




# JCST

*Joint Committee on Surgical Training*

## Specialty Advisory Committee Trauma & Orthopaedics



Welcome to my 5<sup>th</sup> newsletter as SAC chair. There have been two meetings of the SAC since my last newsletter so, as predicted it is not going to be easy to produce a newsletter after each meeting. Any comments that you have on the content, structure, format and frequency of these letters are always welcome.



### NHS MAJOR TRAUMA

At our June meeting we had a presentation from Mr Martin Bircher of St. George's hospital on the work he was undertaking for the Royal College of Surgeons of England in relation to multidisciplinary training in trauma. This group had been looking at the skills required, by surgeons and others specialists, for the management of major trauma cases within the first hour after arrival in hospital. They had created a list of the surgical procedures that might be required in that period and had begun considering the training pathways that might lead to the acquisition of the required skills. Most of the procedures on the list are not specifically orthopaedic procedures, but that would not necessarily preclude a suitably interested orthopaedic surgeon from being trained in those procedures, and the group were beginning to look at the possibility of setting up specific fellowships to facilitate the acquisition of these skills.



National selection. The results of the 2015 round of national selection were discussed at our June meeting. Of note was the fact that the number of applicants interviewed had dropped by over 20% between 2014 and 2015. This was attributed to the large number of jobs available in 2014, and it is anticipated that with there having been a further large number (174) of appointments this year that another sizeable reduction in the number of applicants for the 2016 round is likely. We are expecting somewhere in the region of 300 applications for next year's national selection. We will not know the number of jobs that we will be required to fill until sometime in January, when HEE makes its decision, but the evidence submitted to HEE would support another quite large number, possibly in excess of 150, and therefore the competition ratio next year is likely to be less than 2:1. Please note that next year that there will be no LAT appointments. I know that this has been said before, and then gone back on, but this year the statement of the same has been significantly more definite, hence the reason I am reiterating it.

National selection next year will, once again, be held in Elland Road football



stadium in Leeds and, although we would hope to be able to run the process over 3 days, the stadium has been booked for 4 days starting on Monday, 21 March. Running the process over 3 days is dependent on being able to interview 120 applicants per day (in 6 parallel streams) which requires a minimum of 90 interviewers per day. So can I please ask all potential interviewers to keep these dates free in their diaries.

Every year, in relation to national selection, I hear stories of people either not being allowed to attend, or being forced into taking annual leave to attend, or people having difficulty in getting their expenses reimbursed. 3 years ago the 4 chief medical officers of the UK, the medical director of the NHS, and the chairman of the GMC wrote to all NHS employers urging them to look favourably upon requests for leave to undertake work of benefit to healthcare systems across the whole of the UK. I am happy to supply a copy of this letter to anyone who is experiencing the sorts of difficulties outlined above. JCST, and the GMC, are also keen to know about instances where time or funding for such activities has been refused. Both organisations are keen to build a picture of how widespread such issues are. So please let me know if you have encountered such difficulties, not just in relation to attendance at interviews, but in relation to participation in any training related activity, such as ARCP reviews.



In the last newsletter I spoke about the JCST review of the SAC's, and also the changing role of the SAC in relation to recommendation for the award of CCT. I emphasised the importance of having liaison members present for ARCP reviews when an outcome 6 was anticipated. In order to facilitate this I have reviewed the liaison work load of SAC members. I have therefore made some minor changes to the allocation of liaison regions, and we will be recruiting one extra member to the SAC. Hopefully these changes will facilitate the presence of SAC members at all ARCP reviews. We are also trying to ensure a seamless handover so when an SAC member stands down at the end of their term, a new member has already been appointed and received the necessary training prior to taking up their new duties.

**Recognition of trainers:** The end of July 2016 sees an important milestone in the implementation of the GMC's recognition of trainers, in that educational organisers (EO) have to be able to confirm to the GMC that all trainers, in any of the 4 roles, are fully recognised and have met their criteria. These criteria will vary in detail from EO to EO, but are likely to include requirements to have specific skills qualifications or training. A recent survey in one region suggested that as few as 25% of current educational supervisors met the criteria of their EO. I would therefore urge all trainers to check that they meet or are likely to meet the criteria of their EO prior to July next year. If they don't, then they will not be able to act as an educational supervisor from that date. Clearly if 75% of current educational supervisors are no longer able to fulfil that role in August next year we will have a huge problem. I would commend to you the TOES course run by Lisa Hadfield-Law educational adviser to the BOA as an excellent way of ensuring that you meet the criteria of your EO. Your SAC chair updated his training as an educational supervisor at one of these courses run at the BOA in Liverpool. It was extremely stimulating and enjoyable. Well worth the time!



**Variation in training.** At our September meeting Mustafa Rashid, the current president of BOTA, presented the results of a structured interview that they had carried out with all their linkmen during the year in which he was vice president. By illustrating his talk with examples of good practice he highlighted significant variation in a number of aspects of training up and down the country. A more detailed summary of this work can be reviewed in the BOTA handbook now published as [JOINT](#). It was agreed that it would be helpful to disseminate these examples of good practice and Mustafa will be asked to present this again at the annual BOA/SAC/TPD forum which is scheduled for Thursday, 21 April 2016. Another date for your diary if you are TPD. I really would encourage you to attend as I believe this is an important forum for everyone.



**Plastering:** The quality of plasters applied and the associated skills remains an important area of concern for both the SAC and the BOA. Over the coming months you will see a number of new DOPS appearing on ISCP in relation to these skills. I would therefore encourage trainees to use these new assessments to provide evidence of their skills, and I would also encourage ARCP panels and educational supervisors, to look for such evidence and also for evidence of trainees having undertaken formal training in casting.



At our September meeting we discussed CCT guidelines for research, and in particular the standard of 2 peer-reviewed publications. This was because a liaison member had commented that he was aware of trainees paying a fee to have something published in an open access online journal. There are increasing numbers of such journals the impact factor of many of them being very low, and the robustness of their peer review process is unknown. It was not the SAC's intention, in setting this guideline, to encourage a publish anything or be damned behaviour. Hence the reason that we put in the alternative option of providing evidence of screening/recruiting 5 patients into an REC approved study. The SAC felt that there was little that it could do in changing the guideline to address its concerns and that it was therefore up to ARCP panels to drive up standards in relation to this criteria.



Trainees and ARCP panels may also wish to note that the quality indicators for surgical training in T&O have been updated and in particular QI number 4 has been updated to incorporate something that was in the pink book which was the requirement in a timetable for a half day per week for personal study, audit or research.



One final point that I would wish to draw readers attention to relates to the identification of progress towards completing the critical condition CBD's. When trainees complete any workplace-based assessment they should allocate topics from the curriculum that relate to that assessment. This is particularly important in relation to the critical condition CBD's. If that is done, then anyone wishing to review the progress towards completion of these, simply has to select the **TOPICS** tab in the portfolio. There is an issue in relation to this, however. You can view the topics by job in which case you see every WBA by topic for that job. Alternatively, and this is particularly relevant at the end of training, you can review the topics by

curriculum. The issue is that you are given a choice of very many different curricula from which to choose the topic. This means that if you flag an assessment with a topic from the 2013 curriculum, you will not see that assessment when you look for the topics covered in the 2015 curriculum. This means that an ARCP panel, or SAC liaison member wishing to review progress against these CBD's has to guess which curriculum you have chosen and this of course presupposes that you have been consistent in choosing just one curriculum. Hopefully there will be an IT work around to this issue, but this is not likely to happen any time soon with the huge amount of work that is currently being undertaken on ISCP version 10. I would therefore encourage trainees, particularly senior trainees to be consistent in using either the 2013 or the 2015 curriculum in allocating topics to these assessments. That will reduce the amount of guesswork on the part of ARCP panels and SAC liaison members and ensure that all assessments are seen.

