## Global Objectives for Core Surgical Training Yorkshire and the Humber School of Surgery

**Dear Core Surgical Trainee** 

Welcome to Core Surgical Training in Yorkshire.

Please register with the Intercollegiate Surgical Curriculum Programme (ISCP) immediately at <a href="https://www.iscp.ac.uk">www.iscp.ac.uk</a> and make yourself familiar with the details of the core curriculum. The curriculum is defined by ISCP and recognised and approved by the GMC.

You must familiarise yourself with the content of the curriculum in a comprehensive manner and be proficient in using the online assessment tools, logbook and learning resources.

You are required to provide adequate documented evidence of training and career progression throughout the year for your ARCP using the ISCP website to record your surgical training and progression.

### **Placement validation**

1. Please register your placement ASAP on ISCP.

Insert the following details:

- a. Your Personal details
- b. Your training programme
- c. Your training level
- d. Your two 6 month placements for the coming academic year
- e. Select your TPD (Mr Barlow / Mr Williams / Mr Ho) as your Training Programme Director depending on your placements as per table below. Your placement will then be validated.

| Mr Michael Ho                     | Mr Andrew Williams                       | Mr Adam Barlow                                |  |
|-----------------------------------|--|---|--|
| michael.ho2@nhs.net               | andrew.williams1@bthft.nhs.uk            | nhs.uk adam.barlow@nhs.net                    |  |
| Airedale General<br>Hospital      | Barnsley General Hospital                | Castle Hill Hospital                          |  |
| Calderdale Royal<br>Hospital      | Bradford Royal Infirmary                 | Diana, Princess of Wales Hospital,<br>Grimsby |  |
| Dewsbury and District<br>Hospital | Northern General Hospital,<br>Sheffield  | I, Doncaster Royal Infirmary                  |  |
| Harrogate District<br>Hospital    | Royal Hallamshire Hospital,<br>Sheffield | Hull Royal Infirmary                          |  |
| Huddersfield Royal<br>Infirmary   | Sheffield Children's Hospital            | Scarborough General Hospital                  |  |
| Leeds General Infirmary           | Rotherham General Hospital               | Scunthorpe General Hospital                   |  |
| Pinderfields General<br>Hospital  |  | York District Hospital                        |  |
| St James's University<br>Hospital |  |   |  |
|                                   |  |   |  |
| All Academic trainees (ACFs)      |  |   |  |

- 2. Trainees in a 12 month placement in the same unit MUST enter these posts as two consecutive 6 month posts. This includes IST trainees.
- 3. An Assigned Educational Supervisor (AES) will be allocated to you by the Surgical College Tutor in your hospital and this information should be available on your work schedule which should be issued by the Trust prior to starting your post. You will require an AES for each post. The AES should be a consultant in the Department in which you are working.
- 4. You will require a Clinical Supervisor (CS) for each six month post. This individual must be different to your AES. You are able to list more than one CS. We would recommend that you do this so that more than one consultant can comment on your clinical performance.

## **Learning Agreement, AES and CS meetings**

You are required to have a learning agreement with your AES in each attachment. You need to reach agreement with your trainer regarding which ISCP competencies you can achieve in your post. These topics should be activated and signed off throughout the year at your meetings. Activation and sign off of topics is done on the AES login. It is expected that you will satisfactorily complete a substantial amount of the curriculum (>75%) in any given year.

It is your responsibility to arrange meetings with your AES throughout the post. You must meet your AES at least 3 times in the 6 month post;

- i. Objective setting, this should be within two weeks of starting the post
- ii. Interim review at 6 weeks at which stage a midpoint MCR should be completed by your Trainers and yourself
- iii. Final review and MCR, at 12 weeks.

This timescale allows your final report to be written prior to lockdown, which is at 16 weeks into your final post.

You must meet with your CS regularly throughout the post. You must arrange a formal meeting with your AES so that they can discuss your MCR and set objectives on ISCP to reflect your progress and ability. The MCR process is led by Lead CS with the summative MCR being fed back to the AES to assist in the writing of a report.

An AES report is required after the AES final meeting. This cannot be completed until the final MCR is uploaded. The following link will be useful in explaining how the process works.

https://www.iscp.ac.uk/iscp/curriculum/core-surgical-training-curriculum/1-introduction/

Academic trainees will also need to complete the following with their academic AES for each placement:

https://www.copmed.org.uk/images/docs/gold\_guide\_7th\_edition/Appendix\_5\_-Report on Academic Trainees Progress.pdf

#### **Annual Review of Competence Progression**

Your progress, level of commitment and achievement of the curriculum requirements will be assessed at your Annual Review of Competence Progression (ARCP).

In order to achieve a satisfactory outcome at your ARCP in June 2022 it is vital that you complete the following objectives. These must be available on your ISCP portfolio by ARCP lockdown at midnight on Sunday 5th June 2022 for the panel to assess. Failure to ensure evidence is available for panel review by midnight on Sunday 5th June 2022 will result in an unsatisfactory outcome which will remain on your training record.

- 1. A learning agreement for each 6 month post
- 2. Evidence of 3 AES meetings in each 6 month post
- 2. A midpoint and final MCR for each 6 month post
- 3. An AES report for each 6 month post
- 4. Minimum number of Work Based Assessments (WBA's) per year, 50% should be validated by a consultant as per table below.

If the minimum number is exceeded, a 25% consultant validated proportion, of the excess, is expected. e.g. if 26 CEXs for CT1 are completed, there needs to be a minimum of 8 (3 + 5) consultant validated CEXs.

#### CT1 WBA requirements

For CT1's there are mandatory WBA's that have to be performed as per ISCP; 6 mandatory CEX and 18 mandatory DOPS. Therefore, a minimum total of 35 WBA's to be performed in the CT1 year to include; 6 CEX

2 CEX consent

18 DOPS

4CBD

200T (one in each placement)

1AoA

2 MSF (one in each placement)

# CT2 WBA requirements

Minimum 7 WBA's in total per year to include; 2 CEX consent 2OOT (one in each placement) 1AoA 2 MSF (one in each placement)

| Competency  | Form to use                                      | Number<br>required | Level of performance required |
|---|--|--------------------|-------------------------------|
| Take a tailored history and<br>perform a relevant<br>examination in an outpatient<br>clinic       | CEX (Clinic; history<br>& exam)                  | 3                  | 2                             |
| Take a tailored history and<br>perform a relevant<br>examination for an acutely<br>unwell patient | CEX (A&E/ward;<br>history & exam)                | 3                  | 2                             |
| Effective hand washing, gloving and gowning   | DOPS (Surgeon preparation)                       | 3                  | 4                             |
| Accurate, effective and safe administration of local anaesthetic                                  | DOPS<br>(Administration of<br>local anaesthetic) | 3                  | 3                             |
| Preparation and maintenance of an aseptic field   | DOPS (Preparation of aseptic field)              | 3                  | 3                             |
| Incision of skin and subcutaneous tissue  | DOPS (Incision)                                  | 3                  | 3                             |
| Closure of skin and subcutaneous tissue   | DOPS (Closure)                                   | 3                  | 3                             |
| Completion of WHO check list (time out and sign out)  | DOPS (WHO<br>checklist<br>completion)            | 3                  | 3                             |

In discussion with your AES, further WBAs may be selected to demonstrate competence in certain areas of practice following feedback based on the MCR.

|            | MINIMUM WBA NUMBERS SUMMARY TABLE |                         |     |                         |
|------------|-----------------------------------|-------------------------|-----|-------------------------|
|            | CT1                               | Consultant<br>validated | CT2 | Consultant<br>validated |
| CEXs       | 6                                 | 3                       |     |                         |
| DOPS       | 18                                | 9                       |     |                         |
| ООТ        | 2                                 | 1                       | 2   | 1                       |
| AoA        | 1                                 | 1                       | 1   | 1                       |
| MSF        | 2                                 | 2                       | 2   | 2                       |
| CEXconsent | 2                                 | 1                       | 2   | 2                       |
| CBD        | 4                                 | 2                       |     |                         |

5. Minimum 120 cases in logbook per year, 25% STS or STU in overall number. e.g. if 160 cases, minimum 40 STS/STU cases

You must keep up-to-date records of your operative experience using the electronic surgical logbook in your ISCP portfolio. It is recommended that you include all procedures as well as operations. Please provide access to logbook data for ARCP panel.

6. Complete at least one audit and Assessment of audit (AoA) each year. This must be uploaded to ISCP.

- 7. Complete 1 Multi-source feedback (MSF) per 6 month post. You must identify 12 raters to ISCP. This must be signed off with your AES prior to your ARCP.
- 8. It is mandatory to attend 70% of the CST Education Programme. You should not be on call for these days and you are not expected to attend when on night shifts. Any non-attendance must be notified to the Teaching Programme Organisation Committee in advance. All certificates must be uploaded to your portfolio in other evidence.

You should keep a record of any teaching attended outside of the programme (Webinars etc.). Attendance at the School of Surgery Conference and Trainees Day count towards the total. In addition, academic trainees are also expected to present at the 'Academic Presentation Day'.

Those trainees who have passed MRCS Part B may be eligible to attend the Higher Specialty Training Regional Training Days with prior approval from the Core Surgery Training Programme Director and appropriate Higher Specialty Training Programme Director. Those attending HST Regional Training Days will need to provide appropriate reflection and diary evidence of their attendance at ARCP and demonstrate ongoing attendance at 50% of the CST Teaching and 25% of the HST Teaching Programmes. 9. One Observation of Teaching (OoT), validated by consultant, speciality doctor or ST6 and above per 6 month post.

- 10. CT2 should have an oral or poster presentation at regional or national level
- 11. MRCS Part A by the end of CT1 (upload to ISCP in other evidence)
- 12. MRCS Part B by the end of CT2 (upload to ISCP in other evidence)
- 13. Complete BSS by end of CT1. Mandatory courses (ATLS/BSS/CCrISP) certificates should be uploaded in the other evidence section
- 14. **Full engagement in ISCP**; evidence section completed, logbook, CV's etc. It is important to keep an up-to-date paper portfolio. This will compliment your ISCP portfolio and include achievements during the core training. It is important to keep this up to date as it will be required for ST3 application.
- 15. Completion of Form R for revalidation. This must be uploaded to ISCP in other evidence section under miscellaneous. A copy must sent to The Yorkshire and the Humber (Y&H) School of Surgery (surgery.yh@hee.nhs.uk)
- 16. Completion of QA questionnaires from the GMC and JCST on your evaluation of the trainee placements. The deadlines for completion are Monday 24th Jan 2022 for the first post and Friday 10th June 2022 for the second post. The JCST survey can be found on the ISCP website.
- 17. Trainee self-scoring ARCP outcome form is to be completed and uploaded in miscellaneous section **by lockdown**.

Please be aware that the dates for the 2022 ARCP's are as follows:

East (Hull) — Wednesday 22nd June 2022 South (Sheffield) — Thursday 23rd June 2022 West (Leeds) — Friday 24th June 2022

Y&H HEE will inform all trainees of their date of ARCP nearer to the time. Please ensure that you are available for all 3 days as you may be allocated to any day, especially if you have made inadequate progress.

The panel will be reviewing your progress based on the evidence listed above. It is important to realise that the ARCP is an assessment of your training progress and has major implications for your career development. You will be required to submit your electronic ISCP portfolio for examination by midnight on 5th June 2022. Your ARCP outcome will be based on evidence available at this point. You should complete a Trainee self-scoring ARCP outcome form at this time. Data / evidence submitted after this time will not be considered.

Failure to complete the Global Objectives by this date will result in an unsatisfactory ARCP outcome (CT1 outcome 2, 3 or 5 and CT2 outcome 3 or 5). If you achieve an Outcome 5 (lack of evidence) in CT1 you will not be eligible for specialty course funding in CT2.

Further information and training regarding these requirements for ALL CT1 trainees will be provided at the Bootcamp Induction Course. Attendance at this is mandatory for all CT1's.

It is up to you to ensure that your training is meaningful and that your curriculum defined competencies are realised. Notify your CS, AES, College Tutor or Programme Director if you can identify or predict impediments to your training progression occasioned by insufficient opportunity or an unsupportive

environment (including lack of resources). Please be aware that it will require a minimum of eight weeks' notice to reconcile. You may additionally report such issues to the Director of Medical Education at the Trust using exception reporting.

Should you have any technical difficulties that can't be sorted out from the on-line guidance documents, the ISCP help-desk is available during office hours on 0207 869 6299 or by email on <a href="mailto:help-desk@iscp.ac.uk">help-desk@iscp.ac.uk</a>. Further information regarding your training is also available at <a href="https://www.yorksandhumberdeanery.nhs.uk/surgery/core\_surgical\_training">https://www.yorksandhumberdeanery.nhs.uk/surgery/core\_surgical\_training</a>

Please print this letter twice, sign both copies, keep one in the front of your portfolio and return the other to Anita Relins at Yorkshire and the Humber School of Surgery HEE by August 20th 2021. Yours sincerely,

Mr Andrew Williams, Mr Michael Ho and Mr Adam Barlow Yorkshire and the Humber Core Surgical Training Programme Directors

| Confirmation of receipt of Core Surgery Training Programme Director letter. |
|---|
| I have read and understood the above:                                       |
| Name (Block Capitals):  |
| Signed:   |
| Date:   |