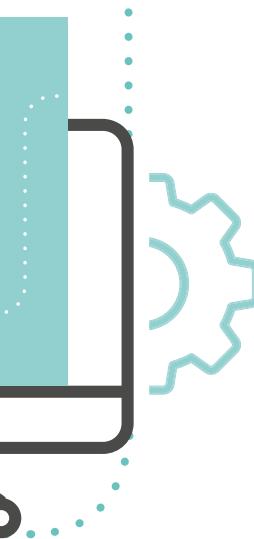




IMPROVING SURGICAL TRAINING

TRAINEE PROSPECTUS 2019



CONTENTS

Summary	4
Background	5
Training in the Improving Surgical Training pilot	6
Progression and length of training	8
Specialties	9
Preliminary pilot sites and IST posts	10
Scotland	14
Application process	15
FAQs	15
Enquiries	15

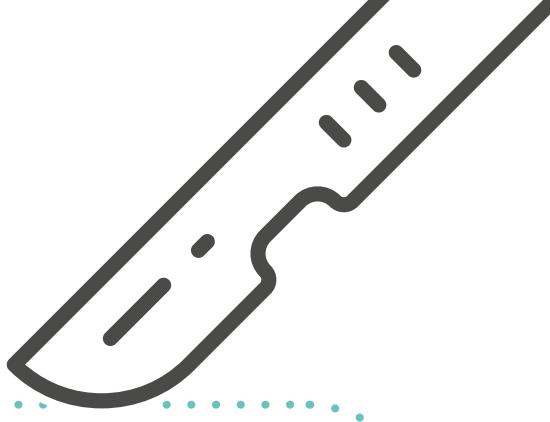
SUMMARY

Improving Surgical Training (IST) is a project led by The Royal College of Surgeons of England (RCS) and Health Education England (HEE), which aims to provide surgical trainees with a greater quality and quantity of training through a series of innovative initiatives. These include appropriate emphasis on clinical exposure supported by simulation, enhanced trainee–trainer interactions with dedicated training time and working with members of the surgical care team, also known as the extended surgical team (EST).

IST is an ambitious project that will be piloted alongside existing surgical training. It has already recruited its first cohort into the early years of run-through training in general surgery. IST trainees are appointed to a programme in which regular formative assessments will be used to ensure progress against the core surgery curriculum, with appropriate feedback, personal reflection and self-assessment.

The IST initiatives are intended to allow early years trainees to develop competencies at their own pace, with opportunities to gain skills usually acquired in more advanced training. Pilot trainees will have the opportunity to participate in the full range of specialty training. In 2019, the pilot will be recruiting a second cohort of trainees in general surgery alongside cohorts of trainees in urology and vascular surgery. Work is underway to include trauma and orthopaedic surgery from 2020.





BACKGROUND

Following the *Shape of Training Review*,² the RCS was commissioned by HEE in 2015 to investigate how surgical training in the UK could be developed. This led to the publication of the *Improving Surgical Training* report,³ which identified the following key issues:

- trainees being used for ‘service provision’ with limited emphasis on training
- shift working resulting in loss of trainee–trainer relationship and lost opportunity for valuable elective daytime training owing to a high proportion of on-call work, especially at night
- high dissatisfaction rates among surgical trainees, especially among core surgical trainees
- trainers with limited time to train.

The IST pilot aims to address these issues and create a surgical training system that produces competent, confident, self-motivated professionals who are able to provide the highest quality of care for patients in the NHS.

This will be achieved by:

- providing trainees with an appropriate balance between training and service by working closely with multi-professional colleagues
- professionalising and securing time for educational and clinical supervision to provide support and feedback, and to promote reflective practice
- introducing workplace-based formative assessments that focus on the development of a competent surgeon with defined knowledge and clinical and technical skills
- establishing a learning environment that embeds simulation for both technical and non-technical skills
- improving and enhancing overall experience to ensure greater job satisfaction
- ensuring the product at the end of training is at least the same as current training and meets current and future patient needs.

2. Shape of Training. *Securing the future of excellent patient care*. London: GMC; 2013

3. Royal College of Surgeons of England. *Improving Surgical Training*. London: RCS; 2015

TRAINING IN THE IMPROVING SURGICAL TRAINING PILOT

1. Providing trainees with an appropriate balance between training and service, working closely with multi-professional colleagues

IST will provide training opportunities for approximately 60% of the working week. Pilot placements are intended to be restricted to a minimum 1:10 on-call rota to provide appropriate time for elective training.

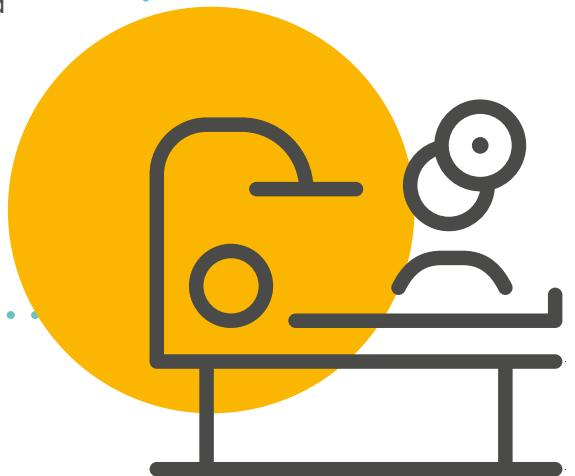
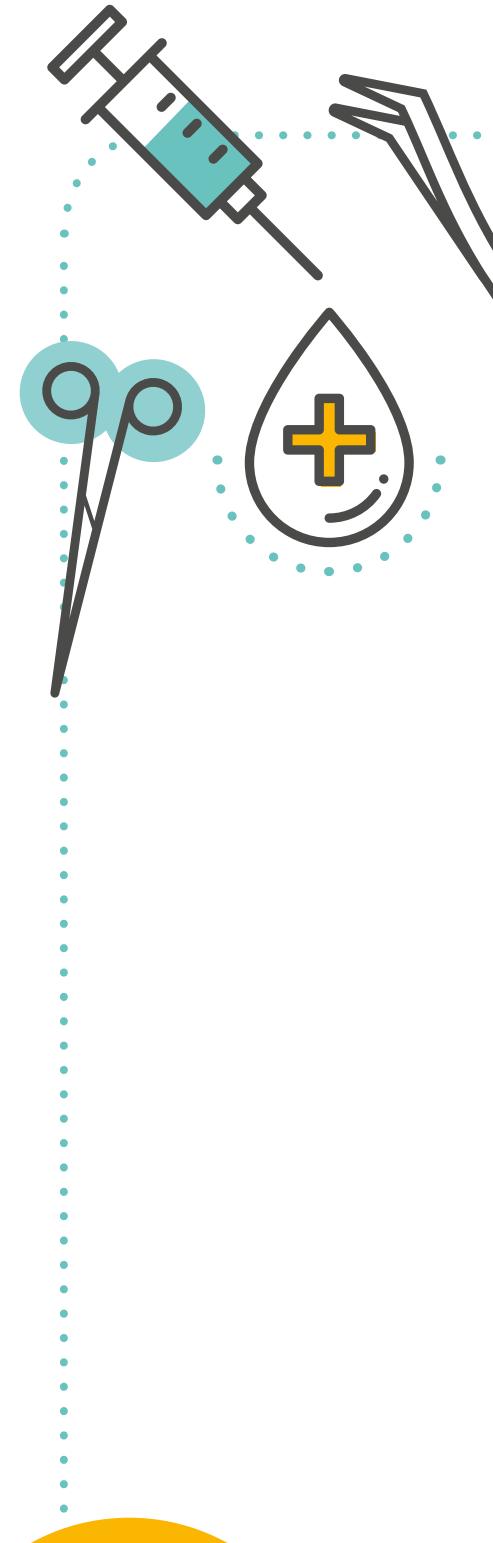
The IST pilot aims to champion the surgical care team (SCT or EST) to ensure that trainees' time is dedicated to activities of high educational value. The surgical care team may include advanced clinical practitioners, physician associates, surgical first assistants and surgical care practitioners. Further details can be found about these roles at www.rcseng.ac.uk/surgicalcareteam. Members of the SCT will work closely with pilot trainees in a number of sites, providing clinical support and reducing administrative responsibilities.

Pilot training placements will usually be of twelve months' duration, to allow the development of a more settled learning environment.

2. Professionalising and protecting time for educational and clinical supervision to provide support and feedback and promote reflective practice

Trainers of pilot trainees must have protected supervision time for training in their job plan and a minimum average of one hour per trainee per week to provide feedback and reflection. Trainers will be expected to support trainees in obtaining the appropriate opportunities within ward work, when treating outpatients, and in the operating theatre to gain the curriculum-defined skills for their stage of training.

Specific training for trainers will ensure that they are fully aware of the formative approaches inherent in IST, and provide feedback and encourage reflective learning by trainees. Trainers will be expected to maintain their own professional development of training and teaching skills.



.....

3. Supporting workplace-based formative assessments that focus on the development of a competent surgeon with defined knowledge and clinical and technical skills

Both IST pilot trainees and non-pilot core trainees will follow the same core surgery curriculum during the first two years of their training, which has recently been updated and approved by the General Medical Council (GMC). The Joint Committee on Surgical Training (JCST) is preparing new curricula for all surgical specialties in the context of the new GMC standards, which state curricula should be outcomes-based. This approach will be developed in the current revision of surgical specialty curricula and will be introduced in the next revision of the core curriculum. IST pilot trainees may be able to work towards achieving higher-level curriculum outcomes alongside core curriculum competencies in the early years of the pilot.

4. Establishing a learning environment that embeds simulation for both technical and non-technical skills

The benefits of simulation are now established in surgical training for not only technical but also non-technical skills.

Pilot trainees will receive simulation-based training through dedicated educational induction programmes ('boot camps') as they move through different levels of training and have specific opportunities within their posts for both supervised and unsupervised activities. The use of simulation for training and learning is now part of the core curriculum and will be incorporated in the revised general surgery curriculum.

5. Enhancing overall experience to ensure job satisfaction

A key feature of IST is that progression will be based on acquisition of curriculum-defined competencies. Trainees learn and develop at different rates and IST recognises that such individual performance needs to be taken into consideration. Run-through training facilitates the environment in which individual performance can be supported without the potential insecurity of having to move location for higher training. Summative assessment is necessary at different stages but this will ensure that targets are met in preparation for the next phase of training.

The working environment is anticipated to include the 'modern firm' structure comprising trainer, trainee, peer colleagues and the surgical care team.

The evaluation of the pilot will include an assessment of hours worked, the impact of the working environment on trainee wellbeing, and overall trainee satisfaction including work-life balance. Trainees will be directed to advice on pay and contractual conditions.

6. Ensuring the product at the end of training meets current and future patient needs.

At completion of training, pilot run-through and non-pilot uncoupled trainees will have achieved the same clinical skills and professional competencies. IST trainees will meet the same CCT criteria but they will be gained through a more efficient and rewarding process using the initiatives outlined in this prospectus.

PROGRESSION AND LENGTH OF TRAINING

Progress within the IST pilot will be competency-based and is expected to take between six and eight years. IST pilot trainees will follow the current core surgery curriculum in ST1/2, followed by the relevant higher specialty curriculum from ST3 onwards. Trainees completing their core competencies before the end of ST2 may have the opportunity to begin working towards achieving competencies from the higher curriculum prior to ST3, potentially allowing for accelerated progression towards certification at the end of specialty training.

Throughout the run-through programme, there will be formative and summative assessments, including the ARCP. Pilot trainees in general surgery, urology, and trauma and orthopaedic surgery will enter their higher specialty selection process; progression to higher specialty training will be dependent upon achieving the appointable score required of non-IST trainees applying for uncoupled ST3 posts in those specialties. Scores by pilot trainees will form part of the evidence considered in support of progression to ST3. If a pilot trainee does not achieve the appointable score but has achieved all other requirements for progression, additional training within the same LETB/deanery may be provided.

For pilot trainees in vascular surgery, progression to ST3 will not be subject to this benchmarking process.



SPECIALTIES



RUN-THROUGH GENERAL SURGERY IST POSTS

The first cohort of trainees started their run through general surgery IST posts in August 2018 (October 2018 in London). A second cohort of IST general surgery trainees will join the pilot in 2019.

RUN-THROUGH UROLOGY IST POSTS

A number of run through IST urology posts will be offered in 2019. As in general surgery, trainees in urology IST programmes will be benchmarked at ST3 selection, and if they score above the minimum appointable score will continue in their previous deanery/HEE local office. These are expected to comprise urology themed posts including general and/or paediatric surgery and a minimum of one year in a dedicated urology unit.

RUN-THROUGH VASCULAR SURGERY IST POSTS

IST in vascular surgery aims to deliver improved surgical training while allowing trainees the opportunity to develop their vascular surgical skills at an earlier stage, in centres with a track record of high quality training and programmes that allow appropriate exposure to both vascular surgery and general surgery. IST trainees in a vascular training programme will not benchmark at ST3 but will require an appropriate outcome at the ST2 ARCP to progress into ST3.

RUN-THROUGH TRAUMA AND ORTHOPAEDIC SURGERY IST POSTS

Work is underway to establish an IST pilot in trauma and orthopaedic surgery from 2020.

PRELIMINARY PILOT SITES AND IST POSTS

At present the following schools and sites are expected to offer IST posts to trainees interested in a career in general surgery, vascular surgery or urology. You can find more details on the availability at each trust by using the tables on pages 12 and 13. Please note, these are subject to change and the posts listed on Oriel⁴ are final.

SCOTLAND

26 run through IST posts

20 core surgical training IST posts

10 Health Boards (18 Hospitals)

NORTH WEST

Lancashire Teaching Hospitals NHS Foundation Trust

Wrightington, Wigan and Leigh NHS Foundation Trust

Manchester University NHS Foundation Trust

Royal Liverpool and Broadgreen University Hospitals NHS Trust

WALES

Aneurin Bevan University Health Board

Betsi Cadwaladr University Health Board

Cwm Taf University Health Board

SOUTH WEST (PENINSULA)

Northern Devon Healthcare NHS Trust

SOUTH WEST (SEVERN)

Gloucestershire Hospitals NHS Foundation Trust

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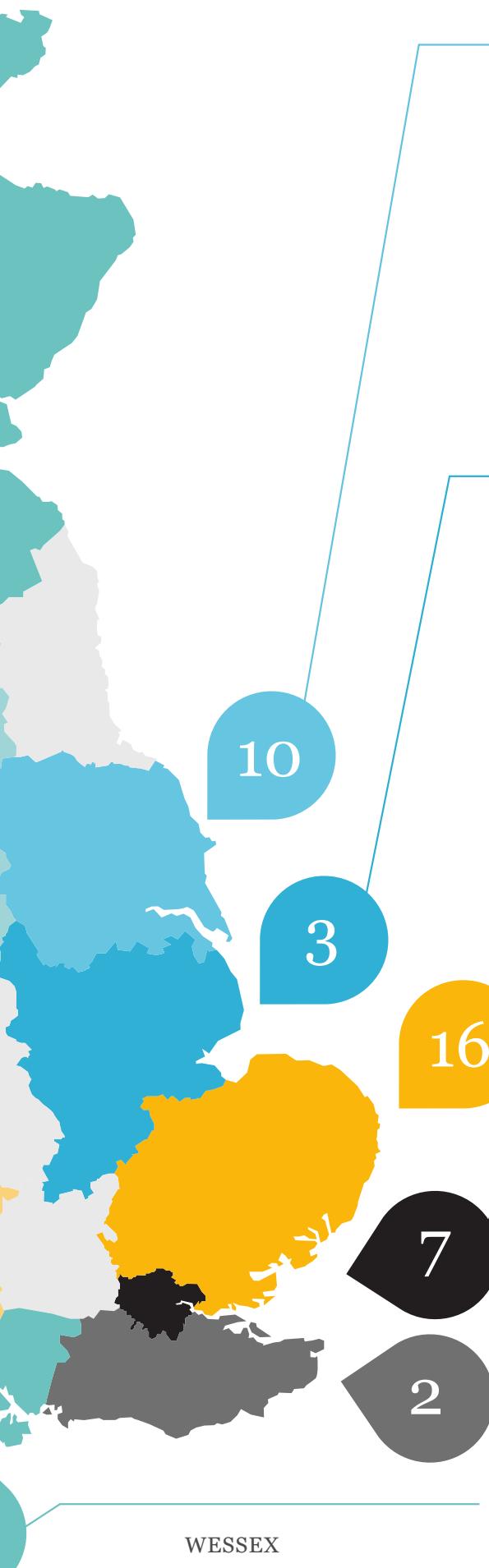
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4. www.orient.nhs.uk



YORKSHIRE AND THE HUMBER

- Bradford Teaching Hospitals NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS Trust
Leeds Teaching Hospitals NHS Trust
Sheffield Teaching Hospitals NHS Foundation Trust
York Teaching Hospitals NHS Foundation Trust

EAST MIDLANDS

- Nottingham University Hospitals NHS Trust
Derby Teaching Hospitals NHS Foundation Trust

EAST OF ENGLAND

- Cambridge University Hospitals NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
East Suffolk and North Essex NHS Foundation Trust
Southend University Hospital NHS Foundation Trust
East and North Hertfordshire NHS Trust

LONDON

- Barking, Havering and Redbridge University Hospitals NHS Trust
Croydon Healthcare Services NHS Trust
Guy's and St Thomas' NHS Foundation Trust
London North West University Healthcare NHS Trust

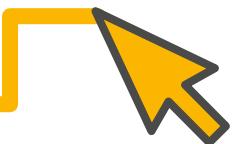
KENT SURREY AND SUSSEX

- East Kent Hospitals University NHS Foundation Trust
Medway NHS Foundation Trust

WESSEX

- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

PRELIMINARY PILOT SITES AND IST POSTS



Deanery/ HEE Local Office	Trust/Health Board	Hospital	Core Surgery	General Surgery	Urology	Vascular Surgery
East Midlands	Nottingham University Hospitals NHS Trust	Queen's Medical Centre		2		1
	Derby Teaching Hospitals NHS Foundation Trust	Royal Derby Hospital				
East of England	Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital		2		1
		Princess of Wales Hospital				
	Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital		2	2	2
	East Suffolk and North Essex NHS Foundation Trust	Colchester Hospital		1	1	1
		Ipswich Hospital				
Kent, Surrey and Sussex	Southend University Hospital NHS Foundation Trust	TBC		2		
	East and North Hertfordshire NHS Trust	Lister Hospital		2	1	
London	East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth The Queen Mother Hospital		2		
		Medway Maritime Hospital				
	Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital	3			
		Queen's Hospital				
	Croydon Healthcare Services NHS Trust	Croydon University Hospital		2		
	Guys and St Thomas' NHS Foundation Trust	TBC			1	
	London North West University Healthcare NHS Trust	Northwick Park Hospital				1

Deanery/ HEE Local Office	Trust/Health Board	Hospital	Core Surgery	General Surgery	Urology	Vascular Surgery
North West	Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital			1	
	Manchester University NHS Foundation Trust	TBC		2		
	Royal Liverpool and Broadgreen University Hospitals NHS Trust	The Royal Liverpool University Hospital		2	1	1
	Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary			1	
Scotland	10 Health Boards	18 Hospitals	20	21	4	1
South West (Peninsula)	Northern Devon Healthcare NHS Trust	North Devon District Hospital		1		
South West (Severn)	Gloucestershire Hospitals NHS Foundation Trust	Cheltenham General Hospital				
		Gloucestershire Royal Hospital		1		
Wales	Aneurin Bevan University Health Board	Royal Gwent Hospital		3		
	Betsi Cadwaladr University Health Board	Ysbyty Gwynedd		3		
	Cwm Taf University Health Board	The Royal Glamorgan Hospital			2	
		Prince Charles Hospital				
Wessex	Royal Bournemouth and Christchurch Hospitals NHS Trust	Royal Bournemouth Hospital		1		
Yorkshire and the Humber	Bradford Teaching Hospitals NHS Foundation Trust	TBC		1		
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Doncaster Royal Infirmary		1		1
	Hull and East Yorkshire Hospitals NHS Trust	Castle Hill Hospital		1	1	
		Hull Royal Infirmary				
	The Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary		1	1	
		St James's University Hospital				
	Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital		1	1	
	York Teaching Hospital NHS Foundation Trust	TBC		1		

SCOTLAND

As in 2018, all core surgical training posts in Scotland will be included in the IST pilot in 2019, with at least 46 posts expected to be available. NHS Education for Scotland is supporting the implementation of the project locally and the Scottish Government Health Department has supported the enhanced training element of the project financially.



Run through general surgery IST posts

21 posts will be offered as run through in general surgery; at least four posts as run through in urology and at least one post as run through in vascular surgery.

Core surgical training IST posts

All remaining core surgical training posts in Scotland will be uncoupled IST placements. This means that trainees undertaking uncoupled surgical training will train in pilot site health boards that have made the environmental changes included in the IST model, such as adjusting rotas to provide training opportunities for approximately 60% of the working week and protecting supervision time for training in trainers' job plans.

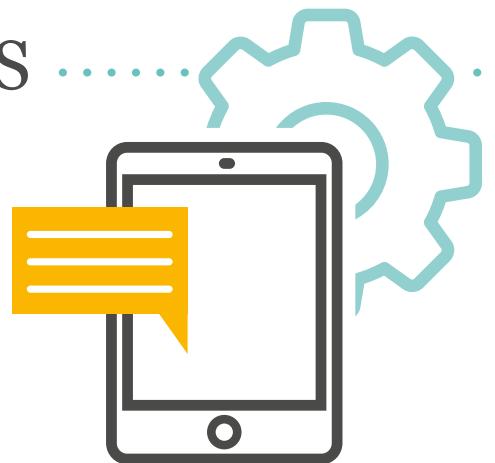
These placements however, are not run-through in structure. Training programmes will comprise 6 and 12-month posts in different surgical specialties including cardiothoracic surgery, ENT, general surgery, paediatric surgery, plastic surgery, trauma and orthopaedics, vascular surgery and urology. Some of these posts will be themed for a career in all of the surgical specialties, including general surgery.

For more information about training in Scotland, the Health Boards taking part in the pilot and further details regarding training programmes, please visit www.scotmt.scot.nhs.uk/specialty/specialty-programmes.aspx



APPLICATION PROCESS

Entry to the IST pilot and core surgical training will be completed via the standard core surgery national selection process in late 2018/early 2019, based on a single person specification. IST and core surgical training posts will be offered in a combined preferencing system via the Oriel online application system, with offers based on rankings achieved in the core surgery national selection process. The core surgery national selection process will also select into a parallel but separate pilot of run through training in otolaryngology (ENT).



FAQS

For a list of FAQs please visit www.rcseng.ac.uk/ist

ENQUIRIES

To find out more, please visit www.rcseng.ac.uk/ist
contact ist@rcseng.ac.uk or call 020 7869 6010



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