

TPD Brief November 2015

Thanks to all those of you who came to the joint TPD/SAC annual meeting. It was good that so many could come and I hope those that came agree that it was a valuable forum for discussing current and upcoming issues in General Surgical Training. The minutes of that meeting and slides from presentations made have previously been distributed, so I will not go over the meeting again in this update.

Major Trauma Centres

A document had suggested that the minimum level a trainee could be to be part of an MTC was ST4. However, this has been clarified with the MTC network who are happy that ST3 and above can be part of MTC activities, given that both ST3 and ST4 are in the same stage of training.

General Surgery of Childhood

In response to concerns over the provision of emergency care to children in units where paediatric surgery is not available, the level of knowledge of skills required by the syllabus for the acute scrotum has been raised to level 4. Please could you all identify where this training will take place and how trainees will acquire level 4 knowledge and skills for management of the acute scrotum on your schemes? These skills are already level 4 in the urology syllabus and Urology trainees should also be exposed to the emergency paediatric scrotum.

Currency of MRCS

The GMC have endorsed minimum requirements on the currency of exams: "the pass will be considered current as long as the candidate enters or re-enters the programme within seven years of passing the examination...". This will have implications for a small number of doctors (probably very few, if any trainees) when applying for national selection for 2017 onwards. Some flexibility will be allowed and the JCST are currently considering what to allow as an exception, but is likely to include maternity and carer's leave, Military service, illness and research (supported by adequate evidence from a University of being registered for and making progression through a higher degree). Full details can be found at <http://www.gmc-uk.org/education/postgraduate/9813.asp>

Eligibility for TIG fellowships

Trainees will need to pass at least section 1 of FRCS before applying for a TIG fellowship and have passed section 2, gaining FRCS, before the start of the fellowship. If FRCS has not been awarded then a trainee who has been successful in the TIG interview held when section 1 only had been passed will not be allowed to undertake the fellowship and have to remain on their scheme.

**National Selection 2016: Tuesday 19th April – Friday 22nd April
Monday 25th April – Thursday 28th April**

Recognition of trainers

HEE are expected to take a hard line on appropriate recognition of trainers through the LETBs, and colleagues will not be able to be named clinical or educational supervisors, and therefore may not have trainees allocated to them, if they cannot meet standards in 5 or 7 domains for each role respectively after end July 2016. Full details at <http://www.gmc-uk.org/education/10264.asp> . A helpful webinar can be downloaded from the Faculty of Surgical Trainers website at <https://fst.rcsed.ac.uk/standards-for-surgical-trainers.aspx> . Training should be provided by trusts and Schools of Surgery/LETBs or equivalent, but checking that your faculty are able to meet the standards by that date may ensure the smooth running of programs.

“Improving Surgical Training”

General Surgery have contributed to a document commissioned by HEE in response to Shape of Training. Involvement with this process has allowed some consideration of how to address issues existing in surgical training, including the ever increasing emergency workload and matching the output of the curriculum to the needs of employers. The report is currently with HEE and a response is not expected until 2016. The main parts of the report and proposals for General Surgery were presented at the TPD/SAC afternoon and slides have been circulated. Some of the proposals may well form the basis of the next curriculum revision.

Breast Surgery

A particular area where the current syllabus may not match the needs of employers and scope of practice of consultants with that subspecialty interest is breast surgery. The SAC and Association of Breast Surgeons will work together to develop training pathways within the curriculum more suited to eventual scope of practice whilst being conscious of the need not to undermine emergency services and training with any shift of emphasis or modular training.

National Selection

A presentation on the 2015 selection process was given at the TPD/SAC meeting by Alison Waghorn, which was again very successful. Many thanks to Alison and the National Selection Board Steering Group for all the hard work involved. As mentioned in previous updates, there will be no LAT appointments in England from 2016 onwards, but LATs may still be available in the devolved nations.

A reminder that dates for the 2016 process are:

**Tuesday 19th April – Friday 22nd April
Monday 25th April – Thursday 28th April**

Held once more in London at the Events Centre, Russell Square, the same venue as the last 3 years.

It is expected that all TPDs and SAC members will interview: please sign up for some of the dates above if you have not already done so by emailing both Alison.waghorn@rlbuht.nhs.uk and Shirley.cottenden@rlbuht.nhs.uk

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Exams

Three diets of the new exam have been completed, with pass rates unchanged and good feedback on the new format from candidates. Trainees cannot apply if they have a current non-standard outcome at ARCP. I was asked to raise the question as to why ARCP 2 was a bar to application at the TPD/SAC meeting and received the below reply from David Richens, Chair JCIE:

The standard of the exam is that of a day one consultant in the generality of the specialty. TPDs are required to state in a structured reference that trainees have reached this standard before they are deemed eligible for the exam.

Naturally, referees are lobbied relentlessly by trainees to say as much so that they can then sit the exam at the earliest possible date. This can be for a wide variety of reasons.

We have previously discovered that TPDs are uneasy making this judgement without some objective benchmark indicating the trainee has completed the curriculum. This allows them to defend their judgement when writing the reference.

ARCP 1 at ST6 is a universally understood concept with the equivalent meaning across every training program in every specialty. All trainers and trainees are aware of the requirement in advance. It is therefore an objective benchmark applicable to all.

Training committees can tailor their programs to individuals in the understanding that they will require to achieve this to become eligible. They are therefore fully cognisant of the consequences of awarding an ARCP 2. Should they choose to do so after 6 years of structured training and assessment for a specific trainee that is their prerogative and rightly so. That NTN will not be eligible.

I hope you find this update useful. Please get in touch if there are any issues you'd like to discuss at jon.lund@nottingham.ac.uk . Please remember that it is now mandatory for SAC liaison members to be involved in ARCP 6 awards for trainees and please sign up for national selection if you haven't already done so.

With best wishes for Christmas and the New Year.

Jon