 MSF (one in each placement)

### CT2 WBA requirements

Minimum 7 WBA's in total per year to include;

- 2 CEX consent
- 2OOT (one in each placement)
- 1AoA
- 2 MSF (one in each placement)

In discussion with your AES, further WBAs may be selected to demonstrate competence in certain areas of practice following feedback based on the MCR.

	MINIMUM WBA NUMBERS SUMMARY TABLE			
	CT1	<b>Consultant validated</b>	CT2	<b>Consultant validated</b>
CEXs	6	3		
DOPS	18	9		
OOT	2	1	2	1
AoA	1	1	1	1
MSF	2	2	2	2
CEXconsent	2	1	2	2
CBD	4	2		

5. Minimum 120 cases in logbook per year, 25% STS or STU in overall number. *e.g. if 160 cases, minimum 40 STS/STU cases*

You must keep up-to-date records of your operative experience using the electronic surgical logbook in your ISCP portfolio. It is recommended that you include all procedures as well as operations. Please provide access to logbook data for ARCP panel.

6. Complete at least one audit and Assessment of audit (AoA) each year. This must be uploaded to ISCP.

7. Complete 1 Multi-source feedback (MSF) per 6 month post. You must identify 12 raters to ISCP. This must be signed off with your AES prior to your ARCP.
8. It is mandatory to attend 70% of the CST Education Programme. You should not be on call for these days and you are not expected to attend when on night shifts. Any non-attendance must be notified to the Teaching Programme Organisation Committee in advance. All certificates must be uploaded to your portfolio in other evidence.  
You should keep a record of any teaching attended outside of the programme (Webinars etc.). Attendance at the School of Surgery Conference and Trainees Day count towards the total. In addition, academic trainees are also expected to present at the 'Academic Presentation Day'. Those trainees who have passed MRCS Part B may be eligible to attend the Higher Specialty Training Regional Training Days with prior approval from the Core Surgery Training Programme Director and appropriate Higher Specialty Training Programme Director. Those attending HST Regional Training Days will need to provide appropriate reflection and diary evidence of their attendance at ARCP and demonstrate ongoing attendance at 50% of the CST Teaching and 25% of the HST Teaching Programmes.
9. One Observation of Teaching (OoT), validated by consultant, speciality doctor or ST6 and above per 6 month post.
10. CT2 should have an oral or poster presentation at regional or national level
11. MRCS Part A by the end of CT1 (upload to ISCP in other evidence)
12. MRCS Part B by the end of CT2 (upload to ISCP in other evidence)
13. Complete BSS by end of CT1. Mandatory courses (ATLS/BSS/CCrISP) certificates should be uploaded in the other evidence section
14. **Full engagement in ISCP**; evidence section completed, logbook, CV's etc. It is important to keep an up-to-date paper portfolio. This will compliment your ISCP portfolio and include achievements during the core training. It is important to keep this up to date as it will be required for ST3 application.
15. Completion of Form R for revalidation. This must be uploaded to ISCP in other evidence section under miscellaneous. A copy must sent to The Yorkshire and the Humber (Y&H) School of Surgery ([surgery.yh@hee.nhs.uk](mailto:surgery.yh@hee.nhs.uk))
16. Completion of QA questionnaires from the GMC and JCST on your evaluation of the trainee placements. The deadlines for completion are Monday 24th Jan 2022 for the first post and Friday 10th June 2022 for the second post. The JCST survey can be found on the ISCP website.
17. Trainee self-scoring ARCP outcome form is to be completed and uploaded in miscellaneous section **by lockdown.**

Please be aware that the dates for the 2022 ARCP's are as follows:

East (Hull)	– Wednesday 22nd June 2022
South (Sheffield)	– Thursday 23rd June 2022
West (Leeds)	- Friday 24th June 2022

Y&H HEE will inform all trainees of their date of ARCP nearer to the time. Please ensure that you are available for all 3 days as you may be allocated to any day, especially if you have made inadequate progress.

The panel will be reviewing your progress based on the evidence listed above. It is important to realise that the ARCP is an assessment of your training progress and has major implications for your career development. **You will be required to submit your electronic ISCP portfolio for examination by midnight on 5th June 2022. Your ARCP outcome will be based on evidence available at this point. You should complete a Trainee self-scoring ARCP outcome form at this time.** Data / evidence submitted after this time **will not** be considered.

Failure to complete the Global Objectives by this date will result in an unsatisfactory ARCP outcome (CT1 outcome 2, 3 or 5 and CT2 outcome 3 or 5). If you achieve an Outcome 5 (lack of evidence) in CT1 you will not be eligible for specialty course funding in CT2.

Further information and training regarding these requirements for ALL CT1 trainees will be provided at the Bootcamp Induction Course. Attendance at this is mandatory for all CT1's.

It is up to you to ensure that your training is meaningful and that your curriculum defined competencies are realised. Notify your CS, AES, College Tutor or Programme Director if you can identify or predict impediments to your training progression occasioned by insufficient opportunity or an unsupportive

environment (including lack of resources). Please be aware that it will require a minimum of eight weeks' notice to reconcile. You may additionally report such issues to the Director of Medical Education at the Trust using exception reporting.

Should you have any technical difficulties that can't be sorted out from the on-line guidance documents, the ISCP help-desk is available during office hours on 0207 869 6299 or by email on [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk). Further information regarding your training is also available at [https://www.yorksandhumberdeanery.nhs.uk/surgery/core\\_surgical\\_training](https://www.yorksandhumberdeanery.nhs.uk/surgery/core_surgical_training)

Please print this letter twice, sign both copies, keep one in the front of your portfolio and return the other to Anita Relins at Yorkshire and the Humber School of Surgery HEE by August 20th 2021.

Yours sincerely,

Mr Andrew Williams, Mr Michael Ho and Mr Adam Barlow  
Yorkshire and the Humber Core Surgical Training Programme Directors

Confirmation of receipt of Core Surgery Training Programme Director letter.

I have read and understood the above:

Name (Block Capitals): .....

Signed: .....

Date: .....

## ALL YOU NEED TO KNOW FOR A SUCCESSFUL CORE SURGERY TRAINING PROGRAMME

Welcome to Health Education England, working across Yorkshire and the Humber! We hope that your time with us will be both successful and enjoyable. We are here to assist and support you in any way we can to enable your training to run smoothly.

### PEOPLE YOU NEED TO KNOW

The following people have been appointed to run the Core Surgery training programme and are there to support you throughout:

Head of School	Mr Paul Renwick
Deputy Head of School	Mr Mark Steward Mr Nandan Haldipur
Training Programme Directors	Mr Andrew Williams, Mr Michael Ho and Mr Adam Barlow
Education Facilitator	Mr Graham Radcliffe

Details of the CST TPDs and RCSTs can be found at:

[https://www.yorksandhumberdeanery.nhs.uk/surgery/core\\_surgical\\_training](https://www.yorksandhumberdeanery.nhs.uk/surgery/core_surgical_training)

Details of other useful contacts can be found here:

<https://www.yorksandhumberdeanery.nhs.uk/surgery/contactslinks>

### YOUR LOCAL HEE YH AND HOW WE CAN HELP

HEE YH (or the “Deanery”) are responsible for assessments, rotations and Out of Programme applications. We will also liaise with your Training Programme Directors, Trust and the Royal College of Surgeons if you need us to. Further details can be found on the HEE YH website at:

<http://www.yorksandhumberdeanery.nhs.uk/>

## ASSESSMENTS

Your main assessments take place in June each year. We will inform you of your appointment time a few weeks before to allow you time to up-date your ISCP portfolio two weeks beforehand. You will be seen by a panel of at least 3 trainers. Also present will be the TPD, an Associate Postgraduate Dean (from HEE YH) and a Lay Person.

There is a document included in your induction pack with details of what is required for an ARCP outcome 1.

You will be asked to complete a Form R for revalidation purposes and an ISCP survey every year. Your form R is only valid for three months and can be found here:

<https://www.yorksandhumberdeanery.nhs.uk/revalidation>

## ISCP

You should already be familiar with using ISCP but if you have any problems, the Helpdesk should be able to answer any queries at [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk)

## ROTATIONS

Core Surgery trainees rotate on the first Wednesday of August and February. You will generally spend six months in each of the hospitals and the TPDs will ensure that you cover the appropriate parts of the curriculum during your two years. Further information can be found here:

[http://www.yorksandhumberdeanery.nhs.uk/surgery/core\\_surgical\\_training/](http://www.yorksandhumberdeanery.nhs.uk/surgery/core_surgical_training/)

## TEACHING PROGRAMME

The teaching programme is a comprehensive programme run by the Education TPDs and covers the whole curriculum. The education days consist of lectures and/or skills sessions, which have been designed to provide you with training in both the technical and non-technical skills listed in the Core Surgical Syllabus. It is essential that you attend the mandatory minimum of 70% of the sessions each year, that you are present throughout the whole day and that you do not cancel your attendance at short notice. You need to complete a study leave form for this, which requires only local approval.

Teaching programmes can be found here:

[https://www.yorksandhumberdeanery.nhs.uk/surgery/core\\_surgical\\_training/teaching\\_\\_training](https://www.yorksandhumberdeanery.nhs.uk/surgery/core_surgical_training/teaching__training)

## EXAM

The MRCS is now part of the Core Surgery curriculum. To gain an ARCP outcome 6 at the end of CT2, which allows you to progress to your ST3 year in your surgical career, you need to ensure that you have passed the exam in the penultimate diet and that the documentation to show that you have passed is available for your final ARCP.

Details about a regularly run and excellent revision course can be found here:

[http://www.yorksandhumberdeanery.nhs.uk/surgery/core\\_surgical\\_training/teaching\\_training/](http://www.yorksandhumberdeanery.nhs.uk/surgery/core_surgical_training/teaching_training/)

The exam is administered by the JCST.

## STUDY LEAVE/CURRICULUM DELIVERY FUNDING

You can claim funding for certain approved courses and presenting at recognised conferences. All claims should be submitted and completed at least eight weeks prior to the event. Retrospective claims may be declined. If you are presenting at a conference abroad it is possible to claim a £250 bursary by completing the application form and submitting to the Head of School. All application forms should be signed off by the Specialty Study Leave Advisor after completion by your AES and Rota Coordinator. Any claims for over £1000 should be signed off as above and then forwarded to HEE YH for further approval from the Head of School. The process and application form can be found here:

[http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum\\_delivery/study\\_leavecurriculum\\_delivery/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/study_leavecurriculum_delivery/)

## COURSES

There are various courses that you should attend at some point during your training. Details of recommended HEE YH courses are here: [http://www.yorksandhumberdeanery.nhs.uk/education/generic\\_skills\\_courses/](http://www.yorksandhumberdeanery.nhs.uk/education/generic_skills_courses/)

These are excellent courses and free of charge. You should be released to attend by your trust and claim expenses from them (see below).

## TRAVEL/REMOVAL EXPENSES

These expenses must be claimed from the trust where you are working. You should contact someone in your Medical Staffing Department about this. Expenses for attending the Core Surgery teaching programme should be claimed from your trust, as part of your normal work.



This covers most of what you will need to know during your core surgery training but for anything not included please feel free to e-mail us at:

[surgery.yh@hee.nhs.uk](mailto:surgery.yh@hee.nhs.uk)

Anita Relins Programme Support Officer

Andrew Wild Programme Support Administrator

#### **USEFUL LINKS**

Trainee Support: [http://www.yorksandhumberdeanery.nhs.uk/pgmde/pgmde/trainee\\_support/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/pgmde/trainee_support/)

Dyslexia screening: <https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/>

[20190218\\_access\\_to\\_dyslexia\\_support\\_protocol\\_v4\\_final\\_february\\_2019.pdf](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/20190218_access_to_dyslexia_support_protocol_v4_final_february_2019.pdf)

## ISCP – Summary of Core Curriculum as at August 2017 and mandatory WBAs

Common Content Module	Detail of Topics
<b>Basic Sciences</b>	<ul style="list-style-type: none"> <li>• Applied Anatomy</li> <li>• Physiology</li> <li>• Pharmacology</li> <li>• Pathology</li> <li>• Microbiology</li> <li>• Medical physics</li> <li>• Medical statistics</li> </ul>
<b>Clinical method in surgical practice</b>	<ul style="list-style-type: none"> <li>• Demonstrate the knowledge and clinical skill necessary to assess and investigate a patient presenting to the surgical team</li> </ul>
<b>Peri-operative care</b>	<ul style="list-style-type: none"> <li>• Pre-operative care</li> <li>• Intra-operative care</li> <li>• Post operative care</li> </ul>
<b>Basic surgical skills</b>	<ul style="list-style-type: none"> <li>• Surgical wounds / effective hand washing, gloving and gowning / safe anaesthetics / aseptic field / tissue handling / skin incision and closure / retractors / drains / biopsy</li> </ul>
<b>Critical care</b>	<ul style="list-style-type: none"> <li>• Trauma management</li> <li>• Sepsis management</li> <li>• Intensive care medicine</li> </ul>
<b>Surgical care of the paediatric patient</b>	<ul style="list-style-type: none"> <li>• Assess &amp; manage children with surgical problems plus similarities &amp; differences to the adult patient within legal and safeguarding frameworks</li> </ul>
<b>Management of the dying patient</b>	<ul style="list-style-type: none"> <li>• Manage the transition from life to death / palliation / certification of death / resuscitation status / organ donation</li> </ul>
<b>Health promotion</b>	<ul style="list-style-type: none"> <li>• General aspects of health promotion</li> <li>• Obesity</li> <li>• Dementia</li> <li>• Exercise and physical fitness</li> </ul>

<p><b>Core Speciality Modules</b></p> <p>(depending on speciality of actual placement)</p>	<ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• General surgery</li> <li>• Intensive care medicine</li> <li>• Neurosurgery</li> <li>• OMFS</li> <li>• ENT</li> <li>• Paediatric surgery</li> <li>• Plastic surgery</li> <li>• T&amp;O</li> <li>• Urology</li> <li>• Vascular</li> </ul>
<p><b>ST3 preparation modules</b></p> <p>(from CT2 year)</p>	<ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• General surgery</li> <li>• Intensive care medicine</li> <li>• Neurosurgery</li> <li>• OMFS</li> <li>• ENT</li> <li>• Paediatric surgery</li> <li>• Plastic surgery</li> <li>• T&amp;O</li> <li>• Urology</li> <li>• Vascular</li> </ul>
<p><b>Good clinical care / being a good communicator / teaching and training / keeping up to date / being a manager / promoting good health / probity and ethics</b></p>	

## Assessment

### Mandatory WBAs

Competency	Form to use	Number required	Level of performance required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	3	2
Effective hand washing, gloving and gowning	DOPS(surgeon preparation)	3	4
Accurate, effective and safe administration of local anaesthetic	DOPS (administration of local anaesthetic)	3	3
Preparation and maintenance of an aseptic field	DOPS (preparation of aseptic field)	3	3
Incision of skin and subcutaneous tissue	DOPS (incision)	3	3
Closure of skin and subcutaneous tissue	DOPS (closure)	3	3
Completion of WHO checklist (time out and sign out)	DOPS (WHO checklist completion)	3	3

[https://www.gmc-uk.org/-/media/documents/  
Core\\_Surgery\\_MASTER\\_2017.pdf\\_71498859.pdf](https://www.gmc-uk.org/-/media/documents/Core_Surgery_MASTER_2017.pdf_71498859.pdf)

You should make yourself aware of the Core Surgical Training Curriculum 2021 which can be found at:

[https://www.iscp.ac.uk/media/1111/core-surgical-training-curriculum-aug-2021-  
approved-oct-20.pdf](https://www.iscp.ac.uk/media/1111/core-surgical-training-curriculum-aug-2021-approved-oct-20.pdf)

This details what is required of you, the nature of Generic Professional Capabilities, Capabilities in Practice and the levels which you will be expected to achieve. It details the methods of learning, assessment and explains how to document evidence of achievement.

Possible Examples of “Evidence” Against the ISCP Common Content Core Syllabus 2017

Common Content Module	Possible evidence
Basic Sciences	MRCS / DOHNS certificate Regional teaching / courses / attendance & participation in local meetings CBD
Clinical method in surgical practice	MRCS certificate Mandatory CEX CBD / MSF
Peri-operative Care	MRCS / CCrISP / ATLS certificate CBD: nutritional management; endocrine & metabolic disorders; coagulation Mandatory DOPS e-Learning / online modules on blood products and fluid balance
Basic surgical skills	BSS certificate Mandatory DOPS Log book > 120 cases per year
Critical care	MRCS / ATLS certificate / CCrISP certificate CBD: e.g. trauma, shock, wounds & soft tissue injuries, burns, fractures CEX: history and examination
Surgical care of Paediatric patient	MRCS / ATLS certificate : APLS course CEX: History & Exam of paediatric surgical patient CBD: Preoperative fluid management; Acute scrotal pain Regional teaching
Management of the dying patient	Regional teaching CBD : e.g. DNR, Palliative care, resuscitation, organ donation guidelines / CEX
Health promotion	Regional teaching CBD – mental capacity act 2005 / CEX e-Learning – alcohol consumption / illegal drugs / obesity / smoking / dementia
Professional behaviour and leadership skills	Audits (2) / Quality Improvement Projects (QIPs) Observation of Teaching (OOT) Publications / presentations / leadership roles / teaching of others

JCST  
Quality Indicators for Surgical Training – Core Surgical Training

Quality Indicator	
1.	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2.	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3.	Trainees in surgery should have the opportunity and study time to complete and present one audit project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
4.	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this.
5.	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6.	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year, with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7.	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
8.	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
9.	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.





## Teaching Programme 2021-2021

**Specific dates will be confirmed by the Royal College Surgical Tutor for each individual centre, but the following topics will be covered during the year.**

	CT1 (basic skills)	CT2 (advanced skills)	Locations
September	Core Skills	NOTS/Human factors	Leeds, York, Sheffield, Bradford
October	General Surgery	General Surgery	Leeds, Hull, Sheffield, Doncaster
November	Orthopaedics	Orthopaedics	Leeds, Hull, Sheffield, Bradford
December	Urology	Urology	Leeds, Hull, Sheffield
January	Plastics	Plastics	Leeds, Hull, Bradford
February	ENT	ENT	Leeds, Hull, Sheffield
March	Neuro (single centre)	Neuro (single centre)	Hull
April	Cardiothoracics (single centre)	Cardiothoracics (single centre)	Sheffield
May	Vascular	Vascular	Leeds, Doncaster, Sheffield
June	NOTS/Human Factors	ST3 prep/Working as an SpR	Leeds, Hull, Pinderfields, Bradford

Full attendance is required by all CTs at sessions in red. Your attendance must be certified and this evidence uploaded to the “Miscellaneous” section of “Other Evidence” in ISCP. A further 3 speciality days must be completed each year, depending on career intentions. These sessions must also be evidenced in the same way.

**Supervision Code help guide****2. CONSULTANT CODES****Performed (P):**

The trainer completes the procedure from start to finish  
The trainee performs the approach and closure of the wound  
The trainer performs the key components of the procedure

**Supervised (Scrubbed) (S-S):**

The trainee performs key components of the procedure (as defined in the relevant PBA) with the trainer scrubbed

**Supervised (in theatre) (S-U):**

The trainee completes the procedure from start to finish  
The trainer is unscrubbed and is:

- in the operating theatre throughout
- in the operating theatre suite and regularly enters the operating theatre during the procedure (70% of the duration of the procedure)

**Supervised (in hospital) (S-H):**

The trainee completes the procedure from start to finish  
The trainer is present for <70% of the duration of the procedure  
The trainer is not in the operating theatre and is:

- scrubbed in the adjacent operating theatre
- not in the operating suite but is in the hospital

**Under my care (UC):**

Non-consultant training a junior trainee whilst performing on consultant's patient

**Observed (O):**

New procedure observed by an unscrubbed trainer

**Performed with Consultant Colleague (P-CC):**

Multiple consultants perform designated procedures as part of more complex operative instance (for example inter-specialty scenarios)

## Supervision Code help guide

The following supervision definitions have been approved by JCST for usage in recording surgical training experience in the UK & Ireland.

The respective contribution of the trainee and trainer should be considered at the end of the procedure and the recorded supervision code should reflect this discussion. Logbook record should be validated by the trainer.

### 1. TRAINEE/NON-CONSULTANT CODES

#### **Assisting (A):**

The trainer completes the procedure from start to finish  
The trainee performs the approach and closure of the wound  
The trainer performs the key components of the procedure

#### **Supervised - trainer scrubbed (S-TS):**

The trainee performs key components of the procedure (as defined in the relevant PBA) with the trainer scrubbed

#### **Supervised - trainer unscrubbed (S-TU):**

The trainee completes the procedure from start to finish  
The trainer is unscrubbed and is:  
- in the operating theatre throughout  
- in the operating theatre suite and regularly enters the operating theatre during the procedure (70% of the duration of the procedure)

#### **Performed (P):**

The trainee completes the procedure from start to finish  
The trainer is present for <70% of the duration of the procedure  
The trainer is not in the operating theatre and is:  
- scrubbed in the adjacent operating theatre  
- not in the operating suite but is in the hospital

#### **Training more junior trainee (T):**

A non-consultant grade surgeon training a junior trainee

#### **Observed (O):**

Procedure observed by an unscrubbed trainee

## The Role of Core Surgical Trainees Covering Surgical Specialties in Emergency Departments

This document should be seen as guidance (based on previous serious incidents), for LEPs, Surgical Programmes and Trainees. There may be times when this guidance needs to be 'flexed' either for operational or training reasons. However, trainees should always practice within their area of competence and seek help for problems beyond that. LEPs and Programmes will be challenged when breaches of the guidance occur which are neither in trainees' and/or patients' interests. Core Surgical trainees, as part of the curricular requirements, must be involved with the assessment of patients presenting to ED and must NOT be excluded from this experience.

1. Initial induction and written guidelines about the range of ED referrals and their management is mandatory for all specialties. These should include clear guidelines as to when a more senior trainee or consultant must be informed about a patient.
2. No patient should be sent home from ED or an assessment area by a CT without the opinion of a more senior surgeon (ST3 or above, consultant). Some T&O units allow an exception to this ruling for closed fractures without nerve or vessel compromise. Each department will have protocols for such patients (eg discuss at morning trauma meeting, book into next trauma clinic or Virtual Trauma Clinic etc.). Core Trainees in T&O should clarify these arrangements during local induction. Patients who are in rigidly immobilising casts and are non weight bearing are at enhanced risk of venous thromboembolism. If patients are casted and sent home by CSTs, they should consider the need for chemical thromboprophylaxis. Most T&O units have well developed protocols for this matter. CSTs in T&O should clarify these arrangements during local induction.
3. Wherever possible senior opinion should include direct review of the patient by the Registrar or Consultant although it is accepted that only telephone advice or a face to face conversation between the CT and a more senior surgeon may be possible on occasions (e.g. higher trainee or consultant in operating theatre).
4. If no registrar is available (e.g. EWTD rest hours) then patients should be discussed with the on-call consultant.

5.All neurosurgical and cardiothoracic patients attending ED should be reviewed by a Registrar (ST3 and above or Clinical Fellow). The patient should then be discussed with the consultant surgeon on call and a management plan agreed and implemented. A robust mechanism must be in place for the review and decision making on cross-sectional imaging that is sent to a neurosurgical centre in the absence of the patient being in the same location. Review of images must be performed by either a trainee with 3 or more years experience in neurosurgery or a consultant neurosurgeon. (Neurosurgical patients should have been referred via the online web service; the above constitutes the fallback position for the rare occasions where this is required for these patients).

6.Patients with clear evidence of vascular disease but who are not considered to justify admission after review by an ST3 or above should be discussed with the consultant vascular surgeon on-call and given written instructions to re-attend ED if their condition deteriorates. In addition an appointment should be made for the next outpatient clinic of that consultant.

7.Patients with acute or potential airway threatening problems, bleeding, complex trauma with head injuries as well as retro-bulbar bleeds threatening eyesight require immediate senior input and admission. Early recognition of sepsis and necrotising soft tissue infections, with appropriate escalation and early intervention is essential to prevent rapid deterioration.

8.Any patient who attends ED for a second time within 7 days must be seen by a higher trainee (ST3 or above) or consultant even if a surgeon of this seniority saw the patient on the first visit.

9.If a higher trainee out of specialty is providing cross cover they must consult with a consultant or another higher trainee within the specialty.

10.For patients with new abdominal symptoms the patient or a responsible relative should be given printed instructions to state that they should attend their general practitioner as soon as possible for further review but to return to the ED if they remain unwell in the meantime

12.A CST who is on-call for any specialty, but in particular plastic surgery or T&O, must keep a log (name/telephone number/diagnosis) of all patients who they see in ED and discharged home. This log should be reviewed by an ST3 or above on the following morning's ward round/handover. Electronic referral logs will facilitate this.

# HEALTH EDUCATION YORKSHIRE AND THE HUMBER SCHOOL OF SURGERY

## CORE SURGERY KEY DATES

**Dates for completion of  
End of Placement  
Feedback  
Questionnaires**

Monday 24<sup>th</sup> January 2022  
Friday 10<sup>th</sup> June 2022

**Rotation Day**

Wednesday 2nd February 2022

**ARCPs**

East – Wed 22nd June 2022  
South – Thurs 23rd June 2022  
West – Fri 24th June 2022

**ARCP Lockdown**

Sunday 5<sup>th</sup> June 2022

**Trainees Day**

April 27th 2022 - PGH

**School of Surgery  
Conference**

**TBC**

## Core Surgery Expectations for ARCP (2020–21)

1. A learning agreement for each 6 month post
2. A midpoint and end of placement Multiple Consultant Report for each 6 month placement
3. Evidence of 3 AES meetings in each 6 month post
4. A CS and AES report for each 6 month post
5. Minimum number of Work Based Assessments (WBA's) per year

50% WBAs should be validated by a consultant as per table below.

If the minimum number is exceeded, a 25% consultant validated proportion, of the excess, is expected. *e.g. if 26 CEXs for CT1 are completed, there needs to be a minimum of 8 consultant validated CEXs.*

### CT1 WBA requirements

For CT1's there are mandatory WBA's that have to be performed as per ISCP; 6 mandatory CEX and 18 mandatory DOPS. Therefore, a minimum total of 35 WBA's to be performed in the CT1 year to include;

- 6 CEX
- 2 CEX consent
- 4 CBD
- 18 DOPS
- 2 MSF
- 2 OOT
- 1 AoA

## CT2 WBA requirements

Minimum 7 WBA's in total per year to include;

2 CEX consent

2 MSF

2 OOT

1 AoA

Although it is likely that following discussion with your AES further WBAs will be suggested to demonstrate competence in certain areas of practice following feedback based on the MCR.

	<b>Minimum WBA numbers summary table</b>			
	CT1	<b>Consultant validated</b>	CT2	<b>Consultant validated</b>
CEXs	6	<b>3</b>		
CBDs	4	<b>2</b>		
DOPS	18	<b>9</b>		
CEX consent	2	<b>1</b>	2	<b>1</b>
MSF	2	<b>2</b>	2	<b>2</b>
OOT	2	<b>1</b>	2	<b>1</b>
AoA	1	<b>1</b>	1	<b>1</b>

5. Minimum 120 cases in logbook per year, 25% STS or STU in overall number. *e.g. if 160 cases, minimum 40 STS/STU cases*
6. 1 audit per year (*uploaded evidence / presentation to miscellaneous section*) and 1 Assessment of Audit (AoA)
7. 2 MSF per year
8. > 70% attendance at Regional Core Surgery Teaching / simulation programme. Attendance at the School of Surgery Conference and Trainees Day count towards the total. In



addition, Academic trainees are also expected to present at the 'Academic Presentation Day'

9. Two Observation of Teaching (OoT), one of which is validated by consultant
10. CT2 should have an oral or poster presentation at regional or national level
11. MRCS Part A by the end of CT1 (upload to ISCP in other evidence) and inform TPD of result
12. MRCS Part B by the end of CT2 (upload to ISCP in other evidence) and inform TPD of result
13. BSS must be completed by CT1. Mandatory courses (ATLS/ BSS) certificates should be uploaded in the other evidence section. CCrISP is not mandatory but is highly recommended. You should check your chosen speciality ST3 personal specifications as some do require "CCrISP or equivalent"
- 14. Full engagement in ISCP** – evidence sections completed, logbook completed, reflection, topics activated, no reliance on external documents, CVs etc
15. Completion of Form R (for revalidation) – Send to HEE and upload to other evidence section on ISCP under miscellaneous section
16. Completion of JCST trainee survey for **both** placements in each year
17. Trainee self-scoring ARCP outcome form is to be completed and uploaded in miscellaneous section
18. Trainees on a 6 month extension are expected to achieve 50% of the yearly WBA requirements, logbooks and teaching attendance. One observation of teaching and one MSF must be completed but an audit is not required.

19. Less than full time (LTFT) trainees need to complete the years requirements in proportion. e.g. a 60% LTFT trainee needs to complete 60% of the WBAs, logbook and teaching attendance. One observation of teaching and one MSF must be completed per academic year. One audit must be completed per core training year.

*Trainees who are LTFT on an extension need to complete expectations proportionally. e.g. a 60% LTFT trainee will have complete 30% of requirements in the 6 month extension.*

20. Failure to complete Core Expectations by ARCP lockdown (5<sup>th</sup> June 2022) will result in an unsatisfactory ARCP outcome (CT1 outcome 2, 3 or 5 and CT2 outcome 3 or 5). If you achieve an Outcome 5 (lack of evidence) in CT1 you will not be eligible for specialty course funding in CT2.

## Trainee Self-scoring ARCP Outcome

<u>Requirement</u>	<u>Post</u>	<u>Completed</u>
<b>Learning Agreement</b>	Aug - Feb	
	Feb - Aug	
<b>AES meetings x3</b>	Aug - Feb	
	Feb - Aug	
<b>CS and AES report</b>	Feb - Aug	
<b>WBA's</b>	Aug - Aug	
<b>CT1</b>		
<b>24 mandatory as per ISCP</b>		
6 CEX		
18 DOPS		
<b>11 minimum as per School of Surgery</b>		
2 CEX consent		
4 CBD		
2 MSF		
2 OOT		
1 AoA		
<b>50% consultant validated</b>		
<b>CT2</b>		
<b>7 minimum as per School of Surgery</b>		
2 MSF		

2 OOT		
1 AoA		
2 CEX consent		
<b>50% consultant validated</b>		
<b>Logbook</b>	Aug - Aug	
120 cases per year		
25% STS / STU		
<b>Audit</b> – uploaded presentation to ‘Other evidence– ’ minimum one	Aug - Aug	
Assessment of Audit - 1	Aug - Aug	
<b>MSF - 1</b>	Aug - Feb	
	Feb - Aug	
<b>Teaching Attendance</b>	Aug - Aug	
> 70%		
<b>Observation of Teaching</b>	Aug - Aug	
OoT - 2		
<b>MRCS</b>		
CT1 Part A passed	Aug - Aug	
CT2 Part B passed	Aug - Aug	
<b>ISCP Engagement</b>	Aug- Aug	

Topics activated, 'Other Evidence' section completed, CV, Course attendance etc		
<b>Presentation</b>	Aug - Aug	
CT2 – oral or poster (Regional or National)		
<b>Courses</b>	Aug - Aug	
ATLS/BSS/CCrISP	Include dates	
<b>Form R</b>	Aug - Aug	
Completed and submitted to HEE, uploaded to evidence – miscellaneous section		
<b>JCST Survey</b>	Aug – Feb	
	Feb - Aug	

ARCP Requirements		Trainee predicted ARCP outcome
Achieved		
Not achieved		
Evidence lacking		



### Guidelines for ARCP at the end of Core Surgical Training

These guidelines apply only to trainees undertaking the 2017 core surgical training curriculum, and this includes all trainees entering core surgical training on or after August 2017. Those trainees entering core surgical training before August 2017 and still in training after the end of January 2019, should transfer to the 2017 curriculum and should be assessed at ARCP against the requirements of that curriculum.

A set of guidelines equivalent to this document, summarising the requirements for successful completion of the 2015/6 curriculum before the end of January 2019, are available at <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/>.

An outcome 6 should be awarded to every core surgical trainee who at the end of their CT2 year presents within their ISCP portfolio, evidence that they have satisfied the requirements of the curriculum for core surgical training available at [https://www.iscp.ac.uk/static/public/syllabus/syllabus\\_core\\_2017.pdf](https://www.iscp.ac.uk/static/public/syllabus/syllabus_core_2017.pdf). These guidelines are intended to summarise those requirements in convenient form, to assist ARCP panels in their task, but in no way supersede the curriculum itself. Runthrough specialty trainees, including ACFs, should be assessed against the same criteria at the end of their ST2 year, but satisfactory performance should result in the award of an outcome 1 and progression to the ST3 year.

<b>Curriculum area</b>	<b>Required evidence</b>	<b>Suggested Evidence</b>
Common content module	Certificate of completion of MRCS or MRCS(ENT)  Mandatory WBAs (see table below)  Current ATLS, APLS or BATLS provider status  Completed AES report and at least one CS report from each placement	MSF from each WTE training year  Logbook evidence of >120 cases per year  WBA portfolio <sup>1</sup> covering performance in clinic, the provision of acute care and in the operating theatre

<sup>1</sup> Aside from the mandatory WBAs, no minimum number of WBAs is specified by the 2017 CST curriculum. Trainees who present a total of 40 or more good quality WBAs spread evenly over time, the available types and different senior assessors, should be considered to be engaging well with this area of their training programme

# ARCP Outcome Guidelines - Core Surgery

MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	✓ ✓ ✓ ✓	CT1 = Outcome 1 CT2 = Outcome 6
MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	✓ × ✓ ✓	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	✓ ✓ × ✓	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	✓ ✓ ✓ ×	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	× × ✓ ✓	CT1 = Outcome 2 CT2 = Outcome 3



MRCS Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	× × × ×	CT1 = Outcome 2 (exceptionally outcome 3) CT2 = Outcome 3 or 4
MRCS A Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	× ✓ ✓ ✓	CT1 = Outcome 2 CT2 = Outcome 3
MRCS B Good portfolio & logbook Satisfactory AES report and MCR ISCP trainee survey completed	× ✓ ✓ ✓	CT1 = Outcome 1 CT2 = Outcome 2

## NO FORM R – OUTCOME 5

### Outcomes

- 1 – Satisfactory progress
- 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
- 5 – Incomplete evidence presented – additional training time may be required
- 6 – Gained all required competences – completed programme

## Who's who in your Surgical Training?

Title	Role	Name / Where	Examples of When to Contact this person
Training Programme Director (TPD)	A Consultant appointed by HEYH to work within the School of Surgery in a particular speciality, to manage all trainees within that training programme, ensuring this meets curriculum and HEYH requirements	Mr Andrew Williams Mr Michael Ho Mr Adam Barlow	<ul style="list-style-type: none"> <li>• Any issues with the training programme</li> <li>• Any concerns about chosen speciality</li> <li>• Any concerns about meeting curriculum requirements               <ul style="list-style-type: none"> <li>• If Tutor recommends to raise an issue directly</li> </ul> </li> </ul>
Surgical College Tutor	A joint SoS / Trust / College appointment. A Consultant who works to ensure that the educational, pastoral and career planning needs of surgical trainees within the Trust are addressed, as well as undertaking quality monitoring duties. S/he may focus primarily on junior trainees	At least one in each Trust – see separate list	<p>Any concerns locally about training e.g.</p> <ol style="list-style-type: none"> <li>1. access to theatre</li> <li>2. timetable loading</li> <li>3. access to regional teaching</li> <li>4. access to study leave etc</li> </ol>
Assigned Educational Supervisor (AES)	A Consultant nominated by the TPD to set, agree, record and monitor the content and educational objectives of a trainee's placement(s). The AES agrees the Learning Agreement with the trainee and may also undertake assessments	Allocated for the full 2 year programme (will be in the same Department as you during the placement. Will change every 6 months)	<ul style="list-style-type: none"> <li>• To set up a Learning Agreement at the beginning of every placement               <ul style="list-style-type: none"> <li>• To meet at the mid-point and end of each placement</li> <li>• If any issues with potential achievement (or not) of the Learning Agreement</li> </ul> </li> </ul>
Clinical Supervisor (CS)	A Consultant who delivers teaching and training “on the shop floor” and carries out assessments of trainees	In each hospital and specialty (can be multiple in each placement)	On a day to day basis re ongoing teaching and training regularly for progress reviews as well as when assessments are required.

Rater / Assessor	A person (sometimes non-medical) who uses an assessment tool to rate judgements about a trainees' overall performance	In each hospital and can be a medic or other healthcare professional	When you need to undertake workplace based assessments, including the Multi Source Feedback
Programme Support staff	HEYH employees with a specific responsibility for the administrative support given to a particular specialty e.g. General Surgery or Core Training	Anita Relins Andrew Wild	<ul style="list-style-type: none"> <li>• Any issues with your training programme</li> <li>• Any issues with the ARCP</li> <li>• Any issues with study leave</li> </ul>
RCS(England) Regional Co-ordinator (North of England)	A College employee who lives and works in the region to provide additional support and advice to the School of Surgery, trainers and trainees across a range of areas	Grace Wright Tom Saunders	<ul style="list-style-type: none"> <li>• Any College related queries e.g. exams / careers info / education courses</li> </ul>

**Royal College Surgical Tutors  
Yorkshire & the Humber College Surgical Tutors  
August 2020**

Hospital Site	Name	Speciality	Email
Airedale General	James Tyler	T&O	<a href="mailto:james.tyler@anhst.nhs.uk">james.tyler@anhst.nhs.uk</a>
Bradford Royal	David Dickson	T&O	<a href="mailto:david.dickson@bthft.nhs.uk">david.dickson@bthft.nhs.uk</a>
Calderdale and Huddersfield	Tamsyn Grey	Gen Surgery	<a href="mailto:tamsyn.grey@cht.nhs.uk">tamsyn.grey@cht.nhs.uk</a>
Dewsbury, Pinderfields and Pontefract	Rupa Sarkar Muhammad Elmussareh	Urology	<a href="mailto:rupa.sarkar@nhs.net">rupa.sarkar@nhs.net</a> <a href="mailto:muhammed.elmussareh@nhs.net">muhammed.elmussareh@nhs.net</a>
Harrogate	John Simpson	General Surgery	<a href="mailto:john.simpson@hdft.nhs.uk">john.simpson@hdft.nhs.uk</a>
Leeds General Infirmary	Andrew Robson Bhanu Lakshminarayanan Tim Stansfield	Transplant Surg Paeds Surg Vascular	<a href="mailto:andrew.robson1@nhs.net">andrew.robson1@nhs.net</a> <a href="mailto:blakshminarayanan@nhs.net">blakshminarayanan@nhs.net</a> <a href="mailto:tim.stansfield@nhs.net">tim.stansfield@nhs.net</a>
St James's	Jim Tiernan Alistair Young Emma Collins	General Surgery HPB General Surgery	<a href="mailto:j.tiernan@nhs.net">j.tiernan@nhs.net</a> <a href="mailto:alistair.young@nhs.net">alistair.young@nhs.net</a> <a href="mailto:emma.collins123@nhs.net">emma.collins123@nhs.net</a>
Castle Hill & Hull Royal Infirmary	Richard Pinder	Plastic Surgery	<a href="mailto:richard.Pinder@hey.nhs.uk">richard.Pinder@hey.nhs.uk</a>
Diana Princess of Wales, Grimsby	Daniel Omonbude	Gen Surgery	<a href="mailto:daniel.omonbude@nhs.net">daniel.omonbude@nhs.net</a>

Scunthorpe	Daniel Omonbude	Gen Surgery	<a href="mailto:daniel.omonbude@nhs.net">daniel.omonbude@nhs.net</a>
York and Scarborough	Andrew Kordowicz	Vascular Surgery	<a href="mailto:andy.kordowicz@york.nhs.uk">andy.kordowicz@york.nhs.uk</a>
Barnsley District	Alison Payne	Gen Surgery	<a href="mailto:alisonpayne@nhs.net">alisonpayne@nhs.net</a>
Bassetlaw & Doncaster	Sashi Yeluri	Gen Surgery	<a href="mailto:sashi.yeluri@nhs.net">sashi.yeluri@nhs.net</a>
Northern General	Veeraraghavan Chidambaram-Nathan	Transplant and General Surgery	<a href="mailto:chidambaram.nathan@sth.nhs.uk">chidambaram.nathan@sth.nhs.uk</a>
Rotherham General	Andy Legg	T&O	Andrew.legg1@nhs.net
Royal Hallamshire	Sanjeev Pathak	Plastics	<a href="mailto:sanjeev.pathak@nhs.net">sanjeev.pathak@nhs.net</a>
Sheffield Children's Hospital	Richard Lindley	Paediatric Surgery	<a href="mailto:richard.lindley@nhs.net">richard.lindley@nhs.net</a>

## **Curriculum Delivery (Study Leave) Guidance for Core Surgical Trainees**

Leave to participate in education and training activity away from the workplace (study leave) is granted only when that activity supports the specialty curriculum. Overall responsibility for approval lies with the School, through the Training Programme Director (TPD), however approval is also sought on the application form from the Rota Co-ordinator and Educational Supervisor.

The TPD may delegate this responsibility to a member of the Specialty Training Committee or a Deputy TPD.

The Curriculum Delivery Budget is used to support the delivery of the curriculum in its entirety, including the Core Teaching Programme (teaching programme and skills programme). The same budget is used to support additional study/courses etc (Study Leave). There is no specific amount allocated per trainee, but rather a single funding budget which supports the delivery of the entire programme.

### **Approved Courses**

The following courses will usually be approved and funded:

- ATLS
- ALS (should normally have been obtained during Foundation training)
- BSS
- CCrISP
- Core Teaching Programme (travel/expenses will not be funded)
- One specialty specific course (trainees awarded an Outcome 5 at the end of CT1 lose this funding)

In addition, consideration will be given to funding the following after discussion and agreement with the Specialty Study Leave Advisor (Mr Williams).

- Attendance at a regional/national conference provided that you are giving an ORAL presentation (not a poster).
- Training the Trainers if ATLS and BSS have been obtained PRIOR to starting core training.
- One (additional) course related to the specialty in which you intend to apply for an ST3 post. An Outcome 5 at the end of CT1 excludes you from applying for funding for a Speciality Course.

Currently, these would include, but are not limited to:  
EMSB (plastics), APLS/PALS (paeds/ENT), Basic/generic fracture management (T&O), ALERT and 2 ENT craft courses (ENT), ALERT (OMFS), Core skills in CTS (CTS), TtT (General/vascular/neuro).

Other requests for funding are unlikely to be granted.

In particular HEE does not routinely fund examination preparation courses or pay exam fees/travel expenses/accommodation.

Poster presentations will not be funded.

### **Planning and making an application**

All applications must be made on the standardised HEE application form that can be downloaded from the HEE website.

[http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum\\_delivery/study\\_leavecurriculum\\_delivery/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/study_leavecurriculum_delivery/)

When you apply for Study Leave/Curriculum Delivery funding you must include the following information:

- Full details of funding/expenses requested
- Rota Co-ordinator and Educational Supervisor approval
- ABCDE:
  - ATLS status
  - BSS status
  - CCrISP status
  - Details of any courses you have already attended during your Core Surgical training and any funding you have received for these.
  - Exam (MRCS) status

Please note that if you do not complete the form correctly and include the information above your form will be returned to you and there will be a delay in approving your leave/funding.

Non standardised (local) forms will also be returned.

Once completed, this form (in hard copy) must be signed by the appropriate Educational Supervisor and Rota Coordinator. Parts A, B and C of the form must be fully completed in order for your application to be approved and processed. This should be sent as a PDF to Mr Williams (Specialty Study Leave Advisor). Parts D and E will be completed and signed by Mr Williams.

Applications for leave and funding must be submitted at least 8 weeks before the date of the leave. Retrospective claims will result in expenses not being refunded.

It is important that other Trust colleagues are involved in requests for leave, to ensure that service commitments are appropriately covered.

Details of leave taken must also be recorded within your training portfolio.

Retrospective approval for courses and subsequent expenses will not be accepted.

Trainees in Sheffield, Doncaster, Rotherham and Barnsley are advised to watch a YouTube video (<https://youtu.be/7H7VplBx-v4>) and contact Ms Lesley Izzard ([lesley.izzard1@nhs.net](mailto:lesley.izzard1@nhs.net)) as the system is slightly different.

### **Reimbursement Process Following Approved Study/Examination Leave**

All reimbursement claims must be submitted to your Employing Trust, within 3 months of incurred expenses, using the Trust Reimbursement Claims Form. Completed Claims Forms must be accompanied with all receipts and proof of attendance. Further support and assistance can be accessed via your local Trust Medical Education Manager.

Wherever possible apply for local courses. Trainees will only be supported to attend educational activity outside the region when it is agreed as being relevant to the curriculum and is not available locally.

Courses where the content is covered by the Core Teaching Programme will not be approved.



Once you have received the approved form, the funding can be claimed through Medical Education in your Trust.

South trainees please note that Sheffield Teaching Hospitals is your Lead Unit and therefore all forms should be sent to Lesley Izzard in Medical Education once signed by Mr Williams.

Please be reminded that Study Leave/Curriculum Delivery forms should not be sent to the HEE office.

### **Curriculum Expectations**

Your study leave entitlement is currently a maximum of 30 days per annum in total for all Training grades, at the discretion of your employing trust, as defined within your National Terms and Conditions.

### **Overseas**

We do not fund overseas study leave. If a trainee is giving an oral presentation at an overseas meeting, the trainee can apply for £250 bursary. Republic of Ireland is exempt from this. Applications for the overseas bursary should be signed off following the normal process and then submitted to the Head of School (Mr Renwick) for signing off, before going to the Medical Education Centre for signing.

All claims for courses over £1000 must also be counter-signed by the Head of School before payment.

Consideration will be given to overseas courses that are significantly cheaper than equivalent courses available in the UK. Funding for these courses may be available after discussion with the TPD/HoS. Travel and accommodation expenses for these courses will not be provided. It is the responsibility of the Trainee to demonstrate that the course they wish to attend is of acceptable quality and cost effective.

If you have any doubts about the approval/funding of a course, please seek advice from your TPD well in advance and definitely before applying/paying for it!

## **Allowances**

The maximum reimbursement payable for accommodation is £120 (£150 London) per night.

The maximum reimbursement for refreshments is £5.00 for lunch and £15 for dinner, if this is justified by the duration of absence.

Travel by train or coach should be booked a minimum of four weeks in advance by purchasing standard class tickets for a specific date and specific train. Open or first class tickets will not be reimbursed.

# MRCS Exam Dates

## MRCS Part A

Registration Closing Date	July 2nd 2021
Exam Date	September 14th 2021

## DOHNS

Registration Closing Date	June 25th 2021
Part 1 Exam Date	September 13th 2021

Registration Closing Date	August 6th 2021
Part 2 Exam Date	October 19-21st 2021 - Glasgow

From 2022, candidates will no longer be able to attain the Diploma in Otolaryngology – Head and Neck Surgery. Instead, they will need to follow the requirements for the MRCS (ENT) by passing the MRCS Part A (MCQ) and the DO-HNS Part 2 (OSCE).

Candidates who already hold a pass at DO-HNS Part 1 or who pass the DO-HNS Part 1 before it is discontinued will still be able to attain the Diploma in Otolaryngology – Head and Neck Surgery if they pass the DO-HNS Part 2 (OSCE) within seven years of passing the DO-HNS Part 1.

## MRCS Part B

Registration Closing Date	July 16th 2021	
Exam Date	October 2-17th 2021	London

## Appendix 1: Form R (Parts A and B)

### Form R (Part A)

#### Trainee registration for Postgraduate Specialty Training

<b>IMPORTANT:</b>			
<p>If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments.</p> <p><b><i>By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.</i></b></p> <p>It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.</p>			
<b>Forename:</b>		<b>GMC-registered surname:</b>	
<b>GMC Number:</b>		<b>Deanery/LETB:</b>	
<b>Date of Birth:</b>	<b>Gender:</b>	<b>Immigration Status:</b>	<i>{If newly registering, attach passport-sized photo of face here}</i>
		(e.g. resident, settled, work permit required)	
<b>Primary Qualification:</b>		<b>Date awarded:</b>	
<b>Medical School awarding primary qualification (name and country):</b>			
<b>Home Address:</b>		<b>Contact telephone:</b>	
		<b>Contact mobile:</b>	
		<b>Preferred email address for all communications:</b>	
<b>Please tick <u>only one</u> of these six options:</b>		<b>Programme Specialty:</b>	
		<b>Specialty 1 for Award of CCT (if applicable):</b>	
		<b>Specialty 2 for Award of CCT (if applicable):</b>	
<b>I confirm I have been appointed to a programme leading to award of CCT.</b>		<b>Royal College/Faculty assessing training for the award of CCT:</b>	
<b>I confirm that I will be seeking specialist registration by application for a CESR.</b>			
<b>I confirm that I will be seeking specialist registration by application for a CESR CP.</b>			
<b>I confirm that I will be seeking specialist registration by application for a CEGPR.</b>			
<b>I confirm that I will be seeking specialist registration by application for a CEGPR CP.</b>		(if undertaking full prospectively approved programme)	

I confirm that I am a core trainee, not yet eligible for CCT.		Anticipated completion date of current programme, if known:	
Grade:	Date started:	Post Type or Appointment: (e.g. LAT, Run Through, higher, FTSTA)	Full time or % of Full time Training: (e.g. Full Time, 80%, 60%)

By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.

Trainee Signature:		Date:	
<b>FOR DEANERY/LETB USE ONLY</b>			
National Training Number:	GMC Programme Approval Number:	Deanery Reference Number:	
Signature of Postgraduate Dean or representative of PGD:		Date:	

### [Form R \(Part B\)](#)

#### Self-declaration for the Revalidation of Doctors in Training

<b>IMPORTANT:</b>			
If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments.			
<b><i>By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.</i></b>			
It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.			
<b>Section 1: Doctor's details</b>			
Forename:		GMC-registered surname:	
GMC Number:		Date of Birth:	
		Gender:	
Telephone:		Primary contact email address:	
Current Deanery/LETB:			
Previous Designated Body for Revalidation (if applicable):			

Date of <u>previous</u> Revalidation (if applicable):			
Programme/ Training Specialty:		Dual specialty (if applicable):	

### Section 2: Whole Scope of Practice

#### **Read these instructions carefully!**

Please list all placements **in your capacity as a registered medical practitioner since your last ARCP/RITA or appraisal**. This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the number of shifts worked during each employer-period. *Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.*

Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start date	End date	Was this a training post? Y/N	Name and location of Employing/ Hosting Organisation/GP Practice (Please use full name of organisation/ site and town/city, rather than acronyms)

Number of days of TOOT:  <div style="text-align: right; font-size: 1.5em; font-weight: bold;">days</div>	<b>TIME OUT OF TRAINING ('TOOT')</b> Self-reported absence whilst part of a training programme <u>since last ARCP/RITA</u> (or, if no ARCP/RITA, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/LETB in recalculation of the date you should end your current training programme.
TOOT should include: <ul style="list-style-type: none"> <li>✓ short- and long-term sickness absence</li> <li>✓ unpaid/unauthorised leave</li> <li>✓ maternity/paternity leave</li> <li>✓ compassionate paid/unpaid leave</li> <li>✓ jury service</li> <li>✓ career breaks within a programme (OOPC) and non-training placements for experience (OOPE)</li> </ul>	TOOT should <b>not</b> include: <ul style="list-style-type: none"> <li>✗ study leave</li> <li>✗ paid annual leave</li> <li>✗ prospectively approved Out of Programme Training/Research (OOPT / OOPR)</li> <li>✗ periods of time between training programmes (e.g. between core and higher training)</li> </ul>

### Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

**Honesty and Integrity** are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in Good Medical Practice.

#### 1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty and integrity.

Please tick/cross here to confirm your acceptance

*\* If you wish to make any declarations in relation to honesty and integrity, please do this in Section 6.*

#### 2) I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick/cross here to confirm your acceptance

#### 3a) Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?

Yes - Go to Q3b

No - Go to Q4

#### 3b) If YES, are you complying with these conditions/ undertakings?

Yes - Go to Q4

**4) Health statement** – Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP/ RITA panel or Responsible Officer knew about, please do so below.

**Section 4: Update to previous Form R Part B** – If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R Part B).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

### **Section 5: New declarations since your previous Form R Part B**

**Significant Event:** The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

**Complaints:** A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of honesty and integrity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

**Other investigations:** In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.



**\*\*REMINDER:** DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM

1) Please tick/cross ONE of the following only:

- I do **NOT** have anything new to declare since my last ARCP/RITA/Appraisal
- I **HAVE** been involved in significant events/complaints/other investigations since my last ARCP/RITA/Appraisal

2) If you know of any **RESOLVED** significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. *(Add additional lines if required).*

Significant event: \_\_\_\_\_ Complaint: \_\_\_\_\_ Other investigation: \_\_\_\_\_  
Date of entry in Portfolio \_\_\_\_\_ Title/Topic of Reflection/Event \_\_\_\_\_  
Location of entry in Portfolio \_\_\_\_\_

Significant event: \_\_\_\_\_ Complaint: \_\_\_\_\_ Other investigation: \_\_\_\_\_  
Date of entry in Portfolio \_\_\_\_\_ Title/Topic of Reflection/Event \_\_\_\_\_  
Location of entry in Portfolio \_\_\_\_\_

Significant event: \_\_\_\_\_ Complaint: \_\_\_\_\_ Other investigation: \_\_\_\_\_  
Date of entry in Portfolio \_\_\_\_\_ Title/Topic of Reflection/Event \_\_\_\_\_  
Location of entry in Portfolio \_\_\_\_\_

3) If you know of any **UNRESOLVED** significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

**Section 6: Compliments** – Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. Please use a separate sheet if required. **This section is not compulsory.**

### Section 7: Declaration

*I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/LETB and my employer if I am aware of any changes to the information provided in this form.*

*I give permission for my past and present ARCP/RITA portfolios and/or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.*

**Trainee Signature:**

**Date:**

# Health Education Yorkshire and Humber School of Surgery

## Core Surgery Training

### Golden Rose Award for Excellence in Surgical Training

Following on from its successful first year in 2020, the School of Surgery will award two Trainees the Golden Rose Award for Excellence in Surgical Training in 2021. The Award will be made to one Trainee from each year of training and will reflect that Trainees commitment to excellence throughout the previous year.

Applicants are invited to submit applications for the Award to the Training Programme Directors through Programme Support at the School of Surgery after the publication of ARCP outcomes. Applications will be scored by senior members of the School of Surgery Team.

Applicants must have achieved an Outcome 1 (or 10.1) or Outcome 6 (or 10.1/10.2) at their ARCP in order to be eligible for the Award.

Applications will be assessed according to an individual's success at meeting the targets of Core Surgical Training but the successful applicants will have gone above and beyond this, demonstrating excellence in their surgical training, as evidenced by references from Trainers, their portfolio and CV.

Involvement in educational activities, presenting at meetings, publications, audits, engagement with the teaching programme and initiative in developing novel learning opportunities can be presented as evidence of excellence.

The closing date for applications is Sunday July 11th at midnight. Applications received after this time will not be considered.

The Awards will be made prior to the August rotation.

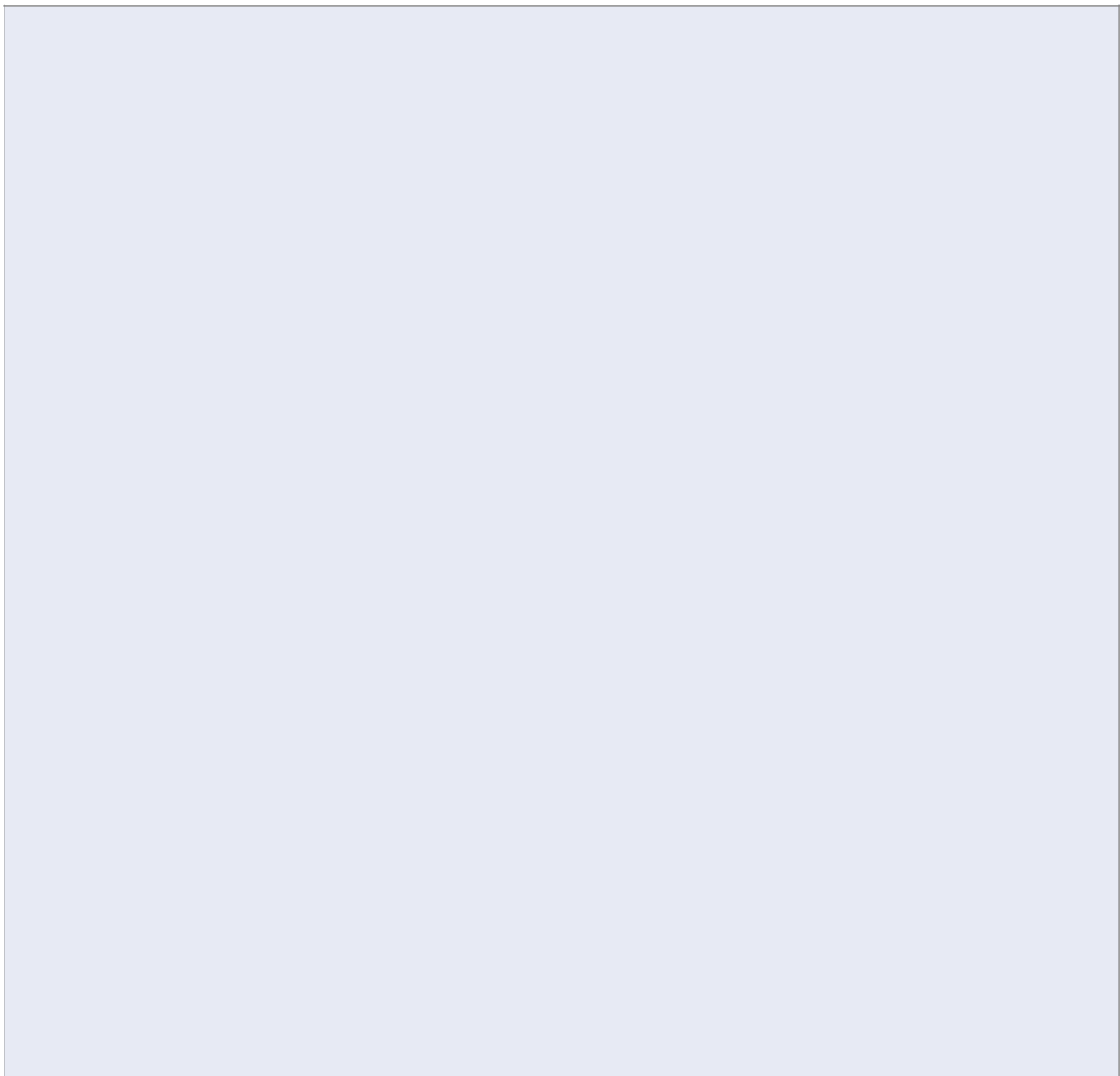
Good luck!

# Health Education England Yorkshire and the Humber

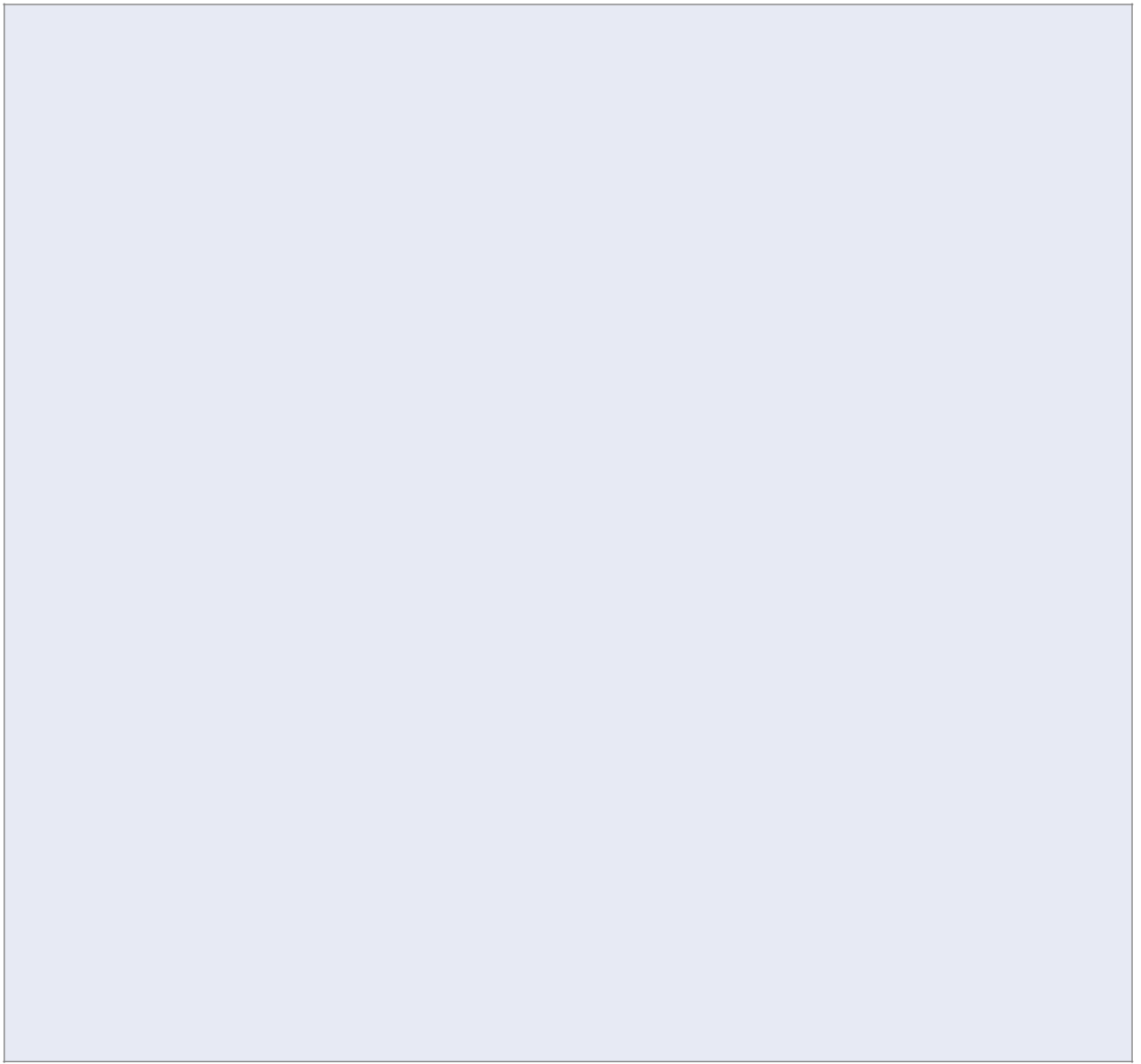
## Golden Rose Award for Excellence in Core Surgical Training

Full name		
Year of training	<input type="checkbox"/> CT1 <input type="checkbox"/> CT2	
Most recent ARCP outcome		
Posts in the last 12 months	1	
	2	
MRCS / DOHNS	A	B
Logbook number for year <i>(Total / Performed / STU / STS / A / O)</i>		
Total WBAs for the year (Score 0-3)		
MSF Outcome ( Score 0-1)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Outstanding	
Courses attended in last 12 months (Score 0-3)		
Publications (Score 0-3) <i>Include full reference and authorship</i>		
Presentations (Score 0-3) <i>State whether presented</i>		
Prizes (Score 0-1)		
Audits (Score 0-2) <i>State your role and whether partial or complete loop</i>		

Personal Statement (Max 500 words) (Score 0-5)  
*Achievements outside medicine. Research involvement, educational roles and achievements, awards, courses, conferences etc.*



Reference (Max 500 words) (Score 0-5)





## **Appendix 2:**

### **Appendix 2; Section 1:**

## **Conditions of joining a Specialty Training Programme**

**(Note: This is NOT an offer of employment.)**

Dear Postgraduate Dean,

On accepting an offer to join a training programme in [.....],  
I agree to meet the following requirements throughout the duration of the programme:

- I will always have at the forefront of my clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care. I am aware that *Good Medical Practice* requires me to keep my knowledge and skill up to date throughout my working life, and to regularly take part in educational activities that maintain and further develop my capabilities, competence and performance.
- As a doctor in training, I will make myself familiar with my curriculum and meet the requirements set within it. I will use training resources available optimally to develop my knowledge, skills and attitudes to the standards set by the relevant curriculum. This will include additional requirements as set out by the relevant curricula.
- I will ensure that the care I give to patients is responsive to their needs, and that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers.
- I will ensure I treat my clinical and non-clinical colleagues with respect, promoting a culture of teamworking across all professions working in healthcare.
- I will maintain my General Medical Council (GMC) registration with a licence to practise (even if temporarily out of programme). For all trainees, failure to do so may result in a police investigation, immediate exclusion from employment and referral to the GMC. Failure to do so may also result in my removal from the training programme.
- I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I understand that my Responsible Officer is the Postgraduate Dean and that Health Education England (HEE), NHS Education for Scotland (NES), HEIW or the Northern Ireland Medical and Dental Training Agency (NIMDTA) is my designated body.
- If starting at F1 level, I will have achieved a primary medical qualification as recognised by the GMC and obtained provisional registration by the time I am scheduled to commence the F1 year. I understand that I will need to obtain full registration with the GMC in advance of commencing as a F2 doctor.



- I will ensure that when carrying out work in a general practice setting, I am on the GP Performers List (specialty trainees only).
- I agree that I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my employers and my clinical supervisors.
- I will have adequate insurance and indemnity cover, in accordance with GMC guidance. I understand that personal indemnity cover is also strongly recommended.
- I will inform my Responsible Officer, HEE/NES/HEIW/NIMDTA and my employer immediately if I am currently under investigation by the police, the GMC/General Dental Council (GDC), NHS Resolution (formerly the National Clinical Assessment Service) or other regulatory body, and I will inform my Responsible Officer and HEE/NES/HEIW/NIMDTA if I am under investigation by my employer. I also agree to share information on the progress of any investigations.
- I will inform my Responsible Officer, HEE/NES/HEIW/NIMDTA and my employer immediately if the MTPS or GMC/GDC place any conditions (interim or otherwise) on my licence, or if my name is suspended or erased/removed from the Medical or Dental Register/Performers List, or if NHS England take action to restrict my ability to work as a doctor or a dentist.
- I will provide my employer and HEE/NES/HEIW/NIMDTA with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
- I will maintain a prescribed connection with HEE/NES/HEIW/NIMDTA, work in an approved practice setting until my GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014) and comply with all requirements regarding the GMC revalidation process.
- I will ensure that I comply with the standards required from doctors when engaging with social media, and I will adhere to my employer's policy on social media and GMC guidance.
- I acknowledge that as an employee in a healthcare organisation, I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes familiarity with policies, participating in pre-employment checks and occupational health assessments, employer and departmental inductions, and workplace-based appraisal as well as educational appraisal. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations (e.g. employers, medical schools, the GMC, Colleges/training bodies involved in my training) and with the Postgraduate Dean on a regular basis.
- I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the General Data Protection Regulation (GDPR) May 2018, Data Protection Act (DPA) 2018 and such other data protection as is in force from time to time:

**a) Managing the provision of training programmes**

- b)** Managing processes allied to training programmes, such as certification, evidence to support revalidation and supporting the requirements of regulators
  - c)** Quality assurance of training programmes
  - d)** Workforce planning
  - e)** Ensuring and improving patient safety
  - f)** Compliance with legal and regulatory responsibilities, including monitoring under the Equality Act 2010
  - g)** Research related to any of the above
- I will maintain regular contact with my Training Programme Director, other trainers and HEE/NES/HEIW/NIMDTA by responding promptly to communications from them.
  - I will participate proactively in the appraisal, assessment and programme planning process, including providing documentation that will be required to the prescribed timescales and progressing my training without unreasonable delay.
  - I will ensure that I develop and keep up to date my learning e-portfolio, which underpins the training process and documents my progress through the programme.
  - I agree to ensure timely registration with the appropriate College/Faculty.
  - I will support the development and evaluation of my training programme by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training.
  - I acknowledge that where programmes are time dependant, failure to complete the required time in programme may result in an unsatisfactory outcome.

In addition, I acknowledge the following specific information requirements:

1. I understand that programme and post allocations are provisional and subject to change until confirmed by HEE/NES/ HEIW/NIMDTA and/or my employing organisation.
2. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
3. I agree to the following:
  - a) I will obtain and provide my School and HEE/NES/HEIW/NIMDTA with a professional email address.
  - b) I will inform my School and HEE/NES/HEIW/NIMDTA of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.

- c) I will keep myself up to date with the latest information available via HEE/ NES/HEIW/NIMDTA as well as via the relevant educational and regulatory websites.
  - d) I will attend the minimum number of formal teaching days as required by my School/programme.
4. Where applicable, I will fully engage with immigration and employer requirements relating to Tier 2 and Tier 4 UK visas.

I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them, I understand that my training number/contract may be withdrawn by the Postgraduate Dean.

I understand that this document does *not* constitute an offer of employment.

Yours sincerely,

Trainee's signature

Trainee's name

Date



# RCS

**ADVANCING SURGICAL STANDARDS**

## Health Education England (Yorkshire & Humber) School of Surgery Glossary, Acronyms and Abbreviations

<b>ABS</b>	Applied Basic Science (Paper 1 of MCQs)
<b>ACCS</b>	Acute Care Common Stem
<b>Acting up (as a Consultant)</b>	Trainees will be able to take time out of programme and credit time towards training as an “acting up” consultant if this has been prospectively approved by the GMC. Trainees acting up as consultants will need to have appropriate supervision in place and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum. A maximum of 3 months is normally allowed.
<b>AoP</b>	Assessment of Performance. An assessment which includes ratings, can be triggered, with a need for a certain number to be done at certain points, counts towards the ARCP. Sometimes described like a “driving test”. See SLE below
<b>ARCP</b>	Annual Review of Competence Progression, the process to inform the decision to allow a trainee to progress, based on documented evidence. Refer to the Gold Guide for more information
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<b>ASiT</b>	Association of Surgeons in Training
<b>Assessment</b>	A systematic procedure for measuring a trainee’s progress or level of achievement against defined criteria to make a judgement
<b>BOTA</b>	British Orthopaedic Trainees Association

<b>CBD</b>	Case Based Discussion. A method of work-based performance assessment.
<b>CCT</b>	Certificate of Completion of Training – awarded by the GMC, upon recommendation of Health Education North East (Deanery) and College, marking the successful completion of a programme of training. CCT holders are granted entry to the Specialist Register, to allow them to take up an appointment as a consultant.
<b>CESR</b>	Certificate confirming Eligibility to join the Specialist Register. A system implemented by the GMC that assesses applications from doctors for eligibility for inclusion on the Specialist Register who have not followed a traditional training programme which has been prospectively approved in full by the GMC, but who may have gained the same level of skills and knowledge as CCT holders.
<b>CEX</b>	Clinical Evaluation Exercise
<b>COPMeD</b>	Conference of Postgraduate Medical Deans. COPMeD provides a forum in which Postgraduate Deans meet to discuss current issues, share best practice and agree a consistent and equitable approach to training in all Deaneries across the UK. It acts as a focal point for contact between the Postgraduate Medical Deans and other organisations.
<b>CPD</b>	Continuing Professional Development. Learning & development which occurs after postgraduate training.
<b>CST</b>	Core Surgical Training. The first stage of surgical training for trainees who wish to achieve a CCT in a surgical specialty, covering the CT1 and CT2 years.
<b>Deanery (see also HEE)</b>	A previously used name referring to the designated area of responsibility of a Postgraduate Dean. Now known as areas of Health Education England – so Health Education North East etc
<b>DH or DoH</b>	Department of Health.
<b>DOPS</b>	Direct Observation of Procedural Skills. A method of work-based Assessment. Known on ISCP as Surgical DOPS.
<b>EWTD</b>	European Working Time Directive (now in legislation as WTR - Working Time Regulations)
<b>F1 / F2</b>	Foundation Year 1 and Foundation Year 2

<b>Flexible Training</b>	Working less than full time. EU legislation allows trainees to undertake approved part time, as opposed to full time training. Training time to CCT is then calculated on a pro rata basis. Applications go via Health Education North East (ie what was the Deanery)
<b>Formative</b>	The focus of this kind of assessment is on the provision of developmental feedback to the trainee (see also summative).
<b>Foundation Programme</b>	Two-year general training programme forming the bridge between medical school and speciality / GP training.
<b>FRCS</b>	Fellowship of the Royal College of Surgeons
<b>FTSTA</b>	Fixed Term Specialty Training Appointment. Appointment of trainees outside the run-through training programme which offer formal training, running parallel to ST1 and ST2. Now only found as part of the Neurosurgery programme, as other surgical specialties have “un-coupled ” from run-through training
<b>GMC</b>	General Medical Council. The regulator.
<b>Gold Guide</b>	The Gold Guide replaced the Orange Guide as the guidance document for Specialty Registrars in new style training from 1 August 2007, last updated in May 2014. It is a guide to postgraduate specialty training in the UK. It contains useful information on run through training, FTSTA and also assessment of progress. It is updated regularly and is available at <a href="http://www.copmed.org.uk/document_store/1401726137_dkDv_gold_guide_2014_-_fifth_edition.pdf">http://www.copmed.org.uk/document_store/1401726137_dkDv_gold_guide_2014_-_fifth_edition.pdf</a>
<b>HEE</b>	Health Education England is responsible for the education and training and workforce planning of the whole of the healthcare workforce and they have taken on some of the previous remit of MEE
<b>HEYH</b>	Health Education Yorkshire & the Humber – the offices where the Postgraduate Dean covering Yorkshire & the Humber region works .
<b>IELTS</b>	International Language testing system. All doctors from outside the EU / EAA must score satisfactorily in the IELTS test before they can be granted registration.

<b>ISCP</b>	Intercollegiate Surgical Curriculum Programme - <a href="http://www.iscp.ac.uk">www.iscp.ac.uk</a>
<b>IMG</b>	International Medical Graduate
<b>JCST</b>	Joint Committee on Surgical Training - is an advisory body to the four surgical Royal Colleges of the UK and Ireland, the Specialist Surgical Associations in Great Britain and Ireland, the Society of Academic and Research Surgery and the Association of Professors of Orthopaedic Surgery, for all matters in relation to surgical training in the UK and Ireland. Since August 2007 it has been called JCST to indicate the change to run-through training.
<b>LAS</b>	Locum Appointment for Service. A locum employed for service work and therefore not a training post which does not count towards a CCT.
<b>LAT</b>	Locum Appointment for Training. A competitively appointed locum who might undertake training during the placement which could possibly count towards a CCT.
<b>Lead Dean</b>	A Regional Postgraduate Dean who is also nationally responsible for a given number of specialties allocated by COPMeD.
<b>Learning Agreement</b>	A written statement of learning aims and strategies negotiated between a trainee and the trainee's Educational Supervisor. It is agreed at their objective-setting meeting and covers the period of the placement. It is based upon the learning needs of the individual undertaking the learning and the formal requirements of the curriculum. It also assures the trainee of support and resources and is a plan of action as much as a statement of expected outcomes.
<b>LETB</b>	Local Education and Training Board. A local sub-committee of HEE (see above)
<b>Locum Consultant</b>	Unlike 'Acting Up', locum consultant experience does not count towards training. It is a service post.
<b>MEE</b>	Medical Education (England). Evolving from MMC, the organisation that previously had a role to oversee medical education & training in England. HEE now has this remit.

<b>Mini-PAT</b>	Peer Assessment tool (also known as Multi-Source Feedback or 360° appraisal). A method of work-based Performance Assessment. Trainees will also complete a Self Mini-PAT. Now better known as MSF
<b>MMC</b>	Modernising Medical Careers. A term that referred to the change in Foundation, Specialty and GP training which took place from 2005
<b>MRCS</b>	Membership of the Royal College of Surgeons
<b>MSF</b>	Multi-source feedback – see mini-PAT above
<b>NoTSS</b>	Non-technical Skills for Surgeons
<b>NTN</b>	National Training Number. Only trainees who have competed successfully for entry into a run-through specialty training programme are awarded an NTN. The NTN is allocated to each trainee by the Postgraduate Dean on appointment. A trainee must hold an NTN in order to apply for a CCT.
<b>OCAP</b>	Orthopaedic Competence Assessment Project. The curriculum project used by trainees in Trauma and Orthopaedics in ST3; OCAP and ISCP integrated in early 2011
<b>Orange Book</b>	A guide to specialist registrar training' which refers to Specialist Registrars (SpRs)
<b>OOP</b>	Out of programme. Where trainees take time out of their specialty training programme to undertake a range of activities, with the agreement of their Postgraduate Dean
<b>OOPC</b>	Out of programme for a career break.
<b>OOPE</b>	Out of programme experience which has not been prospectively approved by the GMC & which cannot be counted towards training for a CCT but may be suitable for a CESR.
<b>OOPR</b>	Out of programme for research which can be counted towards training, if it is prospectively approved by the GMC. Research can also be considered for a CESR.
<b>OOPT</b>	Out of programme for clinical training which has been prospectively approved by the GMC and can be counted towards a CCT.
<b>PALS</b>	Paediatric Advanced Life Support



<b>PLAB test</b>	The Professional and Linguistic Assessment Board. Most medical graduates from outside the EU must take the PLAB test before they can be granted registration. Some overseas doctors are exempt from this test. The PLAB is administered by the GMC.
<b>QC, QA and QM</b>	Quality Control, Quality Assurance and Quality Management. The GMC has a QA framework which aims to place greater emphasis on Health Education North East (the Deanery) for the quality management of education and training. The Deanery aims to ensure that there are acceptable standards by having quality processes that bring together internal QC by training providers, within the framework laid down by the GMC. It therefore requires the School of Surgery to review the quality of its surgical training programmes. This is an exercise to monitor and improve surgical training in the Deanery on a continuous basis. Trainees must complete the JCST survey (via the ISCP website) at the end of every placement survey to enable data collection.
<b>Reflective practice</b>	An explicit process of reflection which enables a trainee to make meaning out of experience. It requires a time commitment to analyse actions and events in order to develop a depth of understanding about practice
<b>SAC</b>	Specialist Advisory Committee.. There are 10 SACs which give advice to the JCST as well as a Core Surgery Training Committee (CSTC)
<b>SAS</b>	Refers to Staff Grades and Associate Specialists
<b>SLE</b>	Supervised Learning Event. An assessment on a day to day basis of several skills, covering performance, feedback and discussing what needs to be improved and performed at the next encounter. They should be frequent, informal, spontaneous, for (not of) learning and seen by the assessor and AES. Does not have ratings and not seen by the ARCP panel. Sometimes described like a “driving lesson”. See AoP above
<b>STC</b>	Specialist Training Committee. A committee of the postgraduate dean which reports to the School of Surgery Board
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<b>Summative</b>	The focus of this kind of assessment is to provide a quantitative grading and a judgement about the trainee's overall progress. A range of formative assessments can contribute to summative assessment at the end of a given period (see also formative)
<b>WTE</b>	Whole Time Equivalent - amount of training required by a doctor who is training less than full time. It is the equivalent of what is required if working full time.

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## **Yorkshire and the Humber School of Surgery**

## Appendix 5: Report on Academic / Research Trainee's Progress

This form supports the annual review process and should form part of the trainee's permanent record

Those undertaking OOPR are still required to complete and submit this form. However they may append their academic progress form if one is required by their host university in place of the 'Achievements and Academic Activity' section, provided all required information is included within it. The remaining sections of the progress report must still be completed.

Deanery/Region:

GMC No.:

Name:

Specialty:

NTN/NTN (A):

Date of Report:

Period covered: From to

Type of post (circle): AFP / ACF / ACL / CT / ST / OOPR

Year/phase of training programme assessed (circle): AF1, AF2, ST/CT1, ST/CT2, ST/CT3, ST4, ST5, ST6, ST7, ST8

(For OOPR indicate level prior to entering research period)

**What academic time have you had during this review period:**  
(3 month block – day release – 1 week per month etc)

**What clinical training time have you had during this review period:**  
(3 month block – day release – 1 week per month etc)

Placement / Post / Experience Gained <i>Please note if clinical, OOP Research or Academic post</i>	Dates: From To	In / out of Programme	PT / FPT As %FT

PDP attached [ ]

Mid-Year Review attached (if applicable) [ ]

<b>Achievements and Academic Activity</b>			
<b>Generic and Applied Research Skills</b> <i>Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio</i>	<b>Dates:</b> <i>Month/Year</i>	<b>Learning Outcome / Skills acquired</b>	<b>Evidence in Portfolio?</b>  <i>Yes/No</i>
<b>Activity Type:</b>			
<b>Research Governance</b> <i>Courses, ethics approval – please provide copies as evidence</i>	<b>Dates:</b> <i>Month/Year</i>	<b>Learning Outcome / Skills acquired</b>	<b>Evidence in Portfolio?</b>  <i>Yes/No</i>
<b>Activity Type:</b> 1. 2. 3.			
<b>Education and Communication</b> <i>Tutoring experience, seminars/talks, completed higher degrees – please provide copies as evidence</i>	<b>Dates:</b> <i>Month/Year</i>	<b>Learning Outcome / Skills acquired</b>	<b>Evidence in Portfolio?</b>  <i>Yes/No</i>
<b>Activity Type:</b>			
<b>Other Significant academic outputs during the period</b> <i>Grants / Fellowships awarded – National / International</i>	<b>Dates:</b> <i>Month/Year</i>	<b>Learning Outcome / Skills acquired</b>	<b>Evidence in Portfolio?</b>  <i>Yes/No</i>
<b>Activity Type:</b> 1. 2. 3. 4.			

**Comments from academic/research supervisor – information given about progress should be linked to the evidence provided by the trainee in their academic portfolio where possible. You may use the boxes below or attach a letter of support**

<b>General:</b>
<b>Strengths:</b>

<b>Areas for Improvement:</b>
<b>Recommendations (include details of any future academic/research plans):</b> <i>state where special attention should be given in future</i>

Attachments: CV (required)       Supervisor Letter (optional)   
 Documentary evidence (as required)

<b>Details of concerns/investigations:</b>	
Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint?	Yes/ No
If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?	Yes/No
Comments, if any:	

<b>I am not aware of any non-professional, unethical or dishonest behaviour for this trainee</b> <input type="checkbox"/>	
Comments, if any:	
Name of Academic Supervisor:	
Signature of Academic Supervisor:	Date:
Signature of Trainee:	Date:
<b>To be completed by ARCP Panel, External Academic Review:</b> <i>external academic review of this report by an academic who is external to the specialty or medical school of the trainee.</i>	
Comment:	
Signature of Academic Representative:	Date:



