

Appendix 8: Glossary

Term	Definition
AES Report	An end of placement report by the trainee's Assigned Educational Supervisor, providing key evidence for the trainee's ARCP.
ARCP / ARCP 6	The Annual Review of Competence Progression (ARCP) panel will recommend one of 8 outcomes to trainees. Outcome 6 sets out that a trainee has gained all required competencies and will be recommended as having completed the training programme. (For further information, please see the Gold Guide ⁷).
Capability	The ability to be able to perform an activity in a competent way.
Capabilities in Practice (CiP)	The high-level learning outcomes of the curriculum. Learning outcomes operationalise groups of competencies by describing them in terms of holistic professional activities. In surgery they are aligned to what a day-one consultant will need to be able to know and do. Rather than learning 'inputs' ('what is learned', they set out what the learner must be able to do as a result of the learning at the end of the training programme – a practical skill) and clarify the extent to which trainees should successfully perform to reach certification.
Critical Condition	Any condition where a misdiagnosis can be associated with devastating consequences for life or limb.
Critical Progression Points	Key points during the curriculum where trainees will transition to a higher level of responsibility or enter a new area of practice. These points are frequently associated with increased risk, and so robust assessment is required. These points are at the end of phase 2 (transition to phase 3), and the end of phase 3 to achieve certification.
Core Surgical Training	The early years of surgical training for all ten surgical specialties.
Generic	Applicable to <i>all</i> trainees regardless of specialty, discipline and level of training, e.g. Generic Professional Capabilities.
Generic Professional Capabilities (GPCs)	A framework of educational outcomes that underpin medical professional practice for all doctors in the United Kingdom.
Good Medical Practice (GMP)	The core ethical guidance that the General Medical Council (GMC) provides for doctors.
High-Level Outcome	See Capability in Practice.
Improving Surgical Training (IST) Pilot	The Royal College of Surgeons is working with Health Education England (HEE) to pilot new competence-based, run through surgical training programmes in a number of surgical specialties. The pilot trials 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 seeks to develop members of the team from other professional backgrounds to work alongside surgical trainees to improve patient care. More information can be found here .

Index Procedure	Operative procedures that refer to some of the more commonly performed clinical interventions and operations in the specialty. They represent evidence of technical competence across the whole range of specialty procedures in supervised settings, ensuring that the required elements of specialty practice are acquired and adequately assessed. Direct Observations of Procedural Skills (DOPS) and Procedure-based Assessments (PBAs) assess trainees carrying out index procedures (whole procedures or specific sections) to evidence learning.
Manage	Throughout the curriculum the term 'manage' indicates competence in clinical assessment, diagnosis, investigation and treatment (both operative and non-operative), recognising when referral to more specialised or experienced surgeons is required for definitive treatment.
Multiple Consultant Report (MCR)	An assessment by Clinical Supervisors that assesses trainees on the high-level outcomes of the curriculum. The MCR provides a supervision level for each of the five Capabilities in Practice (CiPs) as well as giving outcomes for the nine domains of the Generic Professional Capabilities. The assessment will be at the mid-point and end of a placement. The MCR is a formative assessment, providing trainees with formative feedback. However, the final MCR also contributes to the summative AES report.
Phase	An indicative period of training encompassing a number of indicative training levels. Phases are divided by critical progression points to ensure safe transitioning where patient or training risk may increase. Phases have replaced 'stages' of training in previous versions of the curriculum.
Placement	A surgical unit in which trainees work in order to gain experiential training and assessment under named supervisors.
Run-through training	The route which allows trainees, after a single competitive selection process at ST1 and satisfactory progress, to progress through to specialty training at ST3 onwards (unlike uncoupled training).
Specialty Advisory Committee (SAC)	The committee which oversees training in a particular specialty, reporting to the JCST. SAC responsibilities include trainee enrolment and support, certification, out of programme and LTFT training, curriculum development, logbook development, simulation training, quality assurance (including processes for externality via the provision of regional liaison members), national recruitment also credentialing (if appropriate).
Shared	Applicable to all specialties i.e. the five shared CiPs are identical to all ten surgical specialties. In some specialties some additional CiPs may be specialty-specific.
Special Interest	Advanced areas of training in the specialty.
Supervision level	The level of supervision required by a trainee to undertake an activity, task or group of tasks, ranging from the ability to observe only through direct and indirect supervision to the ability to perform unsupervised.

Trainees	Doctors in training programmes.
Training programme	A rotation of placements in which training is provided under a Training Programme Director and named supervisors.
Uncoupled programme	The route where core surgical training (CT1 and CT2) and specialty training (ST3 onwards) are separated by a national recruitment process (unlike run-through training).