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CONTENTS

Summary	4
Background	5
Training in the Improving Surgical Training pilot	6
Progression and length of training	8
Specialities	9
Scotland	10
2020 IST posts	11
Application process	12

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 team¹ (also known as the extended surgical team (EST)).

IST is an ambitious project that is being piloted and evaluated alongside existing surgical training and has already recruited two cohorts of trainees in 2018 and 2019. 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.

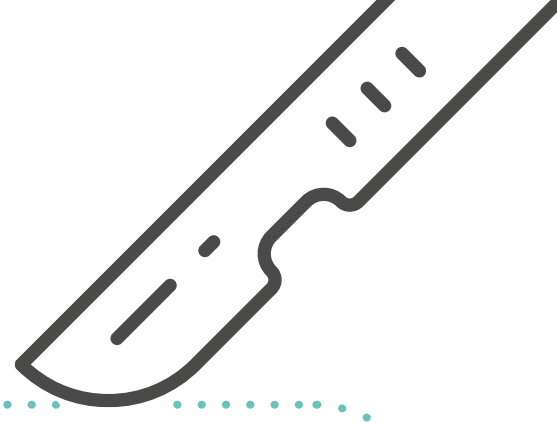
The IST initiatives are intended to allow early year trainees to develop competencies at their own pace, with opportunities to gain skills usually acquired in more advanced training.

In 2020, the pilot will be recruiting the next cohorts of run through trainees in general surgery, urology and vascular surgery, alongside the first cohort in trauma and orthopaedic surgery. Uncoupled core surgery posts which comply with the IST initiatives are also available within the pilot.

HEE have commissioned an independent evaluation of the pilot, which will report in December 2021. The evaluation will include interim reports on the pilot and it is anticipated that the outcome will have applications for future surgical training.



1. www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/surgical-care-team-guidance/



BACKGROUND

The RCS was commissioned by HEE in 2015 to investigate how surgical training in the UK might change in the context of the Shape of Training Review². An RCS appointed working group subsequently published the Improving Surgical Training report,³ which identified the following key issues:

- Trainees were working to provide clinical services with limited emphasis on training.
- Shift working resulted in the loss of trainee-trainer relationships and lost opportunities for valuable elective daytime training owing to a high proportion of on-call work, especially at night.
- High dissatisfaction rates were common among surgical trainees, especially core surgical trainees.
- Trainers had limited time to train.

The IST report described a series of recommendations 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.

The report made the following principal recommendations:

1. Provide trainees with an appropriate balance between training and service, working closely with multi-professional colleagues.
2. Professionalise and secure time for educational and clinical supervision to provide support and feedback, and to promote reflective practice.
3. Use workplace based formative assessments that focus on the development of a competent surgeon with defined knowledge and clinical and technical skills.
4. Establish a learning environment that embeds simulation for both technical and non-technical skills.
5. Improve and enhance the overall experience of training to ensure greater job satisfaction.
6. Ensure that doctors at the end of training maintain or improve on current standards and meet current and future patient needs.

2. www.shapeoftraining.co.uk/

3. www.rcseng.ac.uk/-/media/files/rcs/careers-in-surgery/improving_surgical_training_text.pdf

TRAINING IN THE IMPROVING SURGICAL TRAINING PILOT

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

The IST pilot posts will provide training opportunities for approximately 60% of the working week. Pilot placements are intended to be restricted to on-call rotas, which are designed to provide appropriate time for elective training.

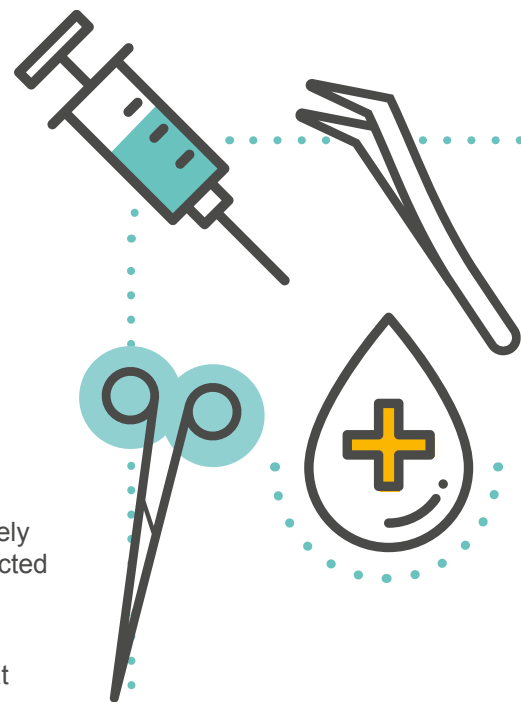
The IST pilot aims to champion the surgical care team to ensure that trainees' time is dedicated to activities of high educational value. The surgical care team (SCT or EST) may include advanced clinical practitioners, physician associates, surgical first assistants and surgical care practitioners. Further details can be found about these roles on the RCS website.⁴ Members of the SCT already 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. Professionalise and secure time for educational and clinical supervision to provide support and feedback, and to 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.

Training and resources 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. Such training is expected to be available within Schools of Surgery and regionally based. Trainers will be expected to maintain their own professional development of training and teaching skills.⁵



4. www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/surgical-care-team-guidance/surgical-care-team-resources/ and <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/surgical-care-team-guidance/>

5. www.rcseng.ac.uk/careers-in-surgery/trainees/ist/pilot-site-resources/trainer-resources/



3. Use 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. The learning agreement, dedicated trainer time and extended time for training in the working week will facilitate more competence based training opportunities.

The Joint Committee on Surgical Training (JCST) is preparing new curricula for all surgical specialties in the context of the new GMC standards (Excellence by Design – Standards for Postgraduate Curricula⁶) which state curricula should be outcomes-based. This approach will be included in the next revision of the core curriculum, which is due for implementation in August 2020.

4. Establish 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 local 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 upcoming revised specialty curricula.

5. Improve and enhance the overall experience of training to ensure greater 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 the experience and learning of trainees, the relationship between trainees and supervisors, the impact of the working environment on trainee wellbeing, and overall trainee satisfaction including work-life balance.

6. Ensure that doctors at the end of training maintain or improve on current standards and meet current and future patient needs.

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

6. www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/excellence-by-design

PROGRESSION AND LENGTH OF TRAINING

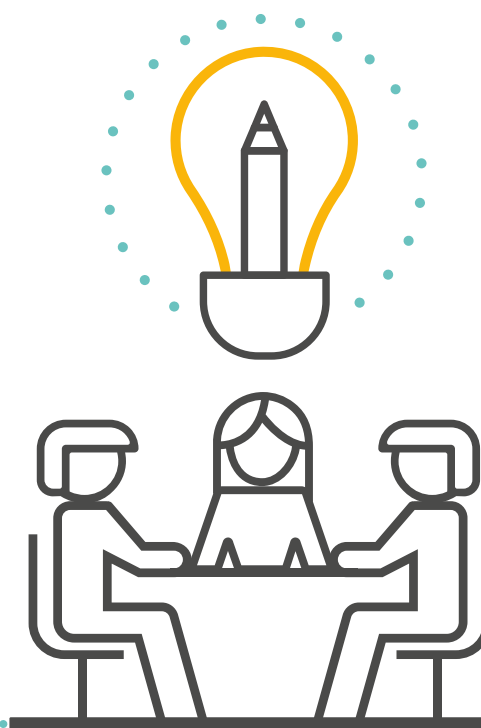
Progress within the IST pilot will be competency-based and is expected to take between six and eight years from start to certification. IST pilot trainees will follow the core surgery curriculum in ST1/2, followed by the relevant higher specialty curriculum from ST3 onwards. Trainees completing their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

Progression to specialty training for IST trainees will be determined by the Annual Review of Competence Progression (ARCP) panel in general surgery, urology, and trauma and orthopaedic surgery. IST Trainees will be required to enter the respective specialty selection process considered at the ARCP during their ST2 year. Scores by pilot trainees will form part of the evidence along with the formative workplace based assessments. Educational Supervisor reports will be presented to the panel and will contribute to the outcome awarded.

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.

Pilot trainees will be expected to complete and submit an application via Oriol, equivalent to those in non-IST training. This will ensure equivalence of the process including the practicalities of the selection interview for IST and non-IST trainees alike.

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 training in August 2018 (October 2018 in London), and the second cohort of IST general surgery trainees joined the pilot in 2019. A further cohort of IST general surgery trainees will join the pilot in 2020. Trainees will receive training in acute urology, acute general surgery of childhood and acute vascular surgery.

Run through Urology IST posts

The first cohort of run through IST urology trainees began their training in 2019, and further run through urology trainees will be recruited to IST posts in 2020. 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

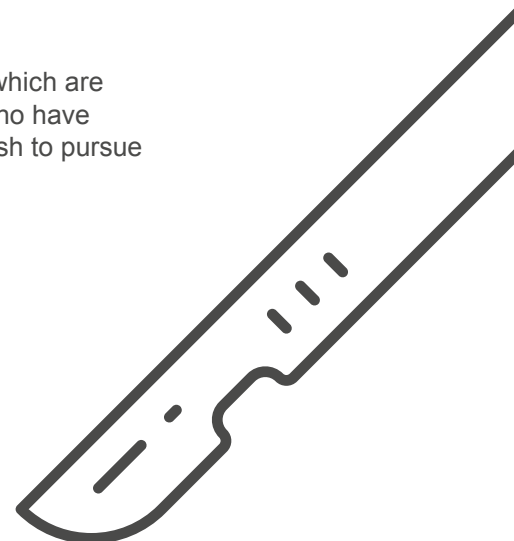
The first cohort of run through vascular surgery trainees began their training in 2019. A second cohort of trainees in vascular surgery will join the pilot in 2020. IST in vascular surgery aims to deliver improved surgical training while allowing trainees the opportunity to develop their vascular surgical 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 ST2 but will require an appropriate outcome at the ST2 ARCP to progress into ST3.

Run through Trauma and Orthopaedic Surgery IST posts

The first cohort of trainees in IST run through trauma and orthopaedic surgery will join the pilot in 2020. Their posts include a year's exposure to trauma and orthopaedics and placements in other specialties, for example, general surgery, vascular surgery, plastics or ITU.

IST-Compliant Uncoupled Core Surgery posts

In 2020, some Schools of Surgery will offer uncoupled core surgery posts which are compliant with the principles of IST. These may be preferable for trainees who have not yet decided on their choice of higher specialty training, or who do not wish to pursue a run through programme.



SCOTLAND

In addition to run through training in general surgery, urology and vascular surgery, all core surgical training posts in Scotland in 2020 will be part of the pilot. NHS Education for Scotland is supporting the implementation of the project locally.

Run through IST posts

Ten run through general surgery posts will be available; three run through urology posts, and one run through vascular surgery post.

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 & 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



2020 IST POSTS

Indicative maximum pilot post numbers in 2020 are shown below. Please note, these are subject to change and the posts listed on Oriel⁷ are final.



	Total ⁸	Core	General	Trauma & Orthopaedic	Urology	Vascular
East Midlands	6		2	2		2
East of England	21		8	7	3	3
Kent, Surrey and Sussex	2		2			
London	27	10	8	2	4	3
North East	27	16	6	3	1	1
North West	12		4	4	3	1
South West	3	2	1			
Thames Valley	2		1		1	
Wessex	1		1			
West Midlands	10		6	2	1	1
Yorkshire and the Humber	9		5		3	1
England (total)	120	28	44	20	16	12
Scotland	53	39	10		3	1
Wales	11		11			
UK (total)	184	67	65	20	19	13



7. www.oriel.nhs.uk/

8. Previously-approved posts plus new posts

APPLICATION PROCESS

Entry to the IST pilot and core surgical training will be completed via the standard core national selection process which will take place in late 2019/early 2020, based on a single person specification.

IST and core surgical training posts will be offered in a combined preference system via the Oriel online application system, with offers based on rankings achieved in the core surgery national selection process.



FAQS

For a list of FAQs please visit rcseng.ac.uk/careers-in-surgery/trainees/ist/ist-faq/

ENQUIRIES

To find out more, please visit rcseng.ac.uk/ist/, contact ist@rcseng.ac.uk or call 020 7869 6225



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