

The JCST, ISCP Management Committee and SACs regularly review the curriculum and assessment system against GMC standards and a number of key performance indicators, including trainee and trainer feedback. Several updates have been approved this year and will appear in August. These notes are intended to inform trainees and trainers of the detail of these changes.

### **Congenital Cardiac Surgery Sub-specialty**

From August 2012 Congenital Cardiac Surgery will be an approved sub-specialty of Cardiothoracic Surgery. Consequently trainees beginning the final stage (ST7-ST8) and wishing to specialise in congenital heart disease will be able to use the new sub-specialty syllabus. Trainees who are already following the *Congenital Heart Disease* topic in the final stage can switch to the specialty syllabus but are encouraged to seek the support of their Programme Director. The sub-specialty syllabus reflects the learning that was already included in the training programme with an extension of the topic content to clarify requirements and make learning objectives and levels of attainment more explicit.

### **Otolaryngology**

The 2010 Otolaryngology syllabus has been updated and syllabus topics are now more clearly defined. From August it will be replaced by the 2012 version and all trainees will need to use the updated version.

The changes can be summarised as follows:

- Some topic titles have been amended
- Some topics have been extended to clarify requirements and make learning objectives and levels of attainment more explicit.
- Some topics have been consolidated to remove duplication
- A few new topics have been added for subjects that were already included within the training programme in order to set out clear learning objectives.
- The skill levels of *Knowledge* and *Technical Skills* have been reviewed, ensuring that they accurately reflect what is expected of trainees attaining completion of core training and to reflect what is deliverable and desirable for CCT.
- The speciality-specific component of the initial curriculum has been clarified with explicit learning outcomes set out in topic boxes to mirror the topics in the final stages.

Because topic titles have been slightly amended, only the new name can be downloaded into the Learning Agreement. However, topics that were considered to be satisfactory in the previous syllabus can still be counted and learning outcomes that were awarded in the final stage by the Assigned Educational Supervisor will appear against the new topic names. The syllabus overview contains a [blueprint document](#) to help trainees and AESs reference 2010 topics to the updated version together with some FAQs. It will also be possible to view previous Learning Agreements and view or print a PDF of the 2010 syllabus.

There is no change to the common Core Surgical Training syllabus or Professional Behaviour and Leadership Skills syllabus.

### **Plastic Surgery**

The Curriculum Development Group of the SAC has introduced a modular structure to the Final + Special Interest stage of training with the aim of ensuring there is no skills gap at the time of consultant appointment and to retain the value of the CCT. Consequently, from August, Plastic Surgery trainees entering ST7 should use the 2012 final stage syllabus. Trainees who were already following the 2010 final stage can continue with that version. The syllabus overview contains a [blueprint document](#) that maps 2010 topics to the 2012 version.

In the new modular structure the syllabus content of each module is presented in a hierarchical manner; namely *Basic*, *Intermediate* or *Advanced* Levels of complexity. The structure also distinguishes three training pathways; *Surgeon with Special Interest (interface or monospecialty)* and *Plastic Surgeon in General* in which trainees following a particular route can choose specific modules to pursue at advanced level according to interest, opportunity and service need in consultation with their Programme Director.

The SAC has also introduced a new learning tool called the Reflective CBD to support reflection on professional practice and personal experience. The aim is to encourage the development of higher order skills including insight into the subtleties of complex surgical decision-making. The tool is similar to the original CBD but focusses on formative feedback without ratings. Trainee and trainer should agree the topic to be addressed prior to discussion and the trainee is encouraged to provide reflection in written format for discussion. The written reflection does not need to be uploaded into the ISCP but feedback on the discussion should be recorded on the Reflective CBD form. Plastic Surgery trainees should aim to achieve 8-10 reflective learning episodes.

## **Dental surgery**

Following GDC-approval of the dental surgical curricula, the SACs sought an online system for managing training and chose to adopt the ISCP. Consequently a number of dental specialties have been integrated into the ISCP and a section of the website now accommodates their curricula. The ISCP provides a common training management system, facilitating educational supervision and annual review and enabling trainees to make use of the e-portfolio, learning agreement and workplace-based assessments. A pilot in Oral Surgery is running at the London Deanery until the end of July aiming to go live in August. Orthodontics is expected to follow at the end of September with the other specialties soon after.

## **CBD & Reflective CBD**

The Case-Based Discussion form will include an extra domain to enable it to be mapped to the four areas of Good Medical Practice:

*Knowledge, Skills and Performance*  
*Communication, Partnership and Teamwork*  
*Safety and Quality*  
*Maintaining Trust*

A new Reflective CBD is being piloted in Plastic Surgery (see Plastic Surgery, paragraph 3 above) and is also offered as an additional optional tool for trainees in any specialty and at any level.

## **Future direction of assessment**

The ISCP assessment system comprises an integrated set of formative workplace-based assessments (assessments *for* learning) and summative examinations (assessments *of* learning). While the ISCP does not intend to implement any immediate change in approach, consideration is being given to a recently published GMC discussion paper which presents a possible future development for assessment. It suggests new terminology to distinguish between two purposes of assessment. The first is assessment used for formative feedback through *Supervised Learning Events* (SLEs). The second is summative assessment used to determine progress, referred to as *Assessments of Performance* (AoPs). The proposals and implications for the assessment system and its users will be considered as part of on-going curriculum review. The GMC discussion document can be found on the GMC website and using the link below:

[http://www.gmc-uk.org/Learning\\_and\\_assessment\\_in\\_the\\_clinical\\_environment.pdf\\_45877621.pdf](http://www.gmc-uk.org/Learning_and_assessment_in_the_clinical_environment.pdf_45877621.pdf)

The changes outlined above are an outcome of on-going curriculum review by the JCST, ISCP Management Committee and SACs with the aim of maintaining the value of the training programme. If you have any queries you can contact the ISCP Helpdesk at [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk) on 020 7869 6299.

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