Royal College of Surgeons of England

ADVANCING SURGICAL CARE

Surgical Tutor Handbook

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President's foreword

Congratulations on your appointment as a surgical tutor and thank you for taking on this important position.

You are now a member of the largest group of College representatives and play a vital role in supporting the training and education of the next generation of surgeons. As RCS England President, I profoundly value the 'on the ground' experience that surgical tutors bring to the College, helping us understand the issues faced by trainees and trainers across the UK.

A good surgical tutor will act as a conduit for the flow of information across three different organisations: their trust, health board or hospital; the College; and the regional school of surgery. They make themselves known and accessible to trainees and trainers alike, maintain high standards of education, troubleshoot and problem solve, and share best practice. This is by no means an easy task and the hard work and time that tutors dedicate to the role are greatly appreciated. Being a surgical tutor is challenging but also extremely rewarding and is often the first step towards a successful career in education, training and standards, whether in the College or elsewhere.

This handbook was first published in 1999 and has been updated several times since then. Rather than seeking to answer every question that you may have, it provides a brief summary of key topics important to your role as a tutor and signposts you to other resources that will provide you with more information. We will endeavour to ensure that this handbook is updated regularly to reflect the ongoing changes we face as a profession.

As I write this, surgery in the UK is facing some of the biggest challenges in its history. As we recover from the COVID-19 pandemic and restore surgical services, we will have to think creatively about how we train the next generation while also motivating and supporting consultants to work in different ways to provide care to the huge number of patients who need it.

We are here to support you in facing these challenges over the years ahead and I look forward to working with you.

Professor Neil Mortensen
President of the Royal College of Surgeons of England

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1 The surgical tutor role description

1.1 Summary

The surgical tutor is responsible for providing leadership to surgical trainees at all levels in an NHS trust and is appointed on a tripartite basis between three organisations: the Royal College of Surgeons of England (RCS England), the NHS trust, and the local branch of the relevant Statutory Education Body (SEB) such as Health Education England (HEE), Health Education and Improvement Wales (HEIW), or the Northern Ireland Medical and Dental Training Agency (NIMDTA) Schools of Surgery (SoS). The surgical tutor is an ambassador of RCS England, an advocate for the Intercollegiate Surgical Curriculum Programme (ISCP) and undertakes a key role for the trust in supporting and demonstrating good governance of surgical training matters.

Key roles include supporting and advising the Director of Medical Education (DME) and Foundation Programme Director (or equivalent roles) on educational resource issues for surgery in the trust, and liaising with the SEB via the Training Programme Directors (TPDs) and the Head of School.

The surgical tutor also provides a link to the relevant Regional or Devolved Nation Board for the College, where their role is to advise the RCS England Regional or Devolved Nation Director of service and educational issues affecting surgeons in their trust. This is an excellent role for someone with prior experience of education and wishing to continue their involvement in education and training issues.

It is expected that a minimum of 1 PA be allocated in job plans in order to fulfil the requirements of the role. Trusts receive funding from the relevant SEB to support educational activity, of which the surgical tutor role is an important part. Trusts may allocate funding to secure additional roles based on their local requirements, as long as sufficient time is allocated within a job plan.

Professionally accountable to:	RCS England via the Regional or Devolved Nation Director
Managerially accountable to**:**	Trust Director of Medical Education
Educationally accountable to:	Head of School of Surgery
Term of Office:	An initial offer of three years, extendable by mutual agreement

1.2 Key roles and responsibilities

Support for trainees

- Act as a key point of contact for, and provide pastoral support and guidance to, all surgical trainees in the trust, including Higher Surgical Trainees, Core Surgical Trainees, International Surgical Training Programme trainees and Foundation Year doctors.
- Monitor the number and type of surgical posts within the trust and their educational opportunities.
- Become an active member of the relevant Core Surgical Training Committee (CSTC) or equivalent body, regularly attend meetings and support its activities, such as teaching and

Annual Review of Competence Progression (ARCPs), as required.
- Ensure all trainees have access to local/regional teaching sessions and study leave.
- Identify and support any trainees in difficulty or with differing needs and liaise, where necessary, with the SEB local office, appropriate TPD, and/or Assigned Educational Supervisor (AES) to help develop appropriate interventions.
- To participate in the trust's trainee interviews for the **RCS England International Surgical Training Programme (ISTP)** if and when required, and to inform the ISTP team of the capacity and capability of their trust's departments to meet the training objectives and needs of an ISTP trainee.
- Provide guidance where appropriate for Specialty or Associate Specialist (SAS) surgeons, locally employed doctors (LEDs) and members of the wider surgical care team, liaising with local roles where they exist.
- Liaise with other groups of healthcare professionals and members of the surgical care team.

Support for trainers
- Act as a lead for surgical education at the trust and as a single point of contact for all those involved in educational activities for any matters involving surgical education.
- Support faculty development so that those involved in educational activities meet General Medical Council (GMC)/RCS England standards for trainers.
- Represent the interests of surgery in medical education meetings at the trust and work closely with those involved in training and education within the trust including the DME or equivalent, Postgraduate Centre Manager and Medical Director, as well as consultant colleagues.

Advocate for ISCP
- Act as an advocate for the ISCP; ensure all trainees and their trainers are aware of the requirements of the curriculum, are capable of using the ISCP system and its tools, and have participated in the formulation and assessment of learning objectives.
- Attend Core Surgery inductions as necessary and promote the use of ISCP and RCS England services.

RCS England ambassador
- Promote membership of RCS England via examinations, promote RCS England educational courses, and signpost other relevant services which support surgeons within the trust, including the ISTP.
- Attend the RCS England Regional Representative Conference held each year, and disseminate information on policy and guidance to trust colleagues.
- Attend Regional or Devolved Nation Board meetings to advise the RCS England Regional or Devolved Nation Director of service and educational issues, affecting surgeons in the trust/region.
- Engage with the annual (or as required) arrangements for review/assessment of the surgical tutor role in the SoS or trust, conducted on paper or by the appropriate panel, as required.
- Work with the relevant Outreach Hub, Head of School, Regional or Devolved Nation Director and TPDs to ensure that a free flow of information on the full range of surgical matters is disseminated to trust colleagues.

1.3 College support for the role

RCS England is committed to having surgical tutor representation in all trusts and will endeavour to ensure all surgical tutors are fully supported via the Outreach Hubs and Regional or Devolved Nation Directors.

In addition to the annual Regional Representative Conference (which surgical tutors are expected to attend), RCS England will establish the following mechanisms for ensuring surgical tutors feel updated and supported in their role:

- Dedicated surgical tutor induction and educational sessions at the College and the Outreach Hub in Manchester, linked to Regional Representative Conferences.
- Further networking and information sharing opportunities to encourage collegiality among all regional representatives.
- Attendance at the College's **Excellence in Surgical Supervision (ESS)** course is strongly recommended for all surgical tutors. Details of future dates and courses can be found on the College website. Costs are to be covered by the individual.
- This handbook and other online resources.

RCS England is committed to working collaboratively with trusts and SoS in order to provide ongoing Continuing Professional Development and support to surgical tutors, recognising the important contribution that they make to surgical education and training. The SoS may invite surgical tutors to regional inductions and/or professional development sessions, and the Trust, through the DME or equivalent, should provide relevant and ongoing professional development to the surgical tutor.

RCS England, the SoS and the trust will conduct regular appraisements of the surgical tutor to ensure that they have the support necessary to undertake the role. It is recommended that this is led by the DME or equivalent with appropriate support and input from RCS England and the SoS where relevant.

1.4 Appointment process

The surgical tutor role is a partnership between RCS England, the Trust and the SoS and as such this role description should be negotiated with the relevant Trust DME or equivalent in advance of any appointment. The role description is a guide to the range of responsibilities and may be subject to change, in accordance with national, Trust or SoS objectives, but will be based on a number of key principles:

- A surgical tutor is required to have an established or honorary consultant, SAS surgeon, or equivalent senior medical appointment in the NHS and also be a Fellow of RCS England. Where a vacancy exists, this will be advertised to all consultants and SAS surgeons in the hospital/trust in liaison with the Outreach Manager.
- The interview panel should consist of the trust DME or equivalent, Head of School of Surgery (or a deputy), and an RCS England representative (this can be the Regional Director, the Regional Council Member and/or an Outreach staff member, but at least one must be present).
- If required, a representative of the surgeons in the trust and/or the Medical Director could be included on the panel. The panel will be convened by RCS England in conjunction with the trust.
- After due process, RCS England will formally appoint the surgical tutor and this will be ratified by the RCS England Council.
- Time must be available within the job plan to support the role and should be negotiated with the relevant trust's DME or equivalent in advance of the appointment process. RCS England and the SoS recommend that a minimum of one Professional Activities (PA) session is allocated to this role. Applicants should discuss this with their Clinical Director and/or the trust's Medical Director before submitting an application.
- RCS England requires surgical tutors to carry out their duties as set out in the role description, and acknowledges their dedication and value within the workplace. In some cases, there may be issues within the workplace that make it difficult for the surgical tutor to allow sufficient time for the role. This could be due to lack of PA time or other conflicting

professional commitments that make it difficult to attend external events or meetings. If you are in a situation where you feel that you cannot fully undertake the role, please speak to your respective Outreach Manager as soon as possible for advice, who will also be able to explain options available to you, such as appointing a deputy.

- Upon being appointed, the surgical tutor will be invited to a compulsory central RCS England induction for all new surgical tutors (in London, Manchester or virtually). They will be advised of the dates upon appointment.

1.5 Commitment to the surgical tutor role

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

In some cases, there may be issues within the workplace that make it difficult for the surgical tutor to allow sufficient time for the role. This could be due to lack of supporting professional activity (SPA) time or other conflicting professional commitments that make it difficult to attend external events or meetings, such as the SoS CSTC. If you are in a situation where you feel that you cannot fully undertake the surgical tutor role, please speak to your respective Outreach team as soon as possible for advice.

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

1.6 Surgical tutor person specification (suggested)

Essential	
A Fellow of the College in good standing or prepared to apply for a transfer or ad eundem Fellowship on the basis that the fee will be waived for the period of appointment	Application
A surgeon who holds their Certificate of Completion of Training (CCT), or is on the Specialist Register, and holds a minimum of five sessions with the trust	Application
Holds a consultant, SAS surgeon, or equivalent senior medical post	Application
Knowledge of education principles, with an active, informed and continuing interest in postgraduate medical education and career guidance of surgeons in training. Previous experience of postgraduate education	Application and interview
Knowledge of RCS England activities and services and a willingness to promote and signpost as appropriate	Interview
An awareness and ability to further the aims and policies of the Intercollegiate Surgical Curriculum Programme. Able to contribute to faculty development	Application and interview
A knowledge of management structures at trust and Deanery level. Able to facilitate the delivery and monitoring of high quality surgical training	Interview
Strong leadership skills and an ability to manage change effectively in postgraduate medical education	Interview
Well organised, with excellent interpersonal and time management skills	Interview
Approachable and able to make time to see trainees	Interview
A knowledge and understanding of Equality & Diversity legislation, regulations and procedures	Application and interview
Able to negotiate for resources and advocate the educational agenda	Interview
A knowledge of IT/online education and recruitment systems	Application and interview
Be a GMC-accredited named postgraduate educational supervisor	Application and interview
Up to date with current issues in medical education and those issues affecting the relevant School of Surgery area and/or trust	Interview
Desirable	
Able to cooperate with other health professionals to promote multidisciplinary working	Interview
Previous clinical management experience and/or commitment to management training	Application

2 Surgical training

2.1 Regulation – the GMC

The GMC registers doctors to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. It has five main functions: keeping up-to-date registers of qualified doctors; setting the professional values, knowledge, skills and behaviours required of doctors; overseeing standards of medical education and training; maintaining and improving standards through revalidation; and investigating and acting on concerns about doctors. As the regulatory body, the final decision on approval of posts and programmes designed to lead to the award of a certificate of completion of training (CCT) or a certificate of eligibility for specialist registration (combined programme (CESR (CP)) is made by the GMC.

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

The GMC has undertaken the production and promotion of **Good Medical Practice (GMP)**. GMP is the underpinning framework for all doctors registered with the GMC and involved in the delivery of care to patients. To ensure maximum trust for patients, it outlines the professional duties of a doctor and how they must show respect for human life and make sure their practice meets the standards expected across four domains: knowledge, skills and performance; safety and quality; communication, partnership and team working; and maintaining trust. The GMC issues registered doctors with a UK licence to practise and all licensed doctors who practise in the UK have to demonstrate that they are meeting the GMP domain expectations through **revalidation** in order to maintain their licence.

GSP has been produced by RCS England and endorsed by the other surgical royal colleges and surgical specialty associations (SSAs), to delineate the specific duties of a surgeon, mapped to the GMP standards.

2.2 Organisation of surgical training

Health Education England (HEE) was established as a special health authority in June 2012, taking on some functions from October 2012 before assuming full operational responsibilities from April 2013. From that time, it has been responsible for the organisation of medical and dental education in England as well as for the education, training and personal development of every member of NHS staff. HEE operates across seven regions which are co-terminus with the **NHS England and NHS Improvement regions**. Before the foundation of HEE, each region's postgraduate deanery had held the responsibility for postgraduate specialty training under the auspices of the relevant strategic health authority (SHA). The deaneries were subsequently subsumed into the HEE structure and use of the term 'deanery' ceased, though the role of

postgraduate dean was retained. Each postgraduate region is now known as Health Education <name of region>, and they are supported by various local HEE offices. Some HEE regions have multiple local offices, which are in turn co-terminus with the SoS, as in the following table.

HEE Region	Local office(s) and School(s) of Surgery
East of England	East of England
London	London
Midlands	West Midlands East Midlands
North East and Yorkshire	North East and North Cumbria Yorkshire and the Humber
North West	North West
South East	Kent, Surrey, Sussex Thames Valley Wessex
South West	Severn Peninsula

In Wales, responsibility for specialty training remains with **Health Education and Improvement Wales (HEIW)** and in Northern Ireland, via the **Northern Ireland Medical and Dental Training Agency (NIMDTA)**. **NHS Education for Scotland** performs the same role for Scotland, though RCS England is not involved in the organisation of any surgical tutors there.

The Health Education organisations in the UK are collectively known as Statutory Education Bodies (SEBs) and are responsible for delivering specialty training in accordance with the GMC-approved specialty curricula.

2.3 Postgraduate deans

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

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

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

In England, there is a postgraduate dean for each HEE local office and, in HEE regions where there is more than one local office, a regional postgraduate dean.

2.4 Schools of surgery

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

The first School of Surgery (SoS) was established as a pilot in 2005/2006 and the model has been developed and refined since then. Each school is led by a Head of School (HoS), often appointed in conjunction with the College; this is done in open competition and the term of office is normally three years in the first instance. Local needs have determined the structure of each SoS but it would be usual for there to be a board (meetings held three or four times per year), with other possible sub-committees such as an executive group, a quality management group and an education group. The postgraduate dean is often a board member and other members may include a trust chief executive, at least one College representative, a lay or patient liaison group representative, and a trainee representative.

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

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

2.5 The Joint Committee on Surgical Training

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

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

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

2.6 Core surgical training committees (CSTC)

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

Membership of this committee is agreed locally but normally includes the College's surgical tutors

as well as some specialty representatives. Included in the remit of this committee may be responsibilities for recruitment and on-going quality monitoring of early years posts. The CSTC may also ensure an appropriate regional teaching and/or simulation programme is in place to complement workplace-based experience, in line with the curriculum. The surgical tutor has a key role to play on this committee to both feed in concerns or achievements from their own trust or hospital site, to discuss issues affecting the regional programme and to gain updates. Some smaller schools may not have a separate CSTC and its functions may be delivered by the school board.

To complement the work of the JCST's ten SACs, the surgical royal colleges established an intercollegiate Core Surgical Training Advisory Committee (CSTAC) in 2011. This includes representatives of the SACs and core TPDs.

2.7 Core training programmes – CT1/CT2

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

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

a. Themed programmes may offer either one or two-year rotations, with a variety of surgical posts. The CT1 year may have three four-month placements or two six-month placements, with the CT2 year being two placements of six months each. However, trainees know from the outset that in CT2 they are guaranteed posts in their specialty of choice and that their CT1 posts have been in surgical posts aligned to their specialty 'theme'. For example, in an ENT theme, the CT1 posts may be ENT, plastic surgery and general surgery, and the CT2 posts may both be ENT.
b. Generic programmes offer either one or two-year rotations, with a variety of surgical posts. The CT1 year may have three four-month placements or two six-month placements, with the CT2 year being two placements of six months each. Trainees may be asked to select a preference as to which specialty posts they might like to do in CT2 but there is no guarantee that this will be possible. Some SoS use a credit-based system or relatively formal interviews in order to allocate posts in CT2.

2.8 Improving Surgical Training (IST)

RCS England was originally commissioned by HEE to evaluate approaches to improving surgical training. Following a detailed review which recommended the evaluation of a number of initiatives, pilot IST training posts were established in General Surgery, Vascular Surgery, Urology and Trauma and Orthopaedics. The pilot trialled improvements in the quality of training, a better balance between service and training for trainees, and professionalisation of the role of the surgical trainers. It also assessed how members of the surgical team from other professional backgrounds could work alongside surgical trainees to improve patient care.
The aims of the pilot programme were to:

- provide trainees with a better balance between training and service delivery;
- build cross-specialty and cross-professional competencies;
- improve the quality of training posts by enhancing the role of trainers to enable them to dedicate more time to deliver training;
- adapt different rota designs to allow surgeons to train more during daytime hours;

- develop surgical skills earlier through focused training opportunities, simulation etc so that time is not wasted, particularly in the early years of surgical training;
- train and develop a workforce from other professions (the wider surgical team) to support trainees to help deliver better patient care and free up their time for more training.

In England, the pilot programme began with General Surgery in 2018, was expanded to Urology and Vascular surgery in 2019 and to Trauma and Orthopaedics in 2020. The rollout in the devolved nations was slightly different with Scotland adopting a bigger programme at an earlier stage, initially in Core and General Surgery with the addition of Urology and Vascular surgery in 2020. In Wales the pilot has taken place in General Surgery only and there have been no IST pilots in Northern Ireland.

The pilot IST programme was completed at the end of 2021and the final independent evaluation report is awaited. It is planned to consider how the lessons from IST can be taken forward for the benefit of future surgical training particularly in the context of the College Future of Surgery Commission and technological advances in surgical practice.

2.9 Specialty training

After the acquisition of core competencies and successful completion of the **Intercollegiate MRCS exam** a trainee is eligible to apply for ST3 specialty training (except in any specialties with run-through training or IST posts). Once at ST3 level, a trainee is expected to progress through the intermediate and/or final stages of his or her particular specialty curriculum, known as ST3–ST8 (or ST3-7 in urology and OMFS).

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

2.10 Recruitment

Core surgical training
The Core Surgery National Recruitment Office (CSNRO), based within Health Education Kent, Surrey and Sussex, administers the national process for entry into CT1 each year. Applications are normally open from November each year, with a closing date of early December; interviews are then held centrally in January over a two week period, with offers being made from late February. Interview panels are made up of consultants (often surgical tutors) from around the UK, who normally each participate for one to three days. Typically, there is no shortlisting undertaken, so every applicant is guaranteed an interview (subject to longlisting). Three interview stations are used – portfolio, management, and clinical scenario – but others, such as practical skills or communication stations, are under consideration. Currently the CSNRO recruitment process is for entry into training posts for the following August, except in Health Education London and Health Education Kent, Surrey and Sussex where it is for October entry.

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

COVID-19's impact on recruitment
During 2020, most national selection processes were significantly impacted by the need for social distancing and a reduction in travel, and the pressures on the NHS. Core surgical training, and several specialty training, programmes used a self-assessment tool and virtual interviews to select candidates. The JCST have provided updates in the **'Key documents: COVID-19 JCST guidance'** section of their website.

2.11 Annual review of competency progression (ARCP)

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

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

The ARCP panel will normally review the evidence submitted via the **ISCP website** and make its recommendation without the trainee being present. Depending on local processes, trainees may then be called in to speak with the panel, where they will receive immediate feedback on their ARCP 'outcome' together with an opportunity to discuss other training issues.

Within the ISCP portfolio the trainee should have evidence of:
- an active learning agreement;
- a minimum of three meetings with their AES;
- an AES summary report;
- the appropriate mix of validated workplace-based assessments;
- a satisfactory multiple consultant report (MCR);
- an appropriate mix of "other" evidence;
- an up-to-date logbook.

There are nine possible outcomes that the ARCP panel can award, with two having been developed since the start of the COVID-19 pandemic:

Satisfactory Progress
1. Achieving progress and competences at the expected rate.

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

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

Recommendation for completion of the training programme (core or higher)
6. Gained all required competences for the training programme.

Outcomes for trainees out of programme or not in run-through training
7.1. Satisfactory progress in, or completion of, the LAT/FTSTA placement.
7.2. Development of specific competences required – additional training time not required.
7.3. Inadequate progress by the trainee – additional training time.

7.4. Incomplete evidence presented – LAT/FTSTA placement.
8. Out of programme - OOPE (experience), OOPR (research), OOPC (career break), OOPT (training placement) or OOPP (pause).

Outcomes related to the COVID-19 pandemic
10.1. Satisfactory progress but acquisition of competences or capabilities has been delayed by COVID-19 disruption. Trainee is not at a critical progression point, and can progress to the next stage.
10.2. Satisfactory progress but acquisition of competencies or capabilities has been delayed by COVID-19 disruption. Trainee is at a critical progression point, and additional training time is required.

2.12 Revalidation for trainees

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

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

2.13 The Gold Guide

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

The standards and requirements set by the GMC, including those in GMP, are quoted extensively to ensure that the Gold Guide is underpinned by them. The guide is the recognised framework by which postgraduate deans undertake their operational activities so that, as far as is practicable, a uniform approach is adopted across the UK. The latest version of the **Gold Guide** (8th edition) dated January 2020 is available on the COPMED website but is subject to constant revision.

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

All CT2 trainees exiting their core surgical training programme and all applicants for entry into a surgical specialty at ST3 (ST4 for neurosurgery) must be in possession of the Intercollegiate MRCS exam – the professional qualification for surgeons from the UK – or, if applying to ENT, the Intercollegiate MRCS (ENT).

The MRCS examination is managed by the **Intercollegiate Committee for Basic Surgical Examinations (ICBSE)**. The syllabus, format and content of the examination are common to all four surgical royal colleges of the UK and Ireland. Candidates can enter any part of the examination through any college but may enter with only one college at each sitting.

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

The Intercollegiate MRCS exam is in two parts:

Part A (MCQ)
Part A is an overall five-hour multiple-choice question examination consisting of two papers, the first three hours long and the second two hours long, taken on the same day. Paper 1 covers applied basic sciences with Paper 2 covering the principles of surgery in general. The marks for both papers are combined to give a total mark for part A. To achieve a pass in part A the candidate will be required to demonstrate a minimum level of competence in each of the two papers, in addition to achieving or exceeding the pass mark set for the combined total mark for part A.

Part B (OSCE)
The objective structured clinical examination (OSCE) will normally consist of 18 examined stations each of nine minutes' duration in two broad content areas:

- applied knowledge: consisting of anatomy, surgical pathology, applied surgical science and critical care;
- applied skills: consisting of communication skills in giving and receiving information, history taking and clinical & procedural skills.

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

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

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

MRCS (ENT) and DO-HNS
The examination route for entry to ST3 in otolaryngology is different to other specialties and a separate examination, the Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS), exists. Trainees can take one of two routes:

Option 1 – MRCS (ENT): Taking the MRCS Part A examination, followed by the DO-HNS Part 2 examination.
Option 2 – MRCS and DO-HNS: Taking both MRCS Parts A and B and DO-HNS Parts 1 and 2

Option 1 is a quicker route for trainees but Option 2 provides greater flexibility to the trainee as they may apply for other surgical specialty training programmes. In 2022, the DO-HNS is being discontinued so new candidates will only be able to acquire the MRCS (ENT) via Option 1. Any existing candidates who hold DO-HNS Part 1 will still be able to obtain the diploma if they pass DO-HNS Part 2 within seven years of passing Part 1.

COVID-19's impact on surgical examinations
Several examination sittings, or diets, were cancelled throughout 2020 due to the emergence of the COVID-19 pandemic. Diets resumed in autumn 2020 with significant changes, including MRCS Part A and DO-HNS Part 1 taking place online and significant modifications of the OSCE for MRCS Part B and DO-HNS Part 2. More information is available on **ICBSE's website**.

2.15 Trainees in difficulty

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

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

The School of Surgery and your trust's DME will be able to support you, trainers and trainees access the relevant protocols, guidance and resources for managing and supporting trainees in difficulty. They may also run courses or awareness sessions on this, or have information available online. SAC liaison members may also need be involved. It is therefore important that, where an issue is clearly one that is not easily resolved 'on the ground', you have liaison and support from the appropriate person(s) and do not try and deal with any apparent problem in isolation. It is also essential that trainees are supported throughout any remediation or support processes.

It is helpful to seek regular updates on every trainee – often a trainee in difficulty will demonstrate a failure to engage across the board. Proactively seeking out information (for example from the ISCP) may help identify a trainee who is disengaging or failing to reach milestones. The process of identifying a trainee in difficulty is often a good starting point to help understand what needs to be in place to support them.

The relevant SoS or equivalent body should have access to a team within the SEB who can provide support to trainees, often known as a Professional Support Unit (PSU). Trainees in difficulty should be encouraged to explore accessing this service if needed. Relevant services in England can be found **here** and in Wales, **here**.

Any surgical trainees who are affiliates, members or fellows of RCS England can access the **Confidential Support and Advice Service (CSAS)**, free-of-charge and accessible 24/7. CSAS offers access to trained counsellors who can arrange referrals to an appropriate surgical colleague who will be able to offer confidential and impartial advice.

2.16 Advice on avoiding bullying behaviours

It is important to consider the impact of behaviours on others and, as a surgical tutor, you may be involved in scenarios where complaints of bullying have been made. Bullying is where an individual or group abuses a position of power or authority over another person or persons that leaves the victim(s) feeling hurt, vulnerable, angry, or powerless. Often those accused of bullying are devastated as they did not intend their behaviour to have that impact. A surgical tutor may need to contribute to a way forward for both parties. The RCS England **Avoiding Unconscious Bias** web pages provide access to College guidance, a 30-minute e-learning module on bias and behaviours, and an archived webinar on bullying. This is recommended reading for all surgical tutors and should be offered to colleagues when needed.

Typically senior surgeons with high standards who expect dedication and are valued as trainers by well-performing trainees sometimes have difficulty coping with a poorly-performing trainee, or

another staff member who does not seem to be working to their expectations. For these situations, it can be helpful for the senior to allow more time for listening, to ask questions and to clarify a minimum level of expectation (eg notes to be written in, start time of rounds, allocation of leave, ability to make clear decisions etc). They may need to realise that it is usually better to frame the task or behaviour as the problem, not the person. Allow time to have a discussion about what options are available to change as expectations may not be clear. Usually it is helpful to define the actual problem and consider whether or not there is a skill gap that could be improved in a different way.

Bullying online ('cyber-bullying') includes electronic communications that are perceived as bullying, but this may not have been the sender's intention. Care should be taken to re-read emails to avoid distress, to avoid copying in unnecessary recipients and to avoid putting undue work pressure when the recipient is outside of work time.

2.17 Equality, diversity and inclusion

While the exact definition of these terms vary across organisations and sectors, and develop and change over time, broadly speaking:

Equality refers to ensuring that individuals or groups and are not discriminated against or treated less favourably than others.

Diversity is recognising, respecting and celebrating difference. In many ways it is fact--based and can be measured as it concerns the composition of groups, teams or organisations.

Inclusion is a process of creating environments where contributions are sought and valued from a diverse group of individuals and those individuals feel valued and welcomed.

The College is undertaking a substantial piece of work to put diversity, in its widest sense, at the heart of its strategy, following the findings of an **independent review** into the diversity of College leadership, led by Baroness Helena Kennedy.

Surgical tutors should be involved in supporting the development of diverse, inclusive teams, and take the opportunity to support trainees and trainers to be the best that they can be. Each NHS trust and SoS will have their own approaches, policies and support in this area and tutors should make themselves aware of these in order to signpost these to trainers and trainees. Surgical tutors are encouraged to read the College's **Avoiding Unconscious Bias guidance** and to complete the **free e-learning module**.

Wellbeing support
Part of creating inclusive teams is ensuring that trainees and trainers access the help they need when the many pressures of a career in surgery have a negative effect on mental health and wellbeing. RCS England fellows, members and affiliates can access the Confidential Support and Advice Service, free of charge, 24 hours a day, seven days a week by visiting the **Confidential Support and Advice Service** or by calling 020 7869 6221. Tutors should also be aware of local trust and regional SoS support mechanisms and support colleagues accessing these.

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

Background
The College is very supportive of trainees wishing to train less than full-time and encourages trusts and LETBs to be as accommodating as possible to the needs of trainees considering LTFT. Lessons can be learnt from other medical and craft specialties that have been able to accommodate LTFT trainees within their rotas and training programmes. Craft skills take time to master and LTFT training programmes must provide sufficient time to allow this. Many of those training LTFT do so

only for a relatively short period and go on to work full time in their substantive post. Likewise, rotas accommodating academic trainees – who spend a proportion of their time undertaking research – can provide models for accommodating LTFT trainees. LTFT training must be both supported and seen to be supported in order to be considered as a realistic career option for all trainees in surgery.

General principles

There is a well established and nationally agreed set of principles and processes for arranging LTFT training. All trusts and LETBs should have a local LTFT training policy that is readily accessible to trainees and trainers. Policies should be constructed to reflect NHS Employers' Principles underpinning the new arrangements for flexible training.
The overriding principle in relation to LTFT training should be one of fairness. LTFT training policies should be drafted to be accessible and clear, presenting LTFT working in a positive light. Training programmes must meet all relevant legal requirements, including those related to employment law, and training and working time regulations. It can be challenging to devise duty rotas for LTFT trainees but there is a breadth of experience for advice from the HEE local offices.

Programme content

The training programme for a LTFT trainee should provide the same educational opportunities on a pro-rata basis as that of a full-time trainee, including operating lists, clinics, multidisciplinary team meetings, out-of- hours working, audit, research and teaching. LTFT trainees should be given sufficient opportunities to
achieve the curriculum requirements required of their specialty training programme.

Programme organisation

There are three main options for LTFT training:

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

Trainees should be made aware of how LTFT training would affect working patterns, length of training, salary etc. All those involved in training and supervising surgical trainees should strive to be accommodating and supportive of LTFT trainees, including making the process of organising LTFT training as straightforward as possible.

The College's flexible working advisor is available to provide information and advice to surgeons and trainees considering LTFT training, contact ois@rcseng.ac.uk.
Further information about LTFT training is available on the College's website http://surgicalcareers.rcseng.ac.uk/flexible-working and on the JCST website www.jcst.org.
There is also support available from the LTFT Champion within each trust.

3 Curriculum

3.1 Intercollegiate Surgical Curriculum Programme (ISCP)

The JCST is the parent body for the ISCP and develops curricula in collaboration with the SACs and SSAs which are approved by the GMC. All surgical trainees must follow the relevant specialty curricula hosted on the **ISCP** website. Each curriculum is updated and developed by the JCST on a regular basis, the latest substantial update came into force in August 2021.

From August 2021, surgical training is outcomes-based. Trainees will be assessed against the fundamental capabilities required of consultants. The end of training will be reached when supervisors agree that a trainee is performing at the level of a day-one consultant, successfully managing the unselected emergency take, clinics and ward care, operating lists and multidisciplinary working while demonstrating the generic professional behaviours required of all doctors.

At the heart of these changes is the principle that the knowledge and skills essential for everyday practice should be reflected authentically in the assessment system. The existing curriculum had attracted criticism for relying too heavily on competency-based training with not enough emphasis placed on the holistic professional judgement of clinical supervisors. Because of this, ISCP are introducing a new assessment called the Multiple Consultant Report (MCR) encompassing the new concepts of the GMC's **Generic Professional Capabilities (GPCs)** and Capabilities in Practice (CiPs).

The GPC framework sets out the essential generic capabilities that the GMC has identified as being needed to deliver safe, effective and high quality medical care in the UK. The GPCs translate the principles and professional responsibilities of doctors into educational outcomes across six domains and are necessary components of all postgraduate curricula across every medical specialty.

This curriculum change was the result of new standards for curricula introduced by the GMC: **Excellence by design** and the **Shape of Training Review**. It followed a lengthy consultation process with input from trainees and trainers and contributions from a wide range of stakeholders including NHS employers, service and education providers, patient and lay groups, statutory education bodies and experts in curriculum and assessment design. The curriculum is appropriate for trainees preparing to practise as consultant surgeons in the UK.

ISCP support
The ISCP website has a wealth of resources dedicated to the **new curriculum** and surgical tutors must be familiar with them in order to provide support to both trainers and trainees in their trusts.

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

3.2 Multiple Consultant Reports (MCR)

One of the most substantial changes introduced in the new curriculum is the concept of an MCR, which provides an opportunity for clinical supervisors to come to a holistic judgement when assessing trainees.

The MCR will become the primary assessment in the workplace, which, together with the other mandatory assessments, will be used by the trainee's Assigned Educational Supervisor to make an end of placement report which will feed into the information presented to the ARCP.

Find more information on the **MCR on the ISCP website.**

3.3 Logbooks

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

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

3.4 Supervisory roles

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

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

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

Assigned educational supervisor (AES)
The AES is normally nominated by the TPD and is responsible for between one and four trainees at any time. In particular the AES is charged with:

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

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

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

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

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

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

3.5 The learning agreement (LA)

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

The ISCP website provides details of changes to the LA as part of the new curriculum in August 2021.

4 Quality Assurance (QA)

4 Quality assurance (QA)

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

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

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

5 College support and facilities

5.1 College support in the regions

Aside from its role in education and training, a major strategic priority for the College is to support surgeons in the workplace to implement and maintain professional standards of patient care. The College is committed to providing support for surgeons in the workplace through a regional network that provides:

- a strong, unified national voice for surgery;
- effective professional leadership for local surgeons and stakeholders through Regional or Devolved Nation Boards, each Chaired by a Regional or Devolved Nation Director.
- support for surgeons in difficulty;
- support with job planning, career development and revalidation processes through the regional specialty professional advisors (RSPAs) and College-ratified representatives of the 10 SAC-defined SSAs;
- Support for trainees, working in partnership with surgical tutors;
- The College provides local support and advice across England, Wales and Northern Ireland.

Regional representatives include:

- Regional Directors
- Regional Council Members
- RSPAs
- surgical tutors.

Regional Boards, chaired by the Regional and Devolved Nation Directors, bring together local stakeholders and regional representatives to discuss matters affecting the delivery of local surgical services. Surgical tutors are strongly encouraged to attend their local Regional Board meetings to raise issues related to surgical training. Contact details for Regional and Devolved Nation Directors can be found on our **website**.

5.2 RCS England Outreach

Two Outreach Hubs – one based at the College in London with another in Manchester – provide support to Regional Representatives across England. Dedicated Policy and Public Affairs Managers in Wales and Northern Ireland perform a similar role for the devolved nations.

The team's mission statement is to enable the College to grow by supporting members and potential members across the UK at all career stages, thereby reinforcing the regional relevance and value of RCS England to members and to the profession. This is achieved by:

- providing access to RCS England services;
- representing member and potential member interests at a College level;
- engaging and collaborating with external stakeholders.

The Outreach teams can be contacted by surgical tutors for any questions about accessing College services or seeking more information on College programmes or priorities.

- For queries from the North of England, the Midlands or Northern Ireland, contact **OutreachNorth@rcseng.ac.uk**
- For queries from London, the South East, South West or East of England, or Wales, contact **OutreachSouth@rcseng.ac.uk**

5.3 Regional and Devolved Nation Directors

The College has appointed several Regional and Devolved Nation Directors. Your Director is the local College spokesperson, engaging directly with fellows and members, SoS, local health education boards, commissioners and providers. Your Director chairs the Regional or Devolved Nation Board and represents the views of surgeons and stakeholders in the region or nation to the College, working closely with the Regional Council Member and Outreach team. Directors are consultant surgeons and not College employees.

Find the contact details for your Regional or Devolved Nation Director on the RCS England **website**.

5.4 RCS England annual regional representatives' conference

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

- College Regional Council Members
- Regional and Devolved Nation Directors
- Heads of School
- RSPAs
- surgical tutors
- TPDs.

The programme of the meeting varies depending on College and regional priorities. It is usually chaired by RCS England Council members including the RCS England President and Vice President and provides an opportunity for representatives to learn more about College services.

5.5 Careers support networks and membership

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

The scheme includes wide benefits, including
- selected bursaries;
- free online access to the College's Annals, Bulletin, FDJ and e-resources;
- free access to study facilities and learning resources via the Library & Archives service;
- regular online newsletters and ad-hoc emails keeping you up-to-date with developments in surgery and relevant training information.

It is strongly recommended that all trainees interested in a career in surgery register as an affiliate of the College **via the website** or by contacting **membership@rcseng.ac.uk** .

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

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

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

Visit **Women in Surgery** to find out more.

5.6 College journals (RCS England Publishing)

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

The College also publishes the *Bulletin* (six times a year) as well as the *FDJ*. The *Bulletin* includes non-clinical research, comment and feature articles. An annual *Trainees' Bulletin* was introduced in 2019 written for trainees' by trainees, and is usually published in September. As the official journal of the Faculty of Dental Surgery, *FDJ*, publishes opinion, research and feature articles. Fellows and members of the College have free online access to the full text of the journals.

5.7 Education

RCS England Education develops and delivers high quality education activities for trainees, SAS grades and consultant surgeons covering all surgical specialties, with many aimed at sub-specialist interest.

Surgeons attending courses are able to learn and practice new skills, refresh existing skills or prepare for examinations in a safe, controlled environment with the support of expert surgical faculty and other specialists as required. All courses are quality assured and, where regionalised, meet the nationally set standards for content and teaching methods.
To deliver its range of educational activities, RCS England Education has a team of enthusiastic and experienced course faculty. The course faculty plays a vital role in the running of the course portfolio. They voluntarily give up their time to attend and take part in the teaching on courses, and their contributions and feedback are used to develop and update the courses going forward.

RCS England courses offer a high quality educational experience for trainees and trainers, with many courses supporting trainees to develop skills and knowledge which are necessary for the completion of their training. Surgical tutors should familiarise themselves with the current **RCS England course portfolio** and be able to signpost trainees and trainers effectively.

5.8 RCS England quality assurance and accreditation

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

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

5.9 Library and Archives Services

The College's Library and Archives Services provides information to support members in their practice, research, professional development and educational activities.

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

5.10 Media relations

As a surgical tutor, you should never be asked to represent the College in any media or press activity.

All media enquiries about RCS England should be directed to the Press Office. If you have information or concerns about surgery in your hospital that the College should be aware of, or for further advice and assistance with dealing with the media, contact the RCS England Press Office via **email**, on 0207 869 6052/6047, or 0207 869 6056 for urgent out of hours enquiries.

Visit the **RCS England Media Centre** to read latest and past press releases.

5.11 Global affairs

Almost 25% of RCS England members reside outside the UK in approximately 100 countries. The RCS England Global Affairs Team supports the College's international engagement activities, develops partnerships and implements initiatives designed to improve access to safe, high quality and affordable surgical care, particularly in low and middle-income countries.

Our work makes a real difference. We have supported the training of more than 400 international medical graduates through our International Surgical Training Programme (ISTP)

and GMC Sponsorship Scheme. Our collaboration with the London School of Economics to establish the Global Surgery Policy Unit (GSPU) will help to strengthen the evidence base underpinning the important contribution that surgery makes to improving health outcomes and patient care.

Surgical tutors have an opportunity to get involved in all aspects of our international policy, advocacy, research, training, mentoring and capacity-building work. For further information, please email the team.

5.12 College roles and opportunities

As a surgical tutor, the College very much appreciates your current commitment to your role as a regional representative.

There are a variety of College roles that can be undertaken throughout your surgical career, in support of the profession. These include:

College role or activity	Further details	Contact
Contributing to journals	The College welcomes contributions for its key journals – *Annals*, *Bulletin* and *FDJ*. There are other opportunities to be involved with the journals and the peer-review process.	publications@rcseng.ac.uk
Becoming a College assessor	College Assessors of the Advisory Appointments Committee play an important role in ensuring the fair and transparent appointment of consultants.	collegereps@rcseng.ac.uk
Becoming an Examiner	Support college intercollegiate examinations activities in the UK and abroad.	MRCS&DOHNS@rcseng.ac.uk
Becoming a Regional Specialty Professional Advisor (RSPA)	RSPAs provide specialty advice to the Regional or Devolved Nation Director and consider and approve job descriptions.	collegereps@rcseng.ac.uk or contact your SSA
Becoming an Invited Review Mechanism (IRM) Clinical Reviewer	IRM Clinical Reviewers deliver reviews on behalf of the College to support service improvements.	irm@rcseng.ac.uk
Standing for College Council	The College relies on having a diverse pool of candidates for every round of elections to Council.	OutreachNorth@rcseng.ac.uk OutreachSouth@rcseng.ac.uk
Making a charitable donation	The College is very grateful to all of our charitable donors and sponsors, as without their continued support this work would not be possible.	fundraising@rcseng.ac.uk
Engaging with the College on social media	The College is building its social media presence and is always delighted to hear from members and representatives.	Twitter: @RCSNews Instagram: @RoyalCollegeofSurgeons Facebook: @RoyalCollegeofSurgeons LinkedIn: The Royal College of Surgeons of England
Supporting international medical graduates (IMGs) in the NHS	Surgical tutors can play an important role in providing advice and guidance to IMGs and ISTP trainees.	istp@rcseng.ac.uk
Help shape the College's global surgery programmes and advocacy campaigns.	A range of opportunities are available to contribute to the global health agenda of the College.	global@rcseng.ac.uk

6 Appendix

6.1 A Life in the Day of a surgical tutor

With thanks to the HEE SoS in the West Midlands, the following testimonial was submitted in May 2021 by a former tutor who has been promoted to a Core Surgical Training TPD.

- The day doesn't have to begin unnecessarily early: trainees aren't usually morning people either! The surgical day starts at 8am, but if you want to be able to park at work you are usually looking at being in the office at 7.30am. COVID-19 has resulted in more home working and better electronic communications so those days allow a more luxurious start. Happily at work we have been donated a fabulous coffee machine, so that is the start of the day.
- Emails with concerns, problems and unhappiness tend to come overnight, while the more joyous thank-you notes, exam success and training promotions are a daytime activity. Each day is different, as is each month.
- August for most trainees is induction and settling in to new posts, early crises regarding timetables, rosters and annual leave. September is classically MRCS Part A panic, study leave anxiety and the slow build to ST3 applications. October is exam results and MRCS Part B with all of the accompanying highs and lows. November is MRCS Part B results and the rush to get ST3 applications completed. The latter stress used to be December and January, but this year the application deadlines were brought forward as a result of the pandemic. December carries the drama of Christmas annual leave, January is again MRCS (A) examinations and impending changes in post. February is the build up to ST3 interviews, interview preparation and subsequent interviews, often in March. Thereafter it is further sittings of the examinations, interview results, ARCPs and rotational change!
- The surgical tutor's role is to facilitate local teaching (made easier by online virtual teaching platforms), provide examination and interview preparation; attend ARCPs; be a local interface between the College, school of surgery and the trust; provide expert AES support; be a portal of referral for trainees facing challenges to the Professional Support Units or wellbeing support services; ensure these trainees receive relevant local support; provide expert pastoral support, careers advice and encouragement; and be the local 'face' of the school of surgery and College.
- The lows involve doctors within the workforce being ill-advised, being given inaccurate information about progression and interviews, trainees repeatedly failing examinations but not being made personally aware, and workforce unhappiness and anxiety.
- The highs are trainees passing the exam, even higher when it is their final sitting! They include trainees in 'SuppoRTTed' return to work placements returning to a productive working environment and achieving career progression. Knowing your trainees have obtained their ST3 national training numbers, which is even more rewarding when it is their second attempt. Facilitating the trainee whom you are convinced has dyslexia getting their diagnosis and achieving exam success following coaching and focused revision. Delivering innovative teaching with positive feedback (and getting positive feedback even when you think the trainees won't see the purpose of a training event). Cajoling colleagues to restart courses and seeing the relief on your trainees' faces! One of the biggest highs is seeing a trainee

who needs additional psychological support start smiling again at work.

- The days involve face to face and virtual meetings with trainees, the trust's Education Department and the school of surgery. Having good links with the local support and occupational health services is crucial and subverts disaster. Regular liaison with TPDs is really helpful (not least because they can guide you through your personal computer technology ignorance!).
- The COVID-19 pandemic has meant that there is increased evening activity, with training events, meetings and trainee fora but the majority of the tutor role is a daylight activity, engaging with trainees within the working day.
- It was a great pleasure to be a tutor and an even greater joy to hear how 'my' trainees have progressed thereafter, with the intermittent email updates they kindly send."

7 Glossary

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

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