

ST3 - ST8  
SPECIALIST TRAINING INFORMATION  
**GENERAL SURGERY**

JUNE 2024

RCSI.COM

ROYAL COLLEGE OF SURGEONS IN IRELAND



**RCSI**

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## WELCOME

Dear Trainee,

Congratulations on your appointment to the Specialist Training Programme in General Surgery (ST3-ST8).

We take great pride in the efficient organisation and running of the six year programme. As a specialty, we continually review the training programme and identify areas to improve annually. Equally, we aim to introduce new incentives that will continue to enhance the quality of the training experience. Take time to read through this document as it will aid you in your development through each year of training from **ST3 to ST8**.

There are processes in place and these must be followed in order to ensure the smooth running of the training programme.

In particular, I would advise you to give your Specialty Administrator, your Consultant Trainers and your Programme Director as much notice as possible when you require their assistance. In my role as Programme Director, I am here to fully support you. Please contact your Specialty Administrator, should you require any assistance. They will be happy to direct your queries to me.

I hope that your experience of Specialty Training in General Surgery will be a positive one and may I wish you the best in your surgical training career.

Yours faithfully,

**Mr Sean Johnston**

Consultant General Surgeon

Programme Director for Specialty Training in General Surgery

### IMPORTANT INFORMATION

Specialty Training Administrator for General Surgery for ST3-8 Trainees:

**RCSI Surgical Affairs, Royal College of Surgeons in Ireland**

121/122 St. Stephen's Green, Dublin 2, Ireland

E: [Gensurg@rcsi.com](mailto:Gensurg@rcsi.com) W: [www.rcsi.ie](http://www.rcsi.ie)

### **1. MEETING WITH THE TRAINING PROGRAMME DIRECTOR (if required)**

If you have any questions before starting the programme you may wish to meet with the TPD, Mr Sean Johnston.

If you require a meeting with the TPD during your time on the programme, please contact your Specialty Training Administrator: [Gensurg@rcsi.com](mailto:Gensurg@rcsi.com), to arrange this.

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### **2. CHOOSING A YEAR REPRESENTATIVE**

At the start of the programme we recommend that you select a trainee representative. Once chosen, please email the name to

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### **3. THE IRISH SURGICAL TRAINING GROUP (ISTG)**

The Irish Surgical Training Group is a group of Surgical Trainees who represent all sub-specialty Trainees in Ireland from ST 1-8. The aims of the group are as follows:

- ~ To provide leadership for Surgical Trainees of all disciplines.
- ~ To represent the voices of Surgical Trainees as key stakeholders in planning of surgical training with all ~ training bodies and committees.
- ~ To provide a forum for the discussion of surgical training issues through meetings:
  - Training information evening and AGM: get the inside track on life as senior Trainee on your sub-specialty of interest.
  - Annual meeting of ISTG and Bosco O'Mahoney lecture: part of Charter day meeting; themed meeting on issues affecting surgical Trainees, reports from recent fellowships.
  - Annual Trainee dinner and presentation of Silver Scalpel Award.

The ISTG can provide support and advice to Trainees and can be contacted at [irishsurgicaltraininggroup@gmail.com](mailto:irishsurgicaltraininggroup@gmail.com). It would be a good idea to email this group and request they put you on their mailing list.

### **4. INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)**

As a Trainee on the General Surgery Programme, you will be required to use ISCP throughout your time in training. You will need to register with the site ([www.iscp.ac.uk](http://www.iscp.ac.uk))

*Please do not pay the fee directly RCSI will cover this fee.*

#### **4.1 General Overview of the Intercollegiate Surgical Curriculum Programme (ISCP)**

The Intercollegiate Surgical Curriculum Programme (ISCP) provides the approved framework for surgical training from ST3 to ST8 through to consultant level.

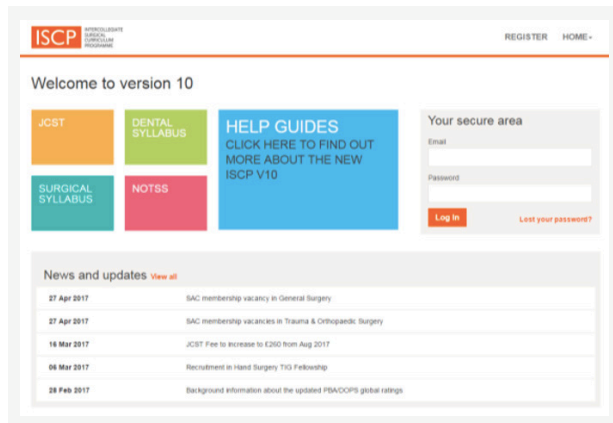
The curriculum guides and supports training up to Certificate of Satisfactory Completion of Specialist Training (CSCST) in a surgical specialty.

The curriculum enables trainees to develop as generalists within their chosen surgical specialty, to be able to deliver an on-call emergency service and to deliver more specialised services to a defined level.

The curriculum was founded on the following key principles, which support the achievement of these aims:

- A common framework across all the specialties within surgery.
- Curriculum standards that conform to the standards specified by the GMC/RCSI.
- Delivery of the curriculum by surgeons who are appropriately qualified to deliver surgical training.
- A robust assessment system to enable systematic progression through to completion of surgical specialty training.
- Regulation of progression through training by the achievement of outcomes that are specified within the specialty curricula.
- Formulation and delivery of surgical care by surgeons working in a multidisciplinary environment.
- Collaboration with those charged with delivering health services and training at all levels.





#### 4.2 RCSI ISCP Support

RCSI is committed to offering support and training to all trainees and trainers using ISCP.

Furthermore, training days take place in RCSI.

**Our ISCP Trainer is Dr Helen Harty:**

[helenharty7@gmail.com](mailto:helenharty7@gmail.com)

The ISCP Helpdesk Tel: **0044 207 869 6299** or [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk) are available via email and telephone to support queries from all trainees.

If you or your specialty colleagues wish to have an organised training session please contact your **ST administrator**, [sineaddixon@rcsi.com](mailto:sineaddixon@rcsi.com) who will help to facilitate this.

#### 4.3 ISCP account Post CSCST

Upon successful completion of training you can contact the ISCP helpdesk to change your user type to consultant. This means that your training records are merely hidden. Your user type can be transferred back to trainee, if you require access your training account/data. Please note that RCSI so not hold a copy of your training record.

#### 4.4 Access your RCSI Membership Benefits by Remaining In Good Standing

As you commence your new HST year, a reminder that RCSI Membership subscription year runs from **1 May to end of April**. As a **Higher Surgical Trainee** and RCSI Member, it is important that you remain in **Good Standing with the College** by paying your annual subscription. By supporting the College in this way, you remain part of a global network of over 11,000 Fellows and Members in 89 countries worldwide, giving you competitive advantage internationally through verification of your award and **use of your post-nominals**.

Membership also gives you other opportunities, including a dedicated Fellows and Members portal with access to e-journals and online resources such as The Surgeon, Annals of Surgery, Elsevier journal, Lib Guides and surgical skills guides, institutional repositories and a wealth of information through our Library services along with career opportunities through Fellowship, award and bursary opportunities, mentorship, specialty webinars, CPD opportunities and career development advice.

To avail of the benefits of being one of our **Higher Surgical Trainees**, we strongly encourage you to remain **In Good Standing** - you can check the status of your RCSI membership and pay your subscription [HERE](#)

We are grateful to all RCSI Fellows and Members who continue to pay their annual subscription and support the College and future generations of Surgeons. The Fellows and Members office are the office with responsibility for supporting the professional surgical network internationally. You can contact us at [fellows@rcsi.ie](mailto:fellows@rcsi.ie)

#### 4.5 Trainee Marketing & Communications



#### 5. TRAINEE PORTAL – CONNECT SA

The Trainee portal is a area where you can sign in and see your training rotations, sign up for classes, mandatory workshops, Human Factors etc. You log onto to the portal using your RCSI credentials. There is a document library section on the portal however we recommend that you upload specific documentation related to your training journey to ISCP.

Figure 3. Connect SA

A screenshot of the Connect SA Trainee Portal. The header shows the RCSI logo and navigation links: Documents, Class sign up, Help content, and Sign out. The main content area is titled 'Trainee details' and includes a dropdown menu for 'Programme' (set to 'TEST Programme 2021') and a field for 'Current ST year' (set to 'ST 3'). Below this is a table for 'Allocations' with columns for ST year, Year, Training post, and AES. The table shows one allocation for ST 3 in 2020, with the training post '000011078-CAPORH-Gen - 03/07/2020 to 11/07/2021' and a green '+Add AES' button. There is also a 'Deviations' section with a table showing one deviation for ST 3 in 2020, 'Out of Programme Research - 13/07/2020 to 11/07/2021'. At the bottom, there are links for 'Forgotten password', 'Contact us', and 'Cookie consent'.

#### 6. RCSI LOGBOOK

RCSI has developed its own RCSI logbook and trainees progressing from CST will continue to use this logbook to record activities as normal. The logbook will be available to view by your Training Programme Directors and Trainers for key events such as ARCPs.

A reporting function is available on the logbook for your ARCP (Print ISCP Report), here you will select the date range and export your logbook for upload to ISCP in advance of your meeting. The steps to complete this can be found in appendix 3.

If you have not previously used RCSI Logbook you will need to access the logbook via [mSurgery.ie](https://msurgery.ie) via your RCSI account.

All Trainees commencing Specialty Training at ST3 are required to log procedures on the RCSI logbook. Any queries regarding accessing the platform please contact your specialty administrator.

#### 7. STUDENT CARD/LIBRARY

You will need an RCSI email to access journals on the RCSI website, electronic library and also to gain entry to the library. Your student identification card for the HST Training Programme in will be issued to you at induction.

## 8. TRAINERS & HOSPITAL SITES

HOSPITAL (TRAINING POST) & ASSIGNED EDUCATIONAL SUPERVISOR			
<b>Beaumont Hospital</b>	Arnold Hill	<b>MRH Tullamore</b>	Sean Johnston
	Deborah McNamara		Abubakr Rayis
	John Burke	<b>Our Lady of Lourdes Hospital, Drogheda</b>	Eleanor Carton
	William Robb		Sherif El-Masry
<b>Connolly Hospital</b>	David Beddy		Eleanor Faul
	Michael Allen	<b>Portiuncula University Hospital</b>	Eddie Meyers
	Tom Walsh		Joseph Garvin
	Mayilone Arumugasamy	<b>Sligo University</b>	Ahmed Zia Janjua
<b>Cork University Hospital</b>	Emmet Andrews	<b>St. James's Hospital</b>	Claire Donohue
	Mark Corrigan		Brian Mehigan
	Paul Redmond		John Reynolds
	Louise Kelly		John V Reynolds
	Noel Lynch		Paul McCormick
	Morgan McCourt		Terry Boyle
	Martin O'Sullivan		
	Paul Redmond		
	Paedar Waters		
<b>Letterkenny University</b>	Michael Sugrue		
	Saqib Zeeshan		
<b>Mater Misericordiae University Hospital</b>	Mitchel Barry		
	Malcolm Bell		
	Jurgen Mulsow		
	Ailin Rogers		
	Conor Shields		
	Siun Walsh		
<b>Mayo University Hospital</b>	Kevin Barry		
	Michael O'Riordain		
	Shane Killeen		
<b>Midland Regional Hospital, Mullingar</b>	Desmond Toomey		



**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

HOSPITAL (TRAINING POST) & ASSIGNED EDUCATIONAL SUPERVISOR			
St. Michael's	Ann Hanly	University Hospital Waterford	Gerrard O'Donoghue
	Tom Gallagher		Peter Neary
St. Vincent's University	Ann Hanly		Fiachra Cooke
	Donal Maguire	Wexford General Hospital	Karl Schmidt
	Sean Martin		Mark Grannell
	Ruth Pritchard		
	Desmond Winter		
Tallaght University Hospital (TUH)	Dara Kavanagh		
	Kevin Conlon		
	Paul Neary		
	Paul Ridgway		
	James O Riordain		
	Maria Whelan		
University Hospital Galway	Chris Collins		
	Mark Regan		
	Karl Sweeney		
	Michael Kerin		
	Oliver McAnena		
	Myles Joyce <i>Rotates with Ballinsloe</i>		
	Ray McLaughlin		
	Emmeline Nugent		
University Hospital Kerry	Patrick Owens		
	Kevin Murray		
	Tom McCormack		
University Hospital Limerick	Anne Merrigan		
	David Waldron		
	John Calvin Coffey		
	Shona Tormey		
	Colin Peirce		
	Shona Tormey		

## 9. HEALTH & WELL-BEING

A career in Surgery can be both challenging and rewarding. For all trainees it is crucial to prioritise your health and wellbeing throughout your training and professional journey.

The demanding nature of training requires a balanced approach to maintain physical and mental health.

There is substantial evidence that maintaining wellbeing in the medical profession contributes to a rich rewarding career. Neglecting self-care can make the profession less enjoyable and significantly increase the risk of burnout, particularly during training, which has multiple challenges across both the professional and personal domains.

### Importance of Wellbeing in the Profession

- **Enhanced Job Satisfaction:** Medical professionals who prioritise their wellbeing report higher job satisfaction. They find their work more meaningful and fulfilling, which contributes to long-term career satisfaction.
- **Improved Patient Care:** Doctors who maintain their health and wellbeing are better equipped to provide high-quality care to their patients.
- **Reduced Burnout:** Burnout is a significant issue in the medical profession, prioritising self-care helps mitigate these symptoms leading to a more sustainable career.

RCSI as your Post graduate Training body, is always striving to understand by means of feedback and engagement, how we can best support trainees. The provision of support and referral pathways for trainees, and/or, trainers who are supporting trainees that are struggling, due to reasons related to health and wellbeing and may be impacting their ability to lead a fulfilling and sustainable career is vitally important for us. Early identification and prevention of such issues through the promotion, support and education of Health and Wellbeing strategies is key during what is often considered a busy but rewarding time of your career pathway.

### Key points to ensure health and wellbeing are at the forefront:

- **Work-Life Balance:** Maintaining a balance between professional responsibilities and personal life is essential. Allocating time for rest, relations and hobbies can help mitigate burnout.
- **Mental Health Support:** The RCSI has a range of mental health resources available to trainees this can provide the necessary support during stressful times.
- **Physical Health:** Regular exercise, a balanced diet, and adequate sleep are foundational to maintaining, physical health.
- **Social Interaction -** The evidence shows that positive social connections at work—supportive interactions, a sense of belonging, and effective teamwork—improve worker well-being and can protect against harmful effects of workplace stress.

The RCSI has established a CONFIDENTIAL e-mail address for Trainees & Trainers who may wish to access Health and Wellbeing resources available via RCSI. You can be assured that all communication will be treated with respect. Please contact us at [wellbeing@RCSI.com](mailto:wellbeing@RCSI.com)

## 9A. RETROSPECTION FOR GENERAL SURGERY TRAINEES

The General Surgery Programme is a six-year full time training programme. From June 2015, the Training Committee no longer allow accept applications for retrospection.

## 10. MENTOR PROGRAMME

The RCSI is committed to supporting Trainees at all stages of training and has created a structured Mentoring Programme which is available to Higher Specialist Trainees.

This programme was developed in consultation with both trainers and trainees, and aims to ensure every surgical trainee has the opportunity and access to the benefits that structured mentoring by an experienced surgeon can offer.

Mentoring allows trainees develop strong connections and get advice and direction on the challenges that all those embarking on Surgical Training experience.

Trainees need to meet their Mentor before or very early into your rotation and again towards the end or just after. It is your responsibility to meet with your Mentor at least twice a year.

Your ST Administrator (Sinead) will be in contact with you regarding your Mentor. Your Mentor needs to complete an annual mentor report electronically. You will then need to upload this report by the end of December to your ISCP portfolio under 'Internal Meetings' in the evidence section, so tabulating the information becomes more streamlined.

You will also need to email a copy of your completed mentor report and logbook for your first six months. Please note for subsequent years you will need to submit your completed mentor report; a logbook for the 6 months of training for the period from January – July; a logbook for the period from July – January and one other logbook showing indicative numbers for the entire time you have been an SpR.

The Education Committee will hold an **Interim Annual Review of Competency Progression (ARCP)** meeting to review your paperwork in December and June of each year, so you will need to have all your ISCP paperwork i.e. Learning Agreements, Work Based Assessments, Multi-Sourced Feedback etc. completed before your ARCP in advance of this Education Committee meeting. Please note you do not attend the Interim ARCP. **Your Annual Reviews of Competence Progression (ARCP) will be held in June.** In 2022 ST 3 trainees have a ARCP after 6 months but it will be every 12 months after your first year. This is where you will meet with Consultants and review how the rotation is going for you and if you are having any issues.

An interim phone call or e-mail conversation, between mentor meetings, should be sufficient to ensure that there are not too many issues brewing. This amounts to 3-4 face-to-face meetings per year. While the process is now almost entirely electronic, using the ISCP ([www.iscp.ac.uk](http://www.iscp.ac.uk)), we do still rely on Mentors to add an additional layer of analysis of Trainee performance and advocacy where needed.

Trainees need to add their **Mentors as a Clinical Supervisor (CS) on ISCP**. This will enable your Mentor to comment on ISCP about your progress using the Clinical Supervisors Report on your Learning Agreements (LA) etc. You will also be required to complete a MiniPat/ Multi-Source Feedback (MSF), previously known as a 360 review each calendar year in advance of your ARCP.

The emphasis at the senior level should include a focus on career/exam advice and ensuring paperwork for CCST is complete and that fellowship plans are well underway, though any issues arising should be brought to the attention of the TPD before they become critical, even for those of you at that stage in training.

ISCP

REGISTER HOME

Welcome to version 10

JCST DENTAL SYLLABUS SURGICAL SYLLABUS NOTSS

HELP GUIDES  
CLICK HERE TO FIND OUT MORE ABOUT THE NEW ISCP V10

Your secure area  
Email  
Password  
Log In Lost your password?

News and updates [View all](#)

27 Apr 2017	SAC membership vacancy in General Surgery
27 Apr 2017	SAC membership vacancies in Trauma & Orthopaedic Surgery
16 Mar 2017	JCST Fee to increase to £260 from Aug 2017
06 Mar 2017	Recruitment in Hand Surgery TIS Fellowship
28 Feb 2017	Background information about the updated PSACOPS global ratings



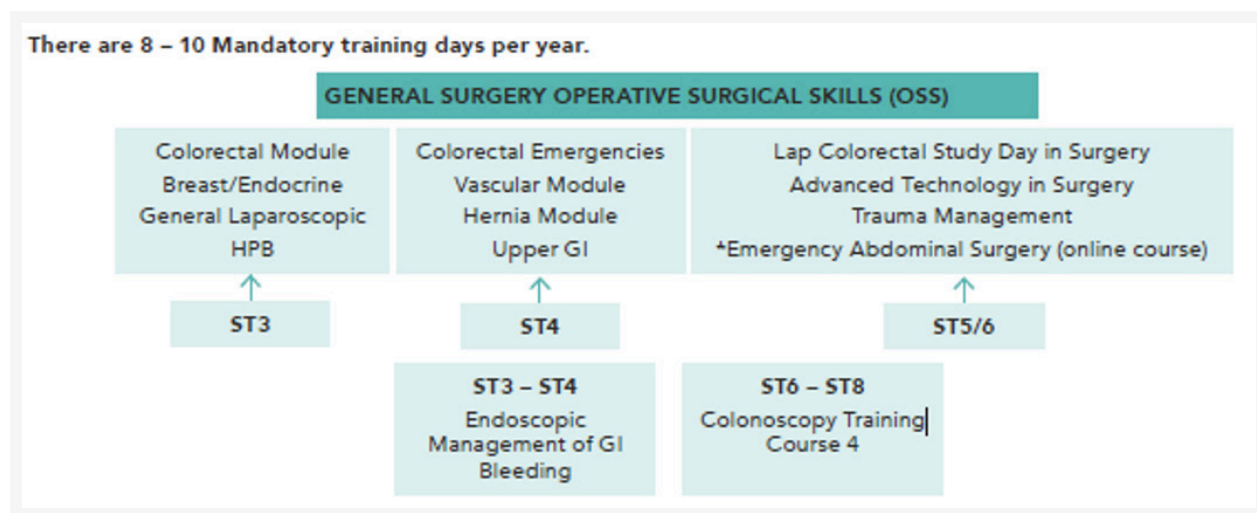
## 11. STRUCTURED EDUCATION PROGRAMME FOR SPECIALITY TRAINEES IN GENERAL SURGERY 2024-2025

Education delivery for trainees can be broken down into a number of components Mandatory

(RCSI), Training courses to be completed for certification (CSCST) and sub specialty interest courses that the Trainee may undertake during the time on the programme RCSI in conjunction with the specialty delivers a number of mandatory training days for Trainees across Operative Surgical Skills classes and Human Factors in Patient Safety modules.

### 11.1 Operative Surgical Skills (OSS)

Figure 4. Operative Surgical Skills (OSS)



### 11.2 Human Factors in Patient Safety (HFPS)

The HFPS programme is a mandatory component of training. All Specialty Trainees are expected to attend their mandatory identified programme of HFPS Simulation and Workshops throughout their training in years ST3 to ST8, as mapped out above. Trainees should maintain their certificate of attendance for each module attended throughout the programme, this is sent the day after the course is attended to your RCSI email address and should be uploaded to ISCP. Failure to do so could lead to difficulties in your sign off for CSCST in ST8.

The Human Factors in Patient Safety programme provides a greater awareness of risk and error in the workplace by providing trainees with skills required to mitigate risk and prevent adverse outcomes. The programme supports the professional development of trainees and seeks to reinforce and ensure a culture of patient safety for the benefit of hospital patients. The RCSI Human Factors in Patient Safety programme also has a unique focus on non-technical skills, such as communication, teamwork, decision-making, leadership and managing stress emphasising how these skills are

facilitate better performance and enhanced self-care.

Training sessions use a combination of interactive classroom-based and experiential teaching methods. Classes are kept to a maximum of 25 attendees or less to allow for role-play, high fidelity simulation and repeated skills practice. Emergency Medicine, Ophthalmology, Radiology and Surgical trainees attend sessions together at Senior House Officer and Registrar level which stimulates multidisciplinary communication and reflection on clinical practice. Sessions are facilitated by a Human Behaviour specialist and a consultant in Surgery, Emergency Medicine, Radiology and Ophthalmology where appropriate.. Each trainee must attend all mandatory components of training which have been tailored to their training level and their specialty.

The curriculum is mapped to a taxonomy of professional outcomes which have been categorised into eight pillars.

GENERAL SURGERY TRAINING PROGRAMME FOR HFPS 2023-2024	
<b>SpR Year ST3- ST6 (Four year cycle)</b>	Simulation training in No 26 with scenarios, One per year: <ul style="list-style-type: none"> <li>• Leading Teams* -ST3 - GEN, NEURO, VASC &amp; PAEDS wCAI – in the OR</li> <li>• Managing Teams – ST4 – AS ABOVE WITH ASTEM4 &amp; CAI – in the ED</li> <li>• Decision making - ST5 –GEN, NEURO, VASC, &amp; PAEDS</li> <li>• Managing Adverse Events – ST6 - GEN,NEURO,VASC &amp; PAEDS wCAI</li> <li>• Specialty Specific Sim Day*** -</li> </ul>
	ENT & Plastics do each of the above as a 4 year cycle
<b>Workshops: One per year. Classroom based learning</b>	<ul style="list-style-type: none"> <li>• 21st Century Professionalism (ST3)</li> <li>• Safety Management Systems (ST4)</li> <li>• Advanced Communication: Advocacy and Negotiation (ST5)</li> <li>• Leadership (Emotional Intelligence) (ST6)</li> </ul>
<b>SpR Year 7/8 Cycle 1</b>	<ul style="list-style-type: none"> <li>• Train the Trainer</li> <li>• Expert performance Cycle 2</li> <li>• Healthcare Management:</li> <li>• Preparation for Consultant Practice</li> <li>• Presentation and Interview skills</li> </ul>

The curriculum is mapped to a taxonomy of professional outcomes which have been categorised into **eight pillars**. All trainees will be notified in advance that class modules are available to book through the portal.

PILLARS OF PROFESSIONAL OUTCOMES		
Attitudes, Behaviours and Performance	Professionalism	Communication
Cognition and Problem Solving	Safety Management Systems	Team work

### HUMAN FACTORS IN PATIENT SAFETY PROGRAMME FOR SPECIALTY TRAINING

The HFPS programme is a mandatory component of training. All Specialty Trainees are expected to attend their mandatory identified programme of HFPS Simulation and Workshops throughout their training in years ST3 to ST8, as mapped out above. Trainees should maintain their certificate of attendance for each module attended throughout the programme, this is sent the day after the course is attended to your RCSI email address and should be uploaded to ISCP. Failure to do so could lead to difficulties in your sign off for CSCST in ST8.

All Trainees must choose one date for each **OSS** and **HFPS** module. There are a limited number of places on each course date, places will be allocated on a first-come, first-served basis, once these are filled, that date is no longer available and you must select another date. All classes will take place in RCSI in Dublin.

It is your responsibility to ensure you have selected a date for each module.

When selecting your dates you should check with your colleagues that you are not attending the same date. It is important that you notify your Medical Manpower Manager and Consultant Trainers to the dates you have agreed to attend well in advance.

Should you have any queries in relation to your classes please contact the relevant administrator:

**Operative Surgical Skills** - email: [oss@rcsi.ie](mailto:oss@rcsi.ie) / **Human Factors in Patient Safety** - email: [humanfactors@rcsi.ie](mailto:humanfactors@rcsi.ie)

### **11.3 The RCPI/RCSI Endoscopy Programme**

Your RCSI Speciality Training Administrator, Sinead Dixon will give you further information in relation to the Endoscopy Programme within the first 12 months of your training.

### **School for Surgeon Assignments**

The School for Surgeons assignments are usually scheduled from October 2024 to May 2025. Trainees will receive one email to notify them when each assignment is open and to advise them of the deadline. No submissions will be accepted after the submission date has passed. If a trainee is unable to log onto the general surgery modules for 2023-2024 please contact Erika Sullivan in the surgical training office in the first instance.



## 12. TRAINING COURSES & CORE CURRICULUM DAYS

WORK PLACE BASED ASSESSMENTS (TOTAL)	ST3	ST4	ST5	ST6	ST7	ST8
Workplace Based Assessments(WBAs)	No fixed number however, please focus on Index Procedures & Critical conditions	No fixed number however, please focus on Index Procedures & Critical conditions	No fixed number however, please focus on Index Procedures & Critical conditions	No fixed number however, please focus on Index Procedures & Critical conditions	No fixed number however, please focus on Index Procedures & Critical conditions	No fixed number however, please focus on Index Procedures & Critical conditions
Case Based Discussion (CBD)	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3
Clinical Evaluation Exercise (CEX)	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3
Direct Observation of Procedural Skills (DOPS)						
Procedure Based Assessment (PBA)	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3	minimum of 3
Observation of Teaching (OoT)						
Assessment of Audit (AoA)						
Multi-Source Feedback (MSF) (360 Feedback)	1	1	1	1	1	1

STRUCTURED REVIEWS / ASSESSMENTS						
Training post assessment form (No. per year)	2	1	1	1	1	1
E-Logbook Assessment (No. per year)	2	1	1	1	1	1
Trainee Review (No. per year)	2	1	1	1	1	1
Learning Agreement Reviews (No. per year)	2	2	2	2	2	2
ARCP Formal	2	1	1	1	1	1

STRUCTURED EXAMINATION	ST3	ST4	ST5	ST6	ST7	ST8
Fellowship Exam					Mandatory	Mandatory

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

CORE TRAINING DAYS (TOTAL)						
8-10 Days & Topics change year on year	ST3	ST4	ST5	ST6	ST7	ST8
<b>OSS Training</b>	Must Attend					
OSS - Colorectal						
OSS - General Laparoscopic						
OSS - Breast Endocrine						
OSS - HPB						
OSS - Upper GI						
OSS - Colorectal Emergencies		Must Attend				
OSS - Vascular						
OSS - Hernia Module						
OSS - Upper GI						
OSS - Lap Colorectal Study Day			Must Attend	Must Attend		
Advanced Technology in Surgery			Must Attend	Must Attend		

**RCSI GENERAL SURGERY**  
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HUMAN FACTORS	ST3	ST4	ST5	ST6	ST7	ST8
<b>Workshops - One per year - Classroom based Training</b>						
Human Factors: Leadership (Emotional Intelligence)	one module per year	one module per year	one module per year	one module per year		
Human Factors: Safety Management Systems	one module per year	one module per year	one module per year	one module per year		
Human Factors: 21st Century Professionalism	one module per year	one module per year	one module per year	one module per year		
Human Factors: Advanced Communication: Advocacy & Negotiation	one module per year	one module per year	one module per year	one module per year		
Human Factors: Expert Performance - Cycle 1					Mandatory	Mandatory
Human Factors: Train the Trainer - Cycle 1					Mandatory	Mandatory
<b>Healthcare Management</b>						
Human Factors: Preparation for Consultant Practice - Cycle 2					Mandatory	Mandatory
Human Factors : Preparation for Practice:Presentation & Interview Skills - Cycle 2					Mandatory	Mandatory
<b>Simulation Training</b>						
Human Factors: Leading Teams in the OR - ST3 Trainees	Mandatory					
Human Factors: Managing Teams in the ED - ST4 Trainees		Mandatory				
Human Factors: Decision Making - ST5 Trainees			Mandatory			
Human Factors: Managing Adverse Events - ST6 Trainees						



**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

ADVANCED TRAINING COURSES	ST3	ST4	ST5	ST6	ST7	ST8
Basic Endoscopy Training Course - Course 1	Must Attend	Must Attend	Must Attend	Must Attend		
Endoscopy Training Course - Hands on Clinical Site - Course 2	Must Attend	Must Attend	Must Attend	Must Attend		
STEPS - Endoscopic Management of GI Bleeding - Course 3	Must Attend	Must Attend	Must Attend	Must Attend	Recommended if not already attended	Recommended if not already attended
Colonoscopy Training Course - Course 4				Must Attend	Must Attend	Must Attend
Emergency Abdominal Surgery Course (EASC) - Mr Michael Sugrue	Must Attend	Must Attend	Must Attend	Must Attend	Recommended if not already attended	Recommended if not already attended
Emergency & Trauma Management Module - Professor Paul Balfe			Must Attend	Must Attend	Recommended if not already attended	Recommended if not already attended

ADVANCED TRAUMA TRAINING	ST3	ST4	ST5	ST6	ST7	ST8
Definitive Surgical Trauma Skills (DSTS) course	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Surgical Training for the Austere Environment (STAE) course	Advise	Advise	Advise	Advise	Advise	Advise
MSc (Surgical Innovation), has specific trauma modules to subspecialise in	Advise	Advise	Advise	Advise	Advise	Advise
Advanced Trauma Operative Management (ATOM)	Available	Available	Available	Available	Available	Available
Advanced Surgical Skills for Exposure in Trauma (ASSET)	Available	Available	Available	Available	Available	Available
Definitive Surgical Trauma Care (DSTS) course	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Advanced Trauma Life Support (ATLS)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
CRISP - Care of the Critically Ill Surgical Patient - includes Trauma Care	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory

RESEARCH METHODOLOGIES						
<b>Module 1</b>						
· Introduction to Evidence Based Medicine	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
· Developing a research question and mapping to most appropriate study design						
· Study design – strengths and weaknesses						
· Fundamentals of bias, confounding and causality						
· Protocol development						
· Introduction to standardised reporting guidelines						
<b>Module 2</b>	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
· Accessing clinical evidence						
· Fundamentals of randomised controlled trials						
· Fundamentals of systematic reviews and meta-analysis						
· Other synopses of evidence, including clinical practice guidelines						
<b>Module 3</b>	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
· Fundamentals of biostatistics						
· Nature of data; descriptive statistics						
· Hypothesis testing; sample size calculation						
· Univariable analysis						
· Multivariable analysis						
<b>Module 4</b>	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
· Student presentations- protocol and/or completed research						
· Funding of research and grant applications						
· Peer review publishing						
· Author						
· Reviewer						
· Editor						

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

OTHER						
Charter Day Meeting	Available	Available	Available	Available	Available	Available
Wednesday RCSI Webinars - various						
Thursday General Surgery Webinars 2020	Available	Available	Available	Available	Available	Available
Thursday General Surgery Webinars 2021	Available	Available	Available	Available	Available	Available

#### MANDATORY

Definitive Surgical Trauma Skills (DSTS) Course

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Definitive Surgical Trauma Care (DSTS) Course

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Advanced Trauma Life Support (ATLS)

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CRISP – Care of the critically ill Surgical Patient –  
Includes Trauma Care

#### ADVISABLE

Surgical Training for the Austere Environment  
(STAE) course

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MSc (Surgical Innovation) has specific trauma  
modules to subspecialise in Advanced Trauma  
Operative Management (ATOM)

### **13. RESEARCH METHODOLOGY COURSE FOR SURGICAL TRAINEES**

The Irish Surgical Postgraduate Training Committee is committed to ensuring that surgical trainees have good exposure to academic surgery as an integral part of surgical training. As a first step, a taught course in research methodology was introduced in 2015.

This is a modular programme which runs over four days in ST3 and ST4 (i.e. two days in each training year). The programme gives a comprehensive introduction to research methodology relevant to surgeons. After ST4, some trainees may opt to take time out of surgical training to pursue an MD or PhD through full time research for two years.

However the taught programme is intended for all surgical trainees, even if they do not plan to pursue an MD or PhD later. The ISPTC has deemed this programme mandatory for all ST3 trainees in all specialities and you will be required to complete the 4 modules in order to be "signed off" in your ARCP at the end of ST4. However, those trainees who have already completed a taught MCh, or MD or PhD are exempted from the research methodology course as they have already completed a similar course as part of their higher degree. Trainees commencing in ST3 will be contacted with details of the course including exemption details.

A copy of the Research Methodology exemption form can be downloaded from m-surgery link: <https://msurgery.ie/home/specialist-training/financial-support/>

The dates for the Research Methodology modules 2022/23 have been confirmed and are as below:

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**Module 1:** October 2024

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**Module 3:** November 2024

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**Module 2:** February 2025

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**Module 4:** April 2025

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All of these classes are being run online via Moodle.

### **14. ANNUAL ASSESSMENTS AND TRAINEE REVIEWS/ ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCPs)**

Each year, the HST Specialty Programmes host Annual Review of Competence Progression (ARCPs), for each trainee.

ARCPs are meetings with ARCP Committee reviewers, whereby your ISCP paperwork, logbooks, Learning Agreement(s), MCR, MSF and performance are reviewed and discussed with you.

#### **14. Interim & Annual ARCPs**

In advance of the Annual ARCP review, the Committee hold an Interim Annual Review of Competency Progression (ARCP) meeting to review your submitted paperwork.

#### **Winter ARCP (Interim)**

This usually takes place the first week of December of each year. This interim review takes place to ensure all your placement is recorded on ISCP, you have uploaded your learning agreement and your mid-point MCR is complete.

#### **Summer ARCP (Annual)**

All paperwork that has been uploaded since your Winter ARCP, will be reviewed, in advance of the annual ARCPs which take place on the in mid-June of each year.

As such, you will need to have all your ISCP paperwork uploaded to your ISCP portfolio two weeks ahead of your scheduled ARCP/s.

i.e. Learning Agreements, Work Based Assessments, Multi-Sourced Feedback etc. completed and submitted by the last Friday in May of each year, at the latest, in advance of this ARCP Committee meeting with you.

## **15. OUT OF PROGRAMME RESEARCH / TRAINING / EXPERIENCE**

Applications for OOPR / OOPE & OOPT must be submitted 12 months prior to expected start date. This timeline must be adhered to in order to process necessary approval from General Surgery Training Committee & SAC Committee.

If deemed appropriate by the Training Committee, you can apply for **time out of programme** on, to count towards training. To go on OOP training you will need to:

- ~ Discuss your intention with your Training Programme Director (TPD) and gain their support.
- ~ Contact the RCSI to ask which applications are required to apply.
- ~ Once you have the support of your TPD, you will need to make an initial application to your SAC for prospective support.

### **Out of Programme Research (OOPR)**

As an Irish SpR trainee you can count up to 12 months research towards training. This research may have been undertaken before you started your NTN training.

Even if you obtain SAC prospective support for your OOP research, your certification date will be extended by the whole of the research period. It is only once your RITA panel assess it that your certification date might be amended to reflect your research period.

To go on OOP research you will need to:

- Discuss your intention with your Training Programme Director (TPD) and gain their support
- Contact the RCS Ireland and ask what applications you need to make to them to gain their support
- If the time is not going to count towards training, you just need to ask the RCS Ireland to send confirmation to the JCST that this period of OOP research is not counting towards training and the exact dates (dd/mm/yyyy) of the period
- If the time is to be counted towards training, once you have the support of your TPD you will need to make an initial application to your SAC for provisional support
- When you have completed your period of research, your RITA panel will need to assess it to determine if the research met training standards and you are on track for the award of your certificate.

Applying for SAC provisional support

Before you start you will need to send the JCST:

- A letter of support from your TPD – which needs to include:
- The exact dates of your research
- Whether the time should count towards training
- Confirmation that the RCS Ireland is aware of the time out of programme
- A signed offer letter
- Details of your research
- Name and contact details of your research supervisor
- Up to date CV
- In addition to the above:
- Neurosurgery trainees will need to submit:

Their current logbook listed by SAC Indicative Operation Groups

- Applying for SAC support for an OOPR extension

If your research, which is counting towards training, is extended beyond the original dates set, you will need to send the JCST:

- A letter/email of support from your TPD
- Confirmation from the RCS Ireland that it is aware of the extension and the exact dates
- A signed offer letter for the extension period
- An up to date CV
- An update report from your supervisor

There are **restrictions on the amount of OOPT** you can count towards training i.e. across the whole of your training **a maximum of 12 months OOPT** can be counted towards training, and you cannot get retrospection and OOPT, in Ireland. The SAC must prospectively approve any OOPT activity if you intend it to count towards certification.



Out of programme training application checklist	
Up-to-date CV	
Signed offer letter	
Letter of support from Training Programme Director showing exact dates of your fellowship/ OOPT period and whether the time is counting towards training	
Confirmation that Deanery are aware of Out of Programme Training	
Educational contract signed by you and your Fellowship Supervisor, which includes details of Learning Agreements and Objectives and your Timetable	
Job description	
Name and contact details of your Fellowship Supervisor	
Logbooks from two previous incumbents of the post or a report from the Supervisor on the expected number of operations	

To go on OOP experience you will need to:

- Discuss your intention with your Training Programme Director (TPD) and gain their support
- Contact the RCS Ireland and ask what applications you need to make to them to gain their support
- Ask the RCS Ireland to send confirmation to the JCST that this period is not counting towards training and the exact dates (dd/mm/yyyy) of the OOP
- \*Developing countries are considered to be those defined by the NHS Employers website.

OOPT links on JCST website:

<https://www.jcst.org/irish-trainees/out-of-programme/out-of-programme-research/>

<https://www.jcst.org/irish-trainees/out-of-programme/out-of-programme-experience/>

If you are going out of programme to a developing country please refer to OOPE section.

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#### Please put a new block header Out of Programme Experience (OOPE)

Out of programme experience cannot be counted towards your training and will therefore extend your certification date.

The JCST encourages trainees to undertake time out in developing countries but would normally view this as experience not training. Time spent in a developing country\* will therefore normally be treated as Out of Programme Experience (OOPE), which would not count as part of the CCST. The Specialty Advisory Committees (SACs) will, however, consider a maximum of three months to count towards training if a satisfactory application for SAC support is submitted. They may also consider longer periods on a case by case basis. If you plan to have this time counted please refer to the OOPT section.

OOP experience posts are undertaken by trainees who wish to enhance their knowledge of, or gain clinical experience in, different areas of practice.

Although experience posts are not counted towards training, you must let us know that you are taking them so that your certification date can be amended appropriately.



**FLEXIBLE  
TRAINING**

**INTERESTED IN?**

- 1. LESS THAN FULL TIME WORKING
- 2. JOB SHARE
- 3. FLEXIBLE TRAINING

PLEASE CONTACT YOUR SPECIALTY ADMINISTRATOR WHO CAN  
GUIDE YOU THROUGH THE PROCESS & OPTIONS AVAILABLE TO YOU

## 16. FLEXIBLE TRAINING ARRANGEMENTS

Trainees wishing to avail of flexible training options out with of the HSE supernumerary offering should discuss options with their Training Programme Director and Hospital MMM.

Other alternatives can be explored for e.g. a 4-day week, week on week off in line with both your training requirements and those of the hospital you work in.

Trainees can also avail of job-sharing opportunities for a set period of time. Job-sharing works on the basis that **two Trainees will share one full-time post** with each Trainee working 50% of the hours.

The aim of any approach to flexible training is to retain doctors within the medical workforce who are unable to continue train on a full-time basis.

It is important to note that any flexible training option approved will result in an extension to your CCST date.

Please see **mSurgery** Link:

~ [www.msurgery.ie](http://www.msurgery.ie)

~ [www.msurgery.ie/postyear](http://www.msurgery.ie/postyear)

## 17. HSE NATIONAL FLEXIBLE TRAINING SCHEME

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed and funded by the Health Service Executives National Doctors Training and Planning (NDTP) Unit. The scheme provides for **a limited number of supernumerary places** to facilitate doctors at higher specialist training level to continue their training in a flexible manner for a set period of time.

The guide sets out the current details of the National Flexible Training Scheme and provides information for Trainees about the programme and the application process. Applications generally open at the beginning of August and close at the end of December for the training year commencing the following July.

Please see **mSurgery** Link:

- ~ [www.msurgery.ie](http://www.msurgery.ie)
- ~ [www.msurgery.ie/postyear](http://www.msurgery.ie/postyear)
- ~ [www.msurgery.ie/flexible](http://www.msurgery.ie/flexible)

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## 18. EXCEPTIONAL LEAVE

Trainees can be granted **three months exceptional leave for illness/exceptional circumstances**. This will add three months to your expected CCST date.

The SAC require a letter outlining the reasons for the exceptional leave and what you will be doing during this time. A letter from the TPD is also required confirming Specialty committee agreement for exceptional leave and confirm your new completion date. Trainees must also inform their employer as per their HSE contracts.

## 19. MATERNITY LEAVE / CHILDCARE

As Maternity/Paternity leave also affects your CCST date, you will be required to **inform your programme Director** and the **College** of your Maternity/Paternity leave start and finish dates when you have them. Trainees must also inform their **employer** as per their HSE contracts.

### Childcare

RCSI provides a subsidy and has an agreement in place Giraffe Crèches, (at its Dublin sites) for a limited number of childcare places for children of RCSI staff and registered full-time students in the Schools of Medicine, (including Physician Associates programme), Physiotherapy, Pharmacy and the School of Postgraduate Studies students studying full-time on a Research programme i.e. MCh by Research, MSc by Research, MD and PhD. Please note this offer does not extend to Postgraduate Surgical or Emergency Medicine Trainees who are not in full time education in RCSI.

## **20. CAREER BREAK INFORMATION FOR NCHDS**

NCHDs who **travel abroad** can now apply for a **career break** and if approved will remain on the **superannuation scheme**. NCHDs wishing to avail of a career break under this arrangement must apply to their **Employer** in sufficient time before the expiry of their current contract.

For those NCHDs participating in a Specialist Training Scheme they must also apply to the relevant postgraduate medical training body and obtain the formal written approval of the relevant postgraduate medical training body. This formal written approval must be attached to the career break application to their employer.

Please see **mSurgery** Link:

~ [www.msurgery.ie](http://www.msurgery.ie)

## **21. POST-REASSIGNMENT REQUEST**

The post reassignment process has been established to support Trainees who have had an **unforeseen and significant change in their personal circumstances** since the commencement of their current training programme (ST1 - ST8) which requires a change to the agreed post/rotation.

This process is managed by Postgraduate Training and governed by the specialty and ISPTC.

Please see **mSurgery** Link:

~ [www.msurgery.ie](http://www.msurgery.ie)

~ [www.msurgery.ie/postyear](http://www.msurgery.ie/postyear)

## 22. FUNDING

Funding is available to Trainees via four different funds. Please see table below for a brief overview of all funds. The guidelines and refund forms for all the mandatory, specialist, surgical loupes and clinical courses and examination funds are located via this link [msurgery.ie/home/specialist-training/financial-support/](https://msurgery.ie/home/specialist-training/financial-support/)

**RCSI supports Trainee fees for the following:**

### TRAINING SUPPORTS SCHEME (TSS) FOR NCHDS - 2023

- ~ This scheme is open to all NCHDs. This scheme is funded by HST/NDTP and claims must be submitted through the NCHD's local Medical Manpower Unit.
- ~ Funding is allocated based on Grade and the table below indicates the amount available under the TSS for each registration training year, July – July.
- ~ Funding is available pro-rata for doctors employed on shorter contract durations.
- ~ Grade Amount Per Registration Year  
Intern €1,250 - SHOs and Registrars €1,750  
SPRs/GP Registrars/Psychiatry SRs on a training scheme €2,500. A list of approved clinical courses, conferences and examinations that can be claimed for under the TSS are listed HERE.
- ~ Please see the NCHD Training Supports Scheme (TSS) Guidance Document for Employers & NCHDs HERE which contains a detailed explanation of the Scheme.  
<https://msurgery.ie/home/specialist-training/financial-support/training-support-scheme-tss-for-nchds/>

### SPECIALIST TRAINING FUND

- ~ Run by RCSI on behalf of HSE/NDTP.
- ~ For training courses/activities, equip, books, expenses.
- ~ €500 per year per Trainee.
- ~ Funding will be carried over year-on-year e.g., three years unclaimed will give the Trainee €1500 to claim.

### CLINICAL COURSES AND EXAMS FUND

- ~ Run by HSE/NDTP for courses and exams only on the approved list.
- ~ €450 per claim, no restrictions on how many claims you may submit per year.
- ~ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course.

### SURGICAL LOUPES FUND

- ~ Amount available to Trainees dependant on number of claims.
- ~ The Surgical Loupes application form will be emailed to you as soon as it is available, usually in March.
- ~ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.

### INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)

- ~ Available to ST3-ST8 (dependant on Specialty).
- ~ €300 per year.

### ENDNOTE

- ~ Available to all Trainees on the ST Programme and should help with research.
- ~ This can be downloaded using your RCSI log on through <https://vle.rcsi.com/course/view.php?id=693&section=4>
- ~ Normal purchase cost €300 per Trainee.

***\*Please note while it is our intention to meet all mandatory training requirements, funding will be subject to review and approval by the HSE/ NDTP on an annual basis\****

### **23. RCSI SURGICAL FELLOWSHIPS AND AWARDS**

The College is committed to encouraging the acquisition of additional training and skills outside the structured programmes of the College and, to this end, provides a range of scholarships and grants in postgraduate surgery to assist surgeons-in-training and recently-appointed Consultant Surgeons to gain additional expertise in centres of excellence overseas.

Applicants must be Fellows or Members of the Royal College of Surgeons in Ireland who are in good standing. [www.rcsi.ie/fellowships\\_and\\_awards](http://www.rcsi.ie/fellowships_and_awards)

### **24. CERTIFICATE OF SATISFACTORY COMPLETION OF SURGICAL TRAINING (CSCST) IN GENERAL SURGERY**

All Trainees must have completed and passed the Fellowship of the Royal College of Surgeons (FRCS) along with reaching all their required training competencies before they can be signed off for Certificate of Satisfactory Completion of Surgical Training (CSCST).

Once the documentation from point one (below) has been submitted, the JCST sends out a form called a **'College Notification Form'** to the Trainee, which they need the Trainee to complete and return to the College. Once the form has been signed the College return the form directly to the JCST.

The SAC need the following documentation:

- ARCP or assessment forms covering the whole of your training
- Consolidated Logbook, signed by the Programme Director and covering the Trainee's six years on the training programme
- ARCP form along with Trainee and Trainer assessment forms from Year ST8 (usually from your fellowship)
- Letter from the Programme Director confirming they are happy to sign the Trainee off the programme (the College arrange this).
- ATLS Certificate—Trainees need to be up to date with their ATLS or APLS qualification.

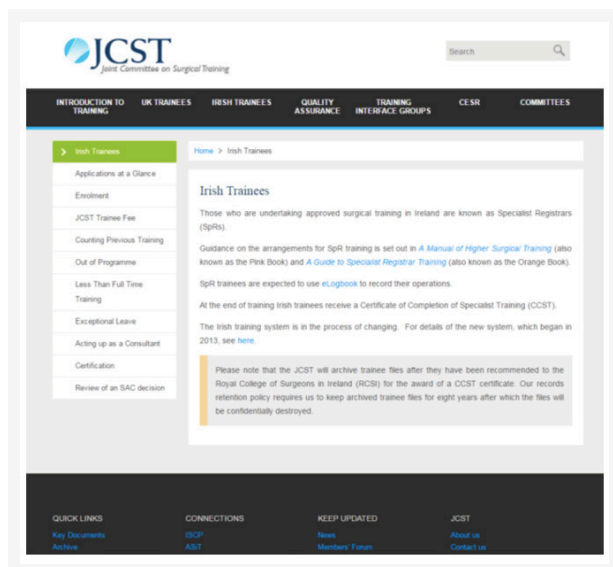
The JCST/SAC review all documentation in the Trainee's CSCST application and make a decision on whether the training has been satisfactory for sign off. Any issues identified can result in SAC decision for the Trainee to undergo further training.



## 25. JOINT COMMITTEE ON SURGICAL TRAINING (JCST)

The JCST needs your CST/CCBST certificates in order to register you with the Specialty Advisory Committee (SAC). The JCST is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations (SACs) in Great Britain and Ireland. The JCST is the parent body of the Specialty Advisory Committees (SACs).

Link to JCST website for Republic of Ireland Trainees:  
[www.jcst.org/irish-trainees](http://www.jcst.org/irish-trainees)



You will need to supply a copy of your Certificate of Completion of Basic Surgical Training (CCBST) or Core Surgical Training Certificate (CST) to your **ST Administrator** email: [Gensurg@rcsi.com](mailto:Gensurg@rcsi.com) as soon as you have received the certificate.

If you have entered the specialty programme via the Pathway programme (ST2). The CST Team will be in contact with you in relation to sending you your hard copy Certificate. If you have any queries, please contact [corest@rcsi.com](mailto:corest@rcsi.com)

## 26. FRCS – INTERCOLLEGIATE EXAMINATIONS

The Joint Committee on Intercollegiate Examinations (JCIE) is responsible, to the four surgical Royal Colleges of Great Britain and Ireland for the supervision of standards, policies, regulations and professional conduct of the Specialty Fellowship examinations also known as the "Exit Examination or FRCS Specialty.

[www.jcie.org.uk](http://www.jcie.org.uk) is an excellent resource for those applying to take their Intercollegiate exam and all trainees should familiarise themselves with this website.

You can apply for FRCS Part A after ST6, and PART B\* in ST7 &/or ST8.

\*FRCS Part B can only be booked once the trainee has passed Part A.

This is specifically to ensure that the trainee has met the required competencies outlined in the Curriculum.

## 27. IMPORTANT CONTACT DETAILS

**Training Programme Director**  
Mr Sean Johnston

**Surgical Training Office**  
1st Floor 121 St. Stephens Green

**Specialty Training Administrator General Surgery**  
TBC  
E: [Gensurg@rcsi.com](mailto:Gensurg@rcsi.com) Tel: 01 402 2735

**Intercollegiate Surgical Curriculum Programme (ISCP)**  
**Helpdesk** Opening Times are:  
Monday to Friday, 09.00 am – 17.00 pm  
T: 0044 20 7869 6299  
E: [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk) W: [www.iscp.ac.uk](http://www.iscp.ac.uk)

**Joint Committee on Surgical Training**  
34-35 Lincoln's Inn Fields, London, WC2A 3PE, England  
[www.jcst.org](http://www.jcst.org)  
**Specialty Manager**  
T: 0044 020 7869 6256

**RCSI Reception**  
121 Stephens Green, Dublin 2  
T: 01 402 2422 T: 01 402 2263

**RCSI IT Department**  
Ground Floor, RCSI House, 121 St Stephens Green, Dublin 2  
T: 01 402 2273 E: [helpdesk@rcsi.ie](mailto:helpdesk@rcsi.ie)

**RCSI Library**  
T: 01 402 2409 E: [librarysec@rcsi.ie](mailto:librarysec@rcsi.ie)  
W: [www.rcsi.ie/library](http://www.rcsi.ie/library)

**RCSI Student Academic and Regulatory Affairs Office (SARA)**  
1st Floor, 123 St Stephens Green, Dublin 2  
T: 01 402 2222 E: [ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)

## APPENDICES

### APPENDIX 1: GENERAL SURGERY CRITICAL CONDITIONS

The list of critical conditions covers a range of conditions where misdiagnosis or mismanagement can result in devastating consequences for life or limb.

These critical conditions can be assessed individually by means of the CBD and CEX which both include an assessment of clinical judgement and decision-making. To ensure that trainees have demonstrated the necessary skills to manage the defined critical conditions, by certification there should be documented evidence of performance at the level of a day-one consultant to level 4: Appropriate for certification in each of the critical conditions (see CBD/CEX forms for the full list of levels).

In addition, trainees should complete an indicative number of 10 CBDs or CEXs in their special interest area showing satisfactory performance by certification. However, it should be noted that meeting the numbers does not, in itself, imply competence.

#### General

- Assessment of the acute abdomen  
*Include differential diagnosis, operative and conservative treatment in the discussion*
- Strangulated / obstructed hernia
- Intestinal ischaemia
- Intestinal obstruction  
*Include small and large bowel obstruction in the discussion*
- Post-operative haemorrhage  
*Include different operative sites (e.g. neck surgery) in the discussion*
- Acute gastrointestinal haemorrhage  
*Include both upper and lower GI bleeding in the discussion*
- Blunt / penetrating abdominal injury  
*Include physiological response and management of blunt and penetrating injury in the discussion*
- Necrotising fasciitis  
*Include other severe soft tissue infections in the discussion (e.g. diabetic foot infection)*
- Sepsis  
*Include recognition and management in the discussion*
- Anastomotic leak  
*Include large bowel and small bowel anastomotic leak*

#### Colorectal

- Acute colitis / toxic megacolon
- Faecal peritonitis

#### UGI

- Biliary sepsis  
*Include all causes and their management in the discussion*
- Acute pancreatitis
- Oesophageal perforation
- Upper GI anastomotic leak

#### Vascular

- Ruptured AAA
- Acute limb ischaemia
- Compartment syndrome

## APPENDIX 2:

### INDEX PROCEDURES / INDICATIVE NUMBERS

Index procedures are of significant importance for patient safety and demonstrate a safe breadth of practice.

By certification there should be documented evidence of performance at the level of a day-one consultant in the portfolio by means of the PBA. The table below sets out the required PBA levels ranging between 2 to 4:

#### LEVEL 2

- a. Guidance required for most/all of the procedure (or part performed)
- b. Guidance or intervention required for key steps only

#### LEVEL 3

- a. Procedure performed with minimal guidance or intervention (needed occasional help)
- b. Procedure performed competently without guidance or intervention but lacked fluency

#### LEVEL 4

- a. Procedure performed fluently without guidance or intervention
- b. As 4a and was able to anticipate, avoid and/or deal with common problems/complications

In addition, the indicative numbers of index cases help to demonstrate sufficient experience to be able to manage the range of pathology trainees encounter. It is recognised that competence could be achieved with fewer cases, if supported by evidence from other assessments. Meeting the numbers does not, in itself, imply competence.

### CRITICAL PROGRESSION POINT - END OF PHASE 2 - ALL TRAINEES

#### Indicative Numbers

Summarise the number of cases (S-TS + S-TU + P + T) you have performed for each of the procedures below:

Elective General and GI Surgery + Emergency General Surgery (Phase 2)		Number
Inguinal hernia	50	
Cholecystectomy	40	
Segmental colectomy	15	
Emergency laparotomy	45	
Appendicectomy	60	
Inguinal hernia	50	

#### Index procedures operative competency

Indicate the number of PBAs (to the level shown) you have for each of the procedures listed.  
An indicative three or more PBAs by different assessors for each of the procedures.

Elective General and GI Surgery + Emergency General Surgery (Phase 2)		Number
Hernia repair – all types	Level 4	
Cholecystectomy (both laparoscopic and/or open)	Level 3	
Segmental colectomy	Level 3	

### CRITICAL PROGRESSION POINT - END OF PHASE 3 - CERTIFICATION

#### Indicative Numbers

Summarise the number of cases (S-TS + S-TU + P + T) you have performed in your two phase 3 special interest modules (the indicative numbers for certification are shown).

Emergency General Surgery	Phase 3		Number
Emergency laparotomy	100		
Appendicectomy	80		
Cholecystectomy*	50		
Segmental colectomy*	20		

\*May include elective case numbers

Breast	Phase 3		Number
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#### MODULE 2A

Breast cancer conservation	100		
Mastectomy	70		
inc skin sparing	40		
Axillary surgery inc ANC, SNB	100		
Reduction mammoplasty techniques	40		

#### MODULE 2B

Implant reconstruction	40		
Local flaps	25		

Colorectal	Phase 3		Number
Anterior resection	30		
Fistula surgery	20		
Segmental colectomy (some colonic resections should be laparoscopic)	50		
Haemorrhoidectomy	15		
Colonoscopy	200		

Oesophagogastric	Phase 3		Number
Major OG procedures (includes anti-reflux, obesity and OG resection) (some trainees will focus primarily on benign and others on resectional)	35		
Cholecystectomy	110		
Gastroscopy	200		
Hepatopancreaticobiliary	Phase 3		Number
Major HPB procedures	35		
Cholecystectomy	110		
Gastrointestinal and GSoC	Phase 3		Number
Segmental Colectomy	50		
Cholecystectomy	110		
Paediatric herniotomy	20		
Gastroscopy	200		
Colonoscopy	200		
Transplant	Phase 3		Number
<b>KIDNEY TRANSPLANT AND DIALYSIS MODULE</b>			
Kidney transplant	40		
Benchwork preparation for kidney transplant	40		
Insertion of PD catheter	20		
Creation of AV fistula	50		
<b>PANCREAS TRANSPLANT AND ORGAN RETRIEVAL MODULE</b>			
Pancreas transplant	10		
Benchwork preparation for pancreas transplant	10		
Kidney implant part of SPK	10		
Multi-organ retrieval	30		
Emergency laparotomy (excl retrievals)	80		



Transplant	Phase 3		Number
<b>LIVER TRANSPLANT AND ORGAN RETRIEVAL MODULE</b>			
Liver transplant	30		
Benchwork preparation for liver kidney transplant	30		
Multi-organ retrieval	30		
Emergency laparotomy (excl retrievals)	80		
Endocrine	Phase 3		Number
Thyroidectomy	50		
Re-operative thyroid surgery	10		
Parathyroidectomy	30		
Adrenalectomy	**		
Trauma	Phase 3		Number
Trauma laparotomy	**		
Paediatric trauma laparotomy	**		
Trauma thoracotomy	**		
Surgical airway management	**		
<p><i>There are, at present (June 2020), insufficient data to give indicative numbers for the procedures marked as **. Future versions of this form will include this.</i></p>			

### Index procedures operative competency

Indicate the number of PBAs (to the level shown) you have for each of the procedures listed in each of your phase 3 special interest modules

An indicative three or more PBAs to be performed by different assessors for each of the procedures in the phase 3 modules that you have undertaken.

Emergency General Surgery	Phase 3		Number
Emergency laparotomy	Level 4		
Cholecystectomy (laparoscopic and/or open)	Level 4		
Hartmann's procedure	Level 4		
Segmental colectomy	Level 4		
Appendicectomy	Level 4		
<b>Breast</b>			
	Phase 3		Number
<b>MODULE 2A</b>			
Image guided breast excision	Level 4		
Mastectomy	Level 4		
Sentinel lymph node biopsy	Level 4		
Axillary clearance	Level 4		
Duct and nipple surgery	Level 4		
<b>MODULE 2B</b>			
Implant reconstruction	Level 4		
Autologous flaps	Level 2		
Mammoplasty: augmentation and reduction	Level 3		
<b>Colorectal</b>			
	Phase 3		Number
Anterior resection (high)	Level 4		
Segmental colectomy	Level 4		
Fistula surgery	Level 4		
Surgical treatment of haemorrhoids	Level 4		

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

Oesophagogastric	Phase 3		Number
Cholecystectomy	Level 4		
Anti-reflux surgery (laparoscopic and/or open) and/or	Level 4		
Oesophagectomy	Level 3		
Gastrectomy and/or	Level 3		
Bariatric surgery – gastric bypass	Level 4		
Bariatric surgery – sleeve gastrectomy	Level 4		
Hepatopancreaticobiliary	Phase 3		Number
Liver resection	Level 3		
Pancreatic resection	Level 3		
Cholecystectomy	Level 4		
Gastrointestinal and GSoC	Phase 3		Number
Segmental colectomy	Level 4		
Cholecystectomy	Level 4		
Paediatric herniotomy	Level 4		

Transplant	Phase 3		Number
<b>KIDNEY TRANSPLANT AND DIALYSIS MODULE</b>			
Kidney transplant	Level 4		
Insertion of PD catheter	Level 4		
Creation of AV fistula	Level 4		
Live donor nephrectomy	Level 2		
DBD multi-organ retrieval	Level 2		
<b>PANCREAS TRANSPLANT AND ORGAN RETRIEVAL MODULE</b>			
DBD multi-organ retrieval	Level 4		
Pancreatic transplant bench preparation	Level 3		
Pancreas transplant recipient operation	Level 2		
Kidney transplant (part of SPK)	Level 4		
<b>LIVER TRANSPLANT AND ORGAN RETRIEVAL MODULE</b>			
DBD multi-organ retrieval	Level 4		
Liver transplant bench preparation	Level 3		
Liver transplant recipient operation	Level 2		
<b>Endocrine</b>	<b>Phase 3</b>		<b>Number</b>
Adrenal surgery	Level 3		
Thyroidectomy	Level 4		
Parathyroidectomy	Level 4		
<b>Trauma</b>	<b>Phase 3</b>		<b>Number</b>
Trauma laparotomy	Level 4		
Paediatric trauma laparotomy	Level 4		
Trauma thoracotomy	Level 4		
Surgical airway management	Level 4		

### APPENDIX 3: COMPLETE STEP GUIDE TO THE LA-MCR-SA

#### PLACEMENT START

STEP 1 10 minutes	
<b>Trainee</b>	<b>Set up placement</b> ~ Transition to new curriculum ~ List AES ~ List all CSs + AES (min 2) ~ Submit placement
STEP 2 5 minutes	
<b>Trainee</b>	~ Create Learning Agreement ~ Select Lead CS

#### LA - OBJECTIVE SETTING

STEP 3 30 minutes	
<b>Trainee</b>	<b>Complete objective setting with AES</b> ~ Objectives for GPCs / each CiP ~ Support to achieve objectives ~ Sign off
STEP 3 30 minutes per trainee	
<b>Assigned Educational Supervisor</b>	<b>Complete objective setting with trainee</b> ~ Objectives for GPCs / each CiP ~ Support to achieve objectives ~ Sign off

STEP 4 15 minutes	
<b>Trainee</b>	<b>Complete midpoint Self-Assessment</b>

STEP 4 10 minutes per trainee	
<b>Lead Clinical Supervisor</b>	<b>Complete midpoint MCR (Arrange MCR meeting in advance)</b> ~ Access MCR via dashboard link ~ Complete MCR on behalf of group ~ Submit

STEP 4 10 minutes per trainee	
<b>Other Clinical Supervisors</b>	<b>Complete midpoint MCR</b> ~ Attend MCR meeting

STEP 5 10 minutes per trainee	
<b>Other Clinical Supervisors</b>	<b>Agree MCR</b> (even if present at meeting) ~ Option to agree/disagree and comment

STEP 6 10 minutes per trainee	
<b>Assigned Educational Supervisor</b>	<b>Sign off midpoint MCR</b> (After step 5 or 2 weeks after step 4) ~ Access MCR via dashboard link ~ Add global comments ~ Add progress in GPCs 6-9 ~ Sign off

STEP 7 30 minutes per trainee	
<b>Lead Clinical Supervisor</b>	<b>Arrange a feedback session with the trainee to discuss the MCR and self-assessment.</b>

#### LA - MIDPOINT REVIEW

STEP 8 30 minutes	
<b>Trainee</b>	<b>Complete midpoint review with AES</b> ~ Review progress in GPCs / CiPs ~ Agree any actions necessary ~ Sign off

STEP 8 30 minutes	
<b>Assigned Educational Supervisor</b>	<b>Complete midpoint review with trainee</b> ~ Review progress in GPCs / CiPs ~ Agree any actions necessary ~ Sign off

### LA – MIDPOINT REVIEW

STEP 9 15 minutes	
Trainee	Complete final Self-Assessment
STEP 9 10 minutes per trainee	
Lead Clinical Supervisor	Complete final MCR (Arrange MCR meeting in advance) ~ Access MCR via dashboard link ~ Complete MCR on behalf of group ~ Submit
STEP 9 10 minutes per trainee	
Other Clinical Supervisors	Complete final MCR ~ Attend MCR meeting
STEP 10 10 minutes per trainee	
Other Clinical Supervisors	Agree MCR (even if present at meeting) ~ Option to agree/disagree and comment

STEP 11 10 minutes per trainee	
Assigned Educational Supervisor	Sign off final MCR (After step 5 or 2 weeks after step 4) ~ Access MCR via dashboard link ~ Add global comments ~ Add progress in GPCs 6-9 ~ Sign off
STEP 12 30 minutes per trainee	
Lead Clinical Supervisor	Arrange a feedback session with the trainee to discuss the MCR and self-assessment.

### LA – FINAL REVIEW

STEP 13 30 minutes	
Trainee	Complete final review with AES ~ Review progress in GPCs / CiPs ~ Sign off
STEP 13 30 minutes per trainee	
Trainee	Complete final review with trainee ~ Review progress in GPCs / CiPs ~ Write AES report ~ Sign off

### PLACEMENT ENDS



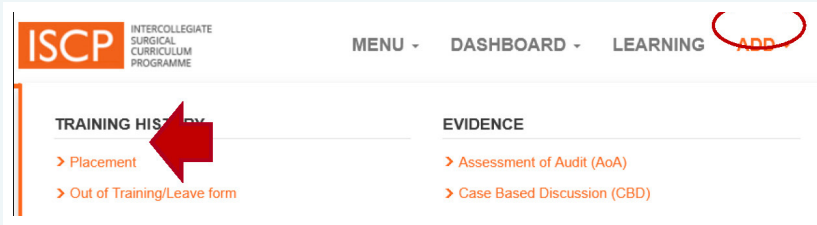
### 3A. TRAINEE SCREEN NAVIGATION

#### STEP 1

##### Set up placement

From the menu click ADD /  
Placement

Select the lefthand YES box to  
transition to the new curriculum



**ISCP** INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU - DASHBOARD - LEARNING **ADD**

**TRAINING HISTORY**

- > Placement
- > Out of Training/Leave form

**EVIDENCE**

- > Assessment of Audit (AoA)
- > Case Based Discussion (CBD)

Choose your curriculum for this placement

**Are you transferring to the new curriculum?**

You should TRANSFER if you are:

- Entering Core Surgical Training (CT1) or Run-through training (ST1)
- Entering ST2 in Neurosurgery
- Entering specialty training at ST3
- Entering a new training level

You can REMAIN on the previous curriculum if you are:

- Entering CT2, or ST2 in any specialty other than Neurosurgery
- Entering the final level of specialty training (ST7 in OMFS or Urology or ST8)
- Staying at your current level (e.g. if you are less than full time) until you enter the next training level

Trainees who can remain on the current curriculum but wish to transfer to the new curriculum should first discuss arrangements with their Training Programme Director.

**More Information** **Cancel**

**In all cases, from 2<sup>nd</sup> August 2023 all trainees must be on the 2021 curriculum**

**YES - I am eligible** to transfer to the new 2021 curriculum now and will do so at the start of my next placement after August 2021

**NO - I am permitted** to remain on the previous version of the curriculum at this time

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

Complete the placement form.

### Your key training details

Please ensure the following details are correct before continuing. All mandatory fields are **highlighted like this**

Trainee	Bussey, Maria Demo Trainee (Dr) [GMC: 111111111]
Appointment type	Please select
Parent Specialty	Please select
Academic trainee?	Please select
Military trainee?	No
Deanery/LETB	Health Education Wessex
TPD	Please select a Deanery/LETB and specialty

### Placement details

Hospital	Start typing to find your hospital
Start date	
End date	
Full time trainee?	Please select
Specialty of placement	Please select
Level	Please select

### Supervisors for this placement

AES	Start typing to find your AES
CS	Start typing to add your CS

### Saving and validating this placement

#### Agreement

I, Bussey, Maria Demo Trainee (Dr) [GMC: 111111111], agree & confirm:

1. That by submitting this placement form to the selected Training Programme Director,

☐ I am consenting to grant access to my ISCP portfolio to the following registered users (including those who may be based overseas where relevant)

Training Programme Director TPD, Demo  
Assigned Educational Supervisor  
Clinical Supervisors

Pertaining to the parent specialty selected:

- Any Delegated Training Programme Director allocated to my Training Programme Director
- Specialty Advisory Committee Chair and Liaison member(s) for the parent specialty recorded in this placement

Pertaining to the Deanery/LETB/region selected:

- Head(s) of School
- Postgraduate Dean(s)
- ARCP Panel members
- Deanery/LETB Administrators

Pertaining to the hospital / trust selected:

- Surgical Tutor
- Educational Manager

2.To the statement of Health and Probity

☐ Statement of Health and Probity

3.To the Educational Contract

☐ Educational Contract

Submit this Placement

No - Save as draft

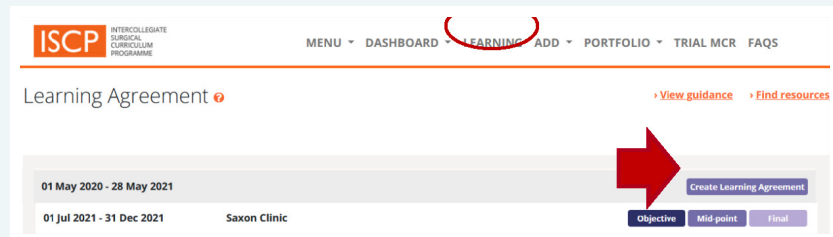
Yes - I would like to submit now

Save As Draft

## STEP 2

### Create the Learning Agreement

Click on **LEARNING** in the menu /  
Click **Create Learning Agreement**

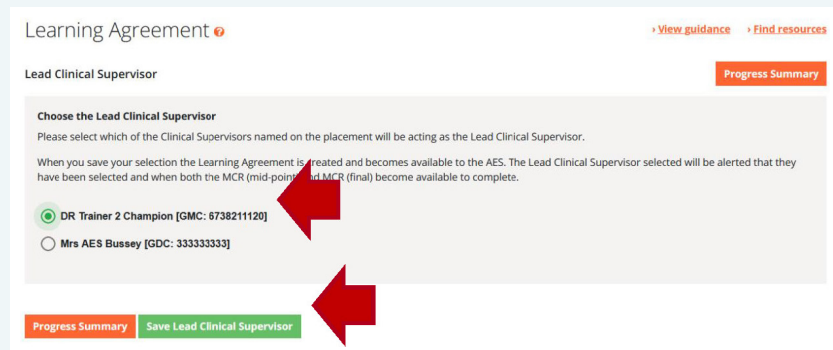


### Select Lead Clinical Supervisor

Click the marble – **Select / Edit Lead CS**



Select the radio button next to the name and click the green **Save Lead Clinical Supervisor** button. You can change the Lead CS in the same way at any time.



## STEP 3

### Complete the objective setting meeting with AES

Click the **LA Objective-setting meeting** marble.



Enter the date on the cover page and click the green **Save and continue** button.

**Objective-setting meeting** Meeting date Objectives and Actions Summary Sign-off Progress summary

**Date of meeting**  
Choose a date  
1st July 2021

**Global objective**  
Welcome to the training programme. These guidance notes will help you achieve a good outcome at your ARCP.  
Please make sure you attend your induction to the programme and to your unit. Keep your ISCP portfolio, workplace-based assessments and the eLogbook up to...  
[More](#)

**ARCP (most recent)**

<b>ARCP period</b>	20th March 2013 Annual 1st January 2012 - 6th March 2013
<b>Recommendation</b>	5. Incomplete evidence presented - additional training time may be required
<b>Causes of concern</b>	
<b>Detailed reasons for recommended outcome</b>	Test
<b>Mitigating circumstances</b>	
<b>Competences which need to be developed</b>	
<b>Recommended actions</b>	
<b>Recommended additional training time (if required)</b>	

Progress summary Save and continue

### Set objectives for the GPCs.

Previous MCRs will display (except for the first objective setting meeting following transition to the new curriculum).

Use the drop down box select a view of the GPCs as rated in the MCR. You can use these as a reference for setting new objectives.

Agree with your AES, set objectives in the first box. You can click the plus signs next to MCR descriptors to add them to the objectives box.

Agree with your AES the support you will need to achieve the objectives. This might include workplace-based assessment, courses, learning opportunities.

Click the green **Save and continue** button when finished.

**Learning Agreement** View guidance Find resources

**Objective-setting meeting** Meeting date Objectives and Actions Summary Sign-off Progress summary

**View MCR and Self-assessment (most recent feedback) Generic Professional Capabilities**

**Select GPC**

- GPCs - Professional values and behaviours
- GPCs - Areas for development
- GPCs - Appropriate for phase
- All GPCs
- GPC 1 - Professional values and behaviours
- GPC 2 - Professional skills
- GPC 3 - Professional knowledge
- GPC 4 - Capabilities in health promotion and illness prevention
- GPC 5 - Capabilities in leadership and team working
- GPC 6 - Capabilities in patient safety and quality improvement
- GPC 7 - Capabilities in safeguarding vulnerable groups
- GPC 8 - Capabilities in education and training
- GPC 9 - Capabilities in research and scholarship

**Self-assessment (most recent feedback) - GPC 1**

Created 8th October 2021 by Saxon Clinic

**Areas for development**

managing time and resources effectively

**Comments**

No comments

**Objectives and actions**

**Objective-setting** **Mid-point review** **Final review**

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).


Add details about the support that will be provided to help the trainee achieve these objectives.






Meeting Date Save and continue

Do the same with each of the CiPs.

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

Objectives may cover knowledge, clinical skills, decision-making, operative skills, index procedures/PBAs, critical conditions/CEX/CBDs, exams, courses and projects as relevant to each CiP.

Learning Agreement  [View guidance](#) [Find resources](#)

Objective-setting meeting  Meeting date  Objectives and Actions  Summary  Sign-off  [Progress summary](#)

GP1 CIP 1 CIP 2 CIP 3 CIP 4 CIP 5

**View MCR and Self-assessment CIP 1 - Manages an out-patient clinic**

**MCR (most recent feedback)**

Created 8th October 2021 by Mrs Bussey Clinical Supervisor 1 (GMC: 444444444) Saxon Clinic

Supervision level III

Areas for development

Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals.

Areas of excellence

**Self-assessment (most recent feedback)**

Created 8th October 2021 by Saxon Clinic

Supervision level IV

Areas for development

No areas for development highlighted.

Areas of excellence

No areas of excellence highlighted.

**Objectives and actions**


[Objective-setting](#) [Mid-point review](#) [Final review](#)






Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

GP1 [Save and continue](#)

Check the Summary page and then the **Sign-off** page.

Learning Agreement  [View guidance](#) [Find resources](#)

Objective-setting meeting  Meeting date  Objectives and Actions  [Summary](#)  Sign-off  [Progress summary](#)

**Trainee comments**

No additional comments

NOTE: any comments saved as draft will be immediately viewable by the AES

**AES comments**

No additional comments

**Saving and signing-off this meeting**

Sign-off [Please select](#)

[Summary](#) [Save as draft](#)

#### STEP 4

#### Complete mid-point Self-Assessment

From the menu, click **LEARNING** /  
Click on the purpose **Mid-point** tab  
next to the relevant placement.

Click on the **Self-assessment (mid-point)** marble. Hovering on the marbles provides more information on the status of each stage.

#### Complete the Self-Assessment form.

Rate GPC domains 1-9. The default rating is **Appropriate for phase**. Use free text to explain specific achievements. Alternatively, select **Area for development** which requires explanatory commentary. Use free text or browse descriptors to describe any development needs. Click the green **Save and continue** button at the bottom to continue to the CiPs.

Do the same for each CiP, using free text or descriptors (maximum 5) to explain any ratings lower than **IV**. Excellence ratings can also be selected.



#### Self-assessment (mid-point)

[View guidance](#) [Find resources](#)

**NOTE:**

- Use the buttons to rate each GPC as 'Appropriate for phase' (default) or 'Areas for development'.
- Where you have indicated 'Areas for development', select descriptors and/or add free text to describe the developments required.

#### Generic Professional Capabilities

##### GPC 1 - Professional values and behaviours

Buttons: **Appropriate for phase** (green), **Area for development** (yellow)

Text input: Your comments...

Buttons: **Select descriptors** (orange)

##### GPC 2 - Professional skills

Buttons: **Appropriate for phase** (green), **Area for development** (yellow)

Text input: Your comments...

Buttons: **Select descriptors** (orange)

#### Self-assessment (mid-point)

[View guidance](#) [Find resources](#)

**NOTE:**

- Use the buttons to select the supervision level.
- Where the supervision level is less than IV, select descriptors (maximum 5) and/or add free text to describe the developments required.

#### Capabilities in Practice

##### CIP 1 - Manages an out-patient clinic

Supervision Level: **III**

Text input: Your comments...

Buttons: **Select descriptors** (orange)

##### CIP 2 - Manages the unselected emergency take

Supervision Level: **IV**

Text input: Your comments...

Buttons: **Select descriptors** (orange)

Check the resulting summary and then click the green **Submit Self-assessment** button.

Self-assessment (mid-point) [View guidance](#) [Find resources](#)

[Print](#) [Progress Summary](#)

Generic Professional Capabilities [Submit Self-assessment](#)

1 - Professional values and behaviours	
Areas for development	No areas for development highlighted. Trainee is appropriate for phase.
Comments	No comments

2 - Professional skills	
Areas for development	No areas for development highlighted. Trainee is appropriate for phase.
Comments	No comments

When the MCRs are available for you to view, you will receive this alert on your dashboard:

**The MCR (mid-point) has now been signed off by [AES NAME GMC NUMBER] and can be found in your portfolio.**

**The MCR (final) has now been signed off by [AES NAME GMC NUMBER] and can be found in your portfolio.**

**You should receive a feedback session with the Lead CS or other nominated supervisor to discuss the MCR and your self-assessment.**

**Repeat the above steps for the midpoint learning agreement, final self-assessment and final learning agreement.**



### 3B. ASSIGNED EDUCATIONAL SUPERVISOR SCREEN NAVIGATION

You will be able to see whether your trainees have transitioned to the new curriculum by clicking MY TRAINEES from the menu and then As Assigned Educational Supervisor.

The resulting page shows that trainees with the purple 2021 tab are now on the new curriculum. They will have a new style learning agreement which focuses objectives on achieving the GPCs and CiPs.

These trainees will also need be assessed with the new Multiple Consultant Report (MCR) which you will have responsibility for signing off after submission by the Lead Clinical Supervisor. The midpoint and final MCRs must be completed before the midpoint and final learning agreements respectively.

Select the **trainee / placement**.

Click the **Learning Agreements** tab and then the learning agreement meeting (OBJ for objective setting, MID for midpoint review or FIN for final review).

#### STEP 1 AND 2

Setting up a placement, creating a learning agreement and selecting the Lead CS are completed by the trainee. You and the trainee can then start the learning agreement and may share a screen to go through the objective setting form.

You or the trainee can amend the Lead CS if necessary - Click the marble for Select / Edit Lead CS

Select the radio button next to the name and then click the green **Save Lead Clinical Supervisor** button. You or the trainee can change the Lead CS in the same way at any time.

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU - DASHBOARD - **MY TRAINEES** - TRAINER AREA - FAQs

My Trainees as Assigned Educational Supervisor

Current 3 Historic 1 Future 0

Filter by Specialty: All specialties  
Sort by: Trainee Name

Trainees in an active placement

Trainee	Specialty	2021	LOG	WBA	PL	MID	FIN
Bussey, Maria Demo Trainee (Dr) [GMC: 111111111]	ST4 / Otolaryngology / Cardiff Royal Infirmary	2021	LOG	WBA	PL	MID	6
demo, trainee (Mr) [GMC: 123456789]	ST2 / Cardiothoracic Surgery / Abbey Gisborne Park Hospital	2021	LOG	WBA	PL	MID	1
Trainee Demo, Dental (Mr) [GMC: 9992222]	ST3 / Orthodontics / Saxon Clinic		LOG	WBA	PL		10.2

Summary Placements **Learning Agreements** Portfolio Messages Journal Notes

Your Placements and Learning Agreements

Placement	Learning Agreement
01 Jan 2022 - Cardiff Royal Infirmary (Current)	OBJ MID FIN



Learning Agreement

Lead Clinical Supervisor

Choose the Lead Clinical Supervisor

Please select which of the Clinical Supervisors named on the placement will be acting as the Lead Clinical Supervisor.

When you save your selection the Learning Agreement is created and becomes available to the AES. The Lead Clinical Supervisor selected will be alerted that they have been selected and when both the MCR (mid-point) and MCR (final) become available to complete.

☒ DR Trainer 2 Champion [GMC: 6738211120]

☐ Mrs AES Bussey [GMC: 333333333]

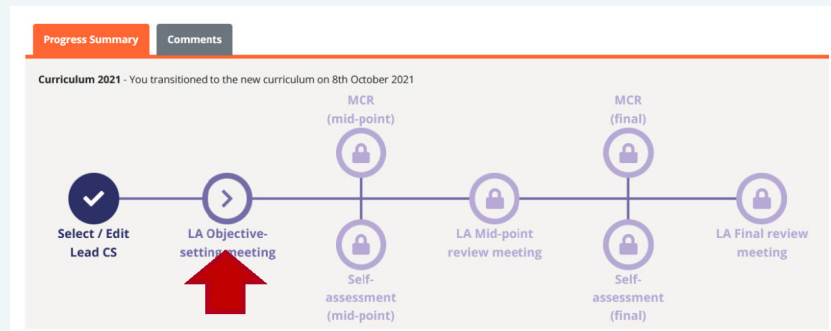
Progress Summary Save Lead Clinical Supervisor

**STEP 3**  
**Complete the objective setting meeting**

Click the **LA Objective-setting** meeting marble.

Enter the date on the cover page and click the green **Save and continue** button

Set objectives for the GPCs.



Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

**Date of meeting**

Choose a date  
1st July 2021

**Global objective**

Welcome to the training programme. These guidance notes will help you achieve a good outcome at your ARCP. Please make sure you attend your induction to the programme and to your unit. Keep your ISCP portfolio, workplace-based assessments and the eLogbook up to... [More](#)

**ARCP (most recent)**

<b>ARCP period</b>	20th March 2013 Annual 1st January 2012 - 6th March 2013
<b>Recommendation</b>	5. Incomplete evidence presented – additional training time may be required
<b>Causes of concern</b>	
<b>Detailed reasons for recommended outcome</b>	Test
<b>Mitigating circumstances</b>	
<b>Competences which need to be developed</b>	
<b>Recommended actions</b>	
<b>Recommended additional training time (if required)</b>	

Progress summary Save and continue


Previous MCRs will display (except for the first objective setting meeting following transition to the new curriculum).

Use the drop down box select a view of the GPCs as rated in the MCR. You can use these as a reference for setting new objectives.

With your trainee, set objectives in the first box. You can click the plus signs next to MCR descriptors to add them to the objectives box.

With your trainee determine the support they will need to achieve the objectives. This might include workplace-based assessment, courses, learning opportunities.

Set objectives for the GPCs.

Learning Agreement 

[View guidance](#) [Find resources](#)

Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

GPC1 CIP 1 CIP 2 CIP 3 CIP 4 CIP 5

**View MCR and Self-assessment (most recent feedback) Generic Professional Capabilities**

GPC 1 - Professional values and behaviours

Select GPC

- GPCs - Areas for development
- GPCs - Appropriate for phase
- All GPCs
- GPC 1 - Professional values and behaviours
- GPC 2 - Professional skills
- GPC 3 - Professional knowledge
- GPC 4 - Capabilities in health promotion and illness prevention
- GPC 5 - Capabilities in leadership and team working
- GPC 6 - Capabilities in patient safety and quality improvement
- GPC 7 - Capabilities in safeguarding vulnerable groups
- GPC 8 - Capabilities in education and training
- GPC 9 - Capabilities in research and scholarship

1 out of 3 Contributors agreed with the MCR

**Self-assessment (most recent feedback) - GPC 1**

Created 8th October 2021 by Saxon Clinic

Areas for development

managing time and resources effectively

Comments

No comments

**Objectives and actions**

Objective-setting Mid-point review Final review

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

Meeting Date Save and continue

Do the same with each of the CiPs.

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

Objectives may cover knowledge, clinical skills, decision-making, operative skills, index procedures/PBAs, critical conditions/CEX/CBDs, exams, courses and projects as relevant to each CiP.

Learning Agreement

[View guidance](#) [Find resources](#)

Objective-setting meeting | Meeting date | Objectives and Actions | Summary | Sign-off | **Progress summary**

GPCs CIP 1 CIP 2 CIP 3 CIP 4 CIP 5

View MCR and Self-assessment CIP 1 - Manages an out-patient clinic

**MCR (most recent feedback)**

Created 8th October 2021 by Mrs Bussey Clinical Supervisor 1 [GMC: 44444444] Saxon Clinic

Supervision level III

Areas for development

Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals

Areas of excellence

**Self-assessment (most recent feedback)**

Created 8th October 2021 by Saxon Clinic

Supervision level IV

Areas for development

No areas for development highlighted.

Areas of excellence

No areas of excellence highlighted.

**Objectives and actions**

Objective-setting | Mid-point review | Final review

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

GPCs Save and continue

Check the **Summary** page and then go to the **Sign-off** page. The trainee will have first sign off of objective setting and the midpoint review. You will have first sign off of the final review because it incorporates your AES report.

Learning Agreement

[View guidance](#) [Find resources](#)

Objective-setting meeting | Meeting date | Objectives and Actions | **Summary** | Sign-off | **Progress summary**

Trainee comments

No additional comments

NOTE: any comments saved as draft will be immediately viewable by the AES

Supervisor comments

No additional comments

Saving and signing-off this meeting

Sign-off Please select

Summary Save as draft

**Step 4 (the midpoint MCR) is completed by Lead CS / Clinical Supervisors.**

#### **STEP 5**

##### **Sign off the MCR**

You will see the following alerts on your dashboard. Click these links to add information about the trainees, progress in GPCs 6-9, add general comments and sign off the MCR.

**The MCR (midpoint) created by [TITLE LEAD CS GMC: NUMBER], as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER] is now ready for final sign-off.**

**The MCR (final) created by [TITLE LEAD CS GMC: NUMBER], as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER] is now ready for final sign-off.**

**Alternatively, go to the trainee's learning agreement and click on the MCR marble. This will also show you the status of the MCR.**

**Follow the same steps for the midpoint and final learning agreement and MCRs.**

### **3C.LEAD CLINICAL SUPERVISOR SCREEN NAVIGATION**

When **Steps 1-3** have been completed by trainee and Assigned Educational Supervisor, you will be able to complete the midpoint MCR which is recommended for placements of 6 months or longer.

You may wish to set up the MCR meetings well in advance to ensure attendance. They can be virtual or physical meetings. You will need to share your screen.

You will see the following alerts on your dashboard, indicating that you have been selected as the Lead CS for specific trainees:

**You have been selected as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER]. Click here to see your responsibilities in this role.**

Clicking the link will take you to [MCR guidance](#)

When the MCR is ready, clicking on the following links will take you to the relevant MCR:

**The MCR (mid-point) for your trainee [TRAINEE NAME GMC NUMBER] is available for you to complete.**

**The MCR (final) for your trainee [TRAINEE NAME GMC NUMBER] is available for you to complete.**

In the MCR meeting, open the MCR (and screen-share if possible), complete it on behalf of the group.

Rate GPC domains 1-9. The default rating is Appropriate for phase. You can add free text to elaborate. Use free text or click on descriptors to add them as development needs. Adding descriptors is only necessary for development needs. Do the same for each CiP, using free text or descriptors (max 5) to explain any ratings lower than IV. Excellence ratings can also be selected. There are additional specialty-specific CiPs for Cardiothoracic Surgery, Paediatric Surgery and Plastic Surgery.

You will not be able to access it after it is submitted, until it is signed off by the AES. Therefore, take time to look over the summary with the group before you submit it.

**RCSI GENERAL SURGERY**  
ST3 - ST8 Specialist Training Information

### Generic Professional Capabilities

GPC 1 - Professional values and behaviours	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors</div>
GPC 2 - Professional skills	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors</div>
GPC 3 - Professional knowledge	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors</div>
GPC 4 - Capabilities in health promotion and illness prevention	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors</div>

### Capabilities in Practice

CIP 1 - Manages an out-patient clinic	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors</div>
CIP 2 - Manages the unselected emergency take	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors</div>
CIP 3 - Manages ward rounds and the on-going care of in-patients	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors</div>
CIP 4 - Manages an operating list	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors</div>

The other clinical supervisors (including those who were unable to attend the meeting) will receive the following alert/link on their dashboards from which they will be able to open the MCR and make any extra comments within two weeks of submission:

**[LEAD CS NAME GMC NUMBER], as Lead Clinical Supervisor, has invited you to add comments to an MCR (mid-point/final) for [TRAINEE NAME GMC NUMBER] within the next 2 weeks.**

When all clinical supervisors have commented or when the two-week period has expired, the MCR will be available to the AES to comment and sign off.

You will receive the following alert/link to the final version in the trainee's portfolio. At this point, you should arrange a to have a feedback session with the trainee to discuss the MCR and self-assessment.

**The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio.**

Guide to feedback session with trainees

**Follow the same steps for the final MCR.**

---

### 3D. CLINICAL SUPERVISOR SCREEN NAVIGATION

**STEPS 1-3** are completed by the trainee and Assigned Educational Supervisor.

#### STEP 4 Complete the MCR

When steps 1-4 have been completed by trainee and Assigned Educational Supervisor, you will be able to meet with other clinical supervisors to complete the midpoint MCR which is recommended for placements of 6 months or longer.

The Lead CS will arrange the MCR meeting which may be a virtual or physical meeting. Please see the [MCR guidance](#) for more information.

The Lead CS will complete the MCR in the meeting on behalf of the group (screen-sharing if possible).

Rate GPC domains 1-9. The default rating is **Appropriate for phase**. You can add free text to elaborate. Use free text or click on **Select descriptors** to add them as development needs. Adding descriptors is only necessary for development needs.

The screenshot displays the 'Generic Professional Capabilities' form, which is organized into four sections: GPC 1 - Professional values and behaviours, GPC 2 - Professional skills, GPC 3 - Professional knowledge, and GPC 4 - Capabilities in health promotion and illness prevention. Each section contains a rating dropdown menu with two options: 'Appropriate for phase' (highlighted in green) and 'Area for development'. To the right of the rating menu is a text area labeled 'Your comments...'. Below the rating menu and comments area is a red button labeled 'Select descriptors' with a double quote icon. The form is designed for clinical supervisors to provide feedback on trainee performance across these four domains.



**Do the same for each CiP**, using free text or descriptors (max 5) to explain any ratings lower than IV. Excellence ratings can also be selected. There are additional specialty-specific CiPs for Cardiothoracic Surgery, Paediatric Surgery and Plastic Surgery.

Capabilities in Practice

CIP 1 - Manages an out-patient clinic	
SUPERVISION LEVEL IV	Your comments...
Select descriptors	

CIP 2 - Manages the unselected emergency take	
SUPERVISION LEVEL IV	Your comments...
Select descriptors	

CIP 3 - Manages ward rounds and the on-going care of In-patients	
SUPERVISION LEVEL IV	Your comments...
Select descriptors	

CIP 4 - Manages an operating list	
SUPERVISION LEVEL IV	Your comments...
Select descriptors	

#### STEP 5

##### **Agree / Disagree with MCR (even if present at the MCR meeting)**

After the meeting you will receive the following alert/link on your dashboard from which you will be able to open the MCR and make any extra comments within two weeks of submission. You have the option to agree, disagree and add comments. Please use the link even if you have no additional comments.

**[LEAD CS NAME GMC NUMBER], as Lead Clinical Supervisor, has invited you to add comments to an MCR (mid-point/final) for [TRAINEE NAME GMC NUMBER] within the next 2 weeks.**

#### STEP 6

Is completed by the AES. When all clinical supervisors have commented or when the two-week period has expired, the MCR will be available to the AES to comment and sign off. After AES sign off you will be alerted when the MCR is viewable from the trainee's portfolio:

**The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio**

**Follow the same steps for the final MCR.**

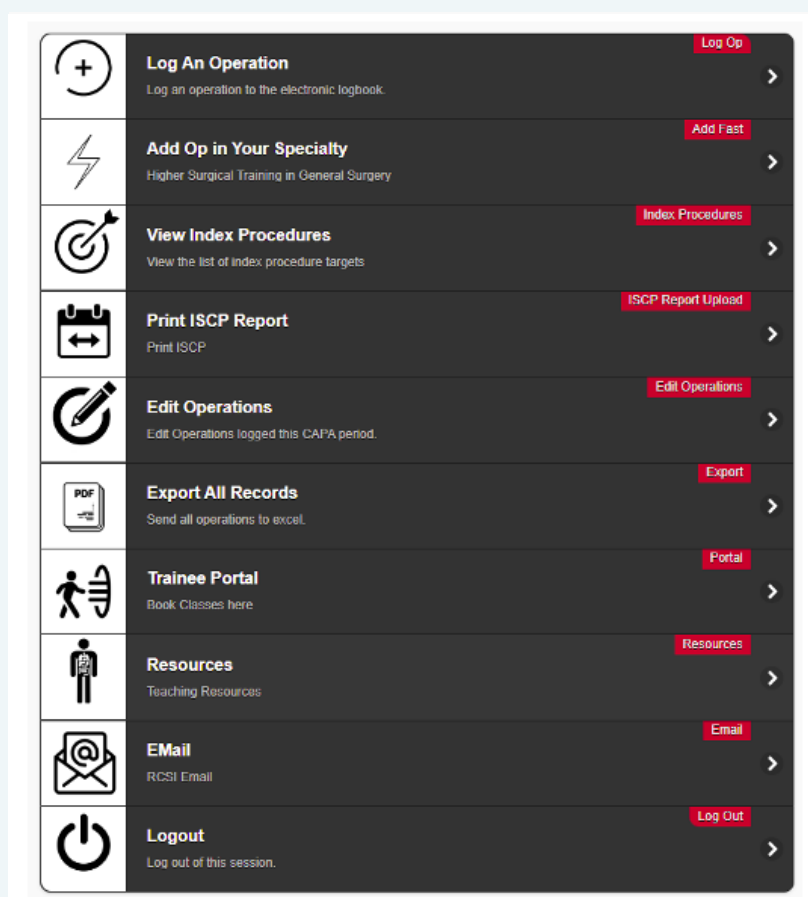
## APPENDIX 4: RCSI HST LOGBOOK



The HST Logbook will be familiar to anyone who has completed Core Surgical Training. The core operation logging is identical but there are different options available.

**On a desktop – the menu will appear like this:**



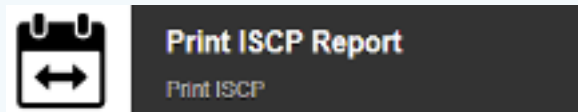
**On a mobile the menu will appear like this:**



	<b>Log An Operation</b> Log an operation to the electronic logbook.	Use this to record an operation into the logbook. You will be able to select any specialty.
	<b>Add Op in Your Specialty</b> Higher Surgical Training in General Surgery	Almost the same as 'Log an Operation' but it will not offer you to select from the list of specialties. This will also load quicker because it doesn't need to request the full list of operations.
	<b>View Index Procedures</b> View the list of index procedure targets	This will display the list of operations that your specialty has selected as index procedures. For example, if there is a target for your training programme of 50 lap chole operations, then it will display that target number and all the operations in the logbook that count to that group as there will be variations on the procedure (open/closed etc).
	<b>Print ISCP Report</b> Print ISCP	<p>This functions both as a summary of all your operations including list of ops, consolidation list and index procedure report. When approaching ARCP you can use this screen to download a PDF that can be uploaded to ISCP.</p> <p>To do this, use the date range option at the top of the screen, select the appropriate dates for the assessment period, right click and select 'print' and 'save to pdf'.</p>
	<b>Edit Operations</b> Edit Operations logged this CAPA period.	You can use this screen to make changes to any operations you have logged.
	<b>Export All Records</b> Send all operations to excel.	This will create an excel sheet of every operation you have logged in the logbook regardless of the time.
	<b>Trainee Portal</b> Book Classes here	Because RCSI use a single sign on, if you are logged into the RCSI logbook you can use this to connect to the trainee portal and you will not be asked to login again.
	<b>Resources</b> Teaching Resources	A collection of useful resources for trainees including surgical training videos, 360 videos, online anatomy etc.
	<b>Email</b> RCSI Email	Because RCSI use a single sign on, if you are logged into the RCSI logbook you can use this to connect to your online and you will not be asked to login again.
	<b>Logout</b> Log out of this session.	Log out of the Logbook and all RCSI online software.

## Uploading a report to ISCP

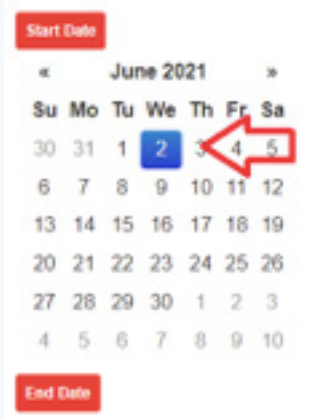
### 1. Click on ISCP Report



### 2. Select the Date Range Button

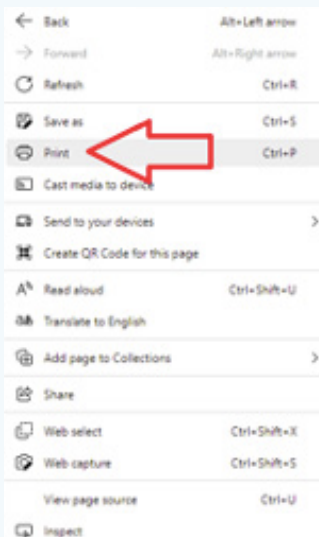


### 3. Select the start and end date as advised for this ARCP Period

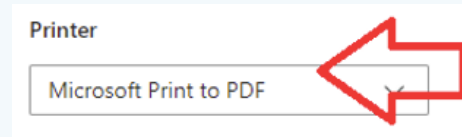


### 4. Print to PDF

Right click anywhere and select 'Print' from the menu.



### 5. Select "Print to PDF" or "Save to PDF" as the option.



### 6. Upload to ISCP:

This will save a pdf report that can be uploaded to ISCP.

## APPENDIX 5: ISCP : TRAINEE USER GUIDE

Each of the individual Surgical Curriculum are available on [www.iscp.ac.uk/iscp/surgical-curriculum-from-august-2021/about-the-surgical-curriculum/](http://www.iscp.ac.uk/iscp/surgical-curriculum-from-august-2021/about-the-surgical-curriculum/)

The ISCP platform provides a huge amount of information and resources for trainees and we would encourage you to engage with these prior to starting in your rotation. Reference guides and videos can be located HERE

In 2021, the curriculum was updated, whilst this won't impact you as a new user many of your trainers will be learning new skills and ways of assessment that have been updated in the curriculum. As a trainee you may need to guide them from time to time as they familiarise themselves with the 2021 updates.

### 5.1 ISCP Curriculum Assessment and Feedback

Central to the assessment framework is professional judgement. Assessors are responsible and accountable for judgements about trainee performance, leading to structured formative feedback to trainees. Trainees' reflection on feedback is also a necessary component of all assessments. The programme of assessment is described in each curriculum.

It is highly recommended that you cultivate **good organisational habits** from the start of the programme and keep up-to-date with your on and off-line paperwork, to ensure your trainers have the correct information available to them to assess and evaluate your progress through training.

Assessment and feedback comprises of an integrated framework of examinations, assessments in the workplace and judgements made about trainees during their approved programme of training.

All the assessments in the curriculum are designed to include a feedback element as well as to identify concerns in multiple ways, particularly:

- Learning agreement meetings
- Workplace-based assessments covering knowledge, clinical judgement, technical skills and professional behaviour and attitudes in conjunction with the RCSI surgical logbook of procedures to support the assessment of operative skills
- Examinations
- An annual review of competence progression (ARCP)

The key assessment is the **Multiple Consultant Report (MCR)** through which trainees are assessed on the high-level outcomes of the curriculum; the CiPs and GPCs.

### 5.2 CIPS – Capabilities in Practise – the same 5 CIPS apply to each specialty.

1. Manages an outpatient clinic
2. Manages the unselected emergency take
3. Manages ward rounds and the ongoing care of the in-patients
4. Manages an operating list
5. Manages multi-disciplinary working

Each of the 5 CiPs is assessed via a supervision level chosen by the trainee's supervisors. These trainers determine how well a trainee can perform each CiP against the benchmark of a Day 1 Consultant.

~ **GPCs - General Professional Capabilities.** These are the professional standards that all doctors must adhere to. The GPCs are listed under 9 domains which represent professional behaviour for doctors. They can be marked for the trainee as Appropriate for Phase of Development Required.

The GPCs carry equal weight to the CiPs in a trainee's assessment. Professional skills are just as important as technical skills.

### Both CIPs and GPCs are assessed via the Multiple Consultant report / MCR

#### 5.3 Multiple Consultant Report (MCR)

The assessment of the Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs) – the high-level outcomes of the curriculum – is through the Multiple Consultant Report (MCR). It involves the global professional judgement about a trainee's suitability to take on particular responsibilities or tasks that are essential to consultant practice. The professional judgement of a group of supervisors about a trainee in both their technical and professional skills is now key to a trainee's assessment.

The MCR assessment is carried out by the consultant Clinical Supervisors (CSs) involved with a trainee, with the AES contributing as necessary to some domains (and particularly to GPC domains 6-9). The MCR includes a global rating in order to indicate how the trainee is

progressing in each of the CiPs. This global rating is expressed as a recommendation:

#### 5.4 Trainee Self-Assessment (SA)

Trainees must complete a Self-Assessment for each MCR. This form is identical to the form the Clinical supervisors use for the MCR report. The trainee's Self-Assessment captures his/her own impressions of their progression in training. A trainee should highlight which areas they believe they need to develop, and also those areas they believe they are good. By describing self-identified areas for development with free text or CiP/GPC or GPC descriptors.

The completed SA will be compared with the supervisors MCR report at the trainees feedback meeting, allowing time to generate discussion and highlight areas where further action is needed so that the trainee can progress according to his /her own needs. Wide discrepancy between the self-assessment and the MCR allows identification of over or under confidence and for support to be given accordingly.

#### 5.5 Work based Assessments (WBA)

WBAs are primarily aimed at aiding learning through constructive feedback that identifies areas for development. They provide trainees with educational feedback from skilled clinicians that should result in reflection on practice and an improvement in the quality of care. WBAs are only mandatory for the assessment of the critical conditions and index procedures. They may also be useful to evidence progress in targeted training where this is required e.g. for any areas of concern. They should be collated in your learning portfolio and are regularly reviewed during each placement, providing evidence that informs the judgement of the AES reports for the ARCP.

#### 5.6 Case Based Discussions

The CBD assesses the performance of trainees in their management of a patient case to provide an indication of competence in areas such as clinical judgement, decision-making and application of medical knowledge in relation to patient care. The CBD process is a structured, in-depth discussion between the trainee and a consultant supervisor.

#### 5.7 The Learning Agreement

The learning agreement is a formal process of goal setting and review meetings that underpin training

and is formulated through discussion. The process ensures adequate supervision during training provides continuity between different placements and supervisors and is one of the main ways of providing feedback to trainees. There are three learning agreement meetings in each placement between the trainee and Assigned Educational Supervisor (AES) and these are recorded in the trainee's learning portfolio

The Learning Agreement is fundamental to the whole training process. And, it works in conjunction with the MCR. The aim of the LA is to develop the trainee's progression incrementally throughout their training. Each process in the LA adds to or feeds into the next, for example, the Objective Setting of the LA feeds into the MCR. The MCR feeds into the Learning Agreement meetings which in turn feed into the AES report which then feeds into the ARCP process. Each individual step along the LA trail adds to and enhances the trainee's progression towards the end goal - that of a day one consultant.

Figure 1. Sequence of Assessment during a rotation

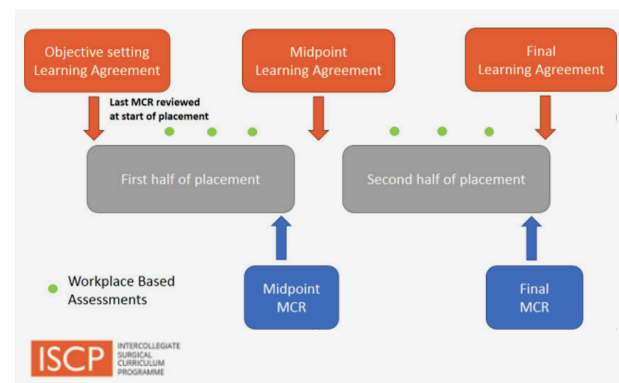
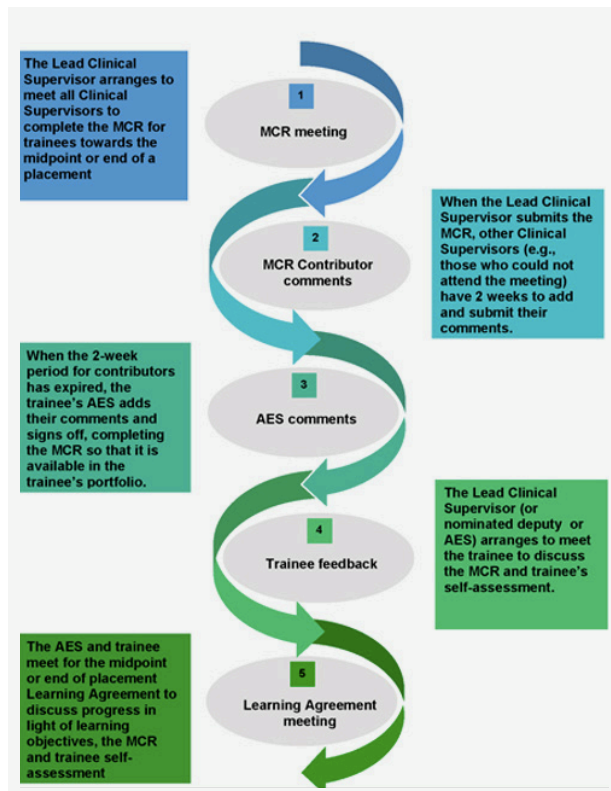


Figure 2. Sequencing for the use of the Multi Consultant Reports (MCR)



All the assessments in the curriculum are designed to include a feedback element as well as to identify concerns in multiple ways:

Learning agreement: appraisal meetings with the AES at the beginning, middle and end of each placement

**WBA:** immediate verbal dialogue after a learning episode

**CBD:** meeting with a consultant trainer to discuss the management of a patient case

**MSF:** meeting with the AES to discuss the trainee's self-assessment and team views

**MCR (mid-point formative):** meeting with the AES or CS to discuss the trainee's self-assessment and CSs' views on CiPs

**MCR (final formative, contributing to the AES's summative Report):** meeting with the AES or CS to discuss the trainee's self-assessment and CSs' views on CiPs

**Formal examinations:** summative feedback on key areas of knowledge and skills

**ARCP:** a feedback meeting with the TPD or their representative following an ARCP.

Constructive feedback is expected to include three elements:

- a reflection on performance
- identification of the trainee's achievements, challenges and aspirations and
- an action plan.

Upon commencing your placement in a Unit you will be informed who your AES is (from the list below you will also be assigned a LCS. More information around this will be made available to you when you commence in the unit.









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