

**This information sheet is for trainees who took up post on or after 1 August 2007. For further details on the information given below and for regular updates, please consult the JCST website:**

**[www.jcst.org](http://www.jcst.org)**

## **1 Year of Training**

All Specialty Registrars (StRs) are placed into ST1, ST2, ST3 or ST4 (Neurosurgery only) of either a generic, themed, or specialty training programme. Any CCT/CESR CP date allocated to you is an estimation of when you will complete the programme, assuming one year will be spent at each ST level. CCT/CESR CP dates are adjustable, and may be shortened or extended according to competencies gained within the programme.

## **2 Recognition of Previous Training**

The General Medical Council (GMC), state that any previous training to be counted towards a CCT must have been prospectively approved. Therefore, if you were appointed to ST2/CT2 or above and you have previous training in posts recognised by the GMC, some of this time may be counted towards the award of a CCT. These posts include:

- SHO (Senior House Officer)
- LAT (Locum appointments - Training)
- FTTA (Fixed Term Training Appointments – Type 2 SpR training)
- FTSTA (Fixed Term Specialty Training Appointments)
- Posts undertaken in the EEA/Switzerland and approved by the statutory authority in that country

If you were appointed to ST3 but have previous specialty experience in a LAT<sup>1</sup> or FTTA posts, you may be able to progress quickly to a higher ST level. This is agreed by the local training committee at your Annual Review of Competence Progress (ARCP).

<sup>1</sup>Please note that all trainees appointed to a numbered training programme with a start date on or after 1 October 2012 will have previous LAT time automatically counted towards their training (if applicable). Further information about our LAT guidelines can be found here [http://www.jcst.org/docs/lat\\_guidance\\_jan2012](http://www.jcst.org/docs/lat_guidance_jan2012)

## **3 Published Guidance**

Guidance on all matters relating to surgical training, including how to apply for Out of Programme, new LAT Guidance, enrolment etc can be found in the JCST website [www.jcst.org](http://www.jcst.org) and the ISCP website here <http://www.iscp.ac.uk/jcst/Default.aspx>

## **4 Curriculum**

All StRs must register for and use the online curriculum via the Intercollegiate Surgical Curriculum Programme (ISCP) [www.iscp.ac.uk](http://www.iscp.ac.uk). The syllabus, assessments, and logbook resources are available through the ISCP.

## **5 Logbook**

All trainees are required to maintain a logbook during their training; this is available through the eLogbook ([www.elogbook.org](http://www.elogbook.org)) website. You will need validated logbook consolidation reports available for every Annual Review of Competence Progress (ARCP), and upon completion of training in order to be awarded a CCT or CESR CP.

## **6 ARCP**

Information about assessments to be undertaken throughout the course of your training is available from [www.iscp.ac.uk](http://www.iscp.ac.uk). All assessments, along with your logbook, will feed into your annual ARCP, organised by your local deanery. The JCST accepts online ARCP forms (version 2 only). Some Deaneries will continue to issue paper forms and in those cases we will expect them to forward copies of all completed ARCP forms to the JCST and the SAC for monitoring. If this is the case you should also **make sure to keep copies of these forms for your own records.**

The SACs require confirmation of a successful ARCP for each year of specialty training if a CCT/CESR CP is to be awarded – there should be no gaps in training expect for periods outside training such as OOPT, OOPE, OOPR and OOPC.

## **7 JCST Trainee Fee**

The JCST Trainee Fee came into effect on 1<sup>st</sup> August 2008. It is an annual fee, currently set at £150 per annum and is payable via the ISCP website. All StR trainees are required to pay this fee for each year that they are in the training programme. Trainees may be able to claim a reduction or exemption of the fee if they are out of programme and this is not counting towards training, start their training post part way through a payment period or are training less than full time.

## **8 Specialty Association**

Links to all the Specialty Associations' websites can be found on the JCST website at [www.jcst.org/links](http://www.jcst.org/links)

## **9 Intercollegiate Specialty Board Examination**

All trainees must pass the Intercollegiate Specialty Board Examination to be awarded a CCT/CESR CP, and it is normally taken after the sixth year of surgical training is completed (usually at or after ST6). Eligibility is determined by three references (one of which must be from the Programme Director), which should state that the trainee is performing at consultant level in the generality of the specialty. The Intercollegiate Specialty Boards are responsible for administering the Specialty Examinations and they make all decisions regarding eligibility for the exam. Please see [www.intercollegiate.org.uk](http://www.intercollegiate.org.uk) for more information.

## **10 Certification**

The JCST secretariat will issue trainees with a CCT/CESR CP application pack five months before their expected end of training date. At this point the trainee will be notified of any outstanding requirements in order for the application to be submitted to the SAC for consideration, including missing RITA/ARCP records (see item 6), outstanding OOP documentation (see item 12) and non-payment of the JCST Trainee Fee for any year spent in training since the fee came into effect in August 2008 (see item 7).

## 11 Certification Guidelines (CCT and CESR CP)

Each of the SACs have produced some guidelines to identify what a trainee applying for a CCT/CESR CP will normally be expected to have achieved during their training programme. The guidelines cover aspects of training such as: clinical and operative experience; operative competency; research; quality improvement; and management and leadership.

For the majority of surgical specialties the guidelines are advisory and will be implemented flexibly by the SACs. **The guidelines are however mandatory for all StR ENT trainees.**

The guidelines can also be accessed on the JCST website:

[www.jcst.org/quality\\_assurance/cct\\_guidelines](http://www.jcst.org/quality_assurance/cct_guidelines).

## 12 Data Protection

The JCST/SACs will use your contact details to communicate with you and may use your details to send you important information. Your details may be passed to and used by relevant competent organisations such as the GMC or the Joint Committee on Intercollegiate Examinations (JCIE). The JCST may also contact relevant training bodies for information about any previous surgical training you may have had.

## 13 Out of Programme

Trainees are permitted, subject to prospective approval by the GMC, to undertake part of their training outside of their programme. Different regulations apply to different types of posts, so please see the JCST website for further details of which posts need SAC support or GMC approval, and lists of documentation needed for each type of application.

Applications to the GMC must be submitted via the Deanery, and it is recommended that you discuss any plans with your Training Programme Director and Deanery as early as possible.

## 14 Research during surgical training

Some specialties DO NOT allow out of programme research to be counted towards CCT/CESR CP as it is not part of the new surgical curricula (although it is expected that all trainees acquire some generic academic skills nevertheless).

The table below lists the research allowance for your specialty:

SPECIALTY	ALLOWANCE
Cardiothoracic Surgery	<b>NONE</b>
General Surgery	<b>NONE</b>
Neurosurgery	12 months
Oral & Maxillofacial Surgery	12 months
Otolaryngology	12 months
Paediatric Surgery	<b>NONE</b>
Plastic Surgery	3 months
Trauma & Orthopaedics	12 months
Urology	<b>NONE</b>
Vascular Surgery	<b>N/A</b>

Those with **NTN (A)** numbers would normally undertake a percentage of their time in academic work, but must still meet all required clinical competencies.

## **15 Interface Training/Special Interest Posts**

There are currently five Training Interface Groups in:

<b>Breast Oncoplastic Surgery</b>	Available to General Surgery and Plastic Surgery trainees
<b>Cleft Lip and Palate Surgery</b>	Available to Oral and Maxillofacial Surgery, Otolaryngology and Plastic Surgery trainees
<b>Hand Surgery</b>	Available to Trauma and Orthopaedic Surgery and Plastic Surgery trainees
<b>Head and Neck Surgical Oncology</b>	Available to Oral and Maxillofacial Surgery, Otolaryngology and Plastic Surgery trainees
<b>Reconstructive Cosmetic Surgery</b>	Available to Oral and Maxillofacial Surgery, Otolaryngology, Ophthalmic Surgery and Plastic Surgery trainees, as well as General Surgery trainees who have completed a Breast Oncoplastic fellowship.

Some specialties also have special interest posts which can be undertaken in the final years of specialty training. Any special interest posts that are not already educationally approved by the GMC require prospective approval (see item 12). Further information about what is required is available on the JCST website.

## **16 Training Programme Directors (TPDs)**

Each trainee is assigned a Training Programme Director (TPD) to oversee his or her training. The TPD manages the training needs of the StR at a local level and acts as a facilitator between the training scheme, the Postgraduate Dean and the SAC. The TPD must validate and monitor each trainee within the ISCP system.

## **17 Unhappy About Your Training?**

If you are unhappy about any aspect of your training and unable to resolve the situation locally, please contact either the Specialty Manager, the Chair of the SAC or your Regional SAC Liaison Member. All correspondence should be addressed to the JCST secretariat.

## **18 SAC Trainee Representative**

Each SAC has a trainee representative, who can offer impartial advice on Surgical Training from the trainee perspective. If you wish to contact the trainee representative, he or she can be reached via the JCST secretariat.

## **19 Liaison Members**

The SACs all have committee members who act as regional liaison members. Their role is to act as a facilitator between the region and the SAC on all matters relating to individual trainees and training posts/programmes; they will usually participate in ARCPs. To avoid any conflict of interest liaison members are not normally based in the region they are representing.