The Kent, Surrey & Sussex School of Surgery

2012/2013
# The Kent, Surrey & Sussex School of Surgery

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The Kent, Surrey & Sussex School of Surgery
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1. Introduction

I wish to thank colleagues for working so hard to develop faculties in every trust to implement the intercollegiate surgical curriculum. I also want to welcome trainees to the Kent Surrey Sussex Deanery.

The Intercollegiate Surgical Curriculum Programme (ISCP) provides an innovative approach in the way in which we organise, assess and record the progression of surgical education and training. In the KSS deanery, we have trainees in 18 hospital sites managed by 12 acute trusts.

In this deanery we have established the KSS School of Surgery with individual surgical Faculties in each trust. The Dean has facilitated the development of these surgical faculty groups who will report on trainee progress to the School of Surgery. This new organisational structure will develop over the coming years to support improved education and training across the Deanery. We hope you will take full advantage of the structures we have put in place to ensure the best quality surgical training in this region. These structures and all the key contacts are outlined in detail in this document.

We look forward to working with you in the coming year.

Mr Humphrey Scott
Head of School & College Advisor

Welcome to the KSS Deanery School of Surgery. My role is to oversee the ongoing development of Specialty Schools in KSS and ensure that the Quality Management (QM) of the programmes they run is in keeping with GMC requirements. To enable the QM role there is collaboration between Colleges who design the curricula and Deaneries. KSS Deanery QM is delivered at local level through the Specialty Faculty, KSS Centre Review which ensures delivery of the educational contracts and data concerning efficacy of programmes such as the GMC surveys.

Quality management of Schools will evolve as they mature and we learn what works best for individual Specialty groupings. Your feed-back on all aspects of your Training and Education in surgery is vital to us and please forward it to your School.

I hope you enjoy your training programme with us here in KSS.

Dr Kevin Kelleher
The Deputy Dean for Secondary Care, Dr Kevin Kelleher is responsible to the Dean Director Professor David Black for the development and Quality Management and delivery of surgical training in the Specialty School here in KSS.
KSS School of Surgery Trainee Ranking

Congratulations on being selected to join the KSS Deanery School of Surgery Training Scheme.

Please read this Induction pack carefully as it provides important information about your assessments and who your relevant contacts are.

For further information Please visit our KSS Core surgery website at http://kssdeanery.org/CoreSurgery

Please be aware that information within this pack may change, please visit the website regularly for the most up to date information.

All Core Trainees will eventually apply for Higher Surgical Training posts, and competition will be intense.

Not all surgical Specialties have the same number of opportunities for Higher Surgical Training. (Plastics/ENT/Urology fewer; T&O and General Surgery a greater number).

In order to allow Trainees to plan Careers appropriately a Ranking Scheme has been adopted. This is very similar in nature to the ST3 Application Forms that you will all have to fill in for HST applications.

Prior to your Annual Review of Competence Progression you will be sent a questionnaire to fill in. From this information you will all be ranked against your peers. The information will be checked and discrepancy may mean disqualification.

The highest scoring CT1 Trainees will be able to choose their next posts on a preference sheet. Everyone will have a CT2 Post - but your choice of specialty rotation will depend upon your ranking and the preferences you choose.

The highest CT2 Trainees will be able to choose a post core experiential year post of their choice from a preference sheet (subject to availability and GMC approval). There will NOT be sufficient post core experiential year posts for all CT2 Trainees.

Please find on pages 6-9 a copy of the Scoring forms for your information; these may be changed slightly but will be sent to you prior to your ARCP.

MRCS and Progression to ST3 - Success at the MRCS is an essential requirement for progression into ST3 and speciality training in both run through and uncoupled training programmes. If you do not pass MRCS by your CT2 ARCP you will still receive a satisfactory outcome but may not be eligible for a Post Core experiential year post.

TRAI NEE RESPONSIBILIT Y

- Educational agreement with the Deanery
- GMC Good Medical Practice
- Work effectively as an employee
- Equality and Diversity trained and Human Rights
- Maintain contact with your TPD, Educational Supervisor and Clinical Tutor
- Maintain an up-to-date Portfolio (ISCP) and CV
- Participate in your appraisal
- Be aware of what is required for assessment
- Form R - keeping Deanery informed of contact details
- GMC Survey (mandatory toward final sign off at ARCP)
- Absence and Resignation
Engagement in the programme:

- Ensure membership of your Royal College
- Attend teaching sessions and training days
- Know and link training opportunities to your curriculum
- Close the loop on audits
- Prepare for examinations well in advance
- Maintain an up-to-date Portfolio and CV
- Maintain logbooks
- Develop your communication skills
- Respond to emails promptly
2. Key Trainee Information

Please find below an example of the Scoring forms for your information; these may be changed slightly but will be sent to you prior to your review.

2.1 Credit Scheme

**CT1**

<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>CREDIT/SCORE</th>
<th>MAX Running Total</th>
<th>MIN Possible</th>
<th>Definitions</th>
<th>Self Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART 1</strong></td>
<td></td>
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<td></td>
<td>The maximum score has been placed here for your reference</td>
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<td><strong>MANDATORY</strong></td>
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<tr>
<td>Mini-CEX (at least 12) 6 to be done with consultant</td>
<td>Less than 12 = 0 12 Completed = 12, +1 Per Additional Max 20</td>
<td>20 0</td>
<td>1 Point per additional validated CEX = +1 Max 20 points</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mini-PAT (at least 1)</td>
<td>Less than 1 = 0 1 Completed = 20 Max 20</td>
<td>40 0</td>
<td>20 Point for 1 validated Mini-PAT = Max 20 points No Mini-PAT = 0 Score</td>
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<td></td>
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<tr>
<td>Surgical- DOPS (at least 12) 4 to be done with consultant</td>
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<td>1 Point per additional validated DOPS = +1 Max 20 points</td>
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<td>1 Point per additional validated CBD = +1 Max 20 points</td>
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<td>2</td>
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<td>Total from WBA</td>
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<td><strong>DISCRETIONARY</strong></td>
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<td>Attend CT1 Educational days (incl Prize Day, simulation day)</td>
<td>1 Point per Attended Day Max of = 8 points</td>
<td>90 0</td>
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<td>8</td>
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<td>Attend Basic Surgical Skills</td>
<td>if attended = 10 0 if not</td>
<td>100 0</td>
<td>If Course not completed = 0 Signed up does not count</td>
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<td>PART 3</td>
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<td>Completed an audit</td>
<td>5</td>
<td>110</td>
<td>Completed = 5 points; Loop actually closed = 10</td>
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<tr>
<td>Closed Loop</td>
<td>10</td>
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<tr>
<td>Published research (Publication in peer reviewed journal)</td>
<td>Max 20 eg. 1 Case report +1 Published review = 13 OR 4 Case reports = 20</td>
<td>130</td>
<td>5 points for a published Case Report 8 points for a published review 12 points for other publications Max Score of 20 allowed</td>
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<tr>
<td>Presentation of work (local -KSS Prize Day)</td>
<td>150</td>
<td>10</td>
<td>0 if nothing submitted; 5 if proper submission but not accepted; +10 if poster accepted; +15 if paper accepted; +5 extra if win a Prize Max 20 points allowed</td>
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<td>10 points for work presented at a National Meeting (Max 10)</td>
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<td>10 points if passed</td>
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<td>180</td>
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<td>5 if proper submission but not accepted;</td>
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<td>+10 if poster accepted;</td>
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<td>+15 if paper accepted;</td>
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<td>+ 5 extra if win a Prize</td>
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<td>core surgery</td>
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<td>Trainee Rep on Local Faculty, Trainee</td>
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<td>Rep on Committee etc</td>
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<td>5 for each; max 10</td>
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2.2 The ISCP Assessment Framework

Guidance on the frequency, timing and use of workplace-based assessments (WBAs)
UPDATED 19.01.2009

The ISCP Assessment Framework

The ISCP assessment framework blends examinations and workplace-based assessments (WBAs) to provide a range of evidence of the trainee's progress at key milestones during each stage of training. WBAs have been introduced to provide more valid evidence of competence by assessing what trainees actually do in the workplace, emphasising communication within the team and with patients, clinical skills and judgement. The important difference between WBAs and examinations is that WBAs are primarily assessments for learning (i.e. they are formative assessments) while examinations are assessments of learning (i.e. they are summative assessments). The WBAs, taken as a whole, are used by the Assigned Educational Supervisor (AES) to provide the basis for the end of placement report that is central to the Annual Review of Competence Progression (ARCP).

WBAs are competence-based, which reflects the curriculum. This allows every trainee to learn at their own pace. WBAs are not used to pass/fail or rank trainees; they focus on constructive feedback from skilled clinicians with a view to helping learning. The assessment forms and guidance notes are available on the ISCP website at https://www.iscp.ac.uk/Default.aspx

Number of WBAs

The minimum recommended number of assessments is shown in the summary table on page 12. The actual number is predicated on training delivering curriculum requirements to enable the trainee to gain sufficient depth of experience. The trainee’s Assigned Educational Supervisor (AES) has a key role in judging whether the trainee requires more than the minimum number. During training, WBA is part of a learning cycle, providing the basis for ongoing dialogue and regular feedback. Following an assessment, the trainee should reflect on feedback and augment practice with further study in a safe environment e.g. skills lab or coaching. Emerging problems should be followed by targeted corrective action and interim assessments.

One point worth emphasising relates to assessments of technical procedures (i.e. DOPS and PBA). During training, a trainee will be learning a range of technical procedures simultaneously, and the indicative number of assessments is for each one of these technical procedures, so that progression can be gauged for all the procedures that the trainee is seeking to learn at that point in time.

A range of assessments indicate whether the trainee is making satisfactory progress in terms of meeting overall educational goals. When a trainee has demonstrated achievement of one level of curriculum competencies, it is expected that they will show they are maintaining that level of competence while being assessed on the next level of competencies.

Assessment for learning should be seen as an ongoing process. When we discuss frequency below we refer to the minimum standards expected for trainers and trainees to achieve. The minimum standard is defined as that which is required to provide a reliable assessment. Ideally, assessment for learning should be occurring as frequently as learning opportunities arise. Every encounter between trainer and trainee should be seen as a debriefing and feedback opportunity i.e. regular feedback becomes the norm.

Frequency of assessments

Spreading assessment e.g. at least one of each type every one to two months throughout the placement, optimises the effectiveness of WBA and improves reliability. Trainees should request assessment for any new task that they undertake as soon as possible. Ongoing constructive feedback is conducive to reflection and helps keep progress on track, it also provides the AES with information about the trainee’s rate of learning and developmental needs.
Observing the trainee with several patients is desirable from an educational perspective because different patients in different settings require different skills from trainees and this significantly broadens the range and richness of feedback they receive. The only implication of an individual assessment that is unsatisfactory is that it should be repeated at a later date, ideally by another assessor.

Similarly, trainees should be evaluated by different members of their team who have their own expertise, strengths and perspectives. Feedback from several different assessors will benefit trainees as it improves reliability. Trainees should actively seek feedback from the whole team, including patients and their carers. The philosophy of what can be learned to become better should be at the core of professionalism.

Rating scales

The primary function of the rating scale is to inform the trainee and the trainer about what needs to be learned; therefore rating trainees accurately is critical to the success of WBA. It is essential that everyone who is responsible for assessing trainees is trained to ensure they understand how to use the rating scales so that ratings can be applied consistently.

The standard against which the trainee should be rated differs according to the assessment tool.

- Most of the assessments compare the trainee’s performance against the curriculum standard of a doctor at the end of that particular stage of training, rather than at the level of the assessor’s personal expectation of the trainee at that point in time. Assuming that WBA appropriately challenges the trainee, the norm for a trainee at the start of a stage would be a rating of below expectations (rating 1-2). A rating of meets expectations (rating 4) should be achieved by the end of the training stage. Ratings of above expectations (rating 5-6) indicate that the trainee can manage all the competencies, including complications without any supervision. It would be rare for trainees to attain this level in the early years.

- PBAs rate trainees’ performance against the standard required for CCT, both for the individual items and the global summary. A satisfactory standard for individual items in a PBA will often be achieved at an early stage but a global rating of level 4 will only be consistently achieved after a number of procedures have been undertaken. Repeated assessment should show evidence of progression towards this level. The number of procedures required to reliably achieve level 4 will vary according to the trainee and to the complexity of the procedure, so there is no current ‘indicative number’ of cases that are required for any procedure to demonstrate competence. Early feedback of areas requiring development are of value and a less than ‘perfect’ PBA is to be expected when learning a new procedure.

Attainment of the top rating for a particular assessment does not mean that there is no need to undertake further assessments of that type. As learning and training tools, the assessments continue to have value, and particularly with the assessments of technical skills, it is important to confirm that competence has been maintained.

Educational feedback

Verbal and written interpretation of the ratings enhances the validity of WBA and ensures that the trainee receives the type of constructive criticism that should result in a reduction of errors and an improvement in quality of care.

Feedback needs to be couched in a way that leads to the improvement of the trainee’s performance rather than damaging the trainee’s confidence. A useful starting point for discussion is to invite the trainee to provide their own insight into the events and their own performance. The feedback noted in the free text feedback box should include what went well, what areas need to be improved and an agreed strategy for meeting the trainee’s learning needs.
Key points

- Trainees and trainers need to be actively motivated to use WBA methods for learning and as an indicator of progression, rather than as ‘mini-exams’.
- Assessments should be spread throughout each placement with evaluations from different assessors with different patients in different settings.
- Assessments of new tasks should be undertaken as soon as possible to aid learning through constructive feedback.
- Assessments should be punctuated with reflection on feedback and further study.
- Assessments that are consistently below standard should be tackled with targeted training and additional assessments.
- Both trainers and trainees should be prepared to trigger and accept the triggering of WBAs.
- It is essential that everyone who is responsible for assessing trainees understands how to use the rating scales and how to provide constructive feedback aimed at helping trainees to learn.

2.3 Topics

Selecting and allocating the correct topics is becoming increasingly important in the ISCP especially as it forms part of your final competence sign off at ARCP’s.

As you know the 2010 Core Curriculum is divided into 3 sections:-

1. Professional/leadership
2. Core surgical modules and comprises of 9 generic modules
3. Specialty Specific modules

By the completion of the Second year Core Program you will need to have completed and provided evidence for the 13 professional/leadership competences, completed/shown evidence for all of the 9 Core Surgical generic modules and demonstrated sufficient specialty specific competences that will allow you to be eligible for an ST3 position in your chosen specialty if that is your intended career plan. The number of these later competences varies with specialty and you should have discussed these with your AES and selected the ones appropriate to you for the placement you are in.

To complete your core training this year all CORE TOPICS will need to show satisfactory progress at your ARCP. However to be shortlisted for ST3 you must have passed MRCS and completed the relevant courses (check with your desired specialty).

At ARCP’s the panel will be looking to see that you and your Assigned Educational Supervisor have:

- selected the right topics for you at core level,
- You are showing progress against these topics,
- And that you are allocating these topics correctly to the WBA’s
2.4 Revalidation

Revalidation is the General Medical Council’s new way of regulating licensed doctors to give extra confidence to patients that their doctors are up to date and fit to practise. The GMC is planning to roll out revalidation across the UK at the end of 2012.

Licensed doctors including doctors in foundation year two and specialty training will have to revalidate, usually every five years. In addition, for doctors in postgraduate training, you will also revalidate when you receive your Certificate of Completion of Training (CCT).

KSS Deanery is committed to enabling its doctors in postgraduate training to revalidate by providing as much information and support as possible and will provide you with regular updates.

As part of the revalidation process you will be sent an enhanced form R which you will need to complete and sign by the time of your ARCP. This paperwork will contribute to your ARCP final outcome.

For further information on revalidation please visit the KSS website: [http://kssdeanery.org/specialty/revalidation/FAQs](http://kssdeanery.org/specialty/revalidation/FAQs)
2.5 Leadership

Clinical leadership is now recognised as an integral part of professional practice for doctors. Leadership skills and attitudes are now embedded within all specialty curricula.

All trainees will need to complete a Leadership assessment of some sort which will be checked for at ARCP. The KSS School of Surgery have agreed this can take place as a Workplace based assessment. Examples for your level of training are listed below.

<table>
<thead>
<tr>
<th>“LEADER” Task</th>
<th>Foundation Trainee</th>
<th>Core Trainee</th>
<th>Higher Specialist Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Leading Ward Round</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2 MDT’s Organizing</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3 Rota Organization</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4 Teaching Programme</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5 Teaching Seminar</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6 Implementation of Audit</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7 Patient Satisfaction Surveys</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>8 Speciality Quality and Safety Projects</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9 Working with Managers on Specific Projects</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>10 Encouraged to Attend Leaderships Training</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>11 Foundation Academic Leaderships Training</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>12 Mentor Academic Leaderships Training</td>
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<td>X</td>
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</tbody>
</table>

Assessment forms download from www.kssdeanary.org (LEADER for clinicians)

2.6 Interim Review

Your interim review is a formal face-to-face meeting where a panel including at least one of the Core Training Programme Directors will review all the evidence in your portfolio partway through your training year. This allows the panel to check you are on track for a satisfactory ARCP outcome. It also allows you the time to discuss your training and experience with the consultant who is not your assigned educational supervisor.

The School of Surgery expects that a minimum number of the following assessment tools are carried out by the time of your interim review:
- x 6 CBD (3 to be done with a consultant)
- x 6 Mini-CEX (3 to be done with a consultant)
- x 6 DOPS (CT1) (2 to be done with a consultant) or PBAs (CT2) (3 to be done with a consultant)
- x 1 Mini-PAT for the first placement should be completed during the 4th month
The date of your interim review will depend on your region; however the dates will be in November/December 2011 possibly on the same day as a Teaching day. You will need to be registered to attend the interim review. You will be called throughout the day at your allocated timeslot and then can return back to the training day following your review.

2.7 Annual Review of Competence Progression

Your Annual Review of Competence progression will take place over a week. Your portfolio needs to be up to date by 1 May 2011, where the panel will then review it over the week and meet for an ARCP meeting on Friday 11 May 2011. Although this is an electronic process, you may be called for interview. You will be assessed for the time you have spent in programme at that level of training. - ie, if you are in the programme for only 3 months you will be expected to achieve competences relevant for that period of time.

By the time of your ARCP in May, you must have completed a minimum number of the following assessment tools:

- x 12 CBD (6 to be done with a consultant)
- x 12 Mini-CEX (6 to be done with a consultant)
- x 12 DOPS (CT1 - 4 to be done with a consultant) (CT2 - 6 to be done with a consultant) and PBAs (CT2 - 6 to be done with a consultant)
- x 1 Mini-PAT for the first placement should be completed during the 4th month

Please ensure there are comments against each of the WBA’s that you record.

The Annual Review of Competence Progression (ARCP) replaces the old ‘RITA’ process and is a mechanism of recording the review of a trainee’s progression through their training programme.

The ARCP’s are centrally assessed by a panel consisting of Head of School, Training Programme Director, Lay Chair, External Representative and Military or Academic Representative where required.

Please note that registering with your specialty college is a Gold Guide requirement: please ensure you have registered before your forthcoming ARCP and speak to your local training programme director / College Tutor if you have any queries.
The following is a list of the ARCP outcomes of which you will receive one:

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Satisfactory Progress – Achieving progress and the development of competences at the expected rate. This is subject to successful completion of the training period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2</td>
<td>Development of specific competences required - additional training time not required</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>Inadequate progress – additional training time required</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>Released from training programme – with or without specified competences</td>
</tr>
<tr>
<td>Outcome 5</td>
<td>Incomplete evidence presented – additional training time may be required</td>
</tr>
<tr>
<td>Outcome 6</td>
<td>Gained all required competences - will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR</td>
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<tr>
<td>Outcome 7: FTSTA or LAT Trainees</td>
<td>Outcome 7.1 Satisfactory progress in or completion of the LAT placement  &lt;br&gt;Outcome 7.2 Development of Specific Competences Required – additional training time not required  &lt;br&gt;Outcome 7.3 Inadequate Progress by the Trainee  &lt;br&gt;Outcome 7.4 Incomplete Evidence Presented</td>
</tr>
<tr>
<td>Outcome 8</td>
<td>Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)</td>
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<tr>
<td>Outcome 9</td>
<td>Doctors undertaking top-up training in a training post</td>
</tr>
</tbody>
</table>

**ARCP Advice**

- Don’t leave your assessments to the last minute!
- Ensure your portfolio and CV are regularly kept up-to-date
- Talk to your Educational Supervisor EARLY if you are having difficulties
- Keep the Deanery informed of any changes in contact details
- If your attendance is required at your ARCP, confirm your ability to attend as soon as possible
- It is your responsibility to know what will be assessed

- If you don’t provide evidence by the ARCP date, you cannot be issued with a Satisfactory Outcome, without exception.

Please find on the following page guidance on the frequency, timing and use of ISCP workplace-based assessments.
<table>
<thead>
<tr>
<th>Method</th>
<th>Main competencies assessed</th>
<th>Training level</th>
<th>Standard against which the assessment should be judged</th>
<th>Appropriate assessors</th>
<th>Clinical setting</th>
<th>Target number per year (Core and Specialty training)</th>
<th>Basic minimum Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD</td>
<td>Clinical judgement</td>
<td>All</td>
<td>Standard at completion of that stage of training Scale 1-6</td>
<td>Assigned Educational Supervisor (AES) Clinical Supervisor</td>
<td>Multiple areas covered by a challenging case.</td>
<td>12 per annum (minimum of 6 with a Consultant)</td>
<td>6 by time of Interim review (3 to be done with a consultant) 12 by time of ARCP (6 to be done with a consultant)</td>
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<tr>
<td></td>
<td>Clinical management</td>
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<td></td>
<td>Reflective practice</td>
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<tr>
<td>Surgical DOPS</td>
<td>Technical skills, procedures and protocols.</td>
<td>Mainly core, also specialty training where applicable</td>
<td>Standard at completion of that stage of training Scale 1-6</td>
<td>AES Clinical Supervisor Senior trainee or doctor Qualified members of the multi-professional team</td>
<td>Clinic A&amp;E Ward Theatre</td>
<td>12 per annum (minimum of 4 with a Consultant) Should be commenced as soon as possible after the beginning of the placement (ideally within the first month)</td>
<td>1 every month for each procedure (Ideally every 1-2 weeks 6 by time of Interim review (2 to be done with a consultant) 12 by time of ARCP (4 to be done with a consultant)</td>
</tr>
<tr>
<td>PBA</td>
<td>Technical skills, procedures and protocols. Theatre team-working</td>
<td>Mainly ST3 and above, also in core training where applicable</td>
<td>CCT Scale 1-4</td>
<td>Consultant only</td>
<td>Clinic A&amp;E Ward Theatre</td>
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Not normally done by CT1 trainee however if you do them it will only be recognised if done by a consultant.
Should be commenced as soon as possible after the beginning of the placement (ideally within the first month)
For commonly performed index procedures, it would be normally necessary to undertake assessments at least monthly, to maximise learning and demonstrate progression
When competence is achieved, the frequency of assessment can be reduced, but should assessments should be maintained to assist continued learning

<table>
<thead>
<tr>
<th>Mini-CEX</th>
<th>Communication with the patient Physical examination Diagnosis Treatment plan</th>
<th>All</th>
<th>Standard at completion of that stage of training Scale 1-6</th>
<th>AES Clinical Supervisor Senior trainee or doctor Qualified members of the multi-professional team</th>
<th>Clinic A&amp;E Ward Community</th>
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</thead>
<tbody>
<tr>
<td>Mini-PAT</td>
<td>Team-working Professional behaviour</td>
<td>As advised by the Programme Director and at least in CT/ST1, ST4 &amp; ST7</td>
<td>Standard at completion of that stage of training Scale 1-6</td>
<td>Trainee’s multi-professional team</td>
<td>Multiple areas covered by the multi-professional team</td>
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Annually in ST1/CT1, ST4 and ST7

| 12 per annum (minimum of 6 with a Consultant) |
| 6 by time of Interim review (3 to be done with a consultant) |
| 12 by time of ARCP (6 to be done with a consultant) |

Repeated if necessary
<table>
<thead>
<tr>
<th>Method</th>
<th>Main competencies assessed</th>
<th>Training level</th>
<th>Standard against which the assessment should be judged</th>
<th>Appropriate assessors</th>
<th>Clinical setting</th>
<th>Target number per year (Core and Specialty training)</th>
<th>Basic minimum Frequency</th>
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</thead>
<tbody>
<tr>
<td>CBD</td>
<td>Clinical judgement</td>
<td>All</td>
<td>Standard at completion of that stage of training Scale 1-6</td>
<td>Assigned Educational Supervisor (AES) Clinical Supervisor</td>
<td>Multiple areas covered by a challenging case.</td>
<td>12 per annum (minimum of 6 with a Consultant)</td>
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<td>Clinical management</td>
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<td>Surgical DOPS</td>
<td>Technical skills, procedures and protocols.</td>
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<td>Standard at completion of that stage of training Scale 1-6</td>
<td>AES Clinical Supervisor Senior trainee or doctor Qualified members of the multi-professional team</td>
<td>Clinic A&amp;E Ward Theatre</td>
<td>12 per annum (minimum of 6 each with a Consultant)</td>
<td>Should be commenced as soon as possible after the beginning of the placement (ideally within the first month) For commonly performed index procedures, it would be normally necessary to undertake assessments at least monthly, to maximise learning and demonstrate progression When competence is achieved, the frequency of assessment can be reduced, but should assessments should be maintained to assist continued learning</td>
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<td>Communication with the patient</td>
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<tr>
<td></td>
<td>Physical examination</td>
<td></td>
<td>Scale 1-6</td>
<td>Senior trainee or doctor</td>
<td>Qualified members of the multi-professional team</td>
<td></td>
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<tr>
<td></td>
<td>Diagnosis</td>
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<td>Treatment plan</td>
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<tr>
<td>Mini-PAT</td>
<td>Team-working Professional behaviour</td>
<td>As advised by the Programme Director and at least in CT/ST1, ST4 &amp; ST7</td>
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<td>Trainee’s multi-professional team</td>
<td>Multiple areas covered by the multi-professional team</td>
<td>Annually in ST1/CT1, ST4 and ST7</td>
<td>Repeated if necessary</td>
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<td></td>
<td>Scale 1-6</td>
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</table>
1. All trainees in KSS appointed by the Deanery, or to a locally recruited LAT post must use the Intercollegiate Surgical Curriculum Programme.

2. If you have registered on the ISCP in the past as “Other User” in order to access the tools you MUST contact the helpdesk to change your status to “Trainee”.

3. The vast majority of early problems trainees encounter with the ISCP occur because they did not populate all the areas in their profile correctly at the beginning. Enter your Trainee History and your Placement details to avoid problems with setting up your learning agreement. Last year one of our Run Through Grades registered as Locum Appointment for Service (LAS). There were obvious things he could not do on the system so carefully enter your details.

4. Make sure you have identified the key ISCP roles in your trust so you can start on your Learning Agreement. The KSS School of Surgery handbook will have the key regional roles, while your trust information will have the key local roles. Your local Programme Director and Assigned Educational Supervisor are the key people in the first weeks. There should be a surgical faculty administrator if you have questions about who these are.

5. Select your local programme director who they will validate you and assign you an educational supervisor. They will also write global objectives so that you can begin your learning agreement with your supervisor.

6. The Learning Agreement is the key document for your training. It is a tool which will allow you to gather evidence of your competencies to present to the ARCP panel.

7. In building your portfolio, it is vital to make every effort to use the assessments routinely and add a substantial number of them on a regular and ongoing basis. The KSS School of Surgery decided after the last ARCP that the minimum numbers of 12 DOPs, 12 CEXs, & 12 CBDs should be in your portfolio before the May 2012 ARCP.

8. 50% of these (that is - 6 of each) MUST be in your portfolio by the date of your interim review and you must have completed half of your Mini-PAT. Your Interim Review is a formal face-to-face interview where a panel including at least one of the Core Programme Directors will review all the evidence in your portfolio. If you do not have good evidence of competencies, including the minimum numbers of assessments, the School will investigate the situation with your local surgical faculty.

9. All assessments should be put in the system, regardless of the outcome.

10. This is not Foundation Training and it is not helpful in building a formative picture of your progress if you only put your “best” scores in your portfolio.

11. You need to read the instructions for each assessment tool carefully. There are a minimum number that MUST be conducted with your Assigned Educational Supervisor. You should aim for a 40:60 split in terms of supervision, consultant: other. In the first two years of training it is acknowledged that a good deal of supervision is provided by registrars & staff grades and up to 60% of your assessments can be validated by them. But you must have 40% at least under consultant supervision.
12. Each assessment tool creates an opportunity both for training and for formal evidence of training progression. Use them regularly to drive your own training. A “tick box” and “minimal numbers” attitude to the use of the assessment tools is very obvious to the Interim Review interviewers and the ARCP panel on the ISCP and you will be compared unfavourably with the trainee cohort using the ISCP as it was designed. Clumps of assessment tools submitted just before key dates does not impress as much as regular use of the tools.

13. Use of PBAS: ALL PBAs must be supervised by a CONSULTANT as the procedure is benchmarked against a consultant performing the procedure. Any PBAs done with a non-consultant grade will not be able to be added to the ISCP website and will therefore not be counted. Check with the Core Training Programme for your region/specialty. PBAS are normally recommended for use from ST3, however a number of procedures can be evidenced by CT1s and CT2s, e.g. a Grommet insertion. The appropriate Core Programme directors name and e-mail is in the KSS School of Surgery Handbook. While not strictly recommended in the national guidance at CT level, CT2 trainees may find themselves at a disadvantage when going for ST3 interviews as we have noted some selection panels require PBAs in the portfolio. We would strongly urge you where appropriate to do 12 per annum.

14. If the assessor you choose is not registered on ISCP, they CANNOT validate your assessment. This assessment will appear to the ARCP panel, therefore, as a red column, indicating an assessment that was not signed off by the assessor. As the system is now operating for two years, there will be assessors registered in your trust. At the fist meeting with your AES, they can go into the Hospital Tab on their profile to see a list of everyone at that trust registered on the ISCP. You should also encourage people you routinely work with to register in order to spread the assessment burden.

15. Check with your faculty lead/trust Programme Director/College Surgical tutor that the assessor you wish to work with, or the rater for your Mini-Pat is suitable. In core training you will be working with experienced Staff and Associate Specialist grades, senior trainees and non-medically qualified staff. This is a trainee driven system, and the ARCP is not the best time to discover your assigned educational Supervisor is unhappy with the status of most of your assessors!


17. Remember that your logbook has a category for observed procedures as well.

18. Be careful to select the correct category, unsupervised, supervised trainer unscrubbed, supervised trainer scrubbed, etc., as the system will automatically default to assisting.

19. At your Interim Meeting with your assessor, you must ensure that your assessor rates your progress against each of the TOPICS in your Learning Agreement, BEFORE you sign off on the meeting. If in doubt phone the Helpdesk. If no progress is rated against your topics the Interim review interviewers will want to know why. Therefore ensure that this part of your Learning Agreement is completely signed off before the Interim Review Process begins (late Jan, early Feb during the Education Days).

20. An Audit of Trainee activity was conducted by the College’s regional coordinator after last year’s Interim Review. It clearly showed a group of about 15% of trainees’ way ahead of the rest. They were using the ISCP tools regularly to create training opportunities (they had between 11- 32 of each tool in their portfolio by the interim review). They had good logbook numbers, despite difficulties with some specialties in getting to theatre (e.g. T&O), they had a large number of their assessments validated. There were very positive comments in the AES reports., etc., etc., All of this is clearly visible to your AES, PD & the Head of School throughout your training. It is only a matter of time before this evidence is scrutinised at ST3 interviews.
21. From last year a Credit Scheme has been introduced which will allow CT1s to compete for the programmes of their choice at CT2. Familiarise yourself with this scheme from the beginning so you can maximise the points you achieve.

22. There are three regional teaching programmes based on the curriculum arranged asynchronously in Kent, Surrey & Sussex Coast. If you miss one module due to annual leave/study leave/post call you will be able to attend one of the other programmes. Attendance at these teaching programmes is mandatory.

23. A Trainee fee for the Intercollegiate JCST was introduced in August 2008. Information on what the fee covers and other issues are available from www.jcst.org

24. Finally: **Use the helpdesk.** Feedback on this support service is extremely good and most issues are dealt with very quickly.

   helpdesk@iscp.ac.uk or 020 7869 6299

Jacqueline Joyce
Coordinator Kent Surrey & Sussex
Professional Standards & Regulation
Royal College of Surgeons of England
2.8 Teaching in KSS

Each Trust (and sub specialities within that Trust) has its own teaching programme, which may involve bedside teaching, teaching at MDTs, seminars and journal clubs. In addition, KSS has developed three regional teaching programmes which are based on the ISCP curriculum and will enable trainees to progress through the MRCS examinations.

Teaching, while split over the KSS patch, follows a common programme, this will allow for a trainee to attend a teaching day in another region if you are unable to attend it in your own region.

You can find the programmes on the KSS website.

For those who have passed the MRCS B it is possible to attend Higher Surgical Training Teaching in addition to the Core teaching days. It is the trainee’s individual responsibility to speak to their AES to confirm that they believe you are ready to attend Higher Teaching and through/with them contact the programme director for the speciality of choice to obtain permission to attend.

It is mandatory for all trainees to attend at least 6 teaching sessions prior to ARCP’s. This may include 4 of the 3 regional teaching sessions, anatomy teaching, Simulation, Leadership teaching and/or Educational teaching for Core Trainees. In addition to attending 6 teaching events you must also attend the mandatory Research Prize day taking place in January 2013.

After each session please upload a summary under the teaching section of ISCP as evidence.

2.9 KSS School of Surgery Prize Day

There is an annual trainee audit and research presentation day. You are all encouraged to submit work to this.

All trainees are asked to submit an abstract for the compulsory prize day to be held on 4 January 2013.

- Abstracts should be no more than 250 Words
- Please submit 2 copies—One that is anonymous (no author or institution details) for short-listing purposes
- No more that 2 submissions per person
- The presented work should be wholly or substantially your own endeavour (if you share a project with a colleague remember that only one of you can be the presenting author, and that as 2nd author you will NOT be credited. Therefore if you work with another trainee do 2 projects and decide who is presenting/submitting which one
- Work performed outside of the Core Training Programme is eligible
- Late Submissions will not be considered
- If your work is not accepted for Podium Presentation you may be asked to present a Poster
- Work that has already been published may not be submitted
- It is the trainee’s responsibility to ensure that the abstract has been received by KSS Deanery.
2.10 Post Core Experiential Year

The KSS School of Surgery will be offering some posts as Post Core Experiential Year posts. They are a focus for trainees who wish to gain more experience in the surgical field before making the step to Higher Specialty Training.

These will be available to KSS trainees who demonstrate sufficient progress according to the ISCP and the agreed Credit Scheme. These posts will be created from fully educationally approved posts, indeed they will be identified in order to offer old “senior SHO” - type training opportunities. They will not be LAT appointments.

You may preference them and the School will take into consideration your early ranking within the competitive Annual Review process.

You should be aware that these fixed term one-year posts will not be recognised by JCST or GMC in terms of time counted towards your CCT. These posts are out of a GMC approved training programme but should you wish to have it acknowledged, would automatically move you to the Certificate of Eligibility for Specialist Registration (CESR) route and Article 14 applications to the specialist register.

The School is committed to offer the opportunity to KSS core training programme members. Eligible applicants will come completely under the School’s quality control mechanisms, with full use of the tools on the ISCP and logbook, and KSS Core Training Prize day. This is designed to be an experiential year where the successful applicants will be given every opportunity to strengthen their operative and clinical skills in a variety of subspecialties and allow them to add work to their CV.

2.10 Trainee Representatives and their roles

The trainee Representatives are elected or chosen and work with the LFG, LAB and Specialty School. They are there to ensure views, opinions and experiences of trainee doctors are taken into account at every level of decision-making.

They may also work with Medical Education Managers, Academic Registrar, Doctors' Liaison Officer or Trust Education Advisor.

The various trainee representative’s responsibilities are:

- Attends the open section of the STC/CSTC meeting.
- Represents the views and interests of the trainees.
- Provides feedback to the trainees on developments in the ARCP processes.
- Canvasses colleagues for opinions.
- Disseminate good aspects of training.
- Attends training committees
- Attends Local Faculty Group Meetings

Trainee representative’s skills:

- Time management
- Presentation and communication
- Networking
- Self confidence and assertiveness
- Leadership and diplomacy
- Organisational and administrative
- Initiative, motivation, responsibility
- Commitment to activity outside your programme of study
- Potential managerial skills
3. School Information

3.1 Key Roles in the School 2012-2013:

**Specialty Workforce Team**
The Specialty Workforce team should be your first port of call with any queries relating to your training within the Kent Surrey and Sussex Deanery.

Siobhan Gallagher is the Medical workforce and Projects officer who is supported by the Medical Workforce Projects administrator, Ms Sithara Gunasinghe.

**Role of the Deanery advisor**
In KSS the Deanery Advisor for Surgery is also the Head of School. Mr Humphrey Scott is a colorectal surgeon in Ashford St Peter’s and was appointed to this role jointly by the Deanery and the College by competitive interview.

**Key structures of the KSS School of Surgery**
Colour coding as follows
Green Executive Strategy Group (ESG)
Blue Core Surgical Training Committee (CSTC)

**Executive Strategy Group:**
This Group has met since March 2006. It regularly meets before every KSS CSTC, and otherwise as determined by projects. It is made up of the following:
- Deputy Dean
- Core Training Programme Directors
- KSS Head of Medical Workforce
- Medical Workforce and Projects Officer
- RCS Coordinator
- RCS Council member
The DA and/or RCS Coordinator attend most Friday’s KSS Deanery operations group meeting on behalf of the ESG & CSTC.

**Core Surgical Training Committee:**
The CSTC meets four times a year.

**Key Dates: 2012-2013**
- 13 July 2012, Induction
- 27 September 2012, CSTC meeting
- 16 November 2012, CSTC meeting
- 4 January 2013, Prize day
- TBC, CT1/CT2 Interim Reviews (Surrey)
- TBC, CT1/CT2 Interim Reviews (Sussex
- TBC, 2011, CT1/CT2 Interim Reviews (Kent)
- TBC, May 2012, ARCPs
### 3.2 Key Contacts

<table>
<thead>
<tr>
<th>Representative</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanery Advisor, Head of School &amp; Chair of Board</td>
<td>Mr Humphrey Scott, ESG, CSTC</td>
</tr>
<tr>
<td>Postgraduate Dean</td>
<td>Professor David Black, Dean Director KSS, ESG, CST</td>
</tr>
<tr>
<td>Dean Director for Secondary Care</td>
<td>Dr Kevin Kelleher, ESG, CSTC</td>
</tr>
<tr>
<td>KSS Workforce manager</td>
<td>Mrs Angela Fletcher, ESG, CSTC</td>
</tr>
<tr>
<td>Medical Workforce Officer</td>
<td>Ms Siobhan Gallagher, ESG, CSTC</td>
</tr>
<tr>
<td>Medical Workforce Projects Administrator</td>
<td>Ms Sithara Gunasinghe CSTC</td>
</tr>
<tr>
<td>Speciality Workforce Administrator</td>
<td>Mr Daniel Margerison, CSTC</td>
</tr>
<tr>
<td>Education Advisors</td>
<td>Professor Zoë-Jane Playdon, Head of Education</td>
</tr>
<tr>
<td>Core Surgical Training Programme Directors (CT1/CT2)</td>
<td>Ms E. Sharp &amp; Mr M. Solan, Ms. A Van Der Avoirt ESG, CSTC</td>
</tr>
<tr>
<td>KSS STC Chair &amp; Programme Directors: Otolaryngology (ENT)</td>
<td>Mr Jeremy Davis South East Thames CSTC Specialty reps</td>
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<tr>
<td>KSS STC Chair &amp; Programme Directors: Otolaryngology (ENT)</td>
<td>Mr David Jonathan Chair Specialty reps</td>
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<tr>
<td>KSS STC Chair &amp; Programme Directors: Otolaryngology (ENT)</td>
<td>Mr Paul Spraggs South West Thames CSTC Specialty reps</td>
</tr>
<tr>
<td>LDN Chair &amp; Programme Directors: General Surgery</td>
<td>Mr Mike Saunders, Ms Virginia Bowbridge PDs South East CSTC Specialty reps</td>
</tr>
<tr>
<td>LDN Chair &amp; Programme Directors: General Surgery</td>
<td>Mr Paul Hurley, Chair Mr Peter Leopold PD South West Thames CSTC Specialty reps</td>
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<tr>
<td>KSS Chair &amp; Programme Directors: General Surgery:</td>
<td>David Gerrard</td>
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<tr>
<td>Programme Director : Cardiothoracics Consortium</td>
<td>Mr Uday Trivedi PD</td>
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<tr>
<td>Programme Director: Paediatric Surgery Consortium</td>
<td>Bruce Okoye PD</td>
</tr>
<tr>
<td>Programme Director: Plastic Surgery</td>
<td>Mr Bruce Philp PD CSTC Specialty reps</td>
</tr>
<tr>
<td>Programme Director: Oral &amp; Maxillo Facial Surgery</td>
<td>Mr Ken Lavery PD CSTC Specialty reps</td>
</tr>
<tr>
<td>LDN Chair &amp; Programme Director: Urology South Thames</td>
<td>Mr Roger Plail Chair CSTC Specialty reps</td>
</tr>
<tr>
<td>KSS Chair and Programme Director for Urology</td>
<td>Mr Bill Dunsmuir Chair KSS STC</td>
</tr>
<tr>
<td>LDN STC Chairs &amp; Programme Directors Trauma &amp; Orthopaedic Surgery</td>
<td>Mr Alf Franklin, Chair Mr John Shepperd &amp; Mr Suhaib Sait Programme Directors South East Thames CSTC Specialty reps</td>
</tr>
<tr>
<td>KSS STC Programme Directors Trauma &amp; Orthopaedic</td>
<td>Ms Namita Kendall Chair &amp; Mr Martin Bircher Programme Director South West Thames CSTC Specialty reps</td>
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<tr>
<td>Trainee representative</td>
<td>Tbc CSTC</td>
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<tr>
<td>The Royal College of Surgeons of England</td>
<td>Mr Mike Parker, Council Member, ESG, CSTC</td>
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<td></td>
<td>Jaci Joyce, KSS Coordinator, ESG, CSTC</td>
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<tr>
<td>Name</td>
<td>Representative</td>
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<tr>
<td>Mr Humphrey Scott</td>
<td>Committee Chairman &amp; Deanery Advisor</td>
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<tr>
<td>Professor David Black</td>
<td>Dean Director, KSS Deanery</td>
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<tr>
<td>Dr Kevin Kelleher</td>
<td>Dean Director for Secondary Care</td>
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<tr>
<td>Mr Mike Parker</td>
<td>Council member for KSS</td>
</tr>
<tr>
<td>Mr Matt Solan</td>
<td>Core Training Programme Director &amp; Tutor Royal Royal</td>
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<tr>
<td>Ms Elizabeth Sharp</td>
<td>Core Training Programme Director and ST for East Kent</td>
</tr>
<tr>
<td>Ms Anouk Van Der Avoirt</td>
<td>Core Training Programme Director</td>
</tr>
<tr>
<td>Mr Pankaj Gandhi</td>
<td>Maritime Medway Hospital</td>
</tr>
<tr>
<td>Miss Namita Kendall</td>
<td>St Richards Hospital</td>
</tr>
<tr>
<td>Mr Mirza Baig</td>
<td>Worthing Hospital</td>
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<tr>
<td>Mr Andrew Skyrme</td>
<td>Eastbourne Hospital</td>
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<tr>
<td>Mr Mike Harron</td>
<td>William Harvey Hospital</td>
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<tr>
<td>Mr Jamie Buchanan</td>
<td>Conquest Hospital</td>
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<tr>
<td>Mr James Blair</td>
<td>East Grinstead</td>
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<tr>
<td>New Tutor to be appointed</td>
<td>Kent and Canterbury Hospital</td>
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<tr>
<td>Mr Paras Jethwa</td>
<td>East Surrey</td>
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<tr>
<td>Ms Seema Seetharam</td>
<td>Darent Valley Hospital</td>
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<tr>
<td>Mr Charles Zammit</td>
<td>BSUH</td>
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<tr>
<td>Mr Simon Bailey</td>
<td>Maidstone</td>
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<tr>
<td>Mr Lee David Deputy</td>
<td>Maidstone</td>
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<tr>
<td>Siobhan Gallagher</td>
<td>Surgery Workforce Officer, KSS Deanery</td>
</tr>
<tr>
<td>Ms Angela Fletcher</td>
<td>Head of Workforce</td>
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<tr>
<td>Name</td>
<td>Position</td>
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<td>-----------------------------</td>
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</tr>
<tr>
<td>Ms Jaci Joyce</td>
<td>Coordinator</td>
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<tr>
<td>Ms Sithara Gunasinghe</td>
<td>Surgery Workforce Projects Administrator</td>
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<tr>
<td>Mr Daniel Margerison</td>
<td>Surgery Workforce Administrator</td>
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</tbody>
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### 3.4 Specialty Training Committee Chairs

<table>
<thead>
<tr>
<th>Committee</th>
<th>Name</th>
<th>Specialty reps</th>
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<tbody>
<tr>
<td>Core Surgical Training Committee</td>
<td>Mr Humphrey Scott</td>
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</tr>
<tr>
<td>KSS STC Chairs: GS</td>
<td>Mr David Gerrard</td>
<td>Specialty reps</td>
</tr>
<tr>
<td>KSS STC Rep: Otolaryngology (ENT)</td>
<td>Mr Jeremy Davis</td>
<td>Specialty reps</td>
</tr>
<tr>
<td>KSS STC Chairs: T&amp;O</td>
<td>Mr Stephen Bendall</td>
<td>Specialty reps</td>
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<td></td>
<td>Mr Phil Housden</td>
<td>Specialty reps</td>
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<td></td>
<td>Mr Matt Solan</td>
<td>Specialty reps</td>
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<tr>
<td>KSS STC Chair: Urology</td>
<td>Mr Bill Dunsmuir</td>
<td>Specialty reps</td>
</tr>
<tr>
<td>KSS STC Chair: Max-Fax</td>
<td>Mr Ken Lavery</td>
<td>Specialty reps</td>
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</tbody>
</table>
4. Policies and documents

Additional generic information can also be found at the Deanery website: http://kssdeanery.org/Induction2012

4.1 The Gold Guide

The 2010 Gold Guide replaces all previous versions and is relevant for the length of your training.

The Gold Guide provides overarching guidance and standards as to the arrangements for Specialty Training in the UK.

Refer to the Gold Guide together with Deanery guidance for standards relating to:

- The role of statutory bodies
- Supervision
- LAT and LAS
- Less Than Full Time Training, Maternity Leave, OOP
- Deferral
- Appraisal, assessment and annual planning

4.2 Relocation Expenses

From 1 April 2009, the London Deanery is responsible for processing all relocation Expense Claims (covering removal and excess travel expenses) for all London and KSS based trainees on a recognised training Programme.

The Deanery’s objective will be the timely reimbursement of a trainee’s verified entitlement to expense. However, before incurring any expenses for which you anticipate submitting a claim to the Deanery, please complete a relocation eligibility form and return by post for authorisation, without which a claim will not be processed. You can find this form on the London Deanery website: http://www.londondeanery.ac.uk/var/relocation

Completed forms should be returned by post (emails will not be accepted) to:

The Relocation Department
London Deanery
Stewart House
32 Russell Square
London
WC1B 5DN

4.3 Flexible Training

Less than Full Time (LTFT) Training in Kent, Surrey and Sussex (KSS) Deanery allows doctors and dentists to work less than full-time in posts that are fully recognised for training. KSS Deanery supports access to Less than Full Time Training through slot sharing and, if this is not feasible, trainees may need to train on the basis of reduced sessions in a full-time placement.

The intention of flexible training is to keep doctors in training where full-time training is not practical for well-founded individual reasons. SpR training supports doctors who wish to train part-time, while remaining as close as possible to the arrangements for doctors working full-time.

Further information on flexible training can be found at the following site:

http://kssdeanery.org/less-than-full-time-training
4.4 Inter - Deanery Transfers

If you are a trainee within the KSS Deanery area and wish to be considered for an inter-deanery transfer to another Deanery, please ensure you give as much notice as possible. Training vacancies in other deaneries may not be readily available and arrangements therefore may take some time to set up.

There are 2 application windows during the course of the year. If you wish to be considered for an inter-deanery transfer you should first visit the KSS Deanery website:

http://kssdeanery.org/IDT

4.5 Out of Programme Policy and overview

This guidance covers all Specialty Trainees in the KSS Deanery with the exception of GP, and offers direction for all Specialty Schools and Trainees. This document indicates the KSS Deanery preferred methodology for implementing the Gold Guide Out of Programme (OOP) guidance. The Guidance can be found online at http://kssdeanery.org/specialty/trainers/specialty-training-guide/recruitment-specialty-post/out-programme

A Core Trainee or Specialty Training Registrar may take time out of their programme to undertake a period of research, gain clinical experience or other appropriate categories that is or is not available within KSS. Out of Programme placements are designed to accommodate this and can take place either in the UK or abroad.

All OOP requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. It is normally expected that a trainee would have completed one year of training before submitting an application given the short period and nature of the training.

Types of OOP

There are four types of OOP which may be considered:

- **OOPT - Out of Programme for Approved Clinical Training**
  This is where a trainee is undertaking GMC prospectively approved clinical training which is not part of the trainee's specialty training programme.

- **OOPE - Out of Programme for Clinical Experience**
  Where a trainee is gaining clinical experience which is *not approved* by GMC but which may benefit the doctor or help support the health needs of other countries.

- **OOPR - Out of Programme for Research**
  Where a trainee is undertaking a period of research.

- **O OPC - Out of Programme for Career Break**
  Where a trainee is taking a planned career break from the specialty training programme.

Notice

Trainees should give their Postgraduate Dean as well as current and next employers a *minimum* of six month’s notice, but preferably as much as possible. This is to ensure that service issues and the needs of patients can be properly addressed. In exceptional circumstances notice of three months may be acceptable.

4.6 Trainee Support

KSS Deanery is committed to supporting Trainees who are in difficulty or at risk of being in difficulty through the Trainee Support Group

Guidance available online:
http://kssdeanery.org/TraineeSupport
ALL Trainees are monitored for satisfactory progress, not just those experiencing difficulties.

Trainees that may need additional help are discussed by the Trainee Support Group to ensure all routes of support are explored.

Trainees must be fully aware and involved at all stages. If you have concerns about your own progress get in touch early, don’t wait! Talk to:
  - Educational Supervisor (in the first instance), or
  - Clinical Tutor
  - Deanery school administration team for surgery

With help from your Educational Supervisor, develop a plan
If your ability to progress is at risk, your Head of School and the Trainee in Difficulty Committee will be kept informed of your progress. They are able to offer additional support if required.

The aim is to get you ‘back on track’ and for training to continue successfully.

Should you need support due to an exam failure at CT2 level, the Deanery will endeavour to provide you with additional training time. You do however need to demonstrate that you have attempted the exam and have been proactive in your training throughout the year.

Trainee Support

Categories include:
- Inadequate performance
- Inadequate/Mismatch of training post
- Health issues
- Employment Issues
- Examination failures

A. Local Mechanism for Problem Solving
1. Discussion between AES (or PD) of Local Faculty and the Trainee. Ideally MEM/Trainee advocate present.
3. Satisfactory resolution - recorded in LFG minutes.
4. Not resolved - referral to KSS School of Surgery (or via SOS to STC for HST) with Trainee’s knowledge.

B. School of Surgery Mechanism for Problem Solving
1. Head of School (HoS)/Training Program Director (TPD) assigned.
2. Meeting with Trainee - documented on Trainee Action Plan with Trainee agreeing to the Action Plan with the assigned HoS/TPD
4. Trainee, TID Forum, via HOS or delegate, informed of progress monthly until resolution/closed.
5. Feedback the Action plan to Local Faculty Group PD and AES.

Trainee Support Networks

Opportunities in Surgery

The Royal College of Surgeons of England Opportunities in Surgery Department (OiS) provides support for trainees throughout their Careers. Support and guidance can be found on the website [www.rcseng.ac.uk/career](http://www.rcseng.ac.uk/career) or by e-mailing [careers@rcseng.ac.uk](mailto:careers@rcseng.ac.uk). Opportunities in Surgery are responsible for The Royal College of Surgeons of England Affiliates Membership Scheme. The Affiliates’ is free to join and ensures you are provided with up to date
information on any changes within the surgical profession: [www.rcseng.ac.uk/support](http://www.rcseng.ac.uk/support). For further information on this or any other of the OiS initiatives, please e-mail [ois@rcseng.ac.uk](mailto:ois@rcseng.ac.uk).

**Women in Surgery**

WinS (Women in Surgery) mission is “to encourage, enable and inspire women to fulfil their surgical ambitions”. Currently, around 60% of medical students are female. Though the number of female surgical consultants has risen significantly over the last years, the proportion of women consultants is only 7% of surgical consultants.

To address this discrepancy, WinS hopes to raise the profile of women in surgery. We maintain a national network of over 2700 members. Through this and other activities, WinS supports women surgeons and students by providing advice, enabling contact with other surgeons and running events, including our annual conference. The network is free to join and open to anyone from medical student upwards. To find out more please visit the following website: [http://www.rcseng.ac.uk/career/wins](http://www.rcseng.ac.uk/career/wins)

**4.7 Study Leave Guidance**

Please find below some information on your study leave guidance:

- Entitled to up to a maximum of 30 days in a year (which is calculated from the date of commencement of appointment or rotation)
- Leave to sit necessary examinations is allowable but does not count against the entitlement of study leave
- Trainees in locum specialty posts, those in FTSTAs and LATs exceeding three months are entitled to study leave pro rata
- There is no entitlement to study leave for LAS appointments

Using your study leave:

- Approval rests with your Local Clinical Tutor
- Applications should be received by your Clinical Tutor on the appropriate form at least 6 weeks prior to the leave
- Leave should not be taken within the first two weeks of a new appointment
- You must have an agreed personal development plan before applying for Study Leave

### STUDY LEAVE AMOUNT for CT1’s

- Initial Study Leave Budget: £860
- Amount retained by your specialty school: £108 (known as ‘topslice’)
- Total remaining for local use: £752

### STUDY LEAVE AMOUNT for CT2’s

- Initial Study Leave Budget: £860
- Amount retained by your specialty school: £83 (known as ‘topslice’)
- Total remaining for local use: £777

- Topsliced Study Leave is used by your specialty school to deliver centrally run training days and simulation days that you are required to attend.

Deanery guidance is available online:

[http://kssdeanery.org/study-leave](http://kssdeanery.org/study-leave)
4.8 Maternity/ Parent Leave

Each Trust will have a Maternity Policy which must be referred to and read in conjunction with the KSS Deanery document. Please email the school if you wish to have a copy of this document.

4.9 Blood Borne Virus

There is a requirement for a Trainee to report via Occupational Health-OH at the outset of employment, matters relating to certain BBVs.

This is a Potential Patient Safety issue and the Trainee may also require specific adjustments to be made to their working practices.

For further details contact your OH Department

TAKING CONSENT

Patient Safety and Informed Choice.

1. Follow best guidance in consent summarised by DH and GMC.
2. Familiarise yourself with local guidance and consent paperwork at the outset of your post.
3. Consult with your Educational and Clinical Supervisor for queries relating to consent.

4.10 Careers Support at the Deanery

Who to contact at the Deanery:
- Joan Reid - Head of Careers
- Jason Yarrow - Senior Careers Adviser
- Lisa Stone - Careers Adviser
- Kathleen Sullivan - Teaching Fellow
- Gill Sharp - Consultant Careers Adviser

What the Careers team do:
- Careers - 3 tiers of support
- Referrals - trainee in difficulty guide
- 4 stage model - career planning
- Faculty development - career support workshops and PG cert Managing Medical Careers
- Information evenings and support career fairs
- ROADS - career planning book
- KSS careers website
- Medical careers website - www.medicalcareers.nhs.uk
- Other guides e.g. to accompany Peninsula/AGCAS DVD

www.medicalcareers.nhs.uk

4.11 Library and Knowledge Services

Library and Knowledge services form part of the KSS Deanery, known as LKSDT. They manage a collaborative network of NHS libraries, offering a variety of services that support evidence-based practice, and the skills to use them.

http://kssdeanery.org/education/about-library-knowledge-services-development-team
YOU CAN:

- Search a wide range of regional resources, including:
  - Books
  - Journals
  - Local and linked libraries
- Sign up for an Athens account and gain access to:
  - Databases
  - eBooks
  - Specialist Libraries
  - Current awareness services

4.12 Local Faculty Groups, Local Academic Boards and Local Educational Provider visits

LOCAL FACULTY GROUPS (LFG)
- Established and maintained by Local Education Providers (LEPs)
- One for each specialty within the LEP
- Responsible for ensuring LEPs deliver high quality postgraduate medical education
- Ensure systems are developed, implemented and evaluated.
- Must comply with
  - the approved curriculum of the Royal College of Surgeons,
  - the GMC’s ‘Good Medical Practice,’
  - Relevant GMC publications
  - the NHSLA Risk Management Standards for Acute Trusts, CQC, Primary Care Trusts and Independent Sector Providers of NHS Care.

LOCAL ACADEMIC BOARD (LAB)
- Meets in each Local Education Provider (LEP), established by KSS
- Receive information from Local Faculty Groups (LFGs)
- Fulfil the educational governance function
- Monitor and oversee the quality of training
- Centralised conduit of communication
- Meet 3 times a year
- Review and consider reports from LFGs
- May initiate LEP Internal review of programmes
- Host and manage visits to LEPs
- Detailed remit is contained in GEAR

LOCAL EDUCATIONAL PROVIDER VISITS (LEP)
- All core and selected higher specialties are visited in each LEP
- There is a 3 year cycle of visits
- KSS Deanery forms the visiting team with an external visitor on the panel
- In line with the GMC framework for quality assurance of training
- Areas of concern or good practice are noted and reported
- Reports are delivered by the LFG and LAB to the KSS Deanery Quality Management Steering Group for consideration.
- Reports feed into Annual Specialty Reports
5. Appendix

Action Across GMC Domains: Surgical Faculty Good Practice Guide

1. Remit
2. Composition
3. Proceedings
4. Curriculum
5. Local NHS Trust-based performance indicators
6. Annual audit and review
7. Local faculty-student handbooks
8. Trainee year groups
9. Year group representatives
10. Portfolio development
11. Career planning

These groups have a key role to play in the implementation of MMC & ISCP. They will be vital in:
- Securely anchoring the local ISCP Programme.
- Ensuring its quality in relation to trainee progression (mapped to the ISCP Programme core competencies).
- Developing appropriate performance indicators and ensuring feedback for the local ISCP Programme.
- Auditing the curriculum against the ISCP Programme (both local taught programme and in related identified work-based opportunities - the curriculum in practice).
- Ensuring local curriculum development.
- Ensuring the dissemination of local best practice.
- Ensuring local Faculty development.

Please provide a report of your progress in implementing your MMC Local Faculty Groups for the ISCP Programme, using each of the headings below and following their content and structure:

1. Remit
The remit of the local surgical faculty group is to:
- Put in place mechanisms to allow completion of the attainment of CT / ST1, 2, 3 & 4 competencies.
- To ensure that any doctors who are failing to make progress during ISCP training will be managed in line with the national operational framework for ISCP training.
- To be responsible for the local implementation of the ISCP Programme; its quality control and further ISCP Programme development.

1.1 Minimum Composition
- Surgical Tutor (Chair).
- Relevant ISCP AES for each specialty of surgery with trainees
- DME.
- Local Medical Education Manager.
- Any other trainer who wishes to attend (ideally would always attend for any trainee where there were concerns).
- An IT person.
- A trainee representative.

It is good practice for Medical Staffing and Library Service Managers to be co-opted appropriately to meetings.

2. Proceedings
Each local surgical faculty group should:
- Meet a minimum of 3 times a year in September, December/January and April.
- Ensure that its proceedings are minuted and confidential.
- Routinely send a copy of its Minutes to the Head of School Mr Humphrey Scott School and to the KSS Deanery.
• Ensure that at both the September meeting and the December/January meeting, all ST1, 2 & 3 trainees are discussed, so that any problems are identified at the earliest possible opportunity. It should be very rare for unexpected problems to be dealt with in the April meeting.
• Ensure that any failure to make progress during ISCP training is notified to the Head of School and relevant programme director and managed as set out in paragraphs 198 - 205 of the national operational framework.
• Ensure that a progress report is submitted to the School of Surgery for the annual ARCP in late January.
• Seek to continue to share examples of good practice locally and regionally with other faculties.

3. Curriculum
The curriculum must be a living document. This means that it must be:
• Formally reviewed annually to ensure that its content and approach reflects current guidelines and best practice.
• Formally evaluated by the local faculty group every two years to ensure that it continues to meet the requirements of the national ISCP Curriculum.

4. Local NHS Trust-based performance indicators
Each Faculty Group must establish light touch, but robust, performance indicators to monitor and review the local ISCP programme. These must map across to the national ISCP Curriculum and emerging national frameworks. The Deanery recommends that such performance indicators include:
• Receiving at each Faculty Meeting a record of trainee progression [at the end of the meeting, as confidential reserve business].
• Devising feedback mechanisms for clinical and education supervisors.
• Receiving at each Faculty Group meeting, trainee Year Group reports (see below).
• Providing a short Annual Audit and Review of the local ISCP Programme.
• Reviewing the generic curriculum against the requirements of the ISCP Curriculum.
• Establishing communication links between clinical and educational supervisors, and establishing appropriate briefings for clinical supervisors.
• Reviewing your local educational initiatives e.g. action learning sets.
• Reviewing how the ISCP Programme is embedded in work place teaching.
• Ensuring that local Faculty are appropriately qualified to undertake their educational tasks.
• Devising an appropriate strategy for local, year on year, development of the ISCP Programme and the sharing of local good practice.

5. Annual Audit and Review
At the end of each academic year (May/June), each local faculty group must undertake a short Annual Audit and Review of the local ISCP Programme, by triangulating performance indicators from a range of sources, which must include:
• Trainee progression, completion, attrition rates.
• Trainees in difficulty.
• Minutes of the local faculty group and their routine despatch to the ISCP School at the Deanery.
• Issues from feedback from trainees, educational supervisors, clinical supervisors, MEMs.
• What was done in the light of such issues e.g. changes to curriculum support and delivery.
• Identified best practice and points for development for the forthcoming year.

6. Local Faculty-Student Handbooks
Each local faculty group must compile a short Handbook which outlines, for all involved, how the ISCP Programme works in the local setting. This will enable trainees to identify their entitlement in relation to local provision, to be clear about expectations as to their role and responsibilities, and to understand the role and responsibilities of the local Faculty. They must include:
• Formal policies and procedures for induction to departments and clinical teams.
• Details of how handover takes place.
• A clear explanation of how educational governance takes place in the NHS Trust.
The School of Surgery will send each faculty generic induction material on ISCP for inclusion in this book, as well as the policy document on trainees in difficulty.
7. Trainee Groups
Each local faculty group should establish a trainee group for each Surgery. Trainee groups must meet three times a year, just before the local faculty group meetings. Each trainee group should elect one representative to sit on the relevant local faculty group. The purpose of the trainee meetings is to provide an opportunity to:
• identify things which are going well;
• identify concerns which need to be brought to the attention of the local faculty group in relation to the local curriculum and or local processes. Where the local faculty group operates across sites, the Deanery recommends that each site has its own year group and that the year group representatives compile one Group Report which acknowledges the views of each site as discrete issues.

8. Trainee Group Representatives
MMC Specialty trainee group representatives must compile a short report from their group meetings for discussion at each Faculty Group meeting. It is essential that trainee representatives feed back relevant action points from the Faculty Group meeting to their trainee group, thus closing the feedback loop. It is good practice:
• For trainees to elect their representatives; including a deputy.
• For trainee group representatives to be inducted into their role.
• For this public role to be acknowledged as part of trainee CPD.
• For trainee groups to meet without Faculty present, but for the meetings to be chaired by the trainee group representative.
• For the trainee draft reports to be discussed and agreed with the local ISCP Surgical Tutor, prior to each Faculty Group Meeting, where appropriate issues for the Faculty Group are identified to be taken forward, as opposed to local house keeping issues which can be dealt with outside the meeting.

9. Portfolio Sampling
Local faculty group must demonstrate good practice in supporting Portfolio development by nominating one or two (depending on numbers of trainees in SRs 1, 2 & 3 in each trust) Assigned Educational supervisors to review and sample a range of randomly selected trainee portfolios. These should be reviewed both against a checklist of their required contents and with a recognition of the variety of ways in which trainees can evidence/integrate their own learning in the ISCP Programme.
The purpose of portfolio sampling is to:
• Provide a sense of the range of submitted portfolios; i.e. those which fully meet and exceed the above criteria; those which satisfactorily meet the criteria; those which do not meet the criteria.
• Identify examples of good practice in portfolio building for dissemination to the next cohort of trainees, across the local faculty group and to Educational Supervisors.

10. Faculty Development
Faculty educational development is a crucial part of maintaining high quality provision of Surgical Training. Local faculty groups must consider in their Annual Review how their members can develop their practice through participation in:
• An accredited teacher education programme.
• An accredited Educational Supervision programme.
• A ‘best practice exchange’ educational conference to be part of their sub-specialty training days.
• Assessment training.
• Appraisal training.
• Career planning training.
• Internal events aimed at exchanging good practice across the NHS Trust.

11. Career Planning
All ISCP Doctors must have access to appropriate Career Advice. Please report on your development of provision in this area.

12. Developing Surgical Training
Deanery requirement:
DMEs are responsible for ensuring that appropriate local faculty groups are established to implement the new ISCP. Each local faculty group should produce a local curriculum for the generic components that:
• Conforms to the GMC Generic Standards for Training.
• Reflects the national curriculum framework produced by ISCP.
• Utilises a multi-professional approach.

Good practice on local BST training can be adapted in order to concentrate Core Surgical Training in Trust, sub-regional or regional training events. Fewer trainees and resource issues may encourage cooperation across faculties.

Building on your experience of creating and running a Foundation Faculty Group, please report on your progress in establishing local faculty groups for Surgery. Your report should include how you have or intend to:
• Establish a clear, written ‘Trainee Pathway,’ showing what actions need to be carried out, at which point, by whom, to manage the trainee’s entry, progression and exit from the post.
• Meet the requirements listed above for the local faculty groups’ operation:
  1. Remit
  2. Composition
  3. Proceedings
  4. Curriculum
  5. Local NHS Trust-based performance indicators
  6. Annual audit and review
  7. Local faculty-student handbooks
  8. Trainee year groups
  9. Year group representatives
  10. Portfolio development
  11. Career planning
  12. Developing surgical training

The Centre’s ideas and issues

The Deanery request:
We recognise that Centres are often innovative and creative in their thinking, and equally, that some Centres may have particular issues that do not affect Centres in general. It would be helpful if Centres could report on:

  1. Major influences on your work at present.
  2. Major proposed developments for the future.
  3. Areas of innovative practice.
  4. Local concerns and issues which are relevant to Centre Review.
Annex: GMC List of domains and standards

Domain 1. Patient safety
The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.
Standard: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care.

Domain 2. Quality Assurance, Review and Evaluation
Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate e.g. medical Royal Colleges/Faculties, specialty associations, training deliverers.
Standard: Postgraduate training must be quality controlled locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

Domain 3. Equality, Diversity and Opportunity
Postgraduate training must be fair and based on principles of equality.
Standard: Postgraduate training must be fair and based on principles of equality.

Domain 4. Recruitment, selection and appointment
Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.
Standard: Processes for recruitment, selection and appointment must be open, fair, and effective.

Domain 5. Delivery of curriculum including assessment
The requirements set out in the curriculum must be delivered.
Standard: The requirements set out in the curriculum must be delivered and assessed.

Domain 6. Support and development of trainees, trainers and local faculty
Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.
Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Domain 7. Management of Education and Training
Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.
Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Domain 8. Educational resources and capacity
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.
Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Domain 9. Outcomes
The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.
Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.