



RCSI SURGICAL
AFFAIRS



QUALITY STANDARDS FOR SURGICAL TRAINING POSTS IN IRELAND

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE



DEPARTMENT OF SURGICAL AFFAIRS

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RCSI SURGICAL AFFAIRS MISSION

“We will support the RCSI Noble Purpose by delivering excellence in surgical Education and Training and by setting and supporting the highest possible standards in Surgical Practice. We will at all times act in the interest of patients and the quality of their care.” -

Vision

A critical part of the RCSI Surgical Affairs Strategy 2016 – 2020 (Supporting Excellence in Surgical Training and Practice) is to *Develop a robust Quality Assurance Programme and Capability* for the National Surgical Training Centre, the National Emergency Medicine Training Centre and other functional units within the broader remit of RCSI Surgical Affairs.

In order to deliver excellence in Surgical Education and Training, the establishment of consensus on an agreed set of standards for Core and Specialty Surgical Training Posts (Training Post(s)) is a key strategic quality initiative, which has involved significant stakeholder engagement. This first edition of '**Quality Standards for Surgical Training Posts in Ireland**' thus reflects hard work and input from a wide range of stakeholders across the surgical community to whom we owe significant gratitude.

These set of standards are not all encompassing. They, however, reflect a minimum set of standards that all Training Sites should aspire to and adhere strictly to the Medical Council criteria for evaluation of training sites and Joint Committee for Surgical Training Quality Indicators, which support the delivery of specialist training. These standards will form the basis for training post inspections and audit for all Core and Specialty Surgical Training posts.

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Introduction to the Surgical Training Post Standards

In this document the standards for surgical training Sites have been broken into two sections:

Section 1: Core Surgical Training Posts

Section 2: Higher (Specialty) Surgical Training Posts

These quality standards form part of a continuum of quality standards associated with the full surgical training pathway from core to higher training.

The auditing of CST Training posts and subsequent reports; will feed into the auditing of specialty training posts. The accreditation of Specialty Surgical Training posts shall be underpinned by the JCST Quality Indicators.

Training Post Accreditation

Surgical trainees are postgraduate medical doctors undergoing specialist education and training, as well as employees of the health services. Each of these roles is important for a successful outcome of training.

Trainees work in a broad range of clinical environments, each of which should provide a rich learning experience which is also aligned to the career aspirations of each individual trainee. Trainees make a significant contribution to the healthcare of patients and receive significant help in their training from the surgeons and the other staff with whom they work with on a daily basis in the hospitals which employ them.

This document has been prepared to help familiarise trainees, trainers and hospital administrators with the requirements necessary to educate and train surgeons. It aims to set clear standards and criteria for those who undertake and provide such training. These standards and criteria will ensure that trainees progress towards proficiency in their specialist area against the requirements of the Intercollegiate Surgical Curriculum programme (ISCP) curriculum.

The underlying principle of the accreditation process is to ensure that education and training sites provide learning environments that facilitate the training of safe and competent surgeons.

Section 1 Core Surgical Training Posts

The main standards associated with the quality and effective delivery of Core Surgical Training are separated into two distinct areas, and are listed in table 1 and 2 below:

- The Clinical Training Site
- The Training Post

Table 1 The Clinical Training Site

Area 1 - The Clinical Training Site	
	Category
1.1	Clarity of educational governance arrangements
1.2	Clarity of clinical governance arrangements
1.3	Accountability
1.4	Induction arrangements for trainees
1.5	Clear supervisory arrangements for trainees
1.6	Opportunities for training through clinical practice
1.7	Access to formal and informal education & training for trainees
1.8	Opportunities for trainees to train through protected time
1.9	Access to resources with support directed and self-directed learning
1.10	Access to pastoral & health supports for trainees
1.11	Access to resources to maintain close contact with patent training bodies
1.12	Promotion of medical council guidelines on professionalism, including promotion of current ethical guidelines
1.13	Safe working environment
1.14	Specialty-specific supports
1.15	Participation in on-call duty rota
1.16	Support for assessment of trainees
1.17	Opportunities for multi-disciplinary teamwork
1.18	Opportunities for trainees to provide feedback to employing authority

Table 2 The Training Post

Area 2 - The Training Post		
Category	Sub-Category	
2.1	General Standards	
2.2	Specific Standards	
	2.2.1 Clinical Activity	
	2.2.2 Research Activity	
	2.2.3 Teaching	
	2.2.4 Administrative Activity	
	2.2.5 ST2 Specialty Specific	

The standards have been further sub-divided into criteria to facilitate the collation and presentation of evidence that the Training Post satisfactorily demonstrates compliance with the Training Standards. These are detailed in the tables below:

Area 1 - The Clinical Training Site

1.1 - Clarity Of Educational Governance Arrangements	
1.1.1	Clear organisational structures and lines of accountability for the learning environment at training sites
1.1.2	Management / board level reporting arrangements will be in place e.g. via an oversight committee including trainees, to maintain institutional oversight of the learning environment
1.1.3	There will be transparent arrangements with postgraduate training bodies to clarify the relevant responsibilities and expectations of each party involved in the delivery of specialist training

1.2 - Clarity Of Clinical Governance Arrangements	
1.2.1	Trainees will be made aware of their responsibilities as doctors in training, their level of authority and lines of accountability
1.2.2	Trainees will be made aware of local procedures for reporting clinical incidents
1.2.3	Local clinical practice will reinforce with trainees the importance of communicating critical information to ensure continuity of care e.g. at patient handover

1.3 - Accountability	
1.3.1	There will be a named individual (or individuals) on each site with identified responsibility and accountability for ensuring the following:
1.3.2	that the site meets the Medical Council's requirements for training sites
1.3.3	that the site meets any requirements agreed locally with postgraduate training bodies
1.3.4	that there is effective communication and collaboration with the HSE's education and training function
1.3.5	that education and training on-site is supported through any organisational changes

1.4 - Induction Arrangements For Trainees	
1.4.1	Each site will have a policy for induction
1.4.2	There will be arrangements in place to monitor implementation of the policy
1.4.3	There will be a site-specific health and safety induction for all trainees at the beginning of their first rotation at individual training sites. This induction will be common to all trainees regardless of programme specifics
1.4.4	There will be an appropriate programme-specific / specialty-specific induction for all trainees to prepare them for the particulars of their forthcoming rotation
1.4.5	Trainees will be made aware of all relevant local and national policies which apply at their training site
1.4.6	Training sites will make every effort to minimise the duplication of employment-related documentation as and when trainees transition between sites

1.5 - Clear Supervisory Arrangements For Trainees	
1.5.1	Trainees will be supervised appropriately
1.5.2	Trainees will be made aware of their clinical supervisors
1.5.3	The level of supervision of individual trainees will take account of individual trainee capabilities and limitations
1.5.4	The level of supervision of individual trainees will take account of each trainee's stage of training

1.6 - Opportunities For Training Through Clinical Practice For Trainees	
1.6.1	Participation in clinical practice will be at a level appropriate to the trainee's level of competence
1.6.2	Day-to-day activities will maximise opportunities for learning through participation in clinical practice

1.7 - Access To Formal And Informal Education And Training For Trainees	
1.7.1	The work schedules of trainees will take account of specific training programme requirements
1.7.2	Trainees will be facilitated and encouraged at a local level to attend formal scheduled education and training opportunities
1.7.3	Trainees will be facilitated and encouraged at a local level to avail of informal education and training opportunities

1.8 - Opportunities For Trainers To Train Through Protected Training Time	
1.8.1	The role of trainers will be reflected in individual trainer work schedules and through protected training time
1.8.2	Trainers will be supported and encouraged at a local level in recognition of their significant role in specialist training
1.8.3	Trainers will be facilitated at a local level to participate in activities intended to support and develop them in their role as trainers

1.9 - Access To Resources Which Support Directed And Self-Directed Learning	
1.9.1	There will be sufficient study space and I.T. facilities in order for trainees to maximise opportunities for self-directed learning
1.9.2	There will be access to relevant and up-to-date medical literature, to include online access through WiFi

1.10 - Access To Pastoral And Health Supports For Trainees	
1.10.1	Trainees will be made aware of, and have access to, local occupational health supports
1.10.2	Trainees will be made aware of, and have access to, appropriate mental health supports
1.10.3	Reasonable adjustment will be made to support the particular training needs of trainees with disability

1.11 - Access To Resources To Maintain Close Contact With Parent Training Bodies	
1.11.1	Trainees will be facilitated to maintain close contact with their parent training body, to include I.T. access
1.11.2	Trainees will be made aware of their primary point of contact with their training body for training queries

1.12 - Promotion Of Medical Council Guidance On Professionalism, Including Promotion Of Current Ethical Guidance	
1.12.1	There will be an explicit commitment to promoting professional attitudes and behavior among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council
1.12.2	The site will promote good professional practice by all staff which is centered on patient safety and quality of care
1.12.3	There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level
1.12.4	Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council

1.13 - Safe Working Environment	
1.13.1	There will be ongoing monitoring to ensure that training sites remain a safe physical environment for trainees
1.13.2	Working hours will be rostered in compliance with the provisions of the European Working Time Directive, and other applicable employment legislation

1.14 - Specialty-Specific Supports	
1.14.1	There will be sufficient resources to meet the specialty-specific requirements of all training programmes which are supported at the training site
1.14.2	There will be ongoing dialogue with postgraduate training bodies to ensure that specialty-specific resources remain fit-for-purpose

1.15 - Participation In On-Call Duty Rota	
1.15.1	There will be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of on-call activity
1.15.2	There will be appropriate supervision of all trainees during the on-call period
1.15.3	There will be appropriate post-call leave arrangements for trainees
1.15.4	There will be safe and secure on-call accommodation with appropriate sleeping and bathroom facilities
1.15.5	There will be 24-hour access to food for trainees on call

1.16 - Support For Assessment Of Trainees	
1.16.1	There will be local support for the assessment of trainees, in line with explicit learning outcomes, and as per the assessment methodology of the relevant training body
1.16.2	Trainees will be facilitated at a local level to participate in all assessments required by their parent training body

1.17 - Opportunities For Multi-Disciplinary Teamwork	
1.17.1	There will be local encouragement and promotion of multi-disciplinary teamwork
1.17.2	There will be opportunities for trainees to benefit from interaction and collaboration with clinical colleagues across the healthcare delivery spectrum

1.18 - Opportunities For Trainees To Provide Feedback To Employing Authority	
1.18.1	There will be opportunities for trainees to provide feedback on their training experience to the management of their training site
1.18.2	Trainee feedback will be actively sought and encouraged with a view to maintaining and improving general standards for trainees of all disciplines

Area 2 The Training Post

2.1 - General Standards	
2.1.1	Core Surgical Trainees (CSTs) should be allocated to RCSI approved posts which are commensurate with their level of training.
2.1.2	CSTs should be assigned to at least two Consultant Trainers, one of whom is the Assigned Educational Supervisor.
2.1.3	All consultant trainers must be on the Specialist Division of the Register of the Medical Council.
2.1.4	CSTs should undertake service work which is appropriate to their level of training and should not be required to undertake duties normally performed by interns.
2.1.5	On commencement of each post, a Learning Agreement should be put in place between the AES and the trainee which clearly outlines the goals, expectations and training commitments of that rotation. The Learning Agreement should be reviewed again at approximately the mid-point of the rotation and also at the end of the rotation.
2.1.6	There should be enough clinical work in the unit to support the number of trainees working there and provide experience in a broad range of surgical conditions and procedures.
2.1.7	CSTs should have exposure to an appropriate case load and case mix to meet the needs of the CST curriculum. There should be a balance of theatre work, OPD work and ward work.
2.1.8	There should be an appropriate on-call ratio which takes account of the capabilities of trainees and which reflects the volume of all on-call activity in the unit.
2.1.9	CSTs should be rostered to be on-call at least one night in eight on average.
2.1.10	CSTs should have the opportunity to perform the prescribed index procedures to a specified level as defined by the CST curriculum.
2.1.11	Trainees should not miss training opportunities due to providing cover for absent colleagues or filling rota gaps.
2.1.12	Clinical work intensity must allow sufficient time for consultant teaching and training.
2.1.13	There should be a timetable of all educational, teaching and academic activities in the training site.
2.1.14	Particular consideration should be given to the needs of less than full-time trainees.

2.2. Specific Standards

2.2.1 Clinical Activity

2.2.1.1 Ward Work

	Core Surgical Trainees (CSTs) should:
2.2.1.1.1	Participate in at least 2 consultant-led ward rounds each week, on average. At least 1 consultant-led ward round each week should have a major teaching focus.
2.2.1.1.2	Regularly present both elective and emergency cases to the consultant trainer on ward rounds.
2.2.1.1.3	Receive proximate structured feedback from the consultant trainer on their case presentations.
2.2.1.1.4	Participate in daily team ward rounds led by the SpR/registrar.
2.2.1.1.5	Have appropriately supervised responsibility for the assessment for both elective and emergency surgical patients.
2.2.1.1.6	Participate in post-acute call ward rounds and should present their cases to the consultant /SpR on these ward rounds.
2.2.1.1.7	Have the opportunity to “follow through” (i.e. go to theatre) on emergency surgery patients.
2.2.1.1.8	Have the opportunity to participate in the care of critically ill patients (in ICU/HDU).
2.2.1.1.9	Routinely participate in formal Clinical Handover of the care of their patients at the end of shifts, or at inter-departmental handover.

2.2.1.2 Outpatient Work

	CSTs should:
2.2.1.2.1	Attend at least one consultant-led general outpatient’s clinic per week.
2.2.1.2.2	Attend at least one special outpatient clinic per two weeks (if available).
2.2.1.2.3	See an appropriate mix of “new” patients and “return patients.
2.2.1.2.4	Have the opportunity to present cases to the consultant trainer at both general and specialist out-patient clinics.
2.2.1.2.5	Receive proximate structured feedback from the consultant trainer on presentations in the OPD clinic
2.2.1.2.6	Participate in the administrative responsibilities of the OPD clinic (e.g. dictate GP letters).

2.2.1.3 Operating Theatre Work	
	CSTs should:
2.2.1.3.1	Attend at least three half day operating theatre sessions per week.
2.2.1.3.2	Scrub/assist in at least 75% of cases on theatre lists.
2.2.1.3.3	Receive appropriate tuition on surgical techniques from the consultant trainer/SpR during every attended theatre session.
2.2.1.3.4	Have the opportunity to perform procedures/part procedures under supervision.
2.2.1.3.5	Have the opportunity to make realistic progress towards the RCSI-prescribed indicative numbers of Index Surgical Procedures.
2.2.1.3.6	Routinely participate in the WHO Surgical Safety Checklist.
2.2.1.3.7	Receive proximate structured feedback on surgical performance in the operating theatre.
2.2.1.3.8	Participate in a dedicated "Minor Ops" list under appropriate supervision (consultant trainer or SpR) at least once a week.
2.2.1.3.9	Participate in an Endoscopy list (General Surgery trainees only) at least once per week and receive appropriate tuition in Endoscopy from consultant trainer or SpR.
2.2.1.3.10	Write operative notes on their own cases.
2.2.1.3.11	Receive proximate feedback from their consultant trainer on their operative notes.

2.2.1.4 Conferences, Meetings And Teaching	
	CSTs should:
2.2.1.4.1	Attend the Surgical Conference / Grand Rounds at least once per week.
2.2.1.4.2	Present cases at Grand Rounds at least two times in each six month rotation
2.2.1.4.3	Receive proximate structured feedback from the consultant trainer on cases presented at Grand Rounds.
2.2.1.4.4	Attend and participate in monthly Surgical Audit/Morbidity and Mortality meetings.
2.2.1.4.5	Have the opportunity to perform one major audit each year.
2.2.1.4.6	Attend and actively participate in multi-disciplinary team (MDT) and specialist meetings (e.g. Radiology/Pathology) at least once in every two week period.
2.2.1.4.7	Have protected study time in the timetable each week.

2.2.2 Research Activity

	Core Surgical Trainees (CSTs) should:
2.2.2.1	Have the opportunity and encouragement to participate in clinical research projects.
2.2.2.2	Receive feedback from the consultant trainer on clinical research projects.
2.2.2.3	Write up and publish results of clinical research projects.
2.2.2.4	Participate in the departmental Journal Club at least once per month.

2.2.3 Teaching

	Core Surgical Trainees (CSTs) should:
2.2.3.1	Have the opportunity to give formal teaching sessions/tutorials to other healthcare professionals (e.g. medical students, interns, nurses and other allied healthcare professionals).
2.2.3.2	Receive appropriate support and feedback from consultant trainers on teaching activities.

2.2.4 Administrative Activity

	Core Surgical Trainees (CSTs) should:
2.2.4.1	Have the opportunity to actively participate in administrative activity (e.g. arranging rotas, arranging theatre lists, dictating GP letters and dictating discharge summaries).
2.2.4.2	Receive feedback from the consultant trainers on their administrative activity.

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Section 2 Standards for Specialty Surgical Training

The following sections outline the standards associated specifically with the different surgical specialty training sites, namely:

Section 2.1 Generic Standards for all specialty training sites

Section 2.2 Cardiothoracic

Section 2.3 ENT Surgery

Section 2.4 General Surgery

Section 2.5 Neuro Surgery

Section 2.6 Oral Maxiofacial Surgery

Section 2.7 Plastic Surgery

Section 2.8 Trauma & Orthopaedic

Section 2.9 Paediatric Surgery

Section 2.10 Urology Surgery

Section 2.11 Vascular

Section 2.1 Generic Standards for Specialty Surgical Training

These standards are contained in the standards for CST in Section 1, however they have been collated here for ease of reference when only assessing a Higher Surgical Training post.

No	Quality Indicator
2.1.1	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post. (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2.1.2	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
2.1.3	Trainees in surgery should have the opportunity and study time to complete and present one audit project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
2.1.4	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this. The half day per week total must cover all educational both formal and informal, audit and research time. This includes the two hour requirement outlined in item 1.2 above.
2.1.5	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
2.1.6	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year (not including those done in a simulated setting), with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
2.1.7	Trainees in surgery will be assigned an educational supervisor and will have negotiated a learning agreement within six weeks of commencing each post.
2.1.8	Trainees in surgery should have the opportunity to participate in operative briefings with use of the WHO checklist or equivalent.
2.1.9	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.
2.1.10	There will be an explicit commitment to promoting professional attitudes and behaviour among trainers and trainees, including promotion of the current Guide to Professional Conduct and Ethics for Registered Medical Practitioners ('Ethical Guide') published by the Medical Council, particularly in theatre.
2.1.11	The site will promote good professional practice by all staff which is centred on patient safety and quality of care
2.1.12	There will be an explicit commitment, and accompanying policies and procedures, to address any instances of unprofessionalism at a local level

2.1.13	Where local resolution is not possible, there will be clear pathways for the referral of concerns to the Medical Council
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Section 2.2 - Specialty Specific Standards Cardiothoracic Surgery

All Trainees

No.	Quality Indicator
2.2.1	All trainees in Cardiothoracic Surgery should have the opportunity to attend a minimum of two days (4 sessions) of consultant supervised theatre each week.
2.2.2	All trainees in Cardiothoracic Surgery should have the opportunity to attend a minimum of one consultant supervised outpatient clinic each week and should see a mix of new and follow-up patients. At a minimum trainees will assess at least one new patient at every outpatient clinic.
2.2.3	Consultant trainers will attend outpatient clinics with their trainees and give proximate constructive feedback to them on their performance during patient assessments.
2.2.4	All trainees in Cardiothoracic Surgery should have the opportunity to attend one MDT meeting, or equivalent, per week.
2.2.5	Trainees will be made aware of, and have access to, local occupational health supports
2.2.6	Trainees will be made aware of, and have access to, appropriate mental health supports
2.2.7	Reasonable adjustment will be made to support the particular training needs of trainees with disability

Quality Indicators for Surgical Training - Cardiothoracic Surgery ST3/4

No.	Quality Indicator
2.2.8	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
2.2.9	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be actively involved in the care of patients in a cardiothoracic intensive care setting.
2.2.10	Trainees in Cardiothoracic Surgery at ST3/4 level should have the opportunity to be trained in all the basic components of the common adult cardiothoracic surgical operations.

Quality Indicators for Surgical Training - Cardiothoracic Surgery ST5/6

No.	Quality Indicator
2.2.11	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to be involved with the management of patients presenting as an emergency, under supervision and appropriate to their level of training.
2.2.12	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to lead and be decision-makers in the care of patients in a cardiothoracic intensive care setting.
2.2.13	Trainees in Cardiothoracic Surgery at ST5/6 level should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST5/6.

Quality Indicators for Surgical Training - Cardiothoracic Surgery ST7/8

No.	Quality Indicator
2.2.14	Trainees in Cardiothoracic Surgery at ST7/8 level, where possible, should not be resident on-call on the ITU, in order to maximise their educational opportunities. If they are required to be resident on-call then suitable arrangements should be put in place so that they can maximise their educational opportunities
2.2.15	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to operate, both independently and under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST7/8.
2.2.16	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to attend a training course which covers management issues.
2.2.18	Trainees in Cardiothoracic Surgery at ST7/8 level should have the opportunity to attend a training course, which covers training and education e.g. Training the Trainers.
2.2.17	ST7/8 Trainees are encouraged and supported to mentor and train more junior trainees.
2.2.19	Trainees will be given adequate opportunity to develop their operative skills commensurate with their level of experience. Numerical targets for technical progress will be set on regular basis at ARCP which will allow them to progress towards the achievement of the recommended minimum number of cases at the end of ST8 – Note! For principal purposes

Section 2.3 Specialty Specific Standards ENT Surgery

All ENT Trainees from ST3 – 8

No	Quality Indicator
2.3.1	Specialty trainees in Otolaryngology should undertake 3 or more clinics a week, including emergency clinics, at least one of which should be a mainly special interest clinic. Clinics to conform to ENTUK guidelines i.e. 12-14 patients/trainee/clinic, and a mix of new and follow-up patients.
2.3.2	Specialty trainees in Otolaryngology should participate in 4 operating lists per week in ST3-8 and be in a unit with a minimum throughput of 500 operations per trainee per year. The mix of lists and clinics in a timetable may vary from this QI and QI 10 during approved fellowships, e.g. in an H&N fellowship, there may be more operating lists and fewer clinics.
2.3.3	All trainees in Otolaryngology should have the opportunity to manage patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training, and have appropriate facilities to allow them to assess patients out of normal working hours (i.e. microscope, nasendoscope etc.)
2.3.4	Trainees in Otolaryngology at ST3/8 should have the opportunity to operate, under supervision, on the range of elective and emergency conditions as defined by the curriculum for ST3/8, including the subspecialist areas.

Standards for Supervision of Trainees in “Out of Hours” Care

No	Quality Indicator
2.3.5	All trainees should have a nominated consultant supervisor when on call and/or working out of hours.
2.3.6	That supervisor should be a substantively appointed consultant, or a locum consultant who has a Certificate of Completion of training or equivalent.
2.3.7	Trainees may cover two (or more) admitting units, when it has been deemed safe for this arrangement to be in place. Such arrangements should have approval from the Specialist Training Committee.
2.3.8	Every admitting unit which trainees cover on call should have a named on call consultant for each unit.
2.3.9	No trainee should be in a position whereby they could be performing emergency work beyond their competence without access to immediate advice and direct supervision from the consultant on call. So there should be a consultant on call for one admitting unit only.
2.3.10	Trainees should be expected to discuss all emergency cases which they take to theatre with their on call consultant.

2.3.11	Some admitting units are responsible for the management of emergencies presenting to A&E units at peripheral hospitals where there are no in patient ENT facilities, or where such facilities are closed at weekends. There should be robust arrangements in place to ensure trainees remain supervised in their work at either site. Care pathways should be in place to ensure safe management and transfer of patients to the admitting unit. Trainees should know who to call for advice and support in the rare event of a consultant being involved with an emergency at another hospital. These arrangements and pathways should be available at induction and documented in induction booklets.
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Section 2.4 - Specialty Specific Standards General Surgery

Quality Indicators for Surgical Training - General Surgery All Trainees

No	Quality Indicator
2.4.1	All trainees in General Surgery should have the opportunity to attend a minimum of three consultant supervised theatre sessions each week.
2.4.2	All trainees in General Surgery should have the opportunity to attend a minimum of two consultant supervised outpatient clinics each week and should see a 50:50 mix of new and follow-up patients. Time should be allocated, as appropriate, for the trainees to undertake WBAs within the outpatient department.
2.4.3	All trainees in General Surgery should be on call for unselected patients presenting as an emergency, under supervision and appropriate to their level of training. (The pattern of this indicator will depend on the work pattern and rota of the trainee, but a 1:8 – 1:10 rota is required on average throughout the year).
2.4.4	All trainees in General Surgery, when on call for emergencies, should be free of daytime elective commitments.
2.4.5	All trainees in General Surgery should have access to a daily CEPOD list and should have the opportunity to attend a consultant led post-take ward round / handover.
2.4.6	All trainees in General Surgery should have the opportunity to undertake sufficient numbers of emergency laparotomies during the whole duration of training, with supervision commensurate with their level of training, to gain syllabus-defined competencies by the end of ST8.
2.4.7	All trainees in General Surgery with a gastrointestinal interest should have weekly access to a gastrointestinal endoscopy session, under supervision and appropriate to their level of training.
2.4.8	All trainees in General Surgery should have the opportunity to update their ATLS certificate.
2.4.9	All trainees in General Surgery should have the opportunity to attend one MDT meeting, or equivalent, usually once a week when on elective duties.

Quality Indicators for Surgical Training - General Surgery ST3/4

No	Quality Indicator
2.4.10	Trainees in General Surgery at ST3/4 level should have the opportunity to undertake a wide range of operations in elective and emergency General Surgery, including the subspecialties, as defined by the curriculum for ST3/4 and achieve the ST4 competencies.

Quality Indicators for Surgical Training - General Surgery ST5/6

No	Quality Indicator
2.4.11	Trainees in General Surgery at ST5/6 level should have the opportunity to undertake a wide range of operations, under appropriate supervision, in elective and emergency General Surgery as defined by the curriculum for ST5/6 and achieve the ST6 competencies.
2.4.12	Trainees in General Surgery at ST5/6 level should have the opportunity to operate, under appropriate supervision, on a wide range of elective and emergency general gastrointestinal conditions as defined by the curriculum for ST5/6 and achieve the ST6 competencies.
2.4.13	Trainees in General Surgery at ST5/6 level should have the opportunity to operate, under appropriate supervision, on a wide range of operations in their chosen subspecialty of General Surgery as defined by the curriculum for ST5/6 and achieve the ST6 competencies.

Quality Indicators for Surgical Training - General Surgery ST7/8

No	Quality Indicator
2.4.14	Trainees in General Surgery at ST7/8 level should have the opportunity to undertake a wide range of operations, both independently and under appropriate supervision, in elective and emergency General Surgery as defined by the curriculum for ST7/8 and achieve the ST8 competencies.
2.4.15	Trainees in General Surgery at ST7/8 level should have the opportunity to operate, both independently and under appropriate supervision, on a wide range of operations in their chosen subspecialty of General Surgery as defined by the curriculum for ST7/8 and achieve the ST8 competencies.
2.4.16	Trainees in General Surgery at ST7/8 level should have the opportunity to attend a training course which covers management issues in the NHS.
2.4.17	Trainees in General Surgery at ST7/8 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.
2.4.18	Trainees in General Surgery at ST7/ST8 level in gastrointestinal (GI) surgery posts should have the opportunity to gain JAG certification in upper or lower GI endoscopy.

Section 2.5 - Specialty Specific Standards Neurosurgery

Quality Indicators for Surgical Training - Neurosurgery All trainees

No	Quality Indicator
2.5.1	All trainees in Neurosurgery should have the opportunity to be involved with the management of patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training.
2.5.2	All trainees in Neurosurgery should have the opportunity to attend at least one SBNS scientific meeting (or suitable equivalent agreed with their Educational Supervisor) every two years.
2.5.3	All trainees in Neurosurgery should have the opportunity to attend at least one MDT meeting fortnightly.
2.5.4	All trainees in Neurosurgery should have the opportunity to participate in the daily handover of cases.

Quality Indicators for Surgical Training - Neurosurgery ST3/4

No	Quality Indicator
2.5.9	Trainees in Neurosurgery at ST3/4 level should have the opportunity to supervise the neurosurgical management of a range of high-dependency and intensive care patients as defined by the curriculum for ST3/4.
2.5.10	Trainees in Neurosurgery at ST3/4 level should have the opportunity to operate on a range of emergency conditions as defined by the curriculum for ST3/4 e.g. insertion of ICP monitor, burr holes, basic craniotomy flap and parts of "simple" spinal procedures.
2.5.11	Trainees in Neurosurgery at ST3/4 level should have the opportunity to attend a minimum of one full day of scheduled, consultant-led theatre each week.
2.5.12	Trainees in Neurosurgery at ST3/4 level should have the opportunity to attend a minimum of one consultant-supervised outpatient clinic each week and should see a mix of new and follow-up patients.

Quality Indicators for Surgical Training - Neurosurgery ST5/6

No	Quality Indicator
2.5.13	Trainees in Neurosurgery at ST5/6 level should have the opportunity to attend a minimum of one consultant-supervised outpatient clinic each week and should see a mix of new and follow-up patients.
2.5.14	Trainees in Neurosurgery at ST5/6 level should have the opportunity to attend a minimum of one full day of scheduled, consultant-led theatre each week.
2.5.15	Trainees in Neurosurgery at ST5/6 level should have the opportunity to undertake a range of operations in general Neurosurgery as defined by the curriculum for ST5/6.

2.5.16	Trainees in Neurosurgery at ST5/6 level should have the opportunity to undertake a range of operations in urgent or emergency micro-neurosurgery as defined by the curriculum for ST5/6.
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Quality Indicators for Surgical Training - Neurosurgery ST7/8

No	Quality Indicator
2.5.17	Trainees in Neurosurgery at ST7/8 level should have the opportunity to attend a minimum of one consultant-supervised outpatient clinic each week and should see a mix of new and follow-up patients.
2.5.18	Trainees in Neurosurgery at ST7/8 level should have the opportunity to attend a minimum of one full day of scheduled, consultant-led theatre each week.
2.5.19	Trainees in Neurosurgery at ST7/8 level should have the opportunity to undertake a range of operations in micro-neurosurgery as defined by the curriculum for ST7/8.
2.5.20	Trainees in Neurosurgery at ST7/8 level should have the opportunity to attend a training course which covers leadership and management issues in the NHS.
2.5.21	Trainees in Neurosurgery at ST7/8 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.

Section 2.6 Specialty Specific Standards Oral and Maxillofacial Surgery

Quality Indicators for Surgical Training - Oral & Maxillofacial Surgery All Trainees

No	Quality Indicator
2.6.1	All trainees in OMFS should have the opportunity to attend a minimum of three consultant supervised theatre sessions each week.
2.6.2	All trainees in OMFS should have the opportunity to attend a minimum of two consultant supervised outpatient clinics each week, including specialty clinics, and should see a mix of new and follow-up patients.
2.6.3	All trainees in OMFS should have the opportunity to be involved with the management of patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training.
2.6.4	All trainees in OMFS should have the opportunity to attend an MDT every week.
2.6.5	All trainees in OMFS should have one session per week protected study time, which would usually be expected to result in publications / presentations.

Quality Indicators for Surgical Training - Oral & Maxillofacial Surgery ST3/5

No	Quality Indicator
2.6.6	Trainees in OMFS at ST3/5 level should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST3/5.

Quality Indicators for Surgical Training - Oral & Maxillofacial Surgery ST6/7

No	Quality Indicator
2.6.7	Trainees in OMFS at ST6/7 level should have the opportunity to operate, independently or with minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST6/7.
2.6.8	Trainees in OMFS at ST6/7 level should have the opportunity to attend a training course which covers management issues in the NHS.
2.6.9	Trainees in OMFS at ST6/7 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.

Section 2.7 - Specialty Specific Standards Plastic Surgery

Quality Indicators for Surgical Training - All Trainees in Plastic Surgery

No	Quality Indicator
2.7.1	All trainees in Plastic Surgery should have the opportunity to attend a minimum of three consultant supervised theatre sessions each week.
2.7.2	All trainees in Plastic Surgery should have the opportunity to attend a minimum of two consultant supervised outpatient clinics each week, including specialty clinics, and should see a mix of new and follow-up patients.
2.7.3	All trainees in Plastic Surgery should have the opportunity to be involved with the management of patients presenting as an emergency on average at least one day every week, under supervision and appropriate to their level of training.
2.7.4	All trainees in Plastic Surgery should have the opportunity to attend local education programme approved registrar training days at least four times a year.
2.7.5	All trainees in Plastic Surgery should have the opportunity to attend at least one national BAPRAS/BAAPS/BSSH or equivalent training day or course each year.
2.7.6	All trainees in Plastic Surgery should have the opportunity to attend at least one BAPRAS annual congress every two years and one BAAPS (or equivalent) annual congress every two years and must be encouraged to submit papers/posters at these meetings.
2.7.7	Provision must be made for all trainees in Plastic Surgery to attend clinics and operating theatre sessions in Aesthetic Surgery at least once a month.
2.7.8	All trainees in Plastic Surgery should have the opportunity to attend appropriate MDT meetings, or equivalent.

Quality Indicators for Surgical Training - Plastic Surgery ST3/4

No	Quality Indicator
2.7.9	Trainees in Plastic Surgery at ST3/4 level should have the opportunity to undertake a range of operations in the category general Plastic Surgery, including the sub-specialties, as defined by the curriculum for ST3/4.
2.7.10	Trainees in Plastic Surgery at ST3/4 level should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST3/4.

Quality Indicators for Surgical Training - Plastic Surgery ST5/6

No	Quality Indicator
2.7.11	Trainees in Plastic Surgery at ST5/6 level should have the opportunity to engage in the care of patients in a critical care setting (ICU, HDU & Burns Units).
2.7.12	Trainees in Plastic Surgery at ST5/6 level should have the opportunity to make independent clinical decisions and to operate, under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST5/6.

Quality Indicators for Surgical Training - Plastic Surgery ST7/8

No	Quality Indicator
2.7.13	Trainees in Plastic Surgery at ST7/8 level should have the opportunity to engage in the care of patients in a critical care setting (ICU, HDU & Burns Units).
2.7.14	Trainees in Plastic Surgery at ST7/8 level should have the opportunity to make independent clinical decisions and to operate, both independently and under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST7/8.
2.7.15	Trainees in Plastic Surgery at ST7/8 level should have the opportunity to operate, under supervision, on a range of sub-specialty surgical patients as defined by the curriculum for ST7/8.
2.7.16	Trainees in Plastic Surgery at ST7/8 level should have the opportunity to attend a training course which covers management issues.
2.7.17	Trainees in Plastic Surgery at ST7/8 level should have the opportunity to attend a training course which covers training and education e.g. Training the Trainers.

Section 2.8 - Specialty Specific Standards for Trauma and Orthopaedic Surgery

Quality Indicators for Surgical Training - Trauma & Orthopaedic Surgery All Trainees

No	Quality Indicator
2.8.1	All trainees in T&O should ideally have the opportunity to attend a minimum of three half day consultant supervised theatre sessions, where possible each week.
2.8.2	All trainees in T&O should have the opportunity to attend a minimum of 2 consultant supervised outpatient clinics each week, including fracture and specialty clinics, and should see a mix of new and follow-up patients.
2.8.3	All trainees in T&O should have the opportunity to be involved with the management of patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training.
2.8.4	All trainees in T&O should have the opportunity to attend all mandatory Core Curriculum sessions each year.
2.8.5	All trainees in T&O should have the opportunity to attend at least one National or International Meeting or Conference annually
2.8.6	All trainees in T&O should have the opportunity to update their ATLS certificate.
2.8.7	All trainees in T&O should have the opportunity to complete "an appropriate mix of WBA's as dictated by the TPD per year in order to meet 2.6 above, for example: <ul style="list-style-type: none"> • A minimum of 10 CEX • A minimum of 10 CBD • A minimum of 20 PBA/DOPS 1 x MSF
2.8.8	Where appropriate, all trainees in T&O should have the opportunity to attend one MDT meeting, or equivalent, per week.
2.8.9	Trainees should have the opportunity to undertake a range of operations, under appropriate supervision, in elective and trauma surgery and where appropriate including the subspecialties, as defined by the curriculum.

Quality Indicators for Surgical Training - Trauma & Orthopaedic Surgery ST7/8

No	Quality Indicator
2.8.11	Trainees in T&O at ST7/8 level should have the opportunity to undertake a range of operations, both independently and under appropriate supervision, in elective and trauma surgery as defined by the curriculum for ST7/8.

Quality Indicators for Surgical Training - Trauma & Orthopaedic Surgery ST8

No	Quality Indicator
2.8.12	Trainees in T&O at ST7/8 level should have the opportunity to operate, both independently and under appropriate supervision, on a range of operations in their chosen subspecialty of T&O Surgery as defined by the curriculum for ST7/8.

Section 2.9 - Specialty Specific Standards Paediatric Surgery

Quality Indicators for Surgical Training - Paediatric Surgery All Trainees

No	Quality Indicator
2.9.1	All trainees in Paediatric Surgery should have the opportunity to attend a minimum of three consultant supervised theatre sessions each week.
2.9.2	All trainees in Paediatric Surgery should have the opportunity to attend a minimum of two consultant supervised outpatient clinics each week, including specialty clinics, and should see a mix of new and follow-up patients.
2.9.3	All trainees in Paediatric Surgery should have the opportunity to be involved with the management of patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training.
2.9.4	All trainees in Paediatric Surgery should have the opportunity to attend at least one BAPS registrar training day each year.
2.9.5	All trainees in Paediatric Surgery should have the opportunity to attend at least one BAPS annual congress every two years.
2.9.6	All trainees in Paediatric Surgery should have the opportunity to attend one MDT meeting, or equivalent, per week.

Quality Indicators for Surgical Training - Paediatric Surgery ST3/4

No	Quality Indicator
2.9.7	Trainees in Paediatric Surgery at ST3/4 level should have the opportunity to undertake a range of operations in the category General Surgery of Childhood.
2.9.8	Trainees in Paediatric Surgery at ST3/4 level should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST3/4.

Quality Indicators for Surgical Training - Paediatric Surgery ST5/6

No	Quality Indicator
2.9.9	Trainees in Paediatric Surgery at ST5/6 level should have the opportunity to engage in the care of patients in a critical care setting (PICU, NICU & HDU).
2.9.10	Trainees in Paediatric Surgery at ST5/6 level should have the opportunity to operate, under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST5/6.

Quality Indicators for Surgical Training - Paediatric Surgery ST7/8

No	Quality Indicator
2.9.11	Trainees in Paediatric Surgery at ST7/8 level should have the opportunity to engage in the care of patients in a critical care setting (PICU, NICU & HDU).
2.9.12	Trainees in Paediatric Surgery at ST7/8 level should have the opportunity to operate, both independently and under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST7/8.
2.9.13	Trainees in Paediatric Surgery at ST7/8 level should have the opportunity to operate, under supervision, on a range of neonatal surgical patients.
2.9.14	Trainees in Paediatric Surgery at ST7/8 level should have the opportunity to attend a training course which covers management issues in the NHS.
2.9.15	Trainees in Paediatric Surgery at ST7/8 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.

Section 2.10 - Specialty Specific Standards for Urology

Quality Indicators for Surgical Training - Urology All Trainees

No	Quality Indicator
2.10.1	All trainees in Urology should have the opportunity to attend a minimum of three consultant supervised theatre sessions each week.
2.10.2	All trainees in Urology should have the opportunity to attend a minimum of two consultant supervised outpatient clinics and a maximum of two general urology clinics each week and should see a mix of new and follow-up patients.
2.10.3	All trainees in Urology should have the opportunity to be involved with the management of patients presenting as an emergency at least one day every week, under supervision and appropriate to their level of training.
2.10.4	All trainees in Urology should have the opportunity to attend at least one national / international congress every two years.
2.10.5	All trainees in Urology should have the opportunity to attend one MDT meeting, or equivalent, per week.

Quality Indicators for Surgical Training - Urology ST3/4

No	Quality Indicator
2.10.6	Trainees in Urology at ST3/4 level should have the opportunity to undertake a range of operations in core / generic Urology as defined by the curriculum for ST3/4.
2.10.7	Trainees in Urology at ST3/4 level should have the opportunity to operate, under supervision, on a range of elective and emergency conditions as defined by the curriculum for ST3/4.

Quality Indicators for Surgical Training - Urology ST5/6

No	Quality Indicator
2.10.8	Trainees in Urology at ST5/6 level should have the opportunity to operate, under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST5/6.

Quality Indicators for Surgical Training - Urology ST7

No	Quality Indicator
2.10.9	Trainees in Urology at ST7 level should have the opportunity to operate, under minimal supervision, on a range of elective and emergency conditions as defined by the curriculum for ST7.
2.10.10	Trainees in Urology at ST7 level should have the opportunity to develop a subspecialty interest.
2.10.11	Trainees in Urology at ST7 level should have the opportunity to attend a training course which covers management issues in the NHS.
2.10.12	Trainees in Urology at ST7 level should have the opportunity to attend a training course which covers training and education in the NHS e.g. Training the Trainers.

Section 2.11 - Specialty Specific Standards for Vascular Surgery

Quality Indicators for Surgical Training – Vascular Surgery All Trainees

No	Quality Indicator
2.11.1	All trainees in Vascular Surgery should have the opportunity to attend a minimum of three supervised lists (open and endovascular) per week. The grade of supervisor and the mix of procedures should be consistent with the level of training as defined by the Vascular Surgery Curriculum.
2.11.2	All trainees in Vascular Surgery should have the opportunity to attend a minimum of two consultant-supervised outpatient clinics per week and should see a mix of new and follow-up patients.
2.11.3	All trainees in Vascular Surgery should have the opportunity to attend a minimum of one consultant-supervised ward round per week.
2.11.4	All trainees in Vascular Surgery should have the opportunity to be involved with the management of patients presenting as an emergency at least one day a week for 5 years or more. Supervision must be appropriate to their level of training.
2.11.5	All trainees in Vascular Surgery should have the opportunity to attend weekly MDT meetings.
2.11.6	All trainees in Vascular Surgery should have the opportunity to attend an appropriate specialty national conference/congress/meeting per year of training.
2.11.7	All trainees in Vascular Surgery have the opportunity to attend at least 70% of their local/regional training sessions and must keep a record of their attendance.

Quality Indicators for Surgical Training – Vascular Surgery ST3/4

No.	Quality Indicator
2.11.8	Trainees in Vascular Surgery at ST3/4 level should have the opportunity to attend the Vascular 'Boot Camp' induction.
2.11.9	Trainees in Vascular Surgery at ST3/4 level should have the opportunity to gain the full range of emergency and elective operative experience, under supervision, as defined in the Vascular Surgery curriculum for ST3/4.

Quality Indicators for Surgical Training – Vascular Surgery ST5/6

No	Quality Indicator
2.11.10	Trainees in Vascular Surgery at ST5/6 level should have the opportunity to gain the full range of emergency and elective operative experience, under appropriate supervision, as defined in the Vascular Surgery curriculum for ST5/6.

Quality Indicators for Surgical Training – Vascular Surgery ST7/8

No	Quality Indicator
2.11.11	Trainees in Vascular Surgery at ST7/8 level should have the opportunity to gain the full range of emergency and elective operative experience as defined in the Vascular Surgery curriculum for ST7/8. The level of supervision for open and endovascular procedures should be appropriate, according to the level of competencies gained, allowing for minimal supervision and independent operating in the final stage of training.
2.11.12	Trainees in Vascular Surgery at ST7/8 level should have the opportunity to attend a training course that covers training and education (e.g. Training the Trainers or equivalent).
2.11.13	Trainees in Vascular Surgery at ST7/8 level should have the opportunity to attend a course that covers the structure, functions and current issues of management.

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