Curriculum Menu **Page Number**

Home

Welcome to the ISCP site

Welcome to the Intercollegiate Surgical Curriculum Website. This site houses the curriculum for the nine surgical specialties and, in a secure area, trainees' electronic portfolios and the learning agreements which support training. Go to the Start Here section for more information on the website and how to use it.

All trainees using the new curriculum need to register. Consultants and other professionals who will be training, assessing and supervising training need to register. On receipt of the password you will be able to login. Go to Register to access the secure area. A password will be emailed to you immediately.

Help is available for the various parts of the website including Step by Step Guides and FAQs.

We appreciate your feedback on the site so if you have any comments about the ISCP website please Contact Us.

Start Here...

Using the ISCP website

The ISCP website is divided up into two separate areas: the public area and a password controlled members' area. Anyone can browse around the public part of the website which includes the overview of the curriculum and the specialty syllabuses. In order to use the members' area you will first have to register.

If you are a Trainee using the curriculum, you need to register in order to set up your learning agreement. You can then start to record information about your training and build an electronic portfolio.

If you are a Consultant, senior trainee and other professional who will be training, assessing or supervising trainees you need to register so that you can use the electronic forms which support the supervision and assessment of trainees.

How to get help

There is help available on the site both in the form of Step-by-Step Guides which can be downloaded and/or printed as well as snippets of help in pages where something may require more explanation than there is room for on the page. You can access this help wherever you see the  icon. Clicking this will open up a new page with its respective guidance.

Additionally, if you require more help, the ISCP helpdesk is always happy to answer any questions that you may have.

Getting around the website

Most of the site is accessible via the menu on the left of the screen. Occassionally where a section of the site contains a lot of information there will be a series of further links within the main page. All links on the site are highlighted like this.

If you are registered and have logged on, you will also notice an additional menu below the public menu which will give you access to your secure area.

Further information:

There is more information about ISCP and using it in the following parts of the site:

- Curriculum Overview
- Information for new users

New Visitors

Welcome to the ISCP website. This holds the curriculum for specialty training in all nine surgical specialties. The curriculum was implemented in August 2007. As a new user you may wish to go to the Help tab first. There you will find documents that can be printed out, which guide you through the web site. Navigation through the site is via the tool bar on the left of the page – you will be able to access the:

- nine specialty syllabuses and easily switch between the stages of training within in a speciality or switch between specialties. The syllabus can also be accessed directly from the home page;
- details regarding learning and teaching
- assessment systems and downloadable versions of all the workplace based assessment forms together with guidance notes for trainers and trainees; and
- the training system

Wherever you see a  you will be able to obtain further information about the particular item or section.

You will notice that some parts of the site can only be accessed once you have registered. An innovative feature of the site is that, once you have registered and are attached to a training programme as a trainee or consultant, you will be able to use the website interactively. This will enable you to create an online portfolio which links directly to the syllabus, assessment forms and logbook.

As always, feedback from our users is of the utmost importance. We would therefore encourage you to let us know any comments or suggestions you may have, which can either be sent to helpdesk@iscp.ac.uk, or alternatively you could call on 020 7869 6299.

Curriculum Overview

Educating the surgeons of the future: The Curriculum and the Training System (PDF:583Kb)

Surgery is the medical specialty that provides healthcare for patients who may require an operative procedure. The surgical profession is dedicated to providing the safest and most up-to-date care for patients who present as emergency or elective cases from initial consultation, operative procedures, where indicated, and postoperative care.

The range of specialties within surgery include cardiothoracic surgery, general surgery, neurosurgery, oral and maxillofacial surgery, otolaryngology, paediatric surgery, plastic surgery, trauma and orthopaedic surgery, and urology.

The curriculum for postgraduate surgical education and training is designed to produce surgeons who are able to provide excellent care for the surgical patient, safely. Surgical practice is complex and the curriculum has adopted a definition of competence developed specifically for the professions, “Competence is a complex structuring of attributes needed for intelligent performance in specific situations… it incorporates the ideas of professional judgement.” Gonczi, A. (1994). Competence Based Assessment in the Professions in Australia, Assessment in Education, 1 (1) 27-44.

The curricula for all surgical specialties and the associated assessment system have been approved by PMETB, the independent statutory body and therefore meets its standards and principles. The PMETB definition of a curriculum is:

"A statement of the intended aims and objectives, content, experiences, outcomes and processes of an educational programme including:

- A description of the training structure (entry requirements, length and organisation of the programme including its flexibilities and assessment system); and
- A description of expected methods of learning, teaching, feedback and supervision."

Curriculum Overview

Background

Early Influences for Change

The case for a major review of surgical training in this country had been steadily building since the late 1990s. The introduction of the Calman reforms during 1996 saw improvements to higher surgical training but left basic surgical training unreformed. Many aspiring surgeons spent years waiting to enter specialty training, going from job to job, often referred to as the 'lost tribe.'

Additionally other external factors were starting to impact on traditional surgical training as a whole and were increasing the pressure for change, for example:

- The European Working Time Directive (EWTD);
- Increasing public expectations for accountability and transparency; and
- New working practices and changes to service delivery.

In 2002, each surgical specialist advisory committee (SACs) started to review its curriculum under the auspices of the Joint Committee of Higher Surgical Training (JCHST).

Unfinished Business

The surgical curriculum review began at the same time as the Chief Medical Officer commissioned a report entitled Unfinished Business. This found that SHO training was poorly structured, inadequately supervised, had no definable endpoint and needed major reformation. As a result, it was proposed that a supervised, curriculum-based, time-capped SHO training programme be implemented.

Following responses to Unfinished Business from many stakeholders, including the Royal Colleges, the government published Modernising Medical Careers (MMC) in 2003. This provided the mandate for the surgical royal colleges and specialty associations to start work on the major changes that were required to ensure the continued delivery of top class postgraduate surgical education in this country. The new surgical curriculum would incorporate all nine surgical specialties:

- Cardiothoracic surgery
- General surgery
- Neurosurgery
- Oral and maxillofacial surgery
- Otolaryngology
- Paediatric surgery
- Plastic surgery
- Trauma and orthopaedic surgery
- Urology

The Intercollegiate Surgical Curriculum Project (ISCP)

The curriculum has been developed on an intercollegiate basis, involving:

- Royal College of Surgeons of England
- Royal College of Surgeons of Edinburgh
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Surgeons in Ireland
- Association of Surgeons of Great Britain & Ireland
- British Association of Oral and Maxillofacial Surgeons
- British Association of Otorhinolaryngologists - Head and Neck Surgeons
- British Association of Paediatric Surgeons
- British Association of Plastic, Reconstructive and Aesthetic Surgeons
- British Association of Urological Surgeons
- British Orthopaedic Association
- Society of British Neurological Surgeons
- Society for Cardiothoracic Surgery in Great Britain and Ireland

and their respective specialist advisory committees.

The Intercollegiate Surgical Curriculum Project managed the development of the curriculum, on a project basis, from 2003 until implementation in August 2007. The Chairman of JCHST and the Specialist Advisory Committee (SAC) Chairs, together with their delegated editors, led the process of curriculum creation. Practising surgeons, trainees, educationalists, and other specialists were involved in all aspects of curriculum development.

The UK Department of Health, the Irish Department of Health and Children and the royal colleges contributed funding for the pre-pilot and pilot phases of the project.

Many theoretical approaches were available for the development of competence-based training and assessment. The project deliberately adopted an approach that affirmed the importance of professional and educational values and the concept of professional judgement whilst ensuring the key interest was to promote the safe delivery of care to the surgical patient.

Four interlinked areas were identified as key to successful curriculum implementation and these provided a structure to project development. The first three were addressed in phase 1 and piloted in phase 3, the last was addressed in phase 2.

1. Focused training programmes underpinned by clear standards with de levels of progression.
2. Support to consultants to promote high-quality teaching and learning and reliable assessment.
3. Rigorous and fully integrated regulatory systems, informed by curriculum standards.
4. Adequate staff, resources and reward systems to support trainees in attaining competence to CCT level.

Project Phases

1. Phase 1 Initial Development (March 2003 – September 2004)
2. Phase 2 Pre-Pilot Phase (December 2004–March 2005)
3. Phase 3 Pilot Phase (September 2005 - July 2007)
4. Phase 4 Review and Evaluation Phase (April 2007 – March 2008)

Phase 1 Initial Development (March 2003 – September 2004)

The initial development phase involved:

- The development of a curriculum framework. The nine Surgical Advisory Committees (SACs) identified what trainees should know and be able to do at each stage of surgical training using four broad domains:
    - Clinical judgement,
    - Technical and operative skills,
    - Specialty-based knowledge, and
    - Generic professional skills.
- The trialling of individual assessment tools for operative competence and generic professional skills.
- Initial faculty development for programme directors.
- The initial development of a website to support the above activities.
- Establishing links with the Royal College of Physicians and Surgeons of Canada and the Accreditation Council for Graduate Medical Education (USA) on curriculum development.

Phase 2 Pre-Pilot Phase (December 2004–March 2005)

The pre-pilot phase had two key objectives: to pre-pilot the new surgical curriculum and to produce a needs analysis of the learning and teaching resources required to modernise and reform surgical training.

Five deaneries self-selected for the pre-pilot: London North East, Northern, South West, Yorkshire and South Yorkshire and South Humber. An assessment was made of the local, regional and national systems that underpinned training in these deaneries. The ISCP team engaged with each deanery in a variety of ways, including visits, administering questionnaires and holding consultative discussion groups.

Throughout the pre-pilot phase, data was collected on:

- How surgery is taught and learnt;
- The resources and systems which underpin surgical training; and

- Management issues which would affect the implementation of the new surgical training programme, including attitudes towards organisational change.

The information enabled the project to begin to identify the relationship between existing resources and those needed to support the implementation of the new surgical training programme. Overall, the pre-pilots highlighted a number of existing issues, all of which would affect the success of the new curriculum:

- Lack of clarity over the roles and responsibilities of those involved in surgical education in general and surgical trainers in particular;
- Lack of educational resources and opportunities for surgical training;
- Concern over the quality of assessments and the accreditation of trainers;
- The ability of local organisational structures to support curriculum reform.

The two most important pieces of information to come out of the pre-pilots concerned:

- the lack of consultant time available for training, and
- a reduction in the access that trainees have to patients – in terms of theatre time, clinics and ward based care.

A report on the pre-pilot phase and an evaluation report of phase 2 (PDF:243Kb) of the project written by Professor Michael Eraut, of the University of Sussex, were published in 2005.

Phase 3 Pilot Phase (September 2005 - July 2007)

Phase 3 comprised a national pilot of the syllabus content, assessment strategy and tools, interactive portfolio and website concentrating on trainees in ST1 and ST2 pilots in six deaneries. Other trainees and consultants were also encouraged to participate in the pilot to ensure both national and specialty coverage for trainees at different stages of training.

The concentrated pilot study was supplemented by nationwide awareness raising activities and preparations for implementation including:

- Stakeholder meetings involving trainers, trainees, deanery staff and health care management professionals;
- Consultation forums with trainers and trainees;
- A faculty development programme for key surgical and deanery educators;
- User testing of the web site; both the open access part of the site housing the curriculum and the secure area housing the trainees' portfolio and learning agreements.

Part of the purpose of the pilot was to provide evidence to support the case for better defined, recognised, rewarded and supported roles for trainers. The pre-pilot had raised the concept of schools of surgery as a means of assisting in the delivery of the new curriculum and clarifying the contributions and roles of those delivering training.

During the pilot, the concept of schools of surgery started to become a reality and seven heads of school were appointed in this phase.

Phase 4 Review and Evaluation Phase (April 2007 – March 2008)

The evaluation is a multi-strand investigation building on the pre-pilot evaluation results. Four sub-projects have been commissioned as follows:

- Kent Surrey and Sussex Deanery - an analysis of the processes through which the intercollegiate surgical curriculum faculty groups are developed in trusts and the success of these groups in implementing the curriculum.
- Wales Deanery and Cardiff University - an investigation of clinically-based learning under the intercollegiate surgical curriculum in Wales with reference to the interaction of learning agreements and website tools to support the learning process
- Wessex Deanery and Southampton University - do current specialist training posts provide appropriate experience and support for future surgical trainees?
- Warwick Medical School - evaluating the impact of changes in continuity of care on stakeholders in the new surgical curriculum.

The study results will be submitted to Professor Michael Eraut, who will produce a comprehensive report based on the evidence obtained.

In addition:

- The assessments recorded in the ISCP e-portfolio, including the context in which they were made and the stage of training to which they refer, will create a unique database of trainees' progress through the ISCP curriculum and specialty training. This database will be used to monitor, evaluate and quality assure the workplace based assessments used within ISCP and, over time, contribute towards their validation.
- The Royal College of Surgeons of England is carrying out a survey of the last pre-MMC cohort of SHOs on their experience of supervision.

Curriculum Overview

Aims

The provision of excellent care for the surgical patient, delivered safely, is at the heart of the curriculum. The aims of the curriculum are to:

- ensure the highest standards of surgical practice in the UK by delivering first class surgical training
- provide a programme of training from foundation years through to the completion of specialist surgical training, culminating in the award of a CCT.

The curriculum is broad based, using the CanMEDS framework and Good Medical Practice to ensure that surgeons completing the training programme are more than just technical experts.

Curriculum Overview

Key Principles

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

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

Curriculum Overview

Who Should Use the Curriculum?

From 1 August 2007, the curriculum applies to all trainees joining surgical training programmes from ST1 onwards and those in Fixed Term Service Training Appointment (FTSTA) posts. Current SpRs are encouraged to use the curriculum.

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

Doctors applying applying for a Certificate of Eligibility for Specialist Registration (CESR) via Article 14(4) on or from 1 August 2007 will be required to demonstrate that they meet the standards required for a CCT as set out in the curriculum.

Curriculum Overview

Components of the Curriculum

The surgical curriculum has been designed around four broad areas:

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

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

Curriculum Overview

Length of training

A common framework of stages and levels is used by all the specialties. Trainees progress through the curriculum by demonstrating competence to the required standard for the stage of training. Within this framework each specialty has defined its structure and indicative length of training; the majority of trainees will be able to cover a level in the course of a year. The individual specialty syllabuses provide details of how the curriculum is shaped to the stages of training.

In general terms, by the end of training, surgeons have to demonstrate:

- theoretical and practical knowledge related to their specialty practice;
- technical and operative skills;
- professional judgement;
- an understanding of the values that underpin the profession of surgery and the responsibilities that come with being a member of the profession;
- the special attributes needed to be a surgeon;
- a commitment to their ongoing personal and professional development and ective practice and other educational processes;□practice using re
- an understanding and respect for the multiprofessional nature of healthcare and their role in it; and
- an understanding of the responsibilities of being an employee of an NHS trust, hospital and/or a private practitioner.

The curriculum recognises the need for a degree of flexibility in content, over and above that of the essential requirements, in order to meet geographical variations in service configuration and specialisation. In areas of highly specialised services and practice the award of a CCT will not inevitably mark the completion of training as continued training and development may be needed.

Curriculum Overview

Educational Framework

The educational framework is built on three key foundations that are interlinked:

- Standards in the areas of specialty-based knowledge, clinical judgement, technical and operative skills, and professional skills and behaviour,
- Stages in the development of competent practice, and
- The CanMEDS model.

Standards

Surgeons need to be able to perform in differing conditions and circumstances, respond to the unpredictable, and make decisions under pressure, perhaps in the absence of all the desirable data. They use professional judgement, insight and leadership in everyday practice; working within multi-professional teams. Their conduct is guided by professional values and standards against which they are judged. These values and standards are laid down in the General Medical Council's Good Medical Practice and Good Surgical Practice.

The specialty-based aspects of competence relate particularly to:

- specialty-based knowledge
- clinical judgement; and
- technical and operative skills.

These are grouped around a range of topics – those that are common or critical – that trainees would be expected to encounter and be able to manage at any particular stage of their training. The syllabus sections of the curriculum have been written by specialists from within each specialty to reflect the particular requirements of their specialty and the stages of learning. The professional skills and behaviour are common to all specialties.

Each topic within a stage has a competence level ascribed to it for knowledge ranging from 1 to 4:

1. knows of
2. knows basic concepts
3. knows generally
4. knows specifically and broadly

Each topic within a stage has a competence level for ascribed to it in the areas of clinical skills and technical skills and procedures ranging from 1 to 4:

1. has observed
2. can do with assistance
3. can do whole but may need assistance
4. competent to do without assistance, including complications

The explicit standards form the basis for:

- Specifying the syllabus content;
- Organising workplace (on-the-job) training in terms of appropriate case mix and case load;
- Providing the basis for identifying relevant teaching and learning opportunities that are needed to support trainees' development at each particular stage of progress; and
- Informing competence-based assessment to provide evidence of what trainees know and can do.

Stages

The modular surgical curriculum framework has been designed to define stages in the development of competent surgical practice, with each stage underpinned by explicit outcome standards. This provides a means of charting progress through the various stages of surgical training in the domains of specialty-based knowledge, clinical judgement, technical and operative skills, and professional skills and behaviour.

Each surgical specialty has adapted this approach to reflect their training pathway, therefore, although the educational concept remains the same for all specialties the composition of the stages will differ. Most specialties have divided their training into an initial, intermediate and final stage of training, as shown in Figure 2.

The initial stage reflects the early years of specialty training and the need for surgeons to gain competence in a range of knowledge and skills that is not specialty specific. A core syllabus, which is common to all specialties, has been written for this stage. This is supplemented by the topics from the appropriate specialty syllabus as defined in each training programme.

During the intermediate and final stages the scope of specialty practice increases with the expansion in case mix and case load and this is accompanied by the need for greater depth of knowledge and increasing skills and judgement. The content is therefore progressive, increasing in both depth and complexity through to the completion of CCT

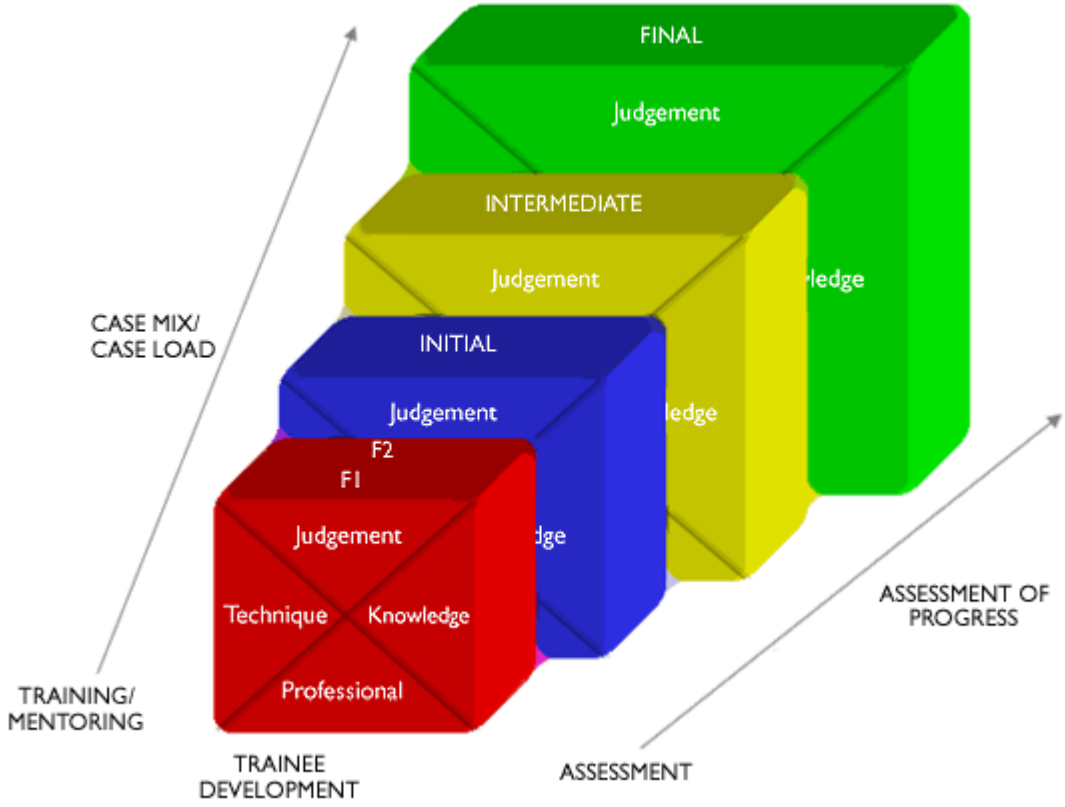

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Figure 1

The CanMEDS Model

Being a good surgeon requires more than just being a technical expert. The CanMEDS model was chosen as the basis for the curriculum as it identified seven key roles of a doctor which encompassed all four the domains of knowledge, judgment, technique and professionalism. It was particularly helpful in articulating the aspects of professionalism.

The CanMEDS project was commissioned at the beginning of the 1990s to examine Canadian health care needs and to assess the implications for postgraduate specialty programmes. Over the course of the decade, input was sought from key stakeholders in medical education: all surgical and medical specialties, trainers and trainees, patients, public, government and health care providers. The result was the identification of seven key roles of the doctor: the medical expert role stands at the heart of practice and covers the specialty specific areas of the discipline reflecting clinical decision making. The other roles are the doctor as:

- professional (in terms of humane and ethical practice),
- communicator,
- scholar (in terms of teaching and research),
- collaborator/teamworker,
- health advocate in wider society, and
- manager of resources (people, expertise, time and money).

Each of these six generic roles is described and interpreted for practice within the context of the particular surgical specialty.

The CanMEDS model maps to Good Medical Practice, as shown in the Figure 1, thereby ensuring that trainees following the curriculum will also be able to demonstrate that they are upholding the principles and values enshrined in Good Medical Practice.

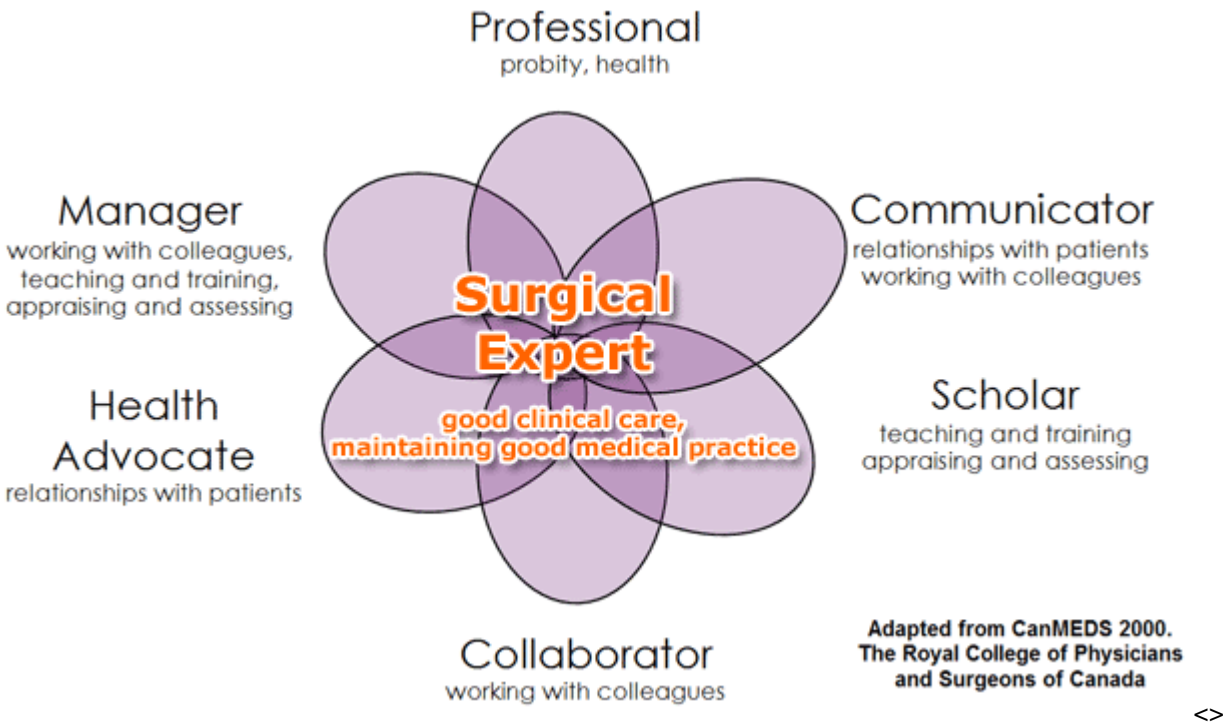

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Figure 2

Site Updates

What's new?

- Access to previous placements are now available for all users
- Access rights – the trainee now has the ability to see a list of users who can view his or her account
- ARCP live online interactively
- Frequently Asked Questions live online
- Print button added
- Syllabus downloadable from online pdfs
- Learning Agreement Webcasts online
- Logbook updates (re filtering alphabetical, 'Other' users to use the logbook)

What's next?

- Logbook – ASGBI summary report available in ISCP, improved reporting for ARCP & Cardiothoracic operations added
- Rate others – trainees can 'complete' assessments (making them read only) and assessors validate or reject them
- Global Objectives templates, and comment box (for PDs to guide trainees during the year)
- Portfolio changes - including improved PD view, and User alert/notification screen
- Update to assessment summary pages, and trainee progress page (uniquely displaying latest status topics)
- Trainee profile – ability for trainees to change placement dates & see Pilot content

As always, feedback from our users is valued. We would therefore encourage you to let us know any comments or suggestions you may have, which can either be sent to helpdesk@iscp.ac.uk, or alternatively you could call on 020 7869 6299.

Syllabus

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Oral and Maxillofacial Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic Surgery
- Trauma and Orthopaedic Surgery
- Urology
- Professional Skills and Behaviour

Syllabus

The syllabus details the content and outcomes of learning to be achieved at each stage of training within each specialty.

Although each surgical specialty has an individual syllabus; the framework is the same across all.

Specialty overview outlines:

- details of the specialty as it practised in the UK;
- the scope of practice within the specialty;
- the key topics that a trainee will cover by the end of training; and
- an overview of how, in general terms, training is shaped

Key topics are those topics that all trainees will cover by CCT and will be able to manage independently, including complications. These are also referred to as essential topics.

Stages of training define how the programme is organised. Each stage comprises areas of practice that conveniently sit together for the purpose of delivering training and assessment. They provide convenient waypoints for entry into and exit from training programmes. Within each stage there is:

- A stage overview outlining the purposes of training for the stage and an overview of content to be covered.
- The syllabus content which contains the specialty specific topics that must be covered. Each of these topics includes one or more learning objectives and the level of competence to be achieved by the end of the stage in the domains of:
    1. knowledge
    2. clinical skills, and
    3. technical skills and procedures.

The professional skills and behaviour syllabus is common to all specialties and is based on the CanMEDS roles.

Click on your specialty on the left hand tool bar to access the syllabus.

Learning and Teaching

Who is Involved?

The key roles involved in teaching and learning are programme director, assigned educational supervisor, clinical supervisor, assessor and trainee.

Programme Director

The majority of programme directors (PDs) manage specialty programmes however there a number of programme directors who manage core surgical training programmes PD(CST). They are responsible for:

- Organising, managing and directing the training programmes, ensuring the programmes meet curriculum requirements;
- Identifying, appointing and supporting local faculty (i.e. AES) including training where necessary; and
- Overseeing progress of individual trainees through the levels of the curriculum; ensuring learning objectives are set, appropriate assessments are being undertaken and that appropriate levels of supervision and support are in place.

Assigned Educational Supervisor

Assigned educational supervisors (AES) are responsible for between 1 and 4 trainees at any time. The number will depend on factors such as the size of the unit and the availability of support such as a Departmental Educational Supervisor (DES) or Specialty Tutor (ST).

The AES is responsible for:

- Setting, agreeing, recording and monitoring the content and educational objectives of the placement using the learning agreement;
- Ensuring delivery of the training and education required to enable the trainee to fulfil the objectives of the placement, including the identification and delegation of training and assessment in other clinical areas;
- Overseeing the achievements and personal and professional development of the trainee and, in consultation with specialty colleagues, reflecting this in the formal report to the annual review process; and
- Ensuring patient safety in relation to trainee performance by the early recognition and management of those doctors in distress or difficulty.

Clinical Supervisor

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

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

Assessor

Assessors will carry out a range of assessments and provide feedback to the trainee and the AES, which will support judgements made about a trainee's overall performance. Assessments during training will usually be carried out by clinical supervisors (consultants) but other members of the surgical team, including those who are not medically qualified, may be tasked with this role.

Those carrying out assessments must be appropriately qualified in the relevant professional discipline and trained in the methodology of workplace based assessment (WBA). This does not apply to mini-PAT raters.

Trainee

The trainee is required to take responsibility for his/her learning and to be proactive in initiating appointments to plan, undertake and receive feedback on learning opportunities. The trainee is responsible for ensuring that a learning agreement is put in place, that assessments are undertaken and that opportunities to discuss progress are identified.

Principles of Surgical Education

The balance between didactic teaching and learning in clinical practice will change as the trainee progresses through the training programme, with the former decreasing and the latter increasing. A number of people from a range of professional groups will be involved in teaching. Specialist skills and knowledge are usually taught by consultants and more advanced trainees; whereas the more generic aspects of practice are usually taught by the wider multidisciplinary team. The AES is key, as he/she agrees with each trainee how he/she can best achieve his or her learning objectives within a placement.

Establishing a learning partnership creates the professional relationship between the teacher (AES, CS or assessor) and the learner (trainee) that is essential to the success of the teaching and learning programme. The learning partnership is enhanced when:

- The teacher understands:
  - educational principles, values and practices and has been appropriately trained;
  - the role of professional judgement in the trainee's learning process;
  - the specialty curriculum;
  - assessment theory and methods.
- The learner:
  - understands how to learn in the clinical practice setting, recognising that everything they see and do is educational;
  - recognises that although observation has a key role to play in learning, action (doing) is essential;
  - is able to translate theoretical knowledge into surgical practice and link surgical practice with the relevant theoretical context.
  - ection to improve and develop practice; uses re
- There is ongoing dialogue in the clinical setting between teacher and the learner;
- There are adequate resources to provide essential equipment and facilities;
- There is adequate time for teaching and learning;

Learning Opportunities

There are many learning opportunities available to trainees to enable them to develop their knowledge, clinical and professional judgement, and technical and operative ability and, conduct as a member of the profession of surgery. The opportunities broadly divide into three areas:

- Learning from practice otherwise known as learning on-the-job or in the workplace. This can be informal and opportunistic or planned and structured
- Learning from formal situations
- Self-directed learning

Learning from Practice

The workplace provides learning opportunities on a daily basis for surgical trainees, based on what they see and what they do. Whilst in the workplace the trainees will be involved in supervised clinical practice, primarily in a hospital environment in wards, clinics or theatre. The trainees' role in these contexts will determine the nature of the learning experience.

Learning will start with observation of a trainer (not necessarily a doctor) and will progress to assisting a trainer; the trainer assisting/supervising the trainee and then the trainee managing a case independently but with access to expert help. Continuous systematic feedback, both formal and informal, and reflection on practice are integral to learning from practice, and will be assisted by the formative assessment methods such as surgical direct observation of procedural skills in surgery (surgical DOPS), procedure based assessment (PBA), mini- Clinical Evaluation Exercise (mini-CEX) and case based discussion (CBD), each of which have been developed for the purpose.

In the Workplace - Informal

Surgical learning is largely experiential in its nature with any interaction in the workplace having the potential to become a learning episode. The curriculum encourages trainees to manage their learning and to reflect on practice. Trainees are encouraged to take advantage of clinical cases, audit and the opportunities to shadow peers and consultants.

In the Workplace - Planned and Structured

- **Theatre (training) lists**

  Training lists on selected patients enable trainees to develop their surgical skills and experience under supervision. The lists can be carried out in a range of settings, including day case theatres, main theatres and minor injuries units.

  Each surgical procedure can be considered an integrated learning experience and the formative workplace assessments provide feedback to the trainee on all aspects of their performance from pre-operative planning and preparation, to the procedure itself and subsequent post-operative management.

  The syllabus is designed to ensure that teaching is systematic and progressive. The level of supervision will decrease and the level of complexity of case will increase as trainees become proficient in the appropriate technical skills and are able to demonstrate satisfactory professional judgement. By CCT trainees will have acquired the skills and judgement necessary to provide holistic care for patients normally presenting to their specialty and referral to other specialists as appropriate.

- **Clinics (Out Patients)**

  Trainees build on clinical examination skills developed during the Foundation Programme. There is a progression from observing expert clinical practice in clinics to assessing patients themselves, under direct observation initially and then independently, and presenting their findings to the trainer. Trainees will assess new patients and will review/follow up existing patients.

  Feedback on performance will be obtained from the mini-CEX and case based discussion workplace assessments together with informal feedback from trainers and reflective practice.

- **Ward Rounds (In Patient)**

  As in the other areas, trainees will have the opportunity to take responsibility for the care of in-patients appropriate to their level of training and need for supervision. The objective is to develop surgeons as effective communicators both with patients and with other members of the team. This will involve taking consent, adhering to protocols, pre-operative planning and preparation and post operative management.

  Progress will be assessed by mini PAT, CBD, surgical DOPS and PBA.

Learning From Formal Situations

Work based practice is supplemented by courses, local postgraduate teaching sessions arranged by the specialty training committees or schools of surgery and regional, national and international meetings and courses. Courses have a role at all levels, for example basic surgical skills courses run by the colleges and locally through deaneries using skills centres and specialty skills programmes, which focus on developing specific skills using models or cadavers, delivered by the colleges and specialty associations.

Trainees will be able to further develop their skills using simulators (if available), tissue in skills labs and models and cadavers as appropriate. It is recognised that there is a clear and increasingly prominent role for off the job learning through specific intensive courses to meet specific learning goals (e.g. Training the Trainers, Breaking Bad News, Research Methodology) and these are encouraged as an integral and important part of the learning agreements.

Self Directed Learning

Self directed learning is encouraged. Trainees are encouraged to establish study groups, journal clubs and conduct peer review; there will be opportunities for trainees to learn with peers at a local level through postgraduate teaching and discussion sessions; and nationally with examination preparation courses. It is an expectation that trainees will undertake personal study in addition to formal and informal teaching. This will include using study materials and publications and reflective practice.

Reflective practice is a very important part of self-directed learning and is a vital component of continuing professional development. It is an educational exercise that enables trainees to explore with rigour, the complexities and underpinning elements of their actions in surgical practice in order to refine and improve them.

Reflection in the oral form is very much an activity that surgeons engage in already and find it useful and developmental. Writing reflectively adds more to the oral process by deepening the understanding of surgeons about their practice.

Written reflection offers different benefits to oral reflection which include: a record for later review, a reference point to demonstrate development and a starting point for shared discussion.

Some of this time will be taken as study leave. In addition there are the web based learning resources which are on the ISCP website and specialty association web sites.

Supervision

Trainees will be placed in approved posts that will meet required training and educational standards. Individual trusts will have responsibility for ensuring that clinical governance and health and safety standards are met.

The syllabus content details the level of knowledge, clinical, technical and operative skills expected of a trainee at any given stage of training, clearly indicating the level of supervision required. Trainees will work at a level commensurate with their experience and competence, and this is explicit and set by the assigned educational supervisor. There is a gradual reduction in the level of supervision required until the level of competence for independent practice is acquired. There is an expectation that supervision and feedback are part of the ongoing relationship between trainees and their trainers and assessors, and that it will take place informally on a daily basis.

In keeping with Good Medical Practice, Good Clinical Care, trainees have a responsibility to recognise and work within the limits of their professional competence and to consult with colleagues as appropriate. The development of good judgement in clinical practice is a key requirement of the curriculum. The content of the curriculum dealing with professional behaviour emphasises the responsibilities of the trainee to place the well-being and safety of patients above all other considerations. Throughout the curriculum, great emphasis is laid on the development of good judgement and this includes the ability to judge when to seek assistance and advice. Appropriate consultation with trainers and colleagues for advice and direct help is carefully monitored and assessed.

Creating a Learning Agreement and Building a Portfolio

Learning Agreement

The assigned educational supervisor and trainee must agree the aims and learning outcomes for a placement at the beginning of each surgical placement. These will be based on the global objectives which the programme director sets for the trainee. These broad objectives, derived from the specialty and professional skills and behaviour syllabuses, are included in the learning agreement and highlight what the trainee should achieve during a period that may encompass several placements. They normally cover the period between the annual reviews.

The learning agreement is a written statement of the mutually agreed learning goals and strategies negotiated between a trainee (learner) and the trainee's assigned educational supervisor. It is agreed at the initial objective setting meeting and covers the period of the placement. The agreement is based on the learning needs of the individual trainee undertaking the learning as well as the formal requirements of the curriculum.

The content of the learning agreement will be influenced by the:

- requirements set by the surgical specialty in its syllabus for the stage of training;
- learner's previous experience;
- learner's knowledge and skills;
- local circumstances of the placement.

Although it is a statement of expected outcomes there is equal emphasis on learning opportunities and how the outcomes can be met. Trainees use it to keep track of which objectives have been completed and which have not; assigned educational supervisors use it to monitor progress and ensure the correct training is delivered and programme directors use it to oversee the process.

The trainee will meet the AES at the start of each placement to agree the learning and development plan and at mid point and end of placement to review and report on progress. The frequency of meetings can be increased if required. The learning agreement provides a mechanism for the trainee and AES to meet and discuss feedback and guidance.

There are three stages to the learning agreement that should be completed in sequence: Objective Setting; Interim Review; and Final Review.

Objective Setting is where the trainee and the AES:

- Refine the syllabus selection made by the programme director according to the learning that can be delivered in the placement by adding some learning objectives and deleting others. The resultant list represents the target learning objectives for the placement.
- Agree on the workplace-based assessments that have been agreed for the placement to obtain feedback and demonstrate progress matched to syllabus objectives e.g. Surgical DOPS for central venous line insertion.
- Identify the resources required so that the trainee can achieve his/her learning objectives for example time slots, events, equipment.
- Identify learning opportunities, activities or events in the educational programme, that the trainee should attend e.g. seminars, presentations, peer reviews.
- Consider the examinations the trainee plans to take whilst in the placement and courses the trainee plans to attend.
- Consider the audit/research/projects opportunities.

Once these aspects of the placement have been finalised and agreed, the trainee and the AES sign off the learning agreement.

Although the Objective Setting stage of the learning agreement is the agreed plan for the placement, it can be modified during training if circumstances change and this can be recorded during the interim or final review. Additionally the trainee can update information about resources, learning opportunities, examinations and courses attended and the self-directed learning undertaken.

The learning agreement form is accessed through the secure area of the web site and is completed on-line. The form is automatically uploaded into the portfolio and links to the syllabus content and the workplace based assessments. A word version is available to download here. Workplace-based assessments are recorded on electronic forms which are automatically uploaded into the portfolio.

Interim Review occurs at the mid-point of the placement. This stage is encouraged even for 4-month placements to check that progress is in line with the placement objectives. In the event that difficulties are being experienced targeted training may be effective in maintaining progress. The progress and further action plans agreed at the meeting are recorded on the Interim Review form and are signed off by the trainee and AES.

Final Review occurs towards the end of the placement and the trainee and AES review what the trainee has learned in the placement against the placement objectives. The items in the portfolio (assessments, exams, self-directed learning) demonstrate achievements. The AES uses the portfolio as the basis for making a summative report that will be used in the annual review.

Related downloads

Document	Type	Size
Blank Learning Agreement	PDF	37Kb
Example Learning Agreement - ST1	PDF	72Kb
Example Learning Agreement - Trainee in difficulty ST1	PDF	129Kb

Portfolio

The trainees' portfolio includes their health and probity statements (PDF), educational contracts (PDF), learning agreements, reflective practice, and a record of the assessments completed. The portfolio is supplemented by the log book. This information is available throughout the trainees' careers and is accessible to the trainee, the assigned educational supervisors and the programme director.

Learning Resources

The online learning resources bank is being developed to provide registered users of ISCP website with links to publicly available online resources that complement the surgical syllabus. The subjects covered encompass all nine surgical specialties, the generality of surgery, and professional skills and behaviour.

In addition a number of websites provide valuable general background information.

- Academy of Medical Royal Colleges
- British Medical Association (BMA)
- British Orthopaedic Trainees Association
- Conference of Postgraduate Medical Deans (COPMeD)
- Department of Health (DOH)
- General Medical Council (GMC)
- Intercollegiate Specialty Boards Joint Committee on Intercollegiate Examinations
- Intercollegiate MRCS website
- Joint Committee on Higher Surgical Training (JCHST)

International Models

The CanMEDS 2000 Project provided the inspiration for the development of competency-based curricula in Canada, the USA, Australia and New Zealand. The websites listed here show current thinking in other medical organisations about competency based training.

- Accreditation Council for Graduate Medical Education (USA)
- American Board of Internal Medicine (ABIM)
- Australian Medical Council (AMC)

Teaching

The detail of clinical placements will be determined locally by programme directors. In order to provide sufficient teaching and learning opportunities, the placements need to be:

- in units that are able to provide sufficient clinical resource;
- with training units that have sufficient trainer capacity.

The specialty syllabuses provide for acquisition of core skills by carrying out minor and intermediate level procedures during the initial stage of training. As training progresses and as the specified levels of performance are achieved, trainees will be trained on more specialty specific procedures according to the module being undertaken. The formative assessments help the trainers to provide systematic feedback.

The programme directors and assigned educational supervisors define the parameters of practice and monitor the delivery of training to ensure that the trainee has exposure to:

- a sufficient range and number of cases in which to develop the necessary technical skills (according to the stage of training) and professional judgement (to know when to carry out the procedure and when to seek assistance);
- managing the care of patients in the case of
    - common conditions that are straightforward,
    - patients who display well known variations to common conditions, and
    - patients with ill defined problems;
- detailed feedback.

Development of professional practice can be supported by a wide variety of teaching and learning processes, including role modelling, coaching, mentoring, reflection, and the maximising of both formal and informal opportunities for the development of expertise on the job. Learning opportunities need to be related to changing patterns of healthcare delivery.

Assessment and Feedback

The curriculum adopts the PMETB definition of assessment;

The process of measuring an individual's progress and accomplishments against defined standards and criteria, which often includes an attempt at measurement. The purpose of assessment in an educational context is to make a judgement about mastery of skills or knowledge; to measure improvement over time; to arrive at some definitions of strengths and weaknesses; to rank people for selection or exclusion, or perhaps to motivate them."

Overview of the Assessment System

The assessment system is designed to:

- Determine whether trainees are meeting the standards of competence and performance specified at various stages in the curriculum for surgical training.
- Provide systematic and comprehensive feedback as part of the learning cycle.
- Determine whether trainees have acquired the generic and specialty-based knowledge, clinical judgement, operative and technical skills, and professional skills and behaviour required to practice at the level of CCT in the designated surgical specialty.
- Address all the domains of Good Medical Practice and CanMEDS and conform to the principles laid down by the Postgraduate Medical Education and Training Board.

The individual components of the assessment system are:

- workplace based assessments covering skills, knowledge, behaviour and attitudes;
- a logbook of procedures undertaken which provides corroborative evidence of experience;
- examinations held at key stages; during the initial stage of training and towards the end of specialist training;
- the learning agreement and the assigned educational supervisors' report; and
- an annual review of competence progression.

- Assessment Framework (PDF: 11Kb)
- Overarching Blueprint (PDF: 174Kb)

In order to be included in the assessment system, the assessments methods selected have to meet the following criteria. They have to be:

- **Valid** - To ensure face validity, the workplace based assessments comprise direct observations of workplace tasks. The complexity of the tasks increases in line with progression through the training programme. To ensure content validity all the assessment instruments have been blueprinted against all the Good Medical Practice/CanMEDS domains.
- **Reliable** - In order to increase reliability, there will be multiple measures of outcomes. ISCP assessments make use of several observers' judgements, multiple assessment methods (triangulation) and take place frequently.
- **Feasible** - The practicality of the assessments in the training and working environment has been taken into account. The assessment should not add time to the workplace task being assessed and assessors should be able to complete the scoring and feedback part of the assessment in 5-10 minutes.

Types of Assessment

Formative

"Formative assessment …is a check on progress that does not contribute to pass/fail decisions, but informs teachers and learners about strengths, weaknesses and any problem areas. It is best used when accompanied by feedback to the student." PMETB. It is used as part of a developmental or ongoing teaching and learning process.

The workplace assessments provide feedback and a holistic approach to the development of trainees. They are collated in the learning portfolio, regularly reviewed during each placement and provide the evidence for the judgement of the assigned educational supervisors' reports to the programme director and the annual review of competence progression.

Summative

"Summative assessment traditionally takes the form of tests and often occurs at the end of a term or a course. However, especially in postgraduate medical education, other sources of evidence are increasingly contributing to summative assessment. Summative assessment is used primarily to provide information about whether or not the student has reached the required standard and it can form the basis of pass/fail decisions." PMETB

The summative assessments are focussed on the waypoints in the specialty syllabuses. For the most part these comprise the examinations, structured placement reports and some courses which, taken in the round, cover the important elements of the syllabus and ensure that no gaps in achievement are allowed to develop. They are collated at the annual review of competence progression panel, which determines progress or otherwise.

Workplace Based Assessments

These are designed to:

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

All assessment data is stored in the trainee's electronic portfolio. Although the principal role of workplace assessment is formative, the summary evidence will be used to inform the annual review process and will contribute to the decision made as to how well the trainee is progressing. At the end of a period of training, the trainee's whole portfolio will be reviewed. The accumulation of formative assessments will be one of a range of indicators that inform the decision as to satisfactory completion of training at the annual review of competence progression.

The assessment methods used are:

- Mini-PAT (Peer Assessment Tool)
- Mini-CEX (mini Clinical Evaluation Exercise)
- CBD (Case Based Discussion)
- Surgical DOPS (Direct Observation of Procedural Skills in Surgery)
- PBA (Procedure-based Assessment)

Examinations

Examinations are held at two key stages: during initial training and towards the end of specialist training. Further information can be obtained from www.intercollegiatemrcs.org.uk for the current MRCS examination and www.intercollegiate.org.uk for the current FRCS examination.

ARCP Panel

Annual Review of Competence Progression (ARCP)

Purpose of the ARCP (adapted from the Gold Guide June 2007)

The ARCP[1] is a formal deanery School of Surgery process which scrutinises each surgical trainee's suitability to progress to the next stage of, or complete, the training programme.

It follows on from the appraisal process and bases its recommendations on the evidence that has been gathered in the trainee's learning portfolio during the period between ARCP reviews. The ARCP records that the required curriculum competencies and experience are being acquired, and that this is at an appropriate rate. It also provides a coherent record of a trainee's progress. The ARCP is not in itself an assessment exercise of clinical or professional competence.

The ARCP should normally be undertaken on at least an annual basis for all trainees in surgical training.

Some deaneries or Schools of Surgery plan to arrange two ARCPs each year in the early years of training. An ARCP panel may be convened more frequently if there is a need to deal with progression issues outside the normal schedule.

The Royal Colleges of Surgery use the opportunity afforded, through their representative on the panel, to monitor the quality of training being delivered by the programme and/or its components.

Further information on this process can be found in the Guide to Postgraduate Specialty Training in the UK, The Gold Guide June 2007, First Edition.

Preparation for the ARCP

The trainee's learning portfolio provides the evidence of progress. It is the trainee's responsibility to ensure that the documentary evidence is complete in good time for the ARCP. The Annual Review Checklist (PDF: 46kb) lists the components that should normally be completed in time for the panel meeting.

The ARCP Panel

Please note that during the time of the panel meeting, members of an ARCP panel will have access to the portfolios of the trainees they review. Panel members are appointed by the Deanery and are likely to include the following:

- Postgraduate Dean or deputy
- Programme Director
- Chair of the Specialty Training Committee
- College/Faculty representatives (e.g. from the specialty SAC)
- Assigned educational supervisors (including AESs who have not been directly responsible for the trainee's placements)
- Associate Directors/Deans
- Academic representatives (for academic programmes only)
- A representative from an employing authority

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[1] Previously known as the Record of In-Training Assessment or RITA

Logbook

The electronic learning portfolio enables trainees to build a record of where and how they acquired their skills. It is an interactive and constantly evolving resource.

The surgical logbook, held in an electronic medium, records the experience of the trainee gained in carrying out surgical procedures. The logbook provides a record of the scope and volume of operative exposure and level of supervision required. This is seen as corroborative evidence: when discussing progress with the assigned educational supervisor; at the ARCP panels and during the planned educational reviews.

Feedback

All the assessments, both formative and summative, include a feedback element.

Feedback:

- Enhances the validity of the assessment and ensures trainees receive constructive criticism on their performance.
- Is given by skilled clinicians who provide educational feedback thereby enhancing the learning process.

Good feedback includes three elements:

- Outline of the strengths the trainee displays,
- Suggestions for development,
- Action plan for improvement.

Feedback should follow the following process which is based on Pendleton's Rules and can apply to group or individual feedback on performance observed at first hand or on video.

1. Clarify any points of information/fact;
2. Ask the learner what s/he did well – ensure that they identify the strengths of the performance and do not stray into weaknesses;
3. Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well); again, keep them to the strengths.
4. Ask the learner to say what went less well and what they would do differently next time.
5. Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations.

The workplace based assessments are all designed to include immediate feedback as part of the process. The formal examinations all provide limited feedback as part of the summative process. Assigned educational supervisors are able to provide further feedback to each of their trainees through the regular planned educational review and appraisal that features at the beginning, middle and end of each placement. They will be able to use the information in the portfolio on workplace based assessments and feedback from other trainers in the workplace.

Quality Assurance of Curriculum

It is essential that the effectiveness of the curriculum is monitored and this is particularly important as the curriculum is new. The best way to evaluate and improve the curriculum is to gather evidence on the experience of those delivering and undertaking the curriculum. The Quality Assurance Framework of the ISCP will be used to monitor the implementation and provide a vehicle for quality enhancement of the curriculum.

The main areas of the framework are:

- standards for postgraduate surgical education;
- the surgical trainee experience survey;
- annual monitoring;
- deanery/SAC Reviews.

Standards for Postgraduate Surgical Education

The foundations of the framework are the standards for postgraduate surgical education, established by the SACs and built on the PMETB generic standards for postgraduate medical education. These standards, specific to surgical disciplines, together with the indicative evidence requirements and judgements of specialists in the surgical disciplines provide a form of peer-assessment that can provide authoritative judgements on the quality of learning experiences for trainees. It is important to ensure that trainees' experience of the curriculum forms a major part of the approach to quality assurance and this will be undertaken by means of a sophisticated survey of trainee views.

Surgical Trainee Experience Survey

This online survey is focussed on surgical training standards and trainees experience of the curriculum. Moreover, it enables analysis of individual surgical specialties and the extent to which the curriculum and standards for specialties are maintained at specific levels of training. It will produce comparative evidence at a number of levels, for example:

- schools of surgery level, to allow cross-deanery benchmarking as specified by JACSTAG
- inter-specialty level within Schools of Surgery, for internal benchmarking
- specialty level within Schools of Surgery
- specialty level nationally, for SACs, and importantly,
- post level within specialties

The survey remains, however, an opinion survey and is a single source of evidence which must be triangulated. This will be achieved, initially, through reports from Programme Directors and SAC members' participation in ARCP processes and will in future seek other quantitative measures, such as measures of surgical experience through logbooks.

Annual Monitoring

The annual monitoring process, carried out by the deanery/school of surgery, is an important reporting process that allows the programme(s) to periodically evaluate their delivery, operation and outcomes. The process is one of evidence based self-evaluation, utilising feedback from a range of key stakeholders that will result in ongoing action plans.

The process requires critical evaluation of main areas of activity and it is intended that these would correspond to the standards for postgraduate surgical education, which in turn reflect PMETB generic domains. The findings of the surgical trainee experience survey and ARCP outcomes are crucial qualitative measures of trainee perceptions and performance. These will be supplemented by the programme directors' critical account of all the significant aspects of training.

Deanery/SAC Reviews

It is anticipated that where evidence from trainee evaluation and/or annual monitoring indicates specific concerns about the quality of training the deanery, with necessary specialist support provided by the SAC, may initiate a review process. This process will be proportionate to the nature of the concern and may utilise a documentary analysis and/or visits, in line with the Joint Academy and COPMeD Specialty Training Advisory Group (JACSTAG) recommendations.

Registration of Trainers

One of the key determinants of the quality of a curriculum is the quality of those delivering it. We are fortunate in the UK to have high quality trainers and it is important that that quality is evidenced. PMETB is in the process of revising its

standards for trainers. It is planned to incorporate these standards into the standards for surgical trainers and to confirm that assigned educational supervisors and Clinical Supervisors meet these standards through ISCP website registration.

The Training System

Selection into Surgery

After graduating from medical school, which is normally a five year-year undergraduate course, doctors immediately move onto a mandatory two-year foundation programme in clinical practice. During the programme, the recently qualified doctor is under close supervision whilst gaining a wide range of clinical experience during his/her first opportunity to practise medicine.

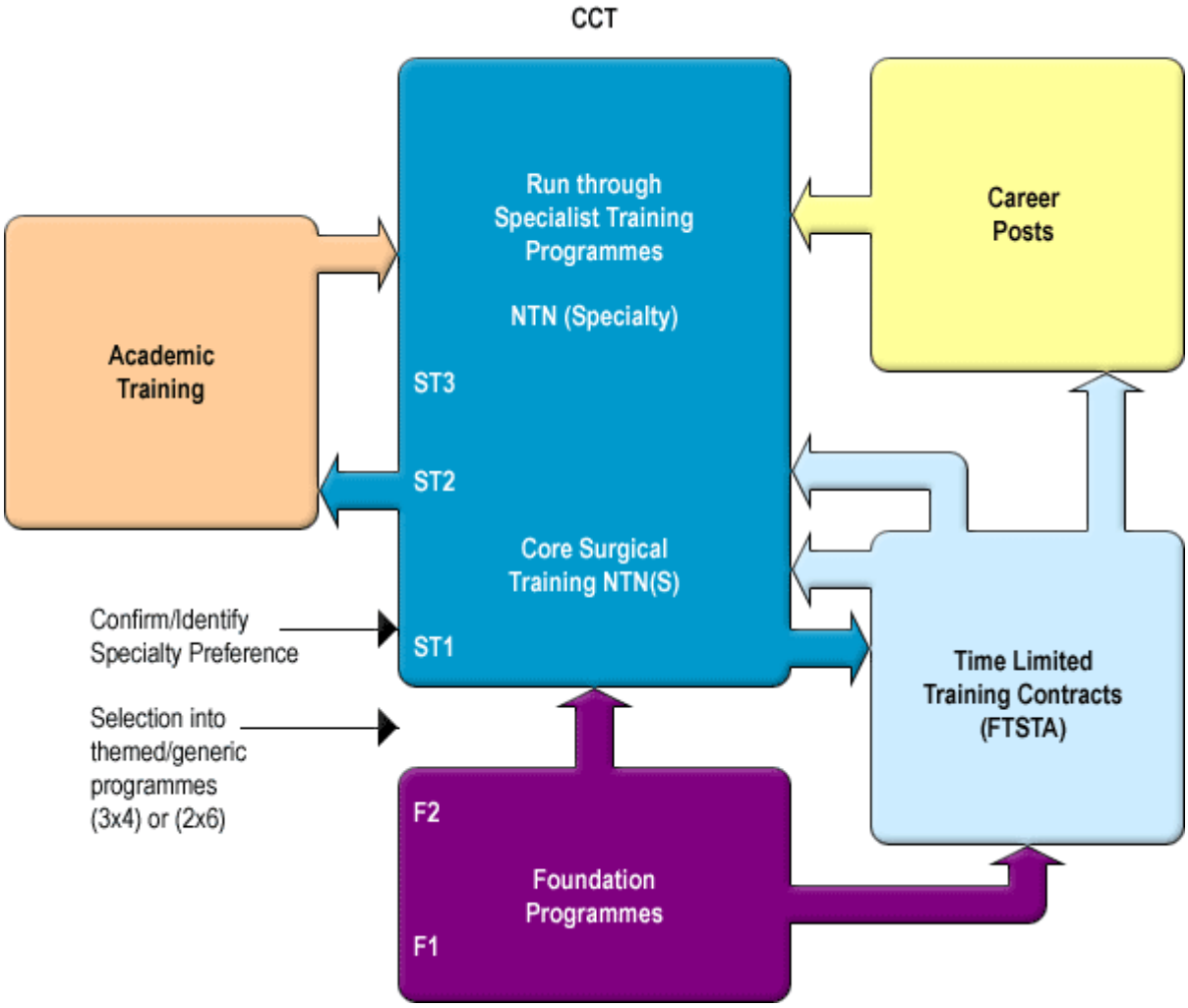
During their final year of medical school students are encouraged to identify the area of medicine they wish to pursue into specialist training. Entry into surgery is in open competition and requires applicants to understand, and provide evidence for, their suitability to become members of the surgical profession.

Principles of Selection into Surgery

The Postgraduate Medical Deaneries are responsible for the recruitment of surgical trainees. The Postgraduate Medical Education and Training Board (PMETB) is the statutory body with overall responsibility for postgraduate medical education and training. The specialist advisory committees (SACs) in each surgical specialty have designed the person specifications for their specialty.

The selection process for 2008 is dependent on the outcome of an independent review of MMC and MTAS chaired by Sir John Tooke, Dean of the Peninsula Medical School, Chair of the Council of Heads of Medical Schools and Chair of the UK Health Education Advisory Committee. The review is examining the processes underlying Modernising Medical Careers and will make recommendations to ensure that any necessary improvements can be implemented for 2008 and the future. It will publish an interim report in September and a final report and recommendations by the end of 2007.

Structure of Surgical Training (2007)



The Initial Years (ST1 and ST2)

Trainees entering surgical training may have had some exposure to surgery during the foundation years, however it is likely to have been variable in range and depth. This early stage of training, therefore, is designed to accommodate variable learning needs and to prepare the trainee for the more focused years that follow.

In keeping with the rest of the curriculum, the concept of ST1 is one of systematic progress through various modules, regulated by the achievement of targets as set down in the learning agreement. The speed of progress through this and other parts of the curriculum may vary from individual to individual according to the acquisition of competence as stipulated in the curriculum. In general, however, this will equate to a one-year programme for the 'average' full-time trainee in a well-run programme.

The construction of training programmes in ST1 will vary between deaneries based on local training opportunities and whether the deanery is running themed or generic programmes. There is, however a common core module for all the surgical specialties which is taken in ST1; Core Surgical Skills and Knowledge for All Specialties. This can be found in each of the specialty syllabuses.

To move from ST1 to ST2 trainees are required to have satisfactorily completed the curriculum requirements as assessed by the annual review of competence progression panel. The second indicative year of surgical training, ST2, provides greater specialty focus. By the end of ST2, trainees will be expected to have satisfactorily completed the requirements of the curriculum, at this stage, for their chosen specialty.

Beyond the Initial Years

Learning and assessment are focused in the clinical setting. Development is incremental and requires the set standards to be reached in the domains of specialty based knowledge, clinical judgement, technical and operative skills, and professional skills and behaviour to ensure progression. Trainees' progress is measured by an integrated framework of

work-place assessments, annual reviews of competence progression, assigned educational supervisors' structured placement report and examinations.

Successful completion of the programme will result in a Certificate of Completion of Training (CCT) and placement on the GMC's Specialist Register. This will indicate that the surgeon has reached the required standards of competence to practise as a consultant surgeon in the UK. These standards are set by the SACs and the royal colleges and translate into the ability to manage a significant proportion of the elective work within the specialty and to undertake the primary management of emergencies. It is anticipated that where additional, well-recognised specialist skills are required by the service, these will be gained by the completion of additional modules before the completion of training and the award of the specialty CCT.

Doctors who wish to join the specialist register and have not followed a full PMETB approved training programme leading to a CCT but who may have gained the same level of skills and knowledge as CCT holders can apply under Article 14(4) of The General and Specialist Medical Practice Order for a Certificate confirming Eligibility for Specialist Registration (CESR).

The CCT holder on the specialist register as a surgeon, in common with all practising surgeons, will be expected to maintain his/her professional development in line with Good Surgical Practice and Good Medical Practice for the purpose of revalidation.

Academic Training

PMETB Approved Integrated Combined Academic and Clinical Programmes

This information is for trainees wishing to pursue academic pathway within the specialty of surgery. General information on academic pathways can be found using the following links: www.mmc.nhs.uk/download_files/A-pocket-guide.pdf and www.nccrcd.nhs.uk and www.mmc.nhs.uk/download/Gold_Guide290607.doc.

The Joint Committee on Surgical Training is keen to support academic careers within surgery and has ensured that the surgical curriculum is flexible enough to accommodate academic pathway. The curriculum specifies that each individual trainee's training is planned and recorded through the learning agreement. At the beginning of each year the programme director will outline the global objectives for the year, which will include the general academic requirements for those with an NTN (S). The specific academic requirements for those with an NTN (A) will be defined jointly by the programme director and the assigned academic supervisor.

Clinical Academic Fellows are generally expected to achieve the same level of competence in the early years of surgical training (e.g. ST1 and ST2), as NTN (S) trainees within the same time frame, though some Clinical Academic Fellows may be appointed in ST3, either during transition or because they apply having previously completed ST1 or ST2. There may be regional/local variation as to how the academic programme is managed for NTN (A) trainees in ST1 and ST2. In order to progress through training pathways the Clinical Academic Fellow, in addition to demonstrating competence in clinical aspects, will generally be required to have obtained a funded Research Training Fellowship in order to undertake a PhD or MD, which they will complete during an out of programme period.

Some trainees during their period of full-time research may want to carry out some clinics or on call, if they and their academic supervisor feel that it is in their best interests. On successful completion of a PhD or MD the Clinical Academic Fellow will either return to their clinical programme, apply for a Clinical Lecturer or Clinician Scientist post. Trainees, whether NTN (S) or NTN (A), will need to satisfactorily complete all the essential elements of their specialty syllabus in order to be awarded a CCT. Details of these requirements are to found in the relevant specialty syllabus. It is acknowledged that most Clinical Academics will almost certainly take somewhat longer in training to achieve competence at CCT level than trainees taking a clinical pathway; however they will be supported fully and treated as individuals with their personal progress being matched to their learning agreement.

Out of Programme for Research (OOPR)

This is where trainees take time out of their deanery specialty training programme to undertake research or an appropriate higher degree. Details on OOPR are found in the Gold Guide: www.mmc.nhs.uk/download/Gold_Guide290607.doc.

Training Roles

Overview

These roles will exist, with minor, locally agreed variation, in all deaneries/schools and are a requirement of the Intercollegiate Surgical Curriculum Programme (ISCP).

In accordance with PMETB standards, individuals undertaking educational roles must have received appropriate training and have an understanding of the curriculum and the workplace based assessment requirements as well as having the time within their job plan to support the role.

The main surgical training roles fall into one of two broad categories:

- Those to do with managing individual trainees (i.e. clinical supervisor, assigned educational supervisor, programme director)
- Those to do with managing the system. Included within this role would be important aspects such as the provision of common learning resources and quality control of the training being provided. Surgical College Tutors, Specialty Tutors and Departmental Educational Supervisors would fall into this category.

It may be entirely appropriate for a surgeon involved in training to hold more than one role (e.g. assigned educational supervisor and clinical supervisor/assessor) where the workload is manageable and the trainee continues to receive training input from several sources. The role of assessor is not intended to be used as a formal title, but describes a function that will be intrinsic to many of the roles described in the ISCP.

The ISCP requires adherence to a common nomenclature for the trainers who are working directly with the trainee and these are highlighted on the website. These roles are programme director (core surgical training), or programme director (specialty training), assigned educational supervisor, clinical supervisor, trainee and assessor. This is to support the interactive parts of the website, access levels, etc. Elsewhere it is strongly recommended that schools of surgery use the titles outlined here in the interests of uniformity between deaneries and schools i.e. surgical college tutor, departmental educational supervisor /specialty tutor, deputy programme director (specialty), deputy programme director (core surgical training).

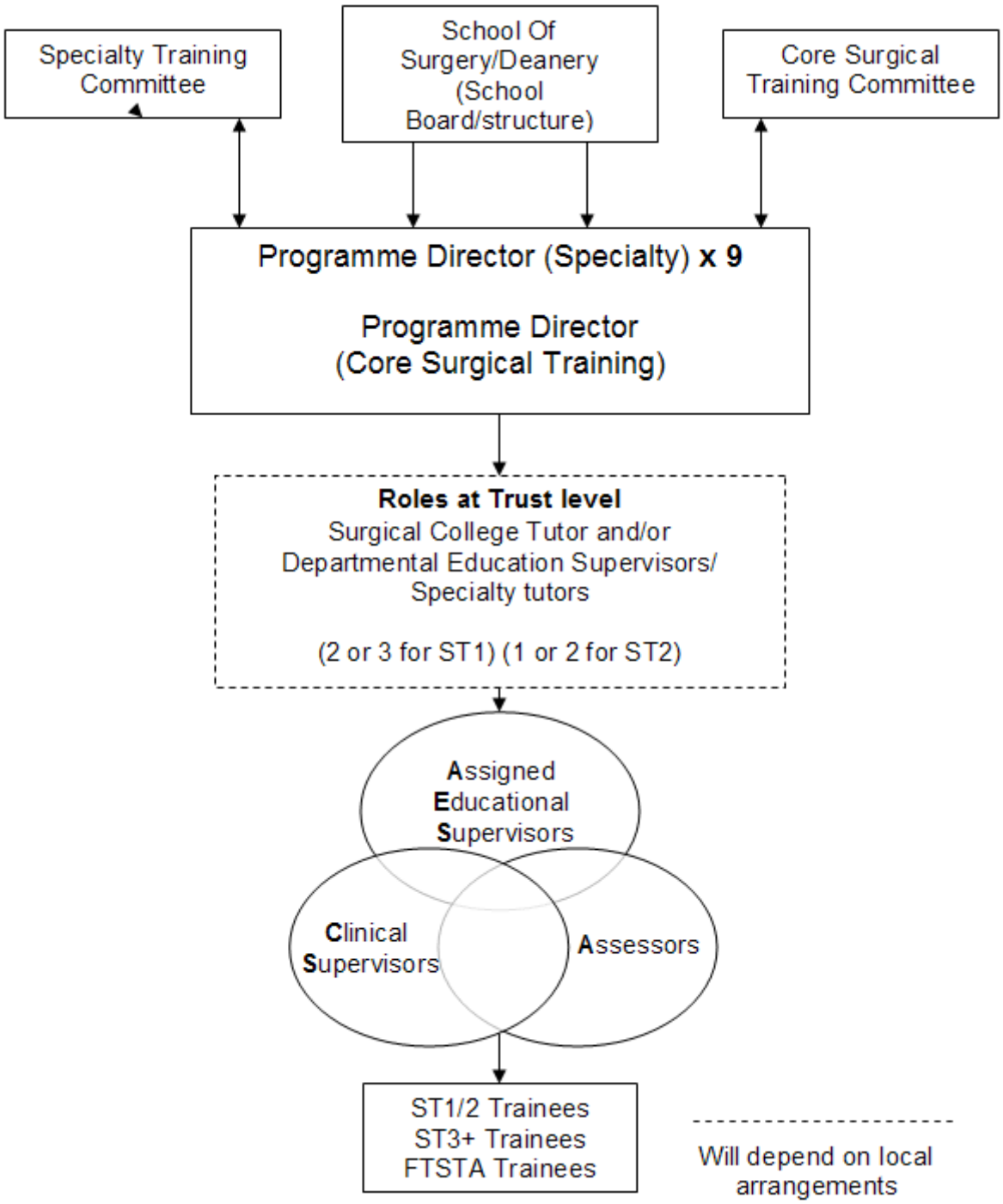
There is great variation in the number of trainees being managed at the various levels within schools of surgery. This is particularly the case during ST1 and ST2. For this reason, many schools will find that programme director roles may have to be subdivided. It is recommended that the suffix or prefix ‘deputy’ is used in conjunction with the main title rather than devising a completely title. This will make clear the general area in which the surgeon is working and should help to avoid confusion.

Wherever possible these roles are harmonised with the new ‘Gold Guide’ but there may be minor variations in nomenclature and tasks that reflect the intercollegiate approach to surgical specialty training.

It is assumed that trainees in both run though programmes and those in fixed term specialty training appointment programmes (FTSTA) are included.

In some instances, a recommendation is made for the time that should be allocated to some of these roles. At the time of writing, these are estimations and will be refined in the light of experience.

ISCP Roles


Specialty Training Committee
School Of Surgery/Deanery (School Board/structure)
Core Surgical Training Committee
Programme Director (Specialty) x 9
Programme Director (Core Surgical Training)
Roles at Trust level
Surgical College Tutor and/or Departmental Education Supervisors/ Specialty tutors
(2 or 3 for ST1) (1 or 2 for ST2)
Assigned Educational Supervisors
Clinical Supervisors
Assessors
ST1/2 Trainees
ST3+ Trainees
FTSTA Trainees
Will depend on local arrangements

Systems of Regulation

Registration

All trainees, consultants and other professionals who intend to act as assessors will register with the ISCP. Registration allows the individual access to the secure area of the site and gives them permissions to data and functions according to their role.

Programme directors are pre-registered on the site as they are key to the process. They have to validate trainees, set up placements and set global objectives for level of training (indicative year).

Trainees register so that they can:

- set up a learning agreement for their placement,
- access an electronic portfolio which automatically updates learning agreements and assessments as they are completed, and
- access their log book.

Consultants register so that they can take on the roles of assigned educational supervisor and/or clinical supervisor. They will then be able to access the same information as the trainee

Other professionals register can register as clinical supervisors.

Regulatory Bodies

The key bodies that regulate trainees and training are:

- PMETB
- GMC
- the Healthcare Commission

Quality Assurance of Training System

PMETB Quality Assurance

PMETB has responsibility for the development of training, entry, curriculum and assessment standards and the approval of posts and programmes. In each of these areas it directly or indirectly seeks appropriate consultation from deaneries and colleges. The two key areas of PMETB quality assurance revolve around the survey and the deanery-wide visits.

The PMETB generic trainee survey, developed with COPMeD, currently covers all medical specialties and it is anticipated that it will operate on a biennial basis.

Deanery-wide visits are defined by PMETB as 'high level, light touch,' and focus on the quality management processes of deaneries. It is anticipated that the regional visits will review an individual deanery every five years. The visiting panel is selected from a pool of agreed PMETB visitors, which can include some SAC members. Where Deanery visits highlight serious training issues, PMETB has the facility to trigger smaller, focussed visits with trusts.

Deanery Quality Management

Postgraduate deaneries have been given responsibility for the quality assurance of training posts by PMETB. Each deanery, together with the corresponding SHA (or NES for Scotland) will be responsible for implementing processes to ensure that training across the deanery (foundation, run-through and fixed term) meets national standards. Both the deaneries and the health authorities will work in liaison to establish contracts with training providers, which should normally be reviewed and renewed annually.

Deaneries will ensure that training assessments are managed fairly and dealt with by trained assessors, and to provide evidence by which this may be verified processes.

As part of their quality Management systems, postgraduate deans can trigger reviews of hospitals where training issues have been highlighted.

Schools of surgery, within deaneries, provide a focus for the management and quality assurance of surgical education.

Colleges'/SACs' Quality Management

The Colleges and SACs involvement in quality management will be both indirectly and directly realised through the postgraduate deaneries. In addition, the colleges will continue their relationship with the health care commission to ensure high standards of clinical care.

The majority of colleges' involvement will come from the agreed quality assurance framework for the JCST as defined in the Quality Assurance (of curriculum). In addition, the JCST in conjunction with The Royal College of Surgeons of Ireland will continue to perform SAC visits for the Republic of Ireland. SACs will also consolidate their position on deanery regional training committees and on annual review of competence progression panels.

The Colleges will continue to collect information about individual trainees required to continuously monitor their fitness to practice and to prepare the evidence for submission to PMETB for an award of Certificate of Completion of Training (CCT).

Help and FAQs

Note: 04 Sept 2007 » Information to support linking Trainees with Programme Directors

General Advice

If new to the website, you can view the ISCP launch videos, or read the Start Here, Training Roles, Workplace Based Assessments, Creating a Learning Agreement and Building a Portfolio and the syllabus for your specialty and stage of training.


There is further help available in the Guidance documents.


If neither of these answer your query please contact us.

Please refer to Glossary and Acronyms to see terms commonly used both within this site and in the health service.

Technical Advice

The site requires the following:

- IE v5+, Firefox (any), Netscape v5+ - please report any problems with other browsers to the ISCP helpdesk at helpdesk@iscp.ac.uk.
- JavaScript **must** be enabled on the end-user's browser.
- Adobe PDF reader is required to open any of the PDF files on the site and can be downloaded for free from www.adobe.com.
- The current site will run on a 56k modem but we strongly recommend a broadband connection.
- There shouldn't be any firewall issues within NHS Trusts but there may be caching issues - again, if you have any technical difficulties using this website please report them to helpdesk@iscp.ac.uk.

Step-by-Step Guides

The following guides have been created to help get you started.

This page will always contain the latest versions of the guides. All guides are in PDF format and so you will need the free Adobe PDF reader from www.adobe.com to be able to view them.

Guide

Educating the surgeons of the future: The Curriculum and the Training System
Get Ready for the ISCP – the ISCP/Hospital Doctor supplement
Guidance document for public website areas (Version 5.2)
Guidance document for members website areas (Version 5.2)
Guidance notes for validation of assessments (Trainees)
Guidance notes for validation of assessments (Assessors)
Step-by-Step Guide for **Trainees**
Step-by-Step Guide for **Assigned Educational Supervisors**
Step-by-Step Guide for **Programme Directors**
Launching into ISCP
Sample Global Objective - General Surgery (ST1)
Sample Learning Agreement
ISCP www tasks: ST1, ST2 & FTSTAs/ ST3+ trainees
Workplace Based Assessments Requirements

Contact Us

The Programme and using the website

For general information about the programme, the ISCP helpdesk can be contacted in the first instance at: helpdesk@iscp.ac.uk. Alternatively call the helpdesk on **020 7869 6299**.

The ISCP helpdesk core hours are from 9:00am – 5:00pm Monday to Friday. The ISCP helpdesk may also be contacted just before or after these times.

Reporting faults on the website and feedback

If you would like to input general feedback regarding the website, you can email the ISCP helpdesk at: helpdesk@iscp.ac.uk.

When contacting us about a technical fault if you can let us know the following details then this can help us trace any problems quicker:

- which kind of computer you are using (PC, Apple Mac etc),
- the operating system (Windows XP, Linux etc),
- which web browser you are using (Internet Explorer 6, Firefox 2 etc)
- where you are using the site (home, within a hospital etc)

FAQs

Trainee
Consultant/AES
Programme Director
Other

Registration/Password/Login
Assigning/Validation
Learning Agreement
Assessments
ARCP/Portfolio
Mini-PAT Assessment
General Logbook Queries
ISCP Logbook
ASBGI/ISCP Logbook
FHI Logbook
Miscellaneous

Logbooks

ASGBI/ISCP Logbook

FHI Logbook

ISCP Integrated Logbook, log in to ISCP here