The Intercollegiate Surgical Curriculum

Educating the surgeons of the future

Professional Behaviour and Leadership syllabus

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ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

Professional Behaviour and Leadership Syllabus

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Professional Behaviour and Leadership Syllabus

The Professional Behaviour and leadership elements are mapped to the leadership curriculum as laid out by the Academy of Medical Royal Colleges. The assessment of these areas is a thread running through the curriculum and this makes them common to all of the disciplines of surgery. For this reason, assessment techniques for this element of the curriculum are summarised in the final column.

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Category	Good Clinical Care, to include: • History taking (GMP Domains: 1, 3, 4) • Physical examination (GMP Domains: 1, 2,4) • Time management and decision making (GMP Domains: 1,2,3) • Clinical reasoning (GMP Domains: 1,2, 3, 4) • Therapeutics and safe prescribing (GMP Domains: 1, 2, 3) • Patient as a focus of clinical care (GMP Domains: 1, 3, 4) • Patient safety (GMP Domains: 1, 2, 3) • Infection control (GMP Domains: 1, 2, 3)	**Area 4.1**	
Objective	To achieve an excellent level of care for the individual patient • To elicit a relevant focused history (See modules 2, 3, 4,5) • To perform focused, relevant and accurate clinical examination (See modules 2,3,4,5) • To formulate a diagnostic and therapeutic plan for a patient based upon the clinic findings (See modules 2,3,4,5) • To prioritise the diagnostic and therapeutic plan (See modules 2,3,4,5) • To communicate a diagnostic and therapeutic plan appropriately (See modules 2,3,4,5) To produce timely, complete and legible clinical records to include case-note records, handover notes, and operation notes To prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non – medication based therapeutic and preventative indications (See module 1,2,3,4,5) To prioritise and organise clinical and clerical duties in order to optimise patient care To make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource. To prioritise the patient's agenda encompassing their beliefs, concerns expectations and needs To prioritise and maximise patient safety: • To understand that patient safety depends on o The effective and efficient organisation of care o Health care staff working well together o Safe systems, individual competency and safe practice • To understand the risks of treatments and to discuss these honestly and openly with patients • To systematic ways of assessing and minimising risk • To ensure that all staff are aware of risks and work together to minimise risk To manage and control infection in patients, including: • Controlling the risk of cross-infection • Appropriately managing infection in individual patients	**Area 4.1**	Mini CEX, CBD, Mini PAT, MRCS and Specialty FRCS

	• Working appropriately within the wider community to manage the risk posed by communicable diseases		
Knowledge	**Patient assessment** • Knows likely causes and risk factors for conditions relevant to mode of presentation • Understands the basis for clinical signs and the relevance of positive and negative physical signs • Recognises constraints and limitations of physical examination • Recognises the role of a chaperone is appropriate or required • Understand health needs of particular populations e.g. ethnic minorities • Recognises the impact of health beliefs, culture and ethnicity in presentations of physical and psychological conditions **Clinical reasoning** • Interpret history and clinical signs to generate hypothesis within context of clinical likelihood • Understands the psychological component of disease and illness presentation • Test, refine and verify hypotheses • Develop problem list and action plan • Recognise how to use expert advice, clinical guidelines and algorithms • Recognise and appropriately respond to sources of information accessed by patients • Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort **Record keeping** • Understands local and national guidelines for the standards of clinical record keeping in all circumstances, including handover • Understanding of the importance of high quality and adequate clinical record keeping and relevance to patient safety and to litigation • Understand the primacy for confidentiality **Time management** • Understand that effective organisation is key to time management • Understand that some tasks are more urgent and/or more important than others • Understand the need to prioritise work according to urgency and importance • Maintains focus on individual patient needs whilst balancing multiple competing pressures • Outline techniques for improving time management **Patient safety** • Outline the features of a safe working environment • Outline the hazards of medical equipment in common use • Understand principles of risk assessment and management • Understanding the components of safe working practice in the personal, clinical and organisational settings • Outline local procedures and protocols for optimal practice e.g. GI bleed protocol, safe prescribing • Understands the investigation of significant events, serious untoward incidents and near misses **Infection control** • Understand the principles of infection control • Understands the principles of preventing infection in high risk	**Area 4.1**	

	groups • Understand the role of Notification of diseases within the UK • Understand the role of the Health Protection Agency and Consultants in Health Protection		
Skills	**Patient assessment** • Takes a history from a patient with appropriate use of standardised questionnaires and with appropriate input from other parties including family members, carers and other health professionals • Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient and which actively elicits important clinical findings • Give adequate time for patients and carers to express their beliefs ideas, concerns and expectations • Respond to questions honestly and seek advice if unable to answer • Develop a self-management plan with the patient • Encourage patients to voice their preferences and personal choices about their care **Clinical reasoning** • Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders • Incorporates an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning • Recognise critical illness and respond with due urgency • Generate plausible hypothesis(es) following patient assessment • Construct a concise and applicable problem list using available information • Construct an appropriate management plan in conjunction with the patient, carers and other members of the clinical team and communicate this effectively to the patient, parents and carers where relevant **Record keeping** • Producing legible, timely and comprehensive clinical notes relevant to the setting • Formulating and implementing care plans appropriate to the clinical situation, in collaboration with members of an interdisciplinary team, incorporating assessment, investigation, treatment and continuing care • Presenting well documented assessments and recommendations in written and/or verbal form **Time management** • Identifies clinical and clerical tasks requiring attention or predicted to arise • Group together tasks when this will be the most effective way of working • Organise, prioritise and manage both team-members and workload effectively and flexibly **Patient safety** • Recognise and practise within limits of own professional competence • Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so • Ensure the correct and safe use of medical equipment • Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	**Area 4.1**	

	• Sensitively counsel a colleague following a significant untoward event, or near incident, to encourage improvement in practice of individual and unit • Recognise and respond to the manifestations of a patient's deterioration or lack of improvement (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly **Infection control** • Recognise the potential for infection within patients being cared for • Counsel patients on matters of infection risk, transmission and control • Actively engage in local infection control procedures • Prescribe antibiotics according to local guidelines and work with microbiological services where appropriate • Recognise potential for cross-infection in clinical settings • Practice aseptic technique whenever relevant		
Behaviour	• Shows respect and behaves in accordance with Good Medical Practice • Ensures that patient assessment, whilst clinically appropriate considers social, cultural and religious boundaries • Support patient self-management • Recognise the duty of the medical professional to act as patient advocate • Ability to work flexibly and deal with tasks in an effective and efficient fashion • Remain calm in stressful or high pressure situations and adopt a timely, rational approach • Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention • Show willingness to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers • Be willing to facilitate patient choice • Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning • Continue to maintain a high level of safety awareness and consciousness • Encourage feedback from all members of the team on safety issues • Reports serious untoward incidents and near misses and co-operates with the investigation of the same. • Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others • Continue to be aware of one's own limitations, and operate within them • Encourage all staff, patients and relatives to observe infection control principles • Recognise the risk of personal ill-health as a risk to patients and colleagues in addition to its effect on performance		
Examples and descriptors for Core Surgical Training	**Patient assessment** • Obtains, records and presents accurate clinical history and physical examination relevant to the clinical presentation, including an indication of patient's views • Uses and interprets findings adjuncts to basic examination		

	appropriately e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow
	• Responds honestly and promptly to patient questions
	• Knows when to refer for senior help
	• Is respectful to patients by
	  ○ Introducing self clearly to patients and indicates own place in team
	  ○ Checks that patients comfortable and willing to be seen
	  ○ Informs patients about elements of examination and any procedures that the patient will undergo
	
	Clinical reasoning
	• In a straightforward clinical case develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence, institutes an appropriate investigative and therapeutic plan, seeks appropriate support from others and takes account of the patients wishes
	
	Record keeping
	• Is able to format notes in a logical way and writes legibly
	• Able to write timely, comprehensive, informative letters to patients and to GPs
	
	Time management
	• Works systematically through tasks and attempts to prioritise
	• Discusses the relative importance of tasks with more senior colleagues.
	• Understands importance of communicating progress with other team members
	
	Patient safety
	• Participates in clinical governance processes
	• Respects and follows local protocols and guidelines
	• Takes direction from the team members on patient safety
	• Discusses risks of treatments with patients and is able to help patients make decisions about their treatment
	• Ensures the safe use of equipment
	• Acts promptly when patient condition deteriorates
	• Always escalates concerns promptly
	
	Infection control
	• Performs simple clinical procedures whilst maintaining full aseptic precautions
	• Follows local infection control protocols
	• Explains infection control protocols to students and to patients and their relatives
	• Aware of the risks of nosocomial infections.
		Area 4.1	

Examples and descriptors for CCT	**Patient assessment**
	• Undertakes patient assessment (including history and examination) under difficult circumstances. Examples include:
	  ○ Limited time available (Emergency situations, Outpatients, ward referral),
	  ○ Severely ill patients
	  ○ Angry or distressed patients or relatives
	• Uses and interprets findings adjuncts to basic examination appropriately e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy, sigmoidoscopy
	• Recognises and deals with complex situations of communication, accommodates disparate needs and develops strategies to cope
	• Is sensitive to patients cultural concerns and norms
	• Is able to explain diagnoses and medical procedures in ways		

	that enable patients understand and make decisions about their own health care. **Clinical reasoning** • In a complex case, develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence, institutes an appropriate investigative and therapeutic plan, seeks appropriate support from others and takes account of the patients wishes **Record keeping** • Produces comprehensive, focused and informative records which summarise complex cases accurately **Time management** • Organises, prioritises and manages daily work efficiently and effectively • Works with, guides, supervises and supports junior colleagues • Starting to lead and direct the clinical team in effective fashion **Patient safety** • Leads team discussion on risk assessment, risk management, clinical incidents • Works to make organisational changes that will reduce risk and improve safety • Promotes patients safety to more junior colleagues • Recognises and reports untoward or significant events • Undertakes a root cause analysis • Shows support for junior colleagues who are involved in untoward events **Infection control** • Performs complex clinical procedures whilst maintaining full aseptic precautions • Manages complex cases effectively in collaboration with infection control specialists	**Area 4.1**	

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Category	Being a good communicator To include: • Communication with patients (GMP Domains: 1, 3, 4) • Breaking bad news (GMP Domains: 1, 3, 4) • Communication with colleagues (GMP Domains: 1, 3)	N/A	
Objective	**Communication with patients** • To establish a doctor/patient relationship characterised by understanding, trust, respect, empathy and confidentiality • To communicate effectively by listening to patients, asking for and respecting their views about their health and responding to their concerns and preferences • To cooperate effectively with healthcare professionals involved in patient care • To provide appropriate and timely information to patients and their families **Breaking bad news** • To deliver bad news according to the needs of individual patients **Communication with Colleagues**		PBA, DOPS, Mini CEX, Mini PAT and CBD

	• To recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals. • To communicate succinctly and effectively with other professionals as appropriate • To present a clinical case in a clear, succinct and systematic manner		
Knowledge	**Communication with patients** • Understands questioning and listening techniques • Understanding that poor communication is a cause of complaints/ litigation **Breaking bad news** • In delivering bad news understand that: o The delivery of bad news affects the relationship with the patient o Patient have different responses to bad news o Bad news is confidential but the patient may wish to be accompanied o Once the news is given, patients are unlikely to take in anything else o Breaking bad news can be extremely stressful for both parties o It is important to prepare for breaking bad news **Communication and working with colleagues** • Understand the importance of working with colleagues, in particular: o The roles played by all members of a multi-disciplinary team o The features of good team dynamics o The principles of effective inter-professional collaboration o The principles of confidentiality		
Skills	**Communication with patients** • Establish a rapport with the patient and any relevant others (eg carers) • Listen actively and question sensitively to guide the patient and to clarify information • Identify and manage communication barriers, tailoring language to the individual patient and others and using interpreters when indicated • Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc) • Use, and refer patients to appropriate written and other evidence based information sources • Check the patient's understanding, ensuring that all their concerns/questions have been covered • Make accurate contemporaneous records of the discussion • Manage follow-up effectively and safely utilising a variety if methods (eg phone call, email, letter) • Ensure appropriate referral and communications with other healthcare professional resulting from the consultation are made accurately and in a timely manner **Breaking bad news** • Demonstrate to others good practice in breaking bad news • Recognises the impact of the bad news on the patient, carer, supporters, staff members and self • Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism		

	Communication with colleagues • Communicate with colleagues accurately, clearly and promptly • Utilise the expertise of the whole multi-disciplinary team • Participate in, and co-ordinate, an effective hospital at night or hospital out of hours team • Communicate effectively with administrative bodies and support organisations • Prevent and resolve conflict and enhance collaboration		
Behaviour	**Communication with patients** • Approach the situation with courtesy, empathy, compassion and professionalism • Demonstrate and inclusive and patient centred approach with respect for the diversity of values in patients, carers and colleagues **Breaking bad news** • Behave with respect, honest ant empathy when breaking bad news • Respect the different ways people react to bad news **Communication with colleagues** • Be aware of the importance of, and take part in, multi-disciplinary teamwork, including adoption of a leadership role • Foster an environment that supports open and transparent communication between team members • Ensure confidentiality is maintained during communication with the team • Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues		
Examples and descriptors for Core Surgical Training	• Conducts a simple consultation with due empathy and sensitivity and writes accurate records thereof • Recognises when bad news must be imparted. • Able to break bad news in planned settings following preparatory discussion with seniors • Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof		
Examples and descriptors for CCT	• Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur • Able to break bad news in both unexpected and planned settings • Fully recognises the role of, and communicates appropriately with, all relevant team members • Predicts and manages conflict between members of the healthcare team • Beginning to take leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members		

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Category	• Teaching and Training (GMP Domains: 1, 3)	N/A	
Objective	• To teach to a variety of different audiences in a variety of different ways • To assess the quality of the teaching • To train a variety of different trainees in a variety of different ways		Mini PAT, Portfolio assessment at ARCP

	• To plan and deliver a training programme with appropriate assessments		
Knowledge	• Understand relevant educational theory and principles relevant to medical education • Understand the structure of an effective appraisal interview • Understand the roles to the bodies involved in medical education • Understand learning methods and effective learning objectives and outcomes • Differentiate between appraisal, assessment and performance review • Differentiate between formative and summative assessment • Understand the role, types and use of workplace-based assessments • Understand the appropriate course of action to assist a trainee in difficulty		
Skills	• Critically evaluate relevant educational literature • Vary teaching format and stimulus, appropriate to situation and subject • Provide effective feedback and promote reflection • Conduct developmental conversations as appropriate eg: appraisal, supervision, mentoring • Deliver effective lecture, presentation, small group and bed side teaching sessions • Participate in patient education • Lead departmental teaching programmes including journal clubs • Recognise the trainee in difficulty and take appropriate action • Be able to identify and plan learning activities in the workplace		
Behaviour	• In discharging educational duties respect the dignity and safety of patients at all times • Recognise the importance of the role of the physician as an educator • Balances the needs of service delivery with education • Demonstrate willingness to teach trainees and other health workers • Demonstrates consideration for learners • Acts to endure equality of opportunity for students, trainees, staff and professional colleagues • Encourage discussions with colleagues in clinical settings to share understanding • Maintains honesty, empathy and objectivity during appraisal and assessment		
Examples and descriptors for Core Surgical Training	• Prepares appropriate materials to support teaching episodes • Seeks and interprets simple feedback following teaching • Supervises a medical student, nurse or colleague through a simple procedure • Plans, develops and delivers small group teaching to medical students, nurses or colleagues		
Examples and descriptors for CCT	• Performs a workplace based assessment including giving appropriate feedback • Devises a variety of different assessments (eg MCQs, WPBAs) • Appraises a medical student, nurse or colleague • Acts as a mentor to a medical student, nurses or colleague • Plans, develops and delivers educational programmes with clear objectives and outcomes • Plans, develops and delivers an assessment programme to support educational activities		

	Professional Behaviour and Leadership	Mapping to Leadership Curriculum	Assessment technique
Category	Keeping up to date and understanding how to analyse information Including • *Ethical research* (GMP Domains: 1) • Evidence and guidelines (GMP Domains: 1) • Audit (GMP Domains: 1, 2) • Personal development	**Area 1.3**	
Objective	• To understand the results of research as they relate to medical practise • To participate in medical research • To use current best evidence in making decisions about the care of patients • To construct evidence based guidelines and protocols • To complete an audit of clinical practice • At actively seek opportunities for personal development • To participate in continuous professional development activities	**Area 1.3** **Area 1.3**	Mini PAT, CBD, Portfolio assessment at ARCP, MRCS and specialty FRCS
Knowledge	• Understands GMC guidance on good practice in research • Understands the principles of research governance • Understands research methodology including qualitative, quantitative, bio-statistical and epidemiological research methods • Understands of the application of statistics as applied to medical practise • Outline sources of research funding • Understands the principles of critical appraisal • Understands levels of evidence and quality of evidence • Understands guideline development together with their roles and limitations • Understands the different methods of obtaining data for audit • Understands the role of audit in improving patient care and risk management • Understands the audit cycle • Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc • To demonstrate knowledge of the importance of best practice, transparency and consistency	**Area 1.3**	
Skills	• Develops critical appraisal skills and applies these when reading literature • Devises a simple plan to test a hypothesis • Demonstrates the ability to write a scientific paper • Obtains appropriate ethical research approval • Uses literature databases • Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine • Designs, implements and completes audit cycles • Contribute to local and national audit projects as appropriate • To use a reflective approach to practice with an ability to learn from previous experience • To use assessment, appraisal, complaints and other feedback to discuss and develop an understanding of own development needs	**Area 1.3** **Area 1.3**	

Behaviour	• Follows guidelines on ethical conduct in research and consent for research • Keep up to date with national reviews and guidelines of practice (e.g. NICE) • Aims for best clinical practice at all times, responding to evidence based medicine while recognising the occasional need to practise outside clinical guidelines • Recognise the need for audit in clinical practice to promote standard setting and quality assurance • To be prepared to accept responsibility • Show commitment to continuing professional development	**Area 1.3** **Area 1.3**	
Examples and descriptors for Core Surgical Training	• Defines ethical research and demonstrates awareness of GMC guidelines • Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative • Knows how to use literature databases • Demonstrates good presentation and writing skills • Participates in departmental or other local journal club • Critically reviews an article to identify the level of evidence • Attends departmental audit meetings • Contributes data to a local or national audit • Identifies a problem and develops standards for a local audit • Describes the audit cycle and take an audit through the first steps • Seeks feedback on performance from clinical supervisor/mentor/patients/carers/service users	**Area 1.3** **Area 1.3**	
Examples and descriptors for CCT	• Demonstrates critical appraisal skills in relation to the published literature • Demonstrates ability to apply for appropriate ethical research approval • Demonstrates knowledge of research organisation and funding sources • Demonstrates ability to write a scientific paper • Leads in a departmental or other local journal club • Contributes to the development of local or national clinical guidelines or protocols • Organise or lead a departmental audit meeting • Lead a complete clinical audit cycle including development of conclusions, the changes needed for improvement, implementation of findings and re-audit to assess the effectiveness of the changes • Seeks opportunity to visit other departments and learn from other professionals	**Area 1.3** **Area 1.3**	

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Sub-category:	Manager including • Self Awareness and self management (GMP Domains: 1) • Team-working (GMP Domains: 1, 3) • Leadership (GMP Domains: 1, 2, 3) • Principles of quality and safety improvement (GMP Domains: 1, 3, 4)	**Area 1.1 and 1.2** **Area 2** **Area 4.2, 4.3, 4.4** **Area 3**	

	• Management and NHS structure (GMP Domains: 1)		
Objective	**Self awareness and self management** • To recognise and articulate one's own values and principles, appreciating how these may differ from those of others • To identify one's own strengths, limitations and the impact of their behaviour • To identify their own emotions and prejudices and understand how these can affect their judgement and behaviour • To obtain, value and act on feedback from a variety of sources • To manage the impact of emotions on behaviour and actions • To be reliable in fulfilling responsibilities and commitments to a consistently high standard • To ensure that plans and actions are flexible, and take into account the needs and requirements of others • To plan workload and activities to fulfil work requirements and commitments with regard to their own personal health	**Area 1.1 and 1.2**	Mini PAT and CBD
	Team working • To identify opportunities where working with others can bring added benefits • To work well in a variety of different teams and team settings by listening to others, sharing information, seeking the views of others, empathising with others, communicating well, gaining trust, respecting roles and expertise of others, encouraging others, managing differences of opinion, adopting a team approach	**Area 2**	Mini PAT, CBD and Portfolio assessment during ARCP
	Leadership • To develop the leadership skills necessary to lead teams effectively. These include: • Identification of contexts for change • Application of knowledge and evidence to produce an evidence based challenge to systems and processes • Making decision by integrating values with evidence • Evaluating impact of change and taking corrective action where necessary	**Area 5**	Mini PAT, CBD and Portfolio assessment during ARCP
	Principles of quality and safety improvement • To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety • To critically evaluate services • To identify where services can be improved • To support and facilitate innovative service improvement	**Area 4.2, 4.3 and 4.4**	Mini PAT, CBD and Portfolio assessment during ARCP
	Management and NHS culture • To organise a task where several competing priorities may be involved • To actively contribute to plans which achieve service goals • To manage resources effectively and safely • To manage people effectively and safely • To manage performance of themselves and others • To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision	**Area 3**	Mini PAT, CBD and Portfolio assessment during ARCP
Knowledge	**Self awareness and self management** • Demonstrate knowledge of ways in which individual behaviours	**Areas 1.1 and 1.2**	

	impact on others; • Demonstrate knowledge of personality types, group dynamics, learning styles, leadership styles • Demonstrate knowledge of methods of obtaining feedback from others • Demonstrate knowledge of tools and techniques for managing stress • Demonstrate knowledge of the role and responsibility of occupational health and other support networks • Demonstrate knowledge of the limitations of self professional competence **Team working** • Outline the components of effective collaboration and team working • Demonstrate knowledge of specific techniques and methods that facilitate effective and empathetic communication • Demonstrate knowledge of techniques to facilitate and resolve conflict • Describe the roles and responsibilities of members of the multidisciplinary team • Outline factors adversely affecting a doctor's and team performance and methods to rectify these • Demonstrate knowledge of different leadership styles **Leadership** • Understand the responsibilities of the various Executive Board members and Clinical Directors or leaders • Understand the function and responsibilities of national bodies such as DH, HCC, NICE, NPSA, NCAS; Royal Colleges and Faculties, specialty specific bodies, representative bodies; regulatory bodies; educational and training organisations • Demonstrate knowledge of patient outcome reporting systems within surgery, and the organisation and how these relate to national programmes. • Understand how decisions are made by individuals, teams and the organisation • Understand effective communication strategies within organisations • Demonstrate knowledge of impact mapping of service change, barriers to change, qualitative methods to gather the experience of patients and carers **Quality and safety improvement** • Understand the elements of clinical governance and its relevance to clinical care • Understands significant event reporting systems relevant to surgery • Understands the importance of evidence-based practice in relation to clinical effectiveness • Understand risks associated with the surgery including mechanisms to reduce risk • Outline the use of patient early warning systems to detect clinical deterioration • Keep abreast of national patient safety initiatives including National Patient Safety Agency , NCEPOD reports, NICE guidelines etc • Understand quality improvement methodologies including feedback from patients, public and staff • Understand the role of audit, research, guidelines and standard setting in improving quality of care • Understand methodology of creating solutions for service	**Area 2** **Area 5** **Area 4.2, 4.3, 4.4**	

	improvement
	• Understand the implications of change
	
	Management and NHS Structure
	• Understand the guidance given on management and doctors by the GMC
	• Understand the structure of the NHS and its constituent organisation
	• Understand the structure and function of healthcare systems as they apply to surgery
	• Understand the principles of:
	  • Clinical coding
	  • Relevant legislation including Equality and Diversity, Health and Safety, Employment law, European Working Time Regulations
	  • National Service Frameworks
	  • Health regulatory agencies (e.g., NICE, Scottish Government)
	  • NHS Structure and relationships
	  • NHS finance and budgeting
	  • Consultant contract
	  • Commissioning, funding and contracting arrangements
	  • Resource allocation
	  • The role of the independent sector as providers of healthcare
	  • Patient and public involvement processes and role
	  • Understand the principles of recruitment and appointment procedures
	• Understand basic management techniques
		Area 3	

Skills	**Self awareness and self management**
	• Demonstrate the ability to maintain and routinely practice critical self awareness, including able to discuss strengths and weaknesses with supervisor, recognising external influences and changing behaviour accordingly
	• Demonstrate the ability to show awareness of and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and to respond respectfully
	• Demonstrate the ability to recognise the manifestations of stress on self and others and know where and when to look for support
	• Demonstrate the ability to □alance personal and professional roles and responsibilities, prioritise tasks, having realistic expectations of what can be completed by self and others
	
	Team working
	• Preparation of patient lists with clarification of problems and ongoing care plan
	• Detailed hand over between shifts and areas of care
	• Communicate effectively in the resolution of conflict, providing feedback
	• Develop effective working relationships with colleagues within the multidisciplinary team
	• Demonstrate leadership and management in the following areas:
	  o Education and training of junior colleagues and other members of the team
	  o Deteriorating performance of colleagues (e.g. stress, fatigue)
	  o Effective handover of care between shifts and teams
	• Lead and participate in interdisciplinary team meetings
	• Provide appropriate supervision to less experienced colleagues
	• Timely preparation of tasks which need to be completed to a
		Area 1.2 and 1.2
		
		Area 2	

	deadline **Leadership** • Discuss the local, national and UK health priorities and how they impact on the delivery of health care relevant to surgery • Identify trends, future options and strategy relevant to surgery • Compare and benchmark healthcare services • Use a broad range of scientific and policy publications relating to delivering healthcare services • Prepare for meetings by reading agendas, understanding minutes, action points and background research on agenda items • Work collegiately and collaboratively with a wide range of people outside the immediate clinical setting • Evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities • Understand the wider impact of implementing change in healthcare provision and the potential for opportunity costs **Quality and safety improvement** • Adopt strategies to reduce risk e.g. Safe surgery • Contribute to quality improvement processes e.g. o Audit of personal and departmental performance o Errors / discrepancy meetings o Critical incident and near miss reporting o Unit morbidity and mortality meetings o Local and national databases • Maintenance of a personal portfolio of information and evidence • Creatively question existing practise in order to improve service and propose solutions **Management and NHS Structures** • Manage time and resources effectively • Utilise and implement protocols and guidelines • Participate in managerial meetings • Take an active role in promoting the best use of healthcare resources • Work with stakeholders to create and sustain a patient-centred service • Employ new technologies appropriately, including information technology • Conduct an assessment of the community needs for specific health improvement measures	**Area 5** **Area 4.2, 4.3, 4.4** **Area 3**	
Behaviour	**Self awareness and self management** • To adopt a patient-focused approach to decisions that acknowledges the right, values and strengths of patients and the public • To recognise and show respect for diversity and • differences in others • To be conscientious, able to manage time and delegate • To recognise personal health as an important issue **Team working** • Encourage an open environment to foster and explore concerns	**Area 1.1 and 1.2**	

	and issues about the functioning and safety of team working • Recognise limits of own professional competence and only practise within these. • Recognise and respect the skills and expertise of others • Recognise and respect the request for a second opinion • Recognise the importance of induction for new members of a team • Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge **Leadership** • Demonstrate compliance with national guidelines that influence healthcare provision • Articulate strategic ideas and use effective influencing skills • Understand issues and potential solutions before acting • Appreciate the importance of involving the public and communities in developing health services • Participate in decision making processes beyond the immediate clinical care setting • Demonstrate commitment to implementing proven improvements in clinical practice and services • Obtain the evidence base before declaring effectiveness of changes **Quality and safety improvement** • Participate in safety improvement strategies such as critical incident reporting • Develop reflection in order to achieve insight into own professional practice • Demonstrates personal commitment to improve own performance in the light of feedback and assessment • Engage with an open no blame culture • Respond positively to outcomes of audit and quality improvement • Co-operate with changes necessary to improve service quality and safety **Management and NHS Structures** • Recognise the importance of equitable allocation of healthcare resources and of commissioning • Recognise the role of doctors as active participants in healthcare systems • Respond appropriately to health service objectives and targets and take part in the development of services • Recognise the role of patients and carers as active participants in healthcare systems and service planning • Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	**Area 2** **Area 5** **Area 4.2, 4.3, 4.4** **Area 3**	
Examples and descriptors for Core Surgical Training	**Self awareness and self management** • Obtains 360° feedback as part of an assessment • Participates in peer learning and explores leadership styles and preferences • Timely completion of written clinical notes • Through feedback discusses and reflects on how a personally emotional situation affected communication with another person • Learns from a session on time management **Team working** • Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member • Invites and encourages feedback from patients • Demonstrates awareness of own contribution to patient safety	**Area 1.1 and 1.2** **Area 2**	

	within a team and is able to outline the roles of other team members. • Keeps records up-to-date and legible and relevant to the safe progress of the patient. • Hands over care in a precise, timely and effective manner • Supervises the process of finalising and submitting operating lists to the theatre suite **Leadership** • Complies with clinical governance requirements of organisation • Presents information to clinical and service managers (eg audit) • Contributes to discussions relating to relevant issues e.g. workload, cover arrangements using clear and concise evidence and information **Quality and safety improvement** • Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities • Participates in local governance processes • Maintains personal portfolio • Engages in clinical audit • Questions current systems and processes **Management and NHS Structures** • Participates in audit to improve a clinical service • Works within corporate governance structures • Demonstrates ability to manage others by teaching and mentoring juniors, medical students and others, delegating work effectively, • Highlights areas of potential waste	**Area 5** **Area 4.2, 4.3, 4.4** **Area 3**	

Examples and descriptors for CCT	**Self awareness and self management**
	• Participates in case conferences as part of multidisciplinary and multi agency team
	• Responds to service pressures in a responsible and considered way
	• Liaises with colleagues in the planning and implementation of work rotas
	
	Team working
	• Discusses problems within a team and provides an analysis and plan for change
	• Works well in a variety of different teams
	• Shows the leadership skills necessary to lead the multidisciplinary team
	• Beginning to leads multidisciplinary team meetings
	  o Promotes contribution from all team members
	  o Fosters an atmosphere of collaboration
	  o Ensures that team functioning is maintained at all times.
	  o Recognises need for optimal team dynamics
	  o Promotes conflict resolution
	• Recognises situations in which others are better equipped to lead or where delegation is appropriate
	
	Leadership
	• Shadows NHS managers
	• Attends multi-agency conference
	• Uses and interprets departments performance data and information to debate services
	• Participates in clinical committee structures within an organisation
	
	Quality and safety improvement
		Area 1.1 and 1.2
		
		Area 2
		
		Area 5	

	• Able to define key elements of clinical governance • Demonstrates personal and service performance • Designs audit protocols and completes audit cycle • Identifies areas for improvement and initiates improvement projects • Supports and participates in the implementation of change • Leads in review of patient safety issue • Understands change management **Management and NHS Structure** • Can describe in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare • Participates fully in clinical coding arrangements and other relevant local activities • Can describe the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services • Participate in team and clinical directorate meetings including discussions around service development • Discuss the most recent guidance from the relevant health regulatory agencies in relation to the surgical specialty • Describe the local structure for health services and how they relate to regional or devolved administration structures • Discusses funding allocation processes from central government in outline and how that might impact on the local health organisation	**Area 4.2, 4.3, 4.4** **Area 3**	

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Sub-category:	Promoting good health (GMP Domains: 1, 2, 3)		
Objective	• To demonstrate an understanding of the determinants of health and public policy in relation to individual patients • To promote supporting people with long term conditions to self-care • To develop the ability to work with individuals and communities to reduce levels of ill health and to remove inequalities in healthcare provision • To promote self care	N/A	MRCS, specialty FRCS, CBD, Mini PAT
Knowledge	• Understand guidance documents relevant to the support of self care • Recognises the agencies that can provide care and support out with the hospital • Understand the factors which influence the incidence and prevalence of common conditions including psychological, biological, social, cultural and economic factors • Understand the screening programmes currently available within the UK • Understand the possible positive and negative implications of health promotion activities • Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues • Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these		
Skills	• Adapts assessment and management accordingly to the patients social circumstances • Assesses patient's ability to access various services in the health and social system and offers appropriate assistance		

	• Ensures appropriate equipment and devices are discussed and where appropriate puts the patient in touch with the relevant agency • Facilitating access to appropriate training and skills to develop the patients' confidence and competence to self care • Identifies opportunities to promote change in lifestyle and to prevent ill health • Counsels patients appropriately on the benefits and risks of screening and health promotion activities		
Behaviour	• Recognises the impact of long term conditions on the patient, family and friends • Put patients in touch with the relevant agency including the voluntary sector from where they can access support or equipment relevant to their care • Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care • Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition • Encourage where appropriate screening to facilitate early intervention		
Examples and descriptors for Core Surgical Training	• Understands that "quality of life" is an important goal of care and that this may have different meanings for each patient • Promotes patient self care and independence • Helps the patient to develop an active understanding of their condition and how they can be involved in self management • Discusses with patients those factors which could influence their health		
Examples and descriptors for CCT	• Demonstrates awareness of management of long term conditions • Develops management plans in partnership with the patient that are pertinent to the patients long term condition • Engages with relevant external agencies to promote improving patient care • Support small groups in a simple health promotion activity • Discuss with small groups the factors that have an influence on their health and describe steps they can undertake to address these • Provide information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual.		

	Professional Behaviour and Leadership	**Mapping to Leadership Curriculum**	**Assessment technique**
Sub-category:	*Probity and Ethics* To include • Acting with integrity • Medical Error • Medical ethics and confidentiality (GMP Domains: 1, 2, 3, 4) • Medical consent (GMP Domains: 1, 3, 4) • Legal framework for medical practise (GMP Domains: 1, 2, 3)	Area 1.4	
Objective	• To uphold personal, professional ethics and values, taking into account the values of the organisation and the culture and beliefs of individuals • To communicate openly, honestly and inclusively • To act as a positive role model in all aspects of communication	Area 1.4	Mini PAT and CBD, PBA, DOPS, MRCS, specialty

	• To take appropriate action where ethics and values are compromised • To recognise and respond the causes of medical error • To respond appropriately to complaints • To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality as they apply to surgery • To understand the necessity of obtaining valid consent from the patient and how to obtain • To understand the legal framework within which healthcare is provided in the UK • To recognise, analyse and know how to deal with unprofessional behaviours in clinical practice, taking into account local and national regulations • Understand ethical obligations to patients and colleagues • To appreciate an obligation to be aware of personal good health		FRCS
Knowledge	• Understand local complaints procedure • Recognise factors likely to lead to complaints • Understands the differences between system and individual errors • Outline the principles of an effective apology • Knows and understand the professional, legal and ethical codes of the General Medical Council and any other codes to which the physician is bound • Understands of the principles of medical ethics • Understands the principles of confidentiality • Understands the Data Protection Act and Freedom of Information Act • Understands the principles of Information Governance and the role of the Caldicott Guardian • Understands the legal framework for patient consent in relation to medical practise • Recognises the factors influencing ethical decision making including religion, personal and moral beliefs, cultural practices • Understands the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment • Understands the UK legal framework and GMC guidelines for taking and using informed consent for invasive procedures including issues of patient incapacity	Area 1.4	
Skills	• To recognise, analyse and know how to deal with unprofessional behaviours in clinical practice taking into account local and national regulations • To create open and nondiscriminatory professional working relationships with colleagues awareness of the need to prevent bullying and harassment • Contribute to processes whereby complaints are reviewed and learned from • Explains comprehensibly to the patient the events leading up to a medical error or serious untoward incident, and sources of support for patients and their relatives • Deliver an appropriate apology and explanation relating to error • Use and share information with the highest regard for confidentiality both within the team and in relation to patients • Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment • Present all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflection on the decision to give consent • Provide a balanced view of all care options	Area 1.4 Area 1.4	

	• Applies the relevant legislation that relates to the health care system in order to guide one's clinical practice including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances • Ability to prepare appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings • Be prepared to present such material in Court		
Behaviour	• To demonstrate acceptance of professional regulation • To promote professional attitudes and values • To demonstrate probity and the willingness to be truthful and to admit errors • Adopt behaviour likely to prevent causes for complaints • Deals appropriately with concerned or dissatisfied patients or relatives • Recognise the impact of complaints and medical error on staff, patients, and the National Health Service • Contribute to a fair and transparent culture around complaints and errors • Recognise the rights of patients to make a complaint • Identify sources of help and support for patients and yourself when a complaint is made about yourself or a colleague • Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality • Share patient information as appropriate, and taking into account the wishes of the patient • Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment • Seeks and uses consent from patients for procedures that they are competent to perform while o Respecting the patient's autonomy o Respecting personal, moral or religious beliefs o Not exceeding the scope of authority given by the patient o Not withholding relevant information • Seeks a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity • Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	Area 1.4 Area 1.4 Area 1.4	
Examples and descriptors for Core Surgical Training	• Reports and rectifies an error if it occurs • Participates in significant event audits • Participates in ethics discussions and forums • Apologises to patient for any failure as soon as an error is recognised • Understands and describes the local complaints procedure • Recognises need for honesty in management of complaints • Learns from errors • Respect patients' confidentiality and their autonomy • Understand the Data Protection Act and Freedom of Information Act • Consult appropriately, including the patient, before sharing patient information • Participate in decisions about resuscitation status, withholding or withdrawing treatment • Obtains consent for interventions that he/she is competent to undertake • Knows the limits of their own professional capabilities	Area 1.4 Area 1.4 Area 1.4	
Examples	• Recognises and responds to both system failure and individual		

and descriptors for CCT	error • Provides timely accurate written responses to complaints when required • Counsels patients on the need for information distribution within members of the immediate healthcare team • Seek patients' consent for disclosure of identifiable information • Discuss with patients with whom they would like information about their health to be shared • Understand the importance the possible need for ethical approval when patient information is to be used for any purpose • Understand the difference between confidentiality and anonymity • Know the process for gaining ethical approval for research • Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment • Able to support decision making on behalf of those who are not competent to make decisions about their own care • Obtains consent for interventions that he/she is competent to undertake, even when there are communication difficulties • Identifies cases which should be reported to external bodies • Identify situations where medical legal issues may be relevant • Work with external bodies around cases that should be reported to them. • Collaborating with external bodies by preparing and presenting reports as required		

The Assessment System

Overview of the Assessment System

The curriculum adopts the following PMETB definitions:

Assessment: *A systematic procedure for measuring a trainee's progress or level of achievement, against defined criteria to make a judgement about a trainee.*

Assessment system: *An assessment system refers to an integrated set of assessments which is in place for the entire postgraduate training programme and which is blueprinted against and supports the approved curriculum.*

Purpose of the Assessment system

The purpose of the assessment system is to:
- Determine whether trainees are meeting the standards of competence and performance specified at various stages in the curriculum for surgical training.
- Provide systematic and comprehensive feedback as part of the learning cycle.
- Determine whether trainees have acquired the common and specialty-based knowledge, clinical judgement, operative and technical skills, and generic professional behaviour and leadership skills required to practice at the level of CCT in the designated surgical specialty.
- Address all the domains of Good Medical Practice and conform to the principles laid down by the Postgraduate Medical Education and Training Board.

Components of the Assessment system

The individual components of the assessment system are:
- Workplace based assessments covering knowledge, clinical judgement, technical skills and professional behaviour and attitudes together with the surgical logbook of procedures to support the assessment of operative skills
- Examinations held at key stages; during the early years of training and towards the end of specialist training
- The learning agreement and the assigned educational supervisors' report
- An annual review of competence progression (ARCP)

In order to be included in the assessment system, the assessments methods selected have to meet the following criteria. They have to be:

- **Valid** - To ensure face validity, the workplace based assessments comprise direct observations of workplace tasks. The complexity of the tasks increases in line with progression through the training programme. To ensure content validity all the assessment instruments have been blueprinted against all the Good Medical Practice.
- **Reliable** - In order to increase reliability, there will be multiple measures of outcomes. ISCP assessments make use of several observers' judgements, multiple assessment methods (triangulation) and take place frequently. The planned systematic and permanent programme of assessor training for trainers and Assigned Educational Supervisors (AESs) through the deaneries helps gain maximum reliability of placement reports.
- **Feasible** - The practicality of the assessments in the training and working environment has been taken into account. The assessment should not add a significant amount of time to the workplace task being assessed and assessors should be able to complete the scoring and feedback part of the assessment in 5-10 minutes.
- **Cost-effectiveness** – Once staff have been trained in the assessment process and are familiar with the ISCP website, the only significant additional costs should be any extra time taken for assessments and feedback and the induction of new Assigned Educational Supervisors. The most substantial extra time investment will be in the regular appraisal process for units that did not previously have such a system.
- **Opportunities for feedback** – All the assessments, both those for learning and of learning, include a feedback element.
- **Impact on learning** - The workplace based assessments are all designed to include immediate feedback as part of the process. A minimum number of three appraisals with the AES per clinical placement are built into the training system. The formal examinations all provide limited feedback as part of the summative process. The assessment process thus has a continuous developmental impact on learning. The emphasis given to reflective practice within the portfolio also impacts directly on learning.

The Assessment Framework

The Overarching Blueprint (PDF: 174Kb) demonstrates that the curriculum is consistent with the four Good Medical Practice domains contained in the GMC's *Framework for Appraisal and Assessment*. The specialty specific syllabuses specify the knowledge, skills and performance required for different stages of training and is underpinned by patient safety. The professional behaviour and leadership skills syllabus specifies the standards for patient safety; communication, partnership and team-working and maintaining trust. The standards have been informed by the Academy Common Competence Framework and the Academy and NHSII Leadership Competence Framework.

Curriculum assessment runs throughout training as illustrated in the Assessment Framework and is common to all disciplines of surgery.

Types of Assessment

Assessments can be categorised as *for* or *of* learning, although there is a link between the two.

Assessment *for* Learning - Is primarily aimed at aiding learning through constructive feedback that identifies areas for development. Alternative terms are Formative or Low-stakes assessment. Lower reliability is acceptable for individual assessments as they can and should be repeated frequently. This increases their reliability and helps to document progress. Such assessments are ideally undertaken in the workplace. [PMETB].

Assessments for learning are used in the curriculum as part of a developmental or ongoing teaching and learning process and mainly comprise of workplace-based assessments. They provide the trainee with educational feedback from skilled clinicians that should result in reflection on practice and an improvement in the quality of care. Assessments are collated in the learning portfolio and are regularly reviewed during each placement, providing evidence for the judgement of the Assigned Educational Supervisors' (AES) reports to the Programme Director and the ARCP. Assessments for learning therefore contribute to summative judgements of the trainee's progress.

Assessment *of* Learning - Is primarily aimed at determining a level of competence to permit progression training or certification. Such assessments are undertaken infrequently (e.g. examinations) and must have high reliability as they often form the basis of decisions. Alternative terms are Summative or High-stakes assessment. [PMETB]

Assessments of learning in the curriculum are focussed on the waypoints in the specialty syllabuses. For the most part these comprise the examinations, structured AES's end of placement reports and some courses which, taken in the round, cover the important elements of the syllabus and ensure that no gaps in achievement are allowed to develop. They are collated at the ARCP panel, which determines progress or otherwise.

The balance between the two assessment approaches principally relates to the relationship between competence and performance. Competence (can do) is necessary but not sufficient for performance (does), and as trainees' experience increases so performance-based assessment in the workplace becomes more important.

Workplace Based Assessments

The purpose of workplace based assessment (WPBA)

The primary purpose of WPBA is of providing short loop feedback between trainers and their trainees – a formative assessment to support learning. They are designed to be mainly trainee driven but may be trainer triggered. The number of types and intensity of each type of WPBA in any one assessment cycle will be initially determined by the Learning Agreement fashioned at the beginning of a training placement and regularly reviewed. The intensity may be altered to reflect progression and trainee need. For example a trainee in difficulty would undertake more frequent assessments above an agreed baseline for all trainees. In that sense WPBAs meet the criterion of being adaptive.

These are designed to:

- **Provide feedback to trainers and trainees as part of the learning cycle.**

The most important use of the workplace-based assessments is in providing trainees with formative feedback to inform and develop their practice. Each assessment is scored only for the purpose of providing meaningful feedback on one encounter. The assessments should be viewed as part of a process throughout training, enabling trainees to build on assessor feedback and chart their own progress. Trainees should complete more than the minimum number identified.

- **Provide formative guidance on practice.**

Surgical trainees can use different methods to assess themselves against important criteria (especially that of clinical reasoning and decision-making) as they learn and perform practical tasks. The methods also encourage dialogue between the trainee and assigned educational supervisor (AES) and other clinical supervisors.

- **Encompass the assessment of skills, knowledge, behaviour and attitudes during day-to-day surgical practice.**

Workplace-based assessment is trainee led; the trainee chooses the timing, the case and assessor under the guidance of the AES via the learning agreement. It is the trainee's responsibility to ensure completion of the required number of the agreed type of assessments by the end of each placement.

- **Provide a reference point on which current levels of competence can be compared with those at the end of a particular stage of training.**

The primary aim is for trainees to use assessments throughout their training programmes to demonstrate their learning and development. At the start of a level it would be normal for trainees to have some assessments which are less than satisfactory because their performance is not yet at the standard for the completion of that level. In cases where assessments are less than satisfactory, trainees should repeat assessments as often as required to show progress.

- **Inform the (summative) assessment of the AES at the completion of each placement.**

Although the principal role of workplace assessment is formative, the summary evidence will be used to inform the annual review process and will contribute to the decision made as to how well the trainee is progressing.

- **Contribute towards a body of evidence held in the learning portfolio and made available for the annual review of competence progression panel and planned educational reviews.**

At the end of a period of training, the trainee's whole portfolio will be reviewed. The accumulation of formative assessments will be one of a range of indicators that inform the decision as to satisfactory completion of training at the annual review of competence progression.

Guidance on using workplace-based assessment

Guidance on workplace-based assessment; frequency, timing and use of assessments Feb 09 (PDF: 33Kb)
The workplace-based assessment methods used in the curriculum are:

- Mini-PAT (Peer Assessment Tool)
- Mini-CEX (mini Clinical Evaluation Exercise)
- CBD (Case Based Discussion)
- Surgical DOPS (Direct Observation of Procedural Skills in Surgery)
- PBA (Procedure-based Assessment)

Examinations

Examinations are held at two key stages: during initial training and towards the end of specialist training.

MRCS

Core surgical trainees will take the MRCS examination. The MRCS assesses knowledge and skills that are encompassed within the common surgical component of the "early years" syllabus and the early years components of the Professional Behaviour and Leadership syllabus to which the MRCS syllabus is blueprinted. It is inevitable that although the examination assesses the common surgical component of the curriculum, the assessment will take place within a specialty context.

The purpose of the MRCS examination is to determine that trainees have acquired the knowledge, skills and attributes required for the early years of surgical training and, for trainees following the Intercollegiate Surgical Curriculum Programme, to determine their ability to progress to higher specialist training in surgery.

The MRCS examination consists of two parts, A & B. Although divided into two parts, the Intercollegiate MRCS is a single examination. The written component (Part A) consists of a MCQ and EMI (Extended matching item questions) combined into a single part A. These two components address knowledge and applied knowledge in the generality of surgery.

Part B consists of an Objective Structured Clinical Examination (OSCE). The overall design of the OSCE tests skills and applied knowledge. It is innovative in that it has some optional elements which permit some choice in the contexts of which the common surgical skills and knowledge may be tested. In addition to the Part A anatomical assessments, the OSCE also provides candidates with the opportunity to demonstrate their three dimensional anatomical knowledge in the context of their likely future surgical career, without losing the vital need to ensure a thorough overall grip of generic three dimensional surgical anatomy.

Both Parts A and B must be completed to pass the MRCS.

Trainees will typically take the examination towards the end of the CT2/ST1 year. If the candidate is unsuccessful, there will be an opportunity to re-sit the examination during CT3/ST2, prior to entry to ST3. Progression to ST3 will not be possible unless the MRCS (or DOHNS) examination is achieved. Such timing will fit well with the timetable currently in place for selection into ST3.

The choice of speciality context stations is not delineated in the award of MRCS. Successful candidates all are awarded exactly the same diploma as a measure of their core surgical competences.

Further information can be obtained from www.intercollegiatemrcs.org.uk

Guidance regarding the requirement for MRCS and the ARCP Outcome

DOHNS

From August 2008 acquisition of Part A (written paper) of MRCS and acquisition of Part 1 and Part 2 of the DOHNS examination has allowed candidates to acquire an Intercollegiate MRCS which is ENT themed and this has been used as part of the essential criteria for recruitment into ST3 which takes place on a national basis (International equivalence is sought where this examination is not accessible).

From August 2010 Otolaryngology trainees at CT1/2 level in themed core surgical training posts should undertake Part A of MRCS and the Part 2 OSCE of the DOHNS examination which will allow equivalence to acquire the Intercollegiate MRCS Diploma which is ENT themed (in Part B). The DOHNS route allows for full assessment of the ISCP early years syllabus.

FRCS

The Intercollegiate Specialty Examinations (FRCS) are summative assessments in each of the nine surgical specialties. They form part of the overall assessment system for UK and Irish Surgical Trainees who have participated in a formal surgical training programme leading to a Certificate of Completion of Training (CCT).

The applicant must provide evidence of having reached the standard of clinical competence defined in the Intercollegiate Surgical Curriculum for the award of the (CCT) by the Postgraduate Medical Education and Training Board (PMETB).
Since January 1997, success in the FRCS examination has been a mandatory requirement for CCT and entry to the Specialist Register. Passing the examination provides evidence towards the award of a CCT.

Section 1 is a written test composed of two Multiple Choice Questions papers; Paper 1: Single Best Answer [SBA] and Paper 2: Extended Matching Items [EMI]. Candidates must meet the required standard in Section 1 in order to gain eligibility to proceed to Section 2.

Section 2 is the clinical component of the examination. It consists of discussions around a series of carefully designed and structured standardised case based scenarios.

Further information can be obtained from www.intercollegiate.org.uk

Feedback

All the assessments in the curriculum, both those *for* learning and *of* learning, include a feedback element. Workplace based assessments are designed to include immediate feedback for learning as part of two-way dialogue towards improving practice. The formal examinations all provide limited feedback as part of the summative process. Assigned Educational Supervisors are able to provide further feedback to each of their trainees through the regular planned educational review and appraisal that features at the beginning, middle and end of each placement, using information contained in the portfolio on workplace based assessments and feedback from other trainers in the workplace.

Educational feedback:

- Enhances the validity of the assessment and ensures trainees receive constructive criticism on their performance.
- Is given by skilled clinicians, thereby enhancing the learning process.
- Constructive formative feedback includes three elements:
- Outline of the strengths the trainee displays,
- Suggestions for development,
- Action plan for improvement.

Feedback should be followed by reflection on practice with the aim of improving the quality of care.

The following process is based on Pendleton's Rules and can apply to group or individual feedback on performance observed at first hand or on video.

- Clarify any points of information/fact;
- Ask the learner what s/he did well – ensure that they identify the strengths of the performance and do not stray into weaknesses;
- Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well); again, keep them to the strengths.
- Ask the learner to say what went less well and what they would do differently next time.
- Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations.

Annual Review of Competence Progression (ARCP)

Purpose of the ARCP (adapted from the Gold Guide 2008):

The ARCP[1] is a formal deanery School of Surgery process which scrutinises each surgical trainee's suitability to progress to the next stage of, or complete, the training programme. It follows on from the appraisal process and bases its recommendations on the evidence that has been gathered in the trainee's learning portfolio during the period between ARCP reviews. The ARCP records that the required curriculum competences and experience are being acquired, and that this is at an appropriate rate. It also provides a coherent record of a trainee's progress. The ARCP is not in itself an assessment exercise of clinical or professional competence.

The ARCP should normally be undertaken on at least an annual basis for all trainees in surgical training. Some deaneries or Schools of Surgery plan to arrange two ARCPs each year in the early years of training. An ARCP panel may be convened more frequently if there is a need to deal with progression issues outside the normal schedule.

The Royal Colleges of Surgery use the opportunity afforded, through their representative on the panel, to monitor the quality of training being delivered by the programme and/or its components.

Further information on this process can be found in the Guide to Postgraduate Specialty Training in the UK, The Gold Guide June 2007, First Edition.

Preparation for the ARCP

The trainee's learning portfolio provides the evidence of progress. It is the trainee's responsibility to ensure that the documentary evidence is complete in good time for the ARCP. The Annual Review Checklist lists the components that should normally be completed in time for the panel meeting.

The ARCP Panel

Please note that during the time of the panel meeting, members of an ARCP panel will have access to the portfolios of the trainees they review. Panel members are appointed by the Deanery and are likely to include the following:

- Postgraduate Dean or deputy
- Programme Director
- Chair of the Specialty Training Committee
- College/Faculty representatives (e.g. from the specialty SAC)
- Assigned educational supervisors (including AESs who have not been directly responsible for the trainee's placements)
- Associate Directors/Deans
- Academic representatives (for academic programmes only)
- A representative from an employing authority

ARCP Outcomes

1. Trainee is achieving progress and competencies at the expected rate
2. Development of specific competencies required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with our without specified competencies
5. Incomplete evidence presented – additional training time may be required

. Gained all required competencies; will be recommended as having completed the training programme and for an award of a CCT or CESR

[1] Previously known as the Record of In-Training Assessment or RITA

Logbook

The surgical logbook is web-based and enables the trainee to record each surgical operative procedure undertaken. The logbook provides a record of the scope and volume of operative exposure and level of supervision required. It is seen as corroborative evidence of the experience of the trainee gained in carrying out surgical procedures when discussing progress with the assigned educational supervisor; at the ARCP and during the planned educational reviews.

ASGBI/ISCP Logbook
ISCP Logbook
FHI Logbook

All logbooks conform to the Data Protection Act.

Quality Assurance of the Curriculum

The Quality Assurance Framework of the ISCP provides a vehicle for quality enhancement of the curriculum. It is used to monitor the effectiveness of the curriculum by gathering evidence on the experience of those delivering and undertaking it.

The main areas of the framework are:

- Standards for postgraduate surgical education;
- The surgical trainee experience survey;
- Annual monitoring;
- Deanery/SAC Reviews.

Standards for Postgraduate Surgical Education

The foundations of the framework are the standards for postgraduate surgical education, established by the SACs and built on the PMETB generic standards for postgraduate medical education. PMTB Generic standards for training

These standards, specific to surgical disciplines, together with the indicative evidence requirements and judgements of specialists in the surgical disciplines provide a form of peer-assessment that can provide authoritative judgements on the quality of learning experiences for trainees. It is important to ensure that trainees' experience of the curriculum forms a major part of the approach to quality assurance and this will be undertaken by means of a sophisticated survey of trainee views.

One of the key determinants of the quality of a curriculum is the quality of those delivering it, and it is important that quality of training is evidenced. PMETB has produced its standards for trainers which are being developed into curriculum standards for surgical trainers to help confirm that Assigned Educational Supervisors and Clinical Supervisors meet these standards through ISCP website registration.

Surgical Trainee Experience Survey

This online survey is focussed on surgical training standards and trainees experience of the curriculum. Moreover, it enables analysis of individual surgical specialties and the extent to which the curriculum and standards for specialties are maintained at specific levels of training. It will produce comparative evidence at a number of levels, for example:

- Schools of surgery level, to allow cross-deanery benchmarking as specified by JACSTAG
- Inter-specialty level within Schools of Surgery, for internal benchmarking
- Specialty level within Schools of Surgery
- Specialty level nationally, for SACs, and importantly,
- Post level within specialties

The survey remains, however, an opinion survey and is a single source of evidence which must be triangulated. This is achieved, initially, through reports from Programme Directors and SAC members' participation in ARCP processes and will in future seek other quantitative measures, such as measures of surgical experience through logbooks.

Annual Monitoring

The annual monitoring process, carried out by the deanery/school of surgery, is an important reporting process that allows the programme(s) to periodically evaluate their delivery, operation and outcomes. The process is one of evidence based self-evaluation, utilising feedback from a range of key stakeholders that will result in ongoing action plans.

The process requires critical evaluation of main areas of activity and it is intended that these would correspond to the standards for postgraduate surgical education, which in turn reflect PMETB generic domains. The findings of the surgical trainee experience survey and ARCP outcomes are crucial qualitative measures of trainee perceptions and performance. These are supplemented by the programme directors' critical account of all the significant aspects of training.

Deanery/SAC Reviews

It is anticipated that where evidence from trainee evaluation and/or annual monitoring indicates specific concerns about the quality of training the deanery, with necessary specialist support provided by the SAC,

may initiate a review process. This process will be proportionate to the nature of the concern and may utilise a documentary analysis and/or visits, in line with the Joint Academy and COPMeD Specialty Training Advisory Group (JACSTAG) recommendations.

The Training System

Training Roles

Training roles will exist, with minor, locally agreed variation, in all deaneries/schools and are a requirement of the ISCP.

In accordance with PMETB and curriculum standards:

- There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective training programme.
- Training roles must have the time within their job plan to support the role.
- Subject areas of the curriculum must be taught by staff with relevant specialist expertise and knowledge.
- Individuals undertaking educational roles must undergo a formal programme of training and be subject to regular review. Training programmes should include practice exercises, an understanding of the curriculum, workplace-based assessment methodology and guidance on giving constructive feedback, equality and diversity training.

The main surgical training roles fall into one of two broad categories:

- Those to do with managing individual trainees (i.e. clinical supervisor, assigned educational supervisor, programme director)
- Those to do with managing the system. Included within this role would be important aspects such as the provision of common learning resources and quality control of the training being provided. Surgical College Tutors, Specialty Tutors and Departmental Educational Supervisors would fall into this category.

It may be entirely appropriate for a surgeon involved in training to hold more than one role (e.g. assigned educational supervisor and clinical supervisor/assessor) where the workload is manageable and the trainee continues to receive training input from several sources. The role of assessor is not intended to be used as a formal title, but describes a function that will be intrinsic to many of the roles described in the ISCP.

The ISCP requires adherence to a common nomenclature for the trainers who are working directly with the trainee and these are highlighted on the website. These roles are programme director (core surgical training), or programme director (specialty training), assigned educational supervisor, clinical supervisor, trainee and assessor. This is to support the interactive parts of the website, access levels, etc. Elsewhere it is strongly recommended that schools of surgery use the titles outlined here in the interests of uniformity between deaneries and schools i.e. surgical college tutor, departmental educational supervisor /specialty tutor, deputy programme director (specialty), deputy programme director (core surgical training).

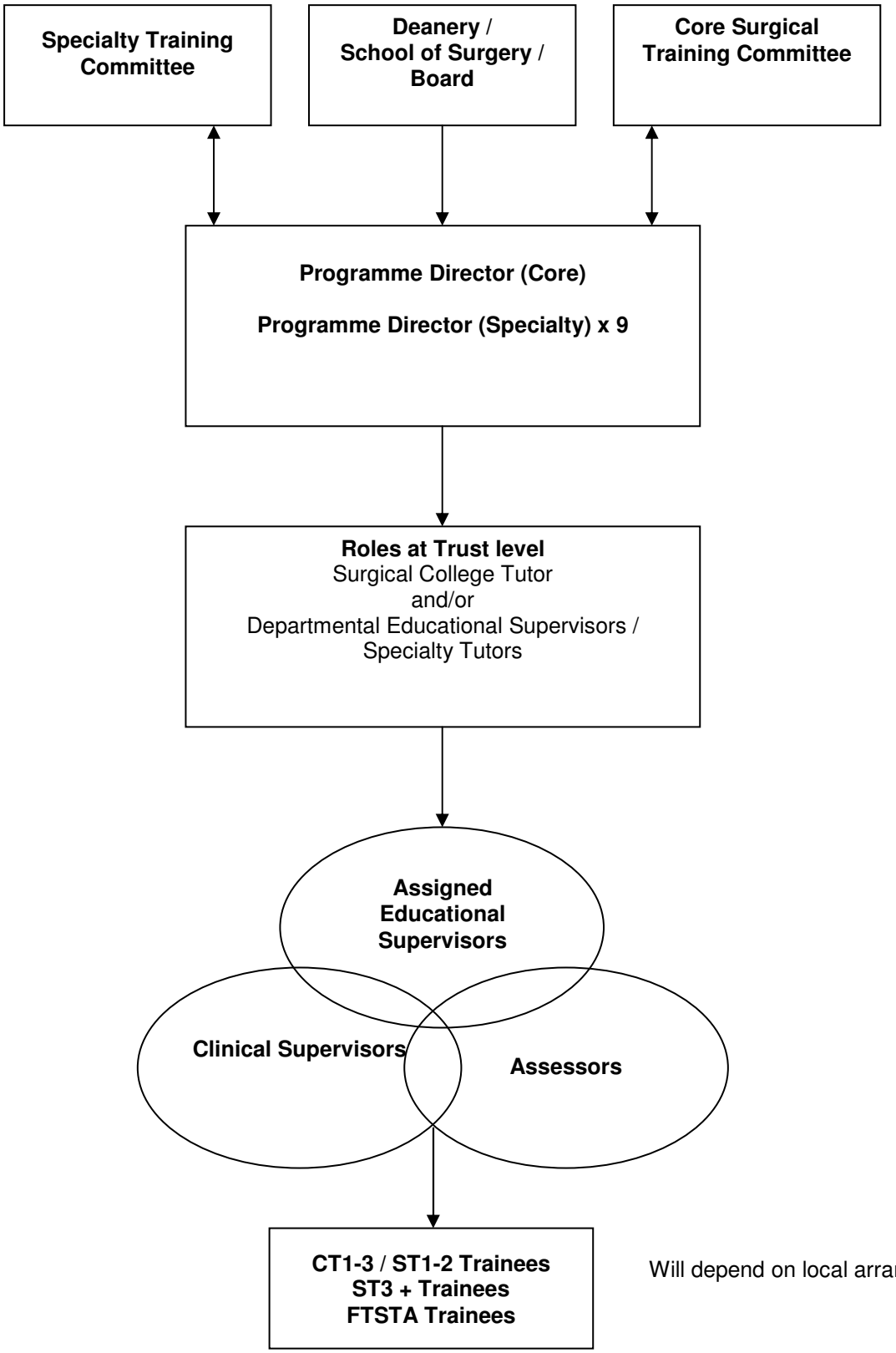
There is great variation in the number of trainees being managed at the various levels within schools of surgery. This is particularly the case during the early years of training. For this reason, many schools will find that programme director roles may have to be subdivided. It is recommended that the suffix or prefix ‘deputy’ is used in conjunction with the main title rather than devising a completely title. This will make clear the general area in which the surgeon is working and should help to avoid confusion.

Wherever possible these roles are harmonised with the new ‘Gold Guide’ but there may be minor variations in nomenclature and tasks that reflect the intercollegiate approach to surgical specialty training.

It is assumed that trainees in both run though programmes and those in fixed term specialty training appointment programmes (FTSTA) are included.

In some instances, a recommendation is made for the time that should be allocated to some of these roles. At the time of writing, these are estimations and will be refined in the light of experience.

ISCP Roles


Specialty Training Committee
Deanery / School of Surgery / Board
Core Surgical Training Committee
Programme Director (Core)
Programme Director (Specialty) x 9
Roles at Trust level
Surgical College Tutor
and/or
Departmental Educational Supervisors / Specialty Tutors
Assigned Educational Supervisors
Clinical Supervisors
Assessors
CT1-3 / ST1-2 Trainees
ST3 + Trainees
FTSTA Trainees
Will depend on local arrangements

Roles and Responsibilities

Schools of Surgery
Schools of Surgery have been created nationally within each Postgraduate Deanery and the Scottish Surgical Training Board (SSTB) within NHS Education for Scotland. They provide the structure for educational, corporate and financial governance and co-ordinate the educational, organisational and quality management activities of surgical training programmes. The Schools draw together the representatives and resources of Deaneries/SSTB, Colleges, Trusts and NHS service delivery and other relevant providers of training and stakeholders in postgraduate medical education. They ensure the implementation of curricula and assessment methodologies with associated training requirements for educational supervision.

Who is Involved in training?
The key roles involved in teaching and learning are programme director, assigned educational supervisor, clinical supervisor, assessor and trainee.

Programme Director
The majority of programme directors (PDs) manage specialty programmes however there are a number of programme directors who manage core surgical training programmes PD(CST). They are responsible for:
- Organising, managing and directing the training programmes, ensuring the programmes meet curriculum requirements;
- Identifying, appointing and supporting local faculty (i.e. AES) including training where necessary; and
- Overseeing progress of individual trainees through the levels of the curriculum; ensuring learning objectives are set, appropriate assessments are being undertaken and that appropriate levels of supervision and support are in place.

Assigned Educational Supervisor
Assigned educational supervisors (AES) are responsible for between 1 and 4 trainees at any time. The number will depend on factors such as the size of the unit and the availability of support such as a Departmental Educational Supervisor (DES) or Specialty Tutor (ST). The AES is responsible for:
- Setting, agreeing, recording and monitoring the content and educational objectives of the placement using the learning agreement;
- Ensuring delivery of the training and education required to enable the trainee to fulfil the objectives of the placement, including the identification and delegation of training and assessment in other clinical areas;
- Overseeing the achievements and personal and professional development of the trainee and, in consultation with specialty colleagues, reflecting this in the formal report to the annual review process; and
- Ensuring patient safety in relation to trainee performance by the early recognition and management of those doctors in distress or difficulty.

Clinical Supervisor
Clinical supervisors (CS) are responsible for delivering teaching and training under the delegated authority of the AES. They:
- Carry out assessments of performance as requested by the AES or the trainee. This will include delivering feedback to the trainee.
- Liaise closely with other colleagues, including the AES, regarding the progress and performance of the trainees with whom he/she is working during the placement.

Assessor
Assessors will carry out a range of assessments and provide feedback to the trainee and the AES, which will support judgements made about a trainee's overall performance. Assessments during training will usually be carried out by clinical supervisors (consultants) but other members of the surgical team, including those who are not medically qualified, may be tasked with this role.

Those carrying out assessments must be appropriately qualified in the relevant professional discipline and trained in the methodology of workplace based assessment (WBA). This does not apply to mini-PAT raters.

Trainee
The trainee is required to take responsibility for his/her learning and to be proactive in initiating appointments to plan, undertake and receive feedback on learning opportunities. The trainee is responsible for ensuring that a learning agreement is put in place, that assessments are undertaken and that opportunities to discuss progress are identified.

Teaching
The detail of clinical placements will be determined locally by programme directors (PD). In order to provide sufficient teaching and learning opportunities, the placements need to be in units that:

- Are able to provide sufficient clinical resource;
- Have sufficient trainer capacity.

The PDs and Assigned Educational Supervisors define the parameters of practice and monitor the delivery of training to ensure that the trainee has exposure to:

- A sufficient range and number of cases in which to develop the necessary technical skills (according to the stage of training) and professional judgement (to know when to carry out the procedure and when to seek assistance);
- Managing the care of patients in the case of
- Common conditions that are straightforward,
- Patients who display well known variations to common conditions, and
- Patients with ill defined problems;
- Detailed feedback.

Development of professional practice can be supported by a wide variety of teaching and learning processes, including role modelling, coaching, mentoring, reflection, and the maximising of both formal and informal opportunities for the development of expertise on the job. Learning opportunities need to be related to changing patterns of healthcare delivery.

Curriculum review and evaluation

The Colleges, Faculties and Specialty Associations have responsibility and ownership of the curriculum and assessment system for each specialty and its associated special interest areas.

Deaneries, through their Schools of Surgery have responsibility for the delivery of the programmes based on the approved curriculum and assessment system. It is expected that training and delivery will be underpinned by the appropriate resources and infrastructure.

The intercollegiate surgical curriculum governance groups shown below were created to encourage collaboration across colleges, deaneries and specialty bodies on curriculum issues, and to provide advice and guidance on policy and services. The governance groups and/or mechanisms involve surgical leads, trainers, trainees, educationalists, patient representatives and other multi-professional lay persons.

The governance structure of the ISCP is in development according to the requirements of curriculum stakeholders.

ISCP Oversight and Quality Assurance Sub-Committee

- Oversees the ongoing implementation and development of the curriculum and advises JCST on the quality of training.
- Sets the curriculum priorities, undertakes the forward planning, review and evaluation of progress with regard to implementation.
- Coordinates the work of the following sub-committees:
    - Curriculum Development and Assessment Group
    - Curriculum Delivery Group
    - ISCP Data Governance Group
    - Programme Evaluation Group
- Ensures that the web platform continues to meet the needs of the curriculum and that data management and reporting arrangements are appropriate.
- Oversees the provision of appropriate levels of communication with internal and external stakeholders.
- Reports to the Joint Committee for Surgical Training

Curriculum Development and Assessment Group

- Oversees, reviews and develops curriculum content and works closely with examination committees (ICBSE and JCIE) to evaluate and further develop the summative examinations within the ISCP assessment system:
- Provides the framework for and oversees the process of reviewing, updating and developing the surgical curriculum framework.
- Ensures the curriculum can accommodate the needs of future of surgical training e.g. special interests
- Undertakes an annual review of the curriculum and assessment system and leads the annual submission of changes to PMETB including any subsequent submissions as may be required.
- Ensures that the curriculum complies with PMETB standards and regulations.
- Monitors the implementation of the ISCP assessment strategy and oversees the further development of that strategy.
- Ensure that the formative assessments conform to PMETB's standards for curricula and assessment systems.
- Works with ICBSE and JCIE to ensure that the summative examinations are fully integrated within the assessment system and conforms to PMETB's standards for curricula and assessment systems.
- Ensure all aspects of the e-portfolio work well in practice and inform end of placement and end of training year assessment.
- Ensures the web platform meets the needs of the workplace-based assessments.
- Undertakes the modification and development of workplace-based assessment tools in the light of ongoing feedback and interim evaluation.

Curriculum Delivery Group

- Receive feedback from users and advises on the practical delivery aspects of the curriculum and website, commissions web-site developments (within budgetary constraints) and respond to requirements for faculty development:
- Provides a forum where implementation and delivery issues can be discussed and resolved.
- Discusses feedback from users on the implementation of the curriculum and makes recommendations to the Oversight and QA Sub-Committee where changes are required.
- Discusses, agrees and commissions web developments to ensure that the web platform continues to meet the needs of the trainees, educational supervisors, programme directors and Schools of Surgery including the provision of appropriate data reports.
- Oversees the delivery of ongoing faculty development initiatives to support implementation of the curriculum.
- Establishes, receives and acts on feedback from a virtual user group of trainees and trainers.

ISCP Data Governance Group

- Oversees the implementation of the Information Governance Policy and keeps the issues relating to data management under review.
- Reviews and monitors compliance with statutory obligations, Caldicott principles and the ISCP stated policy on the obtaining, processing, use, access and disclosure of confidential personal information.
- Reviews and keeps up to date the ISCP Information Governance Policy
- Considers any complaints about the way in which the ISCP has handled, processed, used or disclosed confidential personal data

Programme Evaluation Group

- Oversees the development and delivery of a strategy for monitoring and evaluating the extent to which the aims and objectives of the ISCP are being met.
- Develop, in liaison with other committees and groups within the ISCP governance structure, a coherent strategy to monitor and evaluate the extent to which the aims and objectives the ISCP are being met.
- Commissions and undertakes work consistent with the agreed strategy.
- Report findings, contextualised in related work by other medical Royal Colleges and similar bodies, and makes recommendations for improvement to the ISCP.
- Disseminates and promotes examples of good practice.
- Identify sources of funding for the delivery of the agreed strategy and the dissemination of good practice including the preparation and submission of bids.

Selection Sub-Committee

- Develops and recommends to JCST the surgical selection strategy for disseminations to deaneries/Schools.
- Devises the framework for selection into surgery and surgical specialties.
- Develops a range of selection tools and associated guidance for dissemination to Deaneries / Schools of Surgery.
- Monitors implementation of the surgical selection strategy and performance of candidates chosen using the selection tools in order to validate the process and its component tools.
- Initiates research to validate new tools which may form part of the process in the future.

Registration

All trainees, consultants and other professionals who intend to act as assessors will register with the ISCP. Registration allows the individual access to the secure area of the site and gives them permissions to data and functions according to their role.

Programme directors are pre-registered on the site as they are key to the process. They have to validate trainees, set up placements and set global objectives for level of training (indicative year).

Trainees register so that they can:

- set up a learning agreement for their placement, completing with an end of placement report by the trainee's Assigned Educational Supervisor;
- record workplace-based assessments;
- maintain an electronic portfolio, documenting evidence of learning and progression;
- access their surgical logbook; and
- access their electronic Annual Review of Competence Progression

Consultants register so that they can take on the roles of assigned educational supervisor and/or clinical supervisor. They will then be able to access the same information as the trainee

Other professionals register can register as clinical supervisors.

Regulatory Bodies

The key bodies that regulate trainees and training are:
PMETB
GMC
the Healthcare Commission

Quality Assurance of Training System

PMETB Quality Assurance
PMETB has responsibility for the development of training, entry, curriculum and assessment standards and the approval of posts and programmes. In each of these areas it directly or indirectly seeks appropriate consultation from deaneries and colleges. The two key areas of PMETB quality assurance revolve around the survey and the deanery-wide visits.

The PMETB generic trainee survey, developed with COPMeD, currently covers all medical specialties and it is anticipated that it will operate on a biennial basis.

Deanery-wide visits are defined by PMETB as 'high level, light touch,' and focus on the quality management processes of deaneries. It is anticipated that the regional visits will review an individual deanery every five years. The visiting panel is selected from a pool of agreed PMETB visitors, which can include some SAC members. Where Deanery visits highlight serious training issues, PMETB has the facility to trigger smaller, focussed visits with trusts.

PMETB has published an Operational Guide for the PMETB Quality Framework

Deanery Quality Management
Postgraduate deaneries have been given responsibility for the quality assurance of training posts by PMETB. Each deanery, together with the corresponding SHA (or NES for Scotland) will be responsible for implementing processes to ensure that training across the deanery (foundation, run-through and fixed term) meets national standards. Both the deaneries and the health authorities will work in liaison to establish contracts with training providers, which should normally be reviewed and renewed annually.

Deaneries will ensure that training assessments are managed fairly and dealt with by trained assessors, and to provide evidence by which this may be verified processes.

As part of their quality Management systems, postgraduate deans can trigger reviews of hospitals where training issues have been highlighted.

Schools of surgery, within deaneries, provide a focus for the management and quality assurance of surgical education.

Colleges'/SACs' Quality Management
The Colleges and SACs involvement in quality management will be both indirectly and directly realised through the postgraduate deaneries. In addition, the colleges will continue their relationship with the health care commission to ensure high standards of clinical care.

The majority of colleges' involvement will come from the agreed quality assurance framework for the JCST as defined in the Quality Assurance (of curriculum). In addition, the JCST in conjunction with The Royal College of Surgeons of Ireland will continue to perform SAC visits for the Republic of Ireland. SACs will also consolidate their position on deanery regional training committees and on annual review of competence progression panels.

The Colleges will continue to collect information about individual trainees required to continuously monitor their fitness to practice and to prepare the evidence for submission to PMETB for an award of Certificate of Completion of Training (CCT).

In summary, the QA of Surgical Training involves:
- Considering and advising JCST on national policy and proposals in relation to the quality assurance of surgical education and training.
- Considering and providing an intercollegiate, pan-specialty view on quality assurance matters, including inspection visits to training providers by PMETB.
- Working closely with key stakeholders including PMETB and the Deaneries, through the Schools of Surgery, and relevant core surgical training forums, to ensure consistency in the quality of surgical training.
- Developing and monitoring the implementation of a strategy for quality assurance of the curriculum.
- Considering analysis of evaluations; developing processes to identify that the objectives of the curriculum are being met; developing provision of externality across surgical specialties; initiates visits where evidence indicates this is necessary; and monitors SAC responses to identified issues.
- Monitoring the registration of trainers and develops processes for the verification of the trainer standards in line with PMETB requirements.

- Assisting Schools of Surgery in all aspects of the quality assurance of surgical training, including the development and monitoring of a consistent approach to specialty specific externality.

Principles of Surgical Education

The balance between didactic teaching and learning in clinical practice will change as the trainee progresses through the training programme, with the former decreasing and the latter increasing.

A number of people from a range of professional groups will be involved in teaching. In accordance with PMETB standards, subject areas of the curriculum must be taught by staff with relevant specialist expertise and knowledge. Specialist skills and knowledge are usually taught by consultants and more advanced trainees; whereas the more generic aspects of practice can also be taught by the wider multidisciplinary team. The Assigned Educational Supervisor (AES) is key, as he/she agrees with each trainee how he/she can best achieve his or her learning objectives within a placement.

Establishing a learning partnership creates the professional relationship between the teacher (AES, CS or assessor) and the learner (trainee) that is essential to the success of the teaching and learning programme.

The learning partnership is enhanced when:

- The teacher understands:
    - Educational principles, values and practices and has been appropriately trained;
    - The role of professional judgement in the trainee's learning process;
    - The specialty component of the curriculum;
    - Assessment theory and methods.

- The learner:
    - Understands how to learn in the clinical practice setting, recognising that everything they see and do is educational;
    - Recognises that although observation has a key role to play in learning, action (doing) is essential;
    - Is able to translate theoretical knowledge into surgical practice and link surgical practice with the relevant theoretical context.
    - Uses refection to improve and develop practice;

- There is ongoing dialogue in the clinical setting between teacher and the learner;
- There are adequate resources to provide essential equipment and facilities;
- There is adequate time for teaching and learning;

Trainee-led learning

The ISCP encourages a learning partnership between the trainee and AES in which learning is trainee-led and trainer-guided. Trainees are expected to take a proactive approach to learning and development and towards working as a member of a multi-professional team. Trainees are responsible for:

- Utilising opportunities for learning throughout their training
- Triggering assessments and appraisal meetings with their trainers, identifying areas for observation and feedback throughout placements
- Maintaining an up to date learning portfolio
- Undertaking self and peer assessment
- Undertaking regular reflective practice

Learning Opportunities

There are many learning opportunities available to trainees to enable them to develop their knowledge, clinical and professional judgement, and technical and operative ability and conduct as a member of the profession of surgery. The opportunities broadly divide into three areas:

- Learning from practice otherwise known as learning on-the-job or in the workplace. This can be informal and opportunistic or planned and structured
- Learning from formal situations
- Self-directed learning

Learning from Practice

The workplace provides learning opportunities on a daily basis for surgical trainees, based on what they see and what they do. Whilst in the workplace the trainees will be involved in supervised clinical practice,

primarily in a hospital environment in wards, clinics or theatre. The trainees' role in these contexts will determine the nature of the learning experience.

Learning will start with observation of a trainer (not necessarily a doctor) and will progress to assisting a trainer; the trainer assisting/supervising the trainee and then the trainee managing a case independently but with access to expert help. The level of supervision will decrease and the level of complexity of cases will increase as trainees become proficient in the appropriate technical skills and are able to demonstrate satisfactory professional judgement. Continuous systematic feedback, both formal and informal, and reflection on practice are integral to learning from practice, and will be assisted by assessments for learning (formative assessment methods) such as surgical direct observation of procedural skills in surgery (surgical DOPS), procedure based assessment (PBA), mini-Clinical Evaluation Exercise (mini-CEX) and case based discussion (CBD), each of which have been developed for the purpose.

In the Workplace - Informal
Surgical learning is largely experiential in its nature with any interaction in the workplace having the potential to become a learning episode. The curriculum encourages trainees to manage their learning and to reflect on practice. Trainees are encouraged to take advantage of clinical cases, audit and the opportunities to shadow peers and consultants.

In the Workplace - Planned and Structured

Theatre (training) lists
Training lists on selected patients enable trainees to develop their surgical skills and experience under supervision. The lists can be carried out in a range of settings, including day case theatres, main theatres and minor injuries units.

Each surgical procedure can be considered an integrated learning experience and the formative workplace assessments provide feedback to the trainee on all aspects of their performance from pre-operative planning and preparation, to the procedure itself and subsequent post-operative management.

The syllabus is designed to ensure that teaching is systematic and based on progression. The level of supervision will decrease and the level of complexity of cases will increase as trainees become proficient in the appropriate technical skills and are able to demonstrate satisfactory professional judgement. By CCT trainees will have acquired the skills and judgement necessary to provide holistic care for patients normally presenting to their specialty and referral to other specialists as appropriate.
Feedback on progress is facilitated by surgical DOPS and PBA.

Clinics (Out Patients)
Trainees build on clinical examination skills developed during the Foundation Programme. There is a progression from observing expert clinical practice in clinics to assessing patients themselves, under direct observation initially and then independently, and presenting their findings to the trainer. Trainees will assess new patients and will review/follow up existing patients.

Feedback on performance will be obtained primarily from the mini-CEX and Case Based Discussion workplace assessments together with informal feedback from trainers and reflective practice.

Ward Rounds (In Patient)
As in the other areas, trainees will have the opportunity to take responsibility for the care of in-patients appropriate to their level of training and need for supervision. The objective is to develop surgeons as effective communicators both with patients and with other members of the team. This will involve taking consent, adhering to protocols, pre-operative planning and preparation and post operative management.

Progress will be assessed by mini PAT, CBD, mini-CEX, surgical DOPS and PBA.

Learning from Formal Situations
Work based practice is supplemented by courses, local postgraduate teaching sessions arranged by the specialty training committees or schools of surgery and regional, national and international meetings and courses. Courses have a role at all levels, for example basic surgical skills courses run by the colleges and locally through deaneries using skills centres and specialty skills programmes, which focus on developing specific skills using models or deceased donors, delivered by the colleges and specialty associations. Trainees will be able to further develop their skills using simulators (if available), tissue in skills labs and models and deceased donors as appropriate. It is recognised that there is a clear and increasingly prominent role for off the job learning through specific intensive courses to meet specific learning goals (e.g. Training

the Trainers, Breaking Bad News, Research Methodology) and these are encouraged as an integral and important part of the learning agreements.

Self Directed Learning
Self directed learning is encouraged. Trainees are encouraged to establish study groups, journal clubs and conduct peer review; there will be opportunities for trainees to learn with peers at a local level through postgraduate teaching and discussion sessions; and nationally with examination preparation courses. It is an expectation that trainees will undertake personal study in addition to formal and informal teaching. This will include using study materials and publications and reflective practice. Trainees are expected to use the developmental feedback they get from their trainers in appraisal meetings and from assessments to focus further research and practice.

Reflective practice is a very important part of self-directed learning and is a vital component of continuing professional development. It is an educational exercise that enables trainees to explore with rigour, the complexities and underpinning elements of their actions in surgical practice in order to refine and improve them.

Reflection in the oral form is very much an activity that surgeons engage in already and find it useful and developmental. Writing reflectively adds more to the oral process by deepening the understanding of surgeons about their practice. Written reflection offers different benefits to oral reflection which include: a record for later review, a reference point to demonstrate development and a starting point for shared discussion.

Some of this time will be taken as study leave. In addition there are the web based learning resources which are on the ISCP website and specialty association web sites.

Supervision
In accordance with the requirements of Good Medical Practice, the ultimate responsibility for the quality of patient care and the quality of training lies with the supervisor. Supervision is designed to ensure the safety of the patient by encouraging safe and effective practice and professional conduct. The level of supervision will change in line with the trainee's progression through the stages of the curriculum, enabling trainees to develop independent learning. Those involved in the supervision of trainees must undertake appropriate training.

Trainees will be placed in approved posts that will meet required training and educational standards. Individual trusts will have responsibility for ensuring that clinical governance and health and safety standards are met.

The syllabus content details the level of knowledge, clinical, technical/operative and professional skills expected of a trainee at any given stage of training, clearly indicating the level of supervision required. Trainees will work at a level commensurate with their experience and competence, and this should be explicitly set down by the Assigned Educational Supervisor in the learning agreement. There is a gradual reduction in the level of supervision required until the level of competence for independent practice is acquired. There is an expectation that supervision and feedback are part of the ongoing relationship between trainees and their trainers and assessors, and that it will take place informally on a daily basis.
In keeping with Good Medical Practice, Good Clinical Care, trainees have a responsibility to recognise and work within the limits of their professional competence and to consult with colleagues as appropriate. The development of good judgement in clinical practice is a key requirement of the curriculum. The content of the curriculum dealing with professional behaviour emphasises the responsibilities of the trainee to place the well-being and safety of patients above all other considerations. Throughout the curriculum, great emphasis is laid on the development of good judgement and this includes the ability to judge when to seek assistance and advice. Appropriate consultation with trainers and colleagues for advice and direct help is carefully monitored and assessed.

Creating a Learning Agreement and Building a Portfolio

Learning Agreement
The learning agreement is a written statement of the mutually agreed learning goals and strategies negotiated between a trainee (learner) and the trainee's Assigned Educational Supervisor (AES). It is agreed at the initial objective setting meeting and covers the period of the placement. The agreement is based on the learning needs of the individual trainee undertaking the learning as well as the formal requirements of the curriculum. The electronic learning agreement form is accessed through the secure area of the web site and is completed on-line. The AES and trainee complete the learning agreement together and are guided by the Programme Director's (PD) Global Objective.

Programme Director's Global Objective
The placement objectives will be based on the global objectives which the PD sets for the trainee's training year. These broad global objectives, derived from the syllabuses, are included in the learning agreement and highlight what the trainee should achieve during a period that may encompass several placements. They normally cover the period between the annual reviews.

The global objective for early years training would normally cover the following components:
- Run through programmes: the common surgical syllabus, speciality-specific competences in the chosen speciality and professional behaviour and leadership skills for the stage.
- Themed programmes: the common surgical syllabus, speciality-specific in a number of complementary specialties and professional behaviour and leadership skills for the stage.
- Unthemed, broad based programmes: Common surgical component of surgical training: the common surgical syllabus, sampling a number of specialties (topping up in specific specialties later in the stage) and generic professional behaviour and leadership skills for the stage.

For those wishing to pursue an academic surgical career, a proportion of competences might emphasise additional academic pursuits including research and teaching.

Together, the global and placement objectives are the means used by the PD, AES and trainee to ensure curriculum coverage.

The content of the learning agreement will be influenced by the:
- Requirements set by the surgical specialty in its syllabus for the stage of training;
- Learner's previous experience;
- Learner's knowledge and skills;
- Local circumstances of the placement.

Although the learning agreement is a statement of expected outcomes there is equal emphasis on learning opportunities and how the outcomes can be met. Trainees use it to keep track of which objectives have been completed and which have not; AESs use it to set down the educational strategies that are suited to the experiential learning appropriate to the placement, to monitor progress and ensure the correct training is delivered. PS use it to oversee the process and to ensure the duration of the training programme is appropriate to the achievement of learning outcomes.

Each stage in the process allows the trainee and the AES to make individual comments on the training and appraisal process and to sign it off. The trainee also has the right of appeal to the PD through the process. The trainee will meet the AES at the start of each placement to agree the learning and development plan and at mid point and end of placement to review and report on progress. The frequency of meetings can be increased if required. The learning agreement provides a mechanism for the trainee and AES to meet and discuss feedback and guidance.

Learning Agreement Stages

There are three stages to the learning agreement that should be completed in sequence: Objective Setting; Interim Review; and Final Review.

Objective Setting is where the trainee and the AES:
- Refine the Global Objective made by the PD according to the learning that can be delivered in the placement by focussing on particular learning objectives. The resultant list represents the target learning objectives for the placement.
- Agree on the workplace-based assessments that have been agreed for the placement to obtain feedback and demonstrate progress matched to syllabus objectives e.g. Surgical DOPS for central venous line insertion.
- Identify the resources required so that the trainee can achieve his/her learning objectives for example time slots, events, equipment.
- Identify learning opportunities, activities or events in the educational programme, that the trainee should attend e.g. seminars, presentations, peer reviews.
- Consider the examinations the trainee is required to take whilst in the placement and courses the trainee plans to attend.
- Consider the audit/research/projects opportunities.
- Once these aspects of the placement have been finalised and agreed, the trainee and the AES sign off the learning agreement.

Although the Objective Setting stage of the learning agreement is the agreed plan for the placement, it can be modified during training if circumstances change and this can be recorded during the interim or final review. Additionally the trainee can update information about resources, learning opportunities, examinations and courses attended and the self-directed learning undertaken.

The electronic learning agreement is automatically uploaded into the portfolio and links to the syllabus content and the workplace based assessments. A word version is available to download below. Workplace-based assessments are recorded on electronic forms which are automatically uploaded into the portfolio.

Interim Review occurs at the mid-point of the placement. This stage is encouraged even for 4-month placements to check that progress is in line with the placement objectives. In the event that difficulties are being experienced, focussed training and repeat assessments should be initiated. The objectives for progress and further action plans agreed at the meeting are recorded on the Interim Review form and are signed off by the trainee and AES.

Final Review occurs towards the end of the placement. The trainee and AES review what the trainee has learned in the placement against the placement objectives set down in the learning agreement. Evidence would typically include the following:

- Workplace-based assessments and feedback (trainees are encouraged to accumulate more than the minimum number and use a range of assessors).
- Examinations
- Surgical log book
- Audit and projects
- Research
- Outcomes of courses
- Reflective practice (includes self mini-PAT and other self-assessments, written accounts of CBDs and personal development plans)
- Case presentation / teaching
- Timetable and rota attendance

Each tool captures elements of judgment in action and maps to standards of Good Medical Practice. Over the training period they reveal the trainee's particular strengths, needs and areas for development.

The AES is responsible for synthesising the evidence at the end of the placement, although the process of judging the evidence would involve the team of clinical supervisors. The PD takes a holistic view of progress over the whole training period. The AES's evidence-based report is written in terms of the trainee's progress and specific learning outcomes which is facilitated by the learning portfolio.

Related downloads

Document	**Type**	**Size**
Blank Learning Agreement	PDF	37Kb
Example Learning Agreement - ST1/CT1	PDF	72Kb
Example Learning Agreement - Trainee in difficulty ST1/CT1	PDF	129Kb

Learning Portfolio

The portfolio has been designed to store evidence of the trainee's competence and fitness to practise. The trainee is solely responsible for the contents of the portfolio both in terms of quality and veracity. Submission of information known to be false, if discovered, will have very serious consequences. The trainees' portfolio includes their health and probity statements (PDF), educational contracts (PDF), learning agreements and a record of the assessments completed. The portfolio is supplemented by the logbook. The portfolio is available throughout the trainees' careers and is accessible to the trainee, the AES and the PD.

All entries to the portfolio must respect the confidentiality of colleagues and patients and should not contain names or numbers to identify patients or staff. Portfolio evidence must be collected and documented systematically by the trainee as they progress through each placement. Trainees must record all assessments that are part of the training period. Workplace-based assessments are considered to be formative and those that are less than satisfactory standard, if reflected upon appropriately, need not necessarily be seen as negative because they provide developmental feedback to drive learning and so improve practice. Where assessments have been unsatisfactory they should be repeated after focussed training until successful. The portfolio should enable the AES at the end of placement to assess the trainee in the round.

The portfolio is the vehicle used by the annual review to decide on the trainee's continuing training or award of the Certificate of Completion of Training (CCT). The AESs' reports are key to the annual review of training.

Learning Resources

Login to use the full online learning resources bank
The online learning resources bank provides registered users of ISCP website with links to publicly available online resources that complement the surgical syllabus. The subjects covered encompass all nine surgical specialties, the generality of surgery, and professional behaviour and leadership skills syllabus.

The following websites also provide valuable general background information.

Specialist Associations
- Association of Coloproctology of Great Britain and Ireland (ACPGBI)
- Association of Surgeons of Great Britain and Ireland (ASGBI)
- Australian Orthopaedic Association
- British Association of Aesthetic Plastic Surgeons (BAAPS)
- British Association of Oral and Maxillofacial Surgeons (BAOMS)
- British Association of Otolaryngologists/Head and Neck Surgeons (BAO-HNS)
- British Association of Paediatric Surgery (BAPS)
- British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)
- British Association of Urology Surgeons (BAUS)
- British Orthopaedic Association (BOA)
- British Orthopaedic Trainees Association (BOTA)
- British Society for Surgery of the Hand (BSSH)
- British Association for Emergency Medicine (BAEM)
- Society of Academic and Research Surgery (SARS)
- Society of British Neurological Surgeons(SBNS)
- Society of Cardiothoracic Surgeons (SCTS)
- The Association for Cancer Surgery (BASO)

Royal Colleges
- Academy of Medical Royal Colleges
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Surgeons in Ireland

General Links
- Association of Surgeons in Training
- Conference of Postgraduate Medical Deans (COPMeD)
- General Dental Council
- General Medical Council (GMC)
- Intercollegiate Specialty Boards Joint Committee on Intercollegiate Examinations
- Modernising Medical Careers for England
- Northern Ireland Medical and Dental Training Agency (MMC)
- Modernising Medical Careers for Scotland
- Modernising Medical Careers for Wales
- Postgraduate Medical Education and Training Board (PMETB)
- British Medical Association (BMA)
- British Orthopaedic Trainees Association
- Department of Health (DOH)
- Intercollegiate MRCS website
- Joint Committee on Surgical Training (JCST)

International Models
- The CanMEDS 2000 Project
- Accreditation Council for Graduate Medical Education (USA)
- American Board of Internal Medicine (ABIM)
- Australian Medical Council (AMC)