



## JCST Newsletter

### August 2020

---

Dear All,

Looking back at our last Newsletter from February, there wasn't any mention of a pandemic or of COVID-19. How much has changed since then. A huge thank you to you all for helping our patients and the NHS through this crisis. The focus is now moving to recovery of service delivery and training. Emergency surgery has been less affected than urgent or elective procedures. All involved in training are working towards ensuring training takes place, wherever the service is provided.

JCST's work over the last 5 months has been directed towards all that was required to mitigate the impact of the disruption while also continuing all possible essential activities. We're now starting to resume the work that was put on hold and we give updates on this in the "Focus points".

This is my last Newsletter as JCST chair and I'd like to thank the whole JCST team and its committees for their work and the support they've given me. I'm delighted that Jon Lund, Surgical Director of the ISCP, has been appointed by the College Presidents as my successor, and I wish Jon all the best for when he takes over at the end of October.

**Gareth Griffiths – JCST Chair**

## Focus points

### **JCST updates**

All our updates on training and the changes that have occurred have been direct emailed and tweeted - they're also all available [here](#). We'll be issuing a new update soon and will announce that as we have before.

### **Recognition of skills gained in COVID-19**

Our updates have detailed what JCST and ASiT have done to help trainees [record experience gained in COVID-19](#). Here's a [link to a "Skills Passport"](#) developed by the Faculty of Intensive Care Medicine and HEE that can also help list what you've learned if you were redeployed to ICU.

---

## Twitter campaign

Our Twitter campaign [#NoTrainingTodayNoSurgeonsTomorrow](#) to encourage training delivery has been a great success. Here's a list of some of the suggestions we've made and some of those that you've contributed:

- *Improve communication – go through a few of your trainee's outpatient letters with them. Give feedback!*
- *Help trainees learn how to obtain consent – watch them in this COVID-19 era. Give feedback*
- *Learn from your trainee – have a coffee, go through the cases, ask how the unit is*
- *Get better at training - get some feedback from others on how you train them, no matter what your grade*
- *Involve trainees in the Multidisciplinary meeting– give them ownership of a few cases for discussion. Give feedback!*
- *Help trainees learn to plan – involve them in COVID-19 recovery planning*
- *Watch your trainee assess an emergency admission. Give feedback!*
- *Take a back seat on the ward round once a week and let your trainee lead. Give feedback!*
- *Take your trainee to the virtual clinic and sit with them as they "see" patients. Give feedback!*
- *Get the most out of the training opportunity by taking 5 minutes to give objective specific feedback. Don't wait to be asked for it. Please give feedback kindly and constructively*

## Independent sector

Much more NHS service is now being provided in the private sector, particularly in England. We've worked with Health Education England (HEE) to highlight the particular difficulties this brings for surgical training and we're grateful to HEE for all the work it's doing to improve the situation. The RCSEng has also done considerable work in this area and we're now expecting changes that will require engagement between independent sector providers and HEE to deliver training. We understand that issues around indemnity have also been resolved centrally.

Information we've received from our Twitter poll on training in the independent sector is limited by the number of respondents (62), but the results we do have suggest that little training is taking place.

We strongly encourage all trainers to train when carrying out procedures in the independent sector [#NoTrainingTodayNoSurgeonsTomorrow](#)

If you have any suggestions on how to help training delivery please do Tweet them

## Twitter polls

This poll on training was the first we've tried. We're interested in doing more of these in order to gain valuable information that we can use in what we do. Polls obviously do need a reasonable response rate, though, so please do consider completing them as they're published.

## Breast Surgery

As we reported last time, the GMC's Curriculum Oversight Group (COG) asked us to explore the possibility of creating a new specialty of Breast Surgery. This work had started but was put on hold because of COVID-19. Again, we're re-starting this now and are working with the Association of Breast Surgeons on a document that we'll use for a wide stakeholder consultation.

---

---

### **TIGs and Post-Certification Fellowships**

All the Training Interface Group (TIG) fellowships are due to start in August, following the pause to Out of Programme (OOP) imposed by the pandemic. The majority of the previous fellows completed their fellowships and we're looking forward to the start for the new fellows.

Following on from the GMC's requirement that the TIGs move to post-certification, we've now been able to re-start our work on the JCST Post-Certification Fellowships and we'll update further as this progresses. The TIGs will be the first areas of clinical practice that will be incorporated into these Post-Certification Fellowships, but that won't be possible this year.

### **Core Surgery**

We were also asked by the COG to explore how it might be possible for trainees who complete Core surgery to meet the requirements to apply into any surgical specialty. We are currently exploring how this might be achieved and will feed back as the work moves forward. Any changes arising from this would be aimed for 2023/4.

### **Trainee Forum**

We had to cancel this because of COVID-19 but hope to reinstate it in due course.

## **QA update**

**James Wheeler – QA Lead**

**Rachel Norton – Quality Manager**

New JCST Quality Indicators (QIs) are due to be published this summer and will be implemented in 2021 – to coincide with the new curricula. The Specialty Advisory Committees have considered their specialty-specific requirements and ensured that the QIs align with the new curricula. The QIs are used as a tool to monitor the quality of training placements and programmes. Early publication aims to give advance notice of the new requirements.

Further news for trainees and trainers on the Quality Indicators, including updated FAQs, will be added to the [Quality Indicators page](#) of the JCST website.

Thank you to 1162 Assigned Educational Supervisors who completed the JCST Trainer Survey. The survey aims to raise awareness of important issues for trainers, including training and support for the role. The findings were discussed by the QA Group in May 2020 and a report will be added to the [JCST Trainer Survey](#) page of the JCST website.

---

# Curriculum update

Jon Lund – ISCP Surgical Director

Maria Bussey – Head of ISCP

The GMC has given us approval for the new surgical curriculum's introduction in August 2021 - you can see each specialty's purpose statement [here](#) and we will publish the full curriculum as soon as we have approval of minor typographical edits from the GMC. Watch out for news on [ISCP](#), [@JCST\\_Surgery](#) and emails.

The launch of the new curriculum was postponed from its original August 2020 timetable because of the impact of the pandemic on everyone involved in training. We will now be focusing on providing supporting guidance to help you familiarise yourself with the changes.

We have received very positive comments from trainers and trainees who have used the trial MCR/self-assessment. It can provide useful informal feedback on how trainees are progressing in relation to the end-point of training and also allows trainees to identify their own areas for development. Both MCR and self-assessment may be very helpful when formulating 'COVID recovery phase' learning agreements. If you are a trainee or clinical supervisor you can find the trial in the main menu when you log into your ISCP account. Because the MCR will not be live until August 2021, your entries will not be saved or impact trainee portfolios for ARCPs.



In the coming months we will be providing FAQs, step guides, training videos and webinars on particular topics – see our current videos [here](#). We hope to be able to demonstrate the new curriculum at speciality meetings and conferences in the coming year and provide training days for those who are leading change.

A summary of the plan for transition to the new curriculum is shown below:

Level of training to be entered on or after 4 August 2021	Required to transfer (Y/N)	Deadline for transfer
CT1/ST1	Yes	Not applicable
CT2/ST2	No but can if they wish	If not completed CT2/ST2 by 2 August 2023 will need to transfer
ST2 (Neurosurgery)	Yes	2 August 2023

ST3	Yes	2 August 2023 (for run through trainees only) Uncoupled trainees entering ST3 start their specialty training on the new curriculum
ST7 <sup>1</sup> ST8 <sup>2</sup>	Yes	2 August 2023
ST7 <sup>1</sup> ST8 <sup>2</sup>	No but can if they wish	2 August 2023 (if still in training)
Less than full time	Yes	Trainees who are less than full time training may remain on the previous curriculum until they transition to the next training level. For example, 50% LTFT trainee has undertaken 1 year at ST4 (6 months equivalent) at the August 2021 rotation date may remain on the previous curriculum until August 2022 (12 months equivalent) until they enter ST5. All trainees must transfer by 2 August 2023
Out of training	Yes	Trainees who take time out of Out of Programme may remain on the previous curriculum while on their current training level. For example, a trainee returning from OOP at ST4 in August 2021 may remain on the previous curriculum until they move to ST5. All trainees must transfer by 2 August 2023
Training Interface Groups	No but they can if they wish	After July/August 2022 Training Interface Group (TIG) Fellowships will become Post-Certification Fellowships. <ul style="list-style-type: none"> <li>• The last pre-certification TIG fellows will be recruited in 2020/21 for an August 2021 start.</li> <li>• The last pre-certification fellows will finish in July/August 2022.</li> <li>• TIG fellows recruited in 2021/22 for an August 2022 start will be post-certification when they start the fellowship.</li> </ul>
CESR	Yes	<i>We are currently working with the GMC when to start using the new curricula</i>

<sup>1</sup> Specialties that complete training at end of ST7

<sup>2</sup> Specialties that complete training at end of ST8

---

## News items from JCST

### GMC policy to award CCT for CESR CP trainees

Earlier this year the GMC instigated a change in policy for trainees completing the CESR Combined Programme (CP) training pathway. This applies to trainees who are appointed to a training programme after some of their previous training (e.g. Core Surgery) was completed outside a GMC approved training programme.

CESR CP has always been a recognised route for entry onto the specialist register. Up to now, those who successfully completed a CESR CP pathway were awarded a CESR (Certificate of Eligibility for Specialist Registration) certificate which allowed them to apply for specialist registration.

From now on, however, the type of certificate awarded to those who successfully complete the CESR CP pathway will depend on whether the trainee has met the [minimum training duration](#) for their specialty in the UK (three years for ENT; four years for OMFS; five years for all other surgical specialties). Those who have completed the minimum amount of time training in the UK will qualify for a CCT. Those who have less than this period of training time will continue to be awarded a CESR (which will still permit entry onto the specialist rota).

This will not change the CESR CP pathway during the course of training, and no details regarding the type of expected certification will be changed until after the successful completion of training, at the point of the trainee being recommended to the GMC. The final decision continues to lie with the GMC.

These changes only apply to trainees on the combined programme who have spent the minimum amount of time training on a UK approved training programme; there are no changes to the main CESR route to specialist registration.

[Retrospective applications](#) will also be accepted for issuing a CCT to doctors who were previously granted a CESR through the combined programme, but who meet the new requirements.

### All staff continuing to work from home

All staff are continuing to work from home in line with RCS England's working policies during the pandemic – this will continue to have an impact on the speed with which we can address all queries (due to limitations in technology/ speed of internet connections to databases etc.) so we apologise for any inconvenience and we thank you for your patience and understanding during these times.

As and when staff working arrangements develop we will let you all know if and how this may affect staff and service delivery.

---

---

## ISCP news

### List of all website developments

The small team of web developers who work on the ISCP site have created and released numerous updates over the past 6 months. These developments include:

- New ARCP outcomes 10.1 and 10.2 incorporated
- Ability to select specific critical condition on CBDs, CEXs and CEXCs
- PBAs flagged as index procedures
- Critical conditions and index procedures counter included on Portfolio Summary
- A new portfolio report 'WBAs required for certification'
- Removal of topic picking
- Improved site design on public pages such as Home, FAQs, news and updates, and Curricula 2021.
- Improvements to the IT infrastructure (servers and databases) to improve site performance
- Refinement of the MCR trial version
- Refinement of the Self-assessment trial version
- Refinement of the new curricula Learning Agreement pilot version

### Changes to WBA linking – topic picking removal, critical conditions and index procedures

The way that WBAs are linked to the syllabus has changed on ISCP in readiness for the new outcomes-based curricula from August 2021. In the new curricula topic picking will no longer be relevant, and in its place the new curricula will require linkage of Workplace-based Assessments (WBAs) to the critical conditions and index procedures.

As part of preparing ISCP to accommodate these changes topic picking has been removed as a feature. Trainees can now indicate which of their CBDs, CEXs and/or CEXCs refer to the critical conditions and separately can indicate which of their PBAs refer to the index procedures. A summary of both critical conditions and index procedures will display on the portfolio summary and in more detail on the new 'WBAs required for certification' portfolio report.

### Site design

We have completed our work with designers, looking at how the pages look/act for users in order to make the site as helpful and useful for everyone. This work has resulted in some design changes that are now live on the public pages including Home, FAQs, news and updates and Curricula 2021.

---

---

## SAC membership – benefits

The Specialty Advisory Committees (SACs) are pivotal in providing external advice and opinion on provision of surgical training and ultimately in the delivery of patient safety. Because of this, we would like all trainers to consider the long-term benefit of becoming an SAC member, and the level of prestige and responsibility that comes with such an appointment. Here is an endorsement from one newly appointed SAC member:

*“I joined the SAC as it presents an excellent opportunity as a relatively new Consultant to be part of a National Committee involved in shaping training at an exciting time for the specialty. The opportunity to be involved in decision making that will form the framework of training for the future is a huge responsibility and considerable honour. Some of the leading names in the specialty are part of the SAC and the experience of working closely with them will stand me in good stead for the future. I have aspirations to be a future TPD and the SAC will provide invaluable insight and experience.”*

Other current members have given examples of some of the benefits of being an SAC member:

- *“Collaboration of ideas”*
- *“Being at the forefront of change in surgical education and training”*
- *“Networking with colleagues in the whole of UK that become good friends and associates”*
- *“Enjoy meeting trainees from another region and picking up on trainees’ feedback to help plan own training scheme.”*
- *“Being able to influence future of training in UK”*

If you are interested in joining your specialty’s SAC, please look at the JCST website or contact the SAC Chair directly for more information. You can find the job description and person specifications for these roles [here](#).

## SAC membership – 2021 vacancies

If you want to apply to become an SAC Liaison Member, here is the planned recruitment timeframe for filling vacancies arising in 2021:

- Advert will go live **31<sup>st</sup> August 2020**, applications accepted from this date
  - Advert will close **18<sup>th</sup> October 2020**
  - Shortlisting, approval, and confirmation of appointments is expected to be completed by late November
  - All new Liaison Members must attend an SAC Induction day before starting LM duties. The first induction day in 2021 will be on Friday 19<sup>th</sup> March - for those unable to attend this date, they will need to attend an Induction on Wednesday 23<sup>rd</sup> June 2021 instead.
-





## SAC Newsletters

We wanted to make sure that you are well informed of what is being discussed by your relevant Specialty Advisory Committees (SAC); following their most recent meeting, each SAC has produced a short report letting you know the key items which were discussed, any major decisions made, and useful dates and information for the future. Each report has been written by the SAC Chair/Vice Chair and the Trainee Rep, and they can be downloaded from the links below:

- [Neurosurgery from March 2020](#)
- [Neurosurgery from May 2020](#)

## JCST fee

Throughout this pandemic the JCST have continued to deliver their ongoing business, which includes (not exclusively):

- Development and maintenance of the ISCP website, and helpdesk support
- Trainee services activities including enrolment and certification, support for trainees and trainers, processing all Out of Programme scenarios, and ongoing updating of trainee records
- Curriculum educational review, evaluation and development
- The work the Specialty Advisory Committees (SACs) undertake to ensure surgical training is fit for purpose
- Supporting the GMC's Quality Framework through development of Quality Indicators, and supporting local quality improvement via a network of Liaison Members

In addition to the above, the JCST is working closely with the GMC, the Statutory Education Bodies (SEBs) in the four nations, COPMeD and CoPSS to ensure that appropriate guidance is available to those in training.

Earlier this year the four Presidents of the Joint Surgical Colleges (RCS Edinburgh, RCS England, RCPS Glasgow and RCS Ireland) agreed that there will be no increase in the JCST fee in 2020-2021, as proposed in their [2019-20 statement](#). The fee will therefore remain at £260 from August 2020. You can find more information on the JCST's financial position [here](#).

The fee is payable by logging into your ISCP account and following the 'JCST fee' link under the 'Dashboard' heading. Some Surgical Colleges also have arrangements in place to allow trainees to combine fee payments with College membership fee payments. If you have any questions about the JCST fee please see the [JCST fee FAQs page](#)

*We would encourage you, where possible, to pay by debit card and help us minimise the administrative cost of processing your fee. The Royal Colleges of Surgeons of the UK and Ireland are charity organisations and payments by debit card will have a significant positive impact on our costs. Thank you.*



## The trainee's voice

We would like to know what you want to hear about – in order to make sure you are receiving the most relevant information about the JCST please let us know if there are particular aspects of our work you would like to know more about, or receive updates on. You can either [contact us directly](#) or complete this 5 question [online survey](#).

## College news

[RCSEng news](#)  
[RCSI news](#)

[RCPSGlas news](#)  
[RCSEd news](#)



**JCST Twitter** Don't forget to follow us on Twitter at [@JCST\\_Surgery](#)

## Useful links

You can find all the main processes on the JCST website here: [UK trainees](#) & [Irish trainees](#)  
There are FAQs on using the ISCP [here](#)  
You can find all previous issues of the newsletter on the JCST website [here](#)

## About the JCST

The Joint Committee on Surgical Training (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training, and works closely with the Surgical Specialty Associations in Great Britain and Ireland. The JCST is the parent body for all ten Specialty Advisory Committees (SACs) responsible for surgical specialties, the Core Surgical Training Advisory Committee (CSTAC), the Training Interface Groups (TIGs) and the [Intercollegiate Surgical Curriculum Programme \(ISCP\)](#). The JCST and your SAC form an integral part of your training from start to completion - you can find out more [here](#).

You can find all the contact details for the JCST [here](#)

---

---

## JCST staff

As well as Gareth, Jon, and James, the department consists of:

Alan Simpson	CESR Casework Manager
Calum Cochrane	Committee & Trainee Services Manager
Encarna Manzano	Committee & Trainee Services Manager
Erik Majaus	Trainee Services Coordinator
Keelan Mackle	Committee & Trainee Services Manager
Lawrence Redway	Trainee Services Coordinator
Margaret Murphy	ISCP Education Officer
Maria Bussey	Head of ISCP
Mark Johnson	CESR Casework Manager
Vacant	Committee & Trainee Services Manager
Megan Wilson	Head of CESR & Policy
Nadia Permall	Committee & Trainee Services Manager
Paul McCabe	ISCP JCST Data Manager / Analyst
Rachel Dowle	ISCP Curriculum Officer
Rachel Norton	Quality Manager
Rebecca Griffith	Project Manager
Robert Fox	Head of Trainee Services
Sam Lewis	Senior Project Manager
Susana Cipriano	Head of JCST
Tahirih Doncaster	Trainee Services Coordinator
Trinsigh (TJ) Rogers	Committee & Trainee Services Manager
Verity Walker	Trainee Services Coordinator

## Staff spotlight

As a brief introduction to each of the department, in this issue we would like to introduce you to Robert Fox:



Robert Fox - Head of Trainee Services

I joined the JCST in May 2018 and I still find that the best aspect of the job is the people – the surgeons, local office staff, and my colleagues in JCST and the other Colleges. Even whilst working from home, the positive atmosphere and attitude created from working with such a team is great.

I enjoy live music and play in my local community brass band – due to the present circumstances we cannot rehearse or perform in concerts at the moment, but I'm looking forward to playing together when we are able to again!