



RCSI SURGICAL
AFFAIRS

ST3 – ST8 SPECIALIST TRAINING INFORMATION



► VASCULAR SURGERY 2020

RCSI LEADING THE WORLD TO BETTER HEALTH

Table of contents

| | | |
|-----|---|----|
| 1. | Welcome | 3 |
| 2. | Letter from Training Programme Director..... | 4 |
| 3. | Rotations | 5 |
| 4. | Meeting with the Training Programme Director (if required) | 5 |
| 5. | Joint Committee on Surgical Training (JCST)..... | 5 |
| 6. | Intercollegiate Surgical Curriculum Programme (ISCP)..... | 6 |
| 7. | Research Methodology Course for Surgical Trainees..... | 7 |
| 8. | 20 RCT's/Systemic Reviews relevant to Vascular Surgery that have had an impact on how we practice today | 8 |
| 9. | Trainee paperwork..... | 10 |
| 10. | Certificate of Completion of Surgical Training (CCST) in Vascular Surgery..... | 12 |
| 11. | Annual Review of Competence Progression (ARCP) | 13 |
| 12. | Funding..... | 14 |
| 13. | Student card/library..... | 16 |
| 14. | The Irish Surgical Training Group (ISTG)..... | 16 |
| 15. | Important events to note | 17 |
| 16. | Retrospection..... | 19 |
| 17. | Out-of-programme training..... | 19 |
| 18. | Job-sharing | 20 |
| 19. | Post-reassignment request | 20 |
| 20. | HSE national flexible training scheme..... | 20 |
| 21. | Career break information for NCHDs..... | 20 |
| 22. | Maternity leave | 21 |
| 23. | Exceptional leave..... | 21 |
| 24. | RCSI surgical fellowships and awards..... | 21 |
| 25. | Important Contact Details | 22 |

1. Welcome

Dear Trainee

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

We take great pride in the efficient organisation and running of the intense six year programme.

As a specialty, we continually review the training programme and identify areas we can improve upon. Equally, we aim to introduce new incentives that will contribute to 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.

The ISCP website and the linked Vascular curriculum will give you clear guidelines to the knowledge base and skills base that you need to acquire. It is your responsibility with your trainers to work your way through this curriculum to become a skilled Vascular surgeon.

Eamon Kavanagh

Professor Eamon Kavanagh MD, FRCSI, FEBVS.
Training Programme Director for Vascular Surgery

If you have any questions, please contact me by email or phone, Jackie Browne, Specialty Training Administrator Vascular Surgery. RCSI Surgical Affairs. Royal College of Surgeons in Ireland, 121 St. Stephen's Green, Dublin 2, Ireland

T: 01-402-2188 E: jackiebrowne@rcsi.com

2. Letter from Training Programme Director

Dear Trainees

The Vascular Training Programme was accredited in 2017 and following consultation with NDTP /RCSI & The Medical Council, it was agreed that Trainees could legitimately move from the General Surgery Programme to the Vascular Programme for a limited period of time. It was also agreed that the duration of the transfer periods was based on a number of metrics, review of training to date, consultation with their Trainers, Training Programme Directors and final approval from NDTP/HSE/RCSI.

The Vascular Programme is now an established programme and currently has 18 trainees from ST3 to ST8. Application and appointment to Vascular Training is a separate route both in terms of the application process and the Specialty Interview. Over the last number of years there has also been an increase in the number of trainees who are selecting CST 2 as their specialty route for Vascular and therefore clearly choosing their Specialty option for ST3.

With the growth in the programme and numbers of trainees competing for ST3 appointment both programmes have undertaken an internal review around the ability of trainees to move across from one programme to another , this has also been identified by RCSI & NDTP/HSE as becoming problematic in the future for the programmes and those trainees who are selecting in CST 2.

At this point and in the best interests of all trainees it has been agreed that there will no longer be a transfer route into the Vascular Surgery Programme from General Surgery from July 2020 and this will now be closed. Any trainee who reaches a point on the General Surgery programme and wishes to switch programmes will need to re-apply to that programme at entry route (ESR ST3) and compete for appointment onto the programme.

The RCSI , Training Programme Committees and NDTP are of the opinion this is the most fair and transparent way for entry onto any programme Vascular , General Surgery or General & Emergency Surgery in the future and is in the best interests of the trainees in both Core and Specialty training and ensures the continued commitment and support of the existing trainees on these programmes.

All parties have agreed that they will continue to monitor this over the coming years to ensure both trainee and programme requirements are best served in this manner.

Eamon Kavanagh

Prof. Eamon Kavanagh MD, FRCSI, FEBVS

3. Rotations

All Trainees complete six years of Specialist Training on the Vascular Surgery Training Programme at levels ST3-ST8. For the first three years of the programme suitable training posts are pre-selected by the training committee for trainees ST3, ST4 and ST5 rotations

4. Meeting with the Training Programme Director (if required)

If you have any questions before starting the programme and wish to meet with the Training Programme Director, Professor Eamon Kavanagh please contact your specialty Training Administrator to organise at jackiebrowne@rcsi.com, but most concerns will be covered at the induction meeting held in RCSI on 26th June 2020.

5. Joint Committee on Surgical Training (JCST)

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).

Click [here](#) for the link to JCST website for Republic of Ireland 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: jackiebrowne@rcsi.com as soon as you have received the certificate. If you have entered the specialty programme via the Pathway programme (ST2) please note you do not automatically receive a CST certificate and will need to apply for this, if you have not already done so. Please contact the CST Administrator, Sara Gross in relation to this at: saragross@rcsi.com

The JCST require a copy of your CST/CCBST certificate in order to enrol you with the Specialty Advisory Committee (SAC) and formally advise you of your CCST date.



6. Intercollegiate Surgical Curriculum Programme (ISCP)

The ISCP (<https://www.iscp.ac.uk/>) provides the approved framework for surgical training from completion ST3 through to ST8 and sign off for Certificate of Completion of Specialist Training (CCST). It achieves this through a comprehensive syllabus link: <https://www.iscp.ac.uk> which lays down the standards of specialty-based knowledge, clinical judgement, technical and operative skills and professional skills and behaviour, which must be acquired at each stage of training in order to progress and allows the Trainee to maintain a portfolio via the site to record the various work based assessments (WBA), E-portfolio and Annual Review of Competence Progression (ARCP) as the Trainee progresses through ST3 - ST8 years of training.

All Trainees commencing Specialty Training in ST3 are required to sign up to ISCP

You will use ISCP throughout your surgical career from ST3 onwards and you should use it as your portfolio to record all your achievements, publications, presentations, audits, surgical cases etc. It is important to point out that **YOU** are responsible for driving your training and ensuring that you have the evidence to support your training and the required competencies that needs to be reached each year for progression through specialty training along with successful completion of the FRCS exam and ultimately the award of your Certificate of Completion of Specialist Training (CCST). RCSI will support you and your Specialty Trainers to ensure your training is being delivered and assessed.

RCSI Support

RCSI is committed to offering support and training to all trainees and trainers using ISCP. Training sessions are run regularly at various hospitals to support your trainers on how to manage and utilise the ISCP platform. These sessions are then open to trainees to attend following the main event for the trainers. Furthermore, Trainee days are also run in RCSI and our ISCP Trainer Dr Helen Harty (helenharty7@gmail.com) and your ST Administrator Jackie Browne are available on email and phone to support queries. The ISCP Helpdesk (0044 207 869 6299 or helpdesk@iscp.ac.uk) can also be contacted. If you or your specialty colleagues wish to have an organised training session, please contact your ST Administrator who will help to facilitate this.

The RCSI pays all ISCP fees for appointed ST3 – ST8 Trainees, please do not pay the ISCP fee directly, this will be managed via the RCSI and your ST admin.

In summary, ISCP is an online platform which will house your training information, most notably the following:

- Placement history
- Curriculum Vitaes
- Learning Agreements
- Work Based Assessments
 - Case Based Discussions (CBDs), Clinical Evaluation Skills (CEXs), Procedure Based Assessments (PBAs), Directly Observed Procedures (DOPs) and Multi-Sourced Feedback (MSF's).
- Evidence

- Of Courses you attend; Presentations; Examinations, Audits
- Annual Review Competency Progression (ARCPs)
- 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.
 - If you have not previously used RCSI Logbook you will need to access the logbook via mSurgery.ie via your RCSI account.
 - All Trainees commencing Specialty Training at ST3 are required to sign up. Technical queries for this should be logged with IT Support desk with the subject **MSurgery Queue –Logbook** in the title.

ISCP aims

- Structured and supervised framework with definable endpoint
- Clear standards
- Fully integrated assessment system
- Promote professionalism
- Patient safety and improved care

Trainee benefits

- Consistent training experience
- Interaction with Trainer
- Educational feedback from Trainer
- Training of Trainers
- Clearly defined syllabus
- Online Portfolio of evidence

7. 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 4 days in ST3 and ST4 (i.e. 2 days in each training year). The programme gives a comprehensive introduction to research methodology relevant to surgeons and is delivered in RCSI by Professor Tom Fahy and his team. 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 four 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.

8. 20 RCT's/Systemic Reviews relevant to Vascular Surgery that have had an impact on how we practice today

Carotid Disease

1. Collaborators ECST randomised trial of carotid endarterectomy for recently symptomatic carotid stenosis: final results of the European Carotid Surgery Trial. *Lancet* 1998;351:1379-1387
2. Barnett HJM, Barnes RW, Clagett GP, Ferguson GG, Robertson JT, Walker PM. Symptomatic carotid artery stenosis: a solvable problem. The North American Symptomatic Carotid Endarterectomy Trial. *Stroke*. 1992;23:1048 – 1053.
3. GALA Trial Collaborative Group general anaesthesia versus local anaesthesia for carotid surgery (GALA): a multicentre, randomised controlled trial. *Lancet* 2008;372:2131-2142
4. Prevention of disabling and fatal strokes by successful carotid endarterectomy in patients without recent neurological symptoms: randomised controlled trial. Halliday A, Mansfield A, Marro J, et al. *Lancet* 2004;363:1491-1502.
5. Endarterectomy versus Angioplasty in patients with symptomatic severe carotid stenosis (EVA-3S) trial: results up to 4 years from a randomised, multicentre trial. EVA-3S Trial Collaborators. *Lancet Neurology* 2008;7:885-892.

Aortic Disease

6. Endovascular Aneurysm Repair – comparison of endovascular aneurysm repair with open repair in patients with abdominal aortic aneurysm (EVAR1). 30 day operative mortality results: randomised controlled trial. The EVAR Trial Participants. *Lancet* 2004;364:843-848.
7. Endovascular aneurysm repair and outcome in patients unfit for open repair of abdominal aortic aneurysm (EVAR 2); randomised controlled trial. The EVAR Trial Participants. *Lancet* 2005:2187-2192.
8. A randomised trial comparing conventional and endovascular repair of abdominal aortic aneurysm. Dutch Randomised Endovascular Aneurysm Management (DREAM) Trial Group. *New England Journal of Medicine* 2004;351:1607-1618.
9. Multicentre Aneurysm Screening Study Group. Multi centre aneurysm screening study (MASS): cost effectiveness analysis of screening for abdominal aortic aneurysms based on 4 year results from randomised controlled trial. Multicentre Aneurysm Screening Study Group. *BMJ* 2002;325:1135-1139.

10. The UK Small Aneurysm Trial: mortality results for randomised controlled trial of early elective surgery or ultrasonographic surveillance for small abdominal aortic aneurysms. The UK Small Aneurysm Trial Participants. *Lancet* 1998; 352:1649-1655.
11. Endovascular or open repair strategy for ruptured abdominal aortic aneurysm: 30 day outcomes from IMPROVE randomised trial. IMPROVE Trial Investigators. *BMJ* 2014;348:7661-7673.
12. Randomised comparison of strategies for Type B dissection: the Investigation of STEntgra
13. fts in Aortic Dissection (INSTEAD) trial. Nienaber et al. *Circulation* 2009;120:2519-2528.

Peripheral Vascular Disease

13. 6 year prospective multicentre randomised comparison of autologous saphenous vein and expanded polytetrafluoroethylene grafts in infra-inguinal arterial reconstructions. Frank Veith et al. *Journal of Vascular Surgery*. 1986; 3:104-114.
14. Bypass versus angioplasty in severe ischaemia of the leg (BASIL): multicentre, randomised controlled trial. Basil Trial Participants. *Lancet* 2005; 366:1925-1934.

Secondary Prevention in Peripheral Vascular Disease

15. A randomised blinded trial of Clopidogrel versus Aspirin in patients at risk of ischaemic events (CAPRIE). CAPRIE steering committee. *Lancet* 1996; 348:1329-1339.
16. MRC/BHF Heart Protection Study of cholesterol lowering with Simvastatin in 20,536 high risk individuals: a randomised placebo-controlled trial. Heart Protection Study Collaborative Group. *Lancet* 2002; 360:7-22.
17. Collaborative meta-analysis of randomised trials of anti platelet therapy for the prevention of death, myocardial infarction and stroke in high risk patients. Anti-thrombotic Trialist Collaborative. *BMJ* 2002; 324:71-86.

Venous Disease

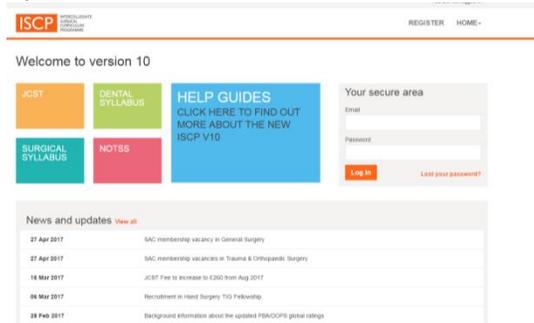
18. Endogenous ablation (radiofrequency and laser) and foam sclerotherapy versus open surgery for great saphenous vein varices. Nesbitt C et al. *Cochrane Database Systemic Review*. 2014; 30(7)CD005624.
19. Compression of Venous Leg ulcers. O'Meara S, Cullum NA, Nelson EA. *Cochrane Database Systemic Review*. 2009;Jan 21 (1): CD000265.
20. Thrombolysis for acute deep vein thrombosis. Watson LI, Brokerick C, Armon MP.

9. Trainee paperwork

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.

Now that you will be using ISCP most of your paperwork will be **online**. You will need to **register** with the ISCP site, the link is <https://www.iscp.ac.uk/>

- For instructions on how to register click on this link <https://vimeo.com/147004233>
- For an ISCP Overview click on this link <https://vimeo.com/147579752>



Per six months you will need to do the following:

Please note this is with the **exception of Multi-Source Feedback (MSFs)** previously known as 360s, which you will only need to complete 1 per calendar year i.e. July – December in your first year and January – December each year thereafter.

- Create your **Learning Agreement on ISCP** with the **Assigned Educational Supervisor (AES)**, previously known as Lead Trainer, list below) and set **learning goals** for this six month placement.
 - You will need three meetings per Learning Agreement which you will also need to sign off on; at least one Clinical Supervisor Report and then an AES Report also needs to be completed.
 - Add the other trainers in your unit as Clinical Supervisors. You will need at least one Clinical Supervisor Report before your AES can complete their AES Report. The AES report will not even be visible to your AES until a Clinical Supervisor report has been completed.
 - For the final LA meeting please advise your AES to type 'see AES Report'. Then your AES will just need to complete an AES Report for you. This should minimise the work the AES needs to do back to three meetings rather than four stages. So it is essential to tackle as soon as you commence each new placement
- Aim to complete **one WBA on ISCP per week**. You need to do **at least 40 per 12 months**.
- In terms of diversity you will need a **minimum of three from each category** (Case Based Discussions CBDs, Clinical Evaluation Skills CEXs and Procedure Based Assessments PBAs) per six months.

You will also need to submit **one Multi-Sourced Feedback on ISCP (MPAT/MSF)** in your ISCP portfolio in this calendar year. This takes time as you need a minimum of eight 'raters' to rate you. Link to the MSF guidance document on ISCP can be found [here](#)

Your **Curriculum Vitae** needs to be updated with each new training unit and uploaded to ISCP each year in advance of your review (ARCP).

Add your **certificates of attendance at courses** and masterclasses you attend to ISCP under 'Courses/e-learning' in your other evidence section.

Your **Core Curriculum confirmation of attendance** needs to be uploaded to ISCP before your ARCP under 'Courses/e-learning' in your other evidence section.

Trainees are required to attend core curriculum training days, Vascular master classes and vascular surgery boot camp as advised by the college.

Vascular Education and Self Assessment Program (VESAP), one module must be completed per term and at least the first three modules needs to be completed for each training year. The overall marks will be noted at each trainees ARCP and will form part of your overall counselling result.

Mock Intercollegiate Day, Trainees who have not passed the intercollegiate exam will be required to attend this annual mock exam day at RCSI. The exam marks will be noted at each trainee's ARCP and will form part of your overall counselling result.

Completed Audits – Each trainee should carry out at least one complete audit per year of an aspect of their own or their training unit's practice. The training consultants will give guidance on an appropriate subject and methodology, but it is the responsibility of the trainee to initiate this with three weeks of starting each new training placement.

- The audit should include (with attached copies of relevant published literature)
- Discussion of the choice of audit subject
- Discussion of the choice of standard against which current practice will be audited
- Outcome of initial audit of current practice and the variance of results from chosen standard measures taken to improve practice
- Final audit and closure of audit loop

Copies of Published Papers – The trainee should keep all of their publications in this section of the training portfolio, which be assessed at each counselling session.

Human Factors in Patient Safety – The trainee is required to attend human Factors in Patient Safety modules relevant to their training year at RCSI. The College will provide an attendance report to the ARCP panel.

10. Certificate of Completion of Surgical Training (CCST) in Vascular Surgery

The JCST initiates the certification process 6 months before the end of your training.

We check all the evidence in your file and, if it is in order, we will ask you to submit the documents and information needed for your certification application to the SAC in advance of your final ARCP. Once we have received all the additional evidence we need, we prepare an application and send it to the SAC for assessment. If the SAC believes you have met all the requirements of your training, the JCST will recommend you to the Royal College of Surgeons in Ireland for the award of a Certificate of Completion of Specialist Training (CCST)

NB Please click on the link [here](#) for the guidelines for the award of a CCST Vascular Surgery.

11. Annual Review of Competence Progression (ARCP)

The ARCP will be held in December and June of each year of training and forms the official sign off process of your training year. A successful sign off allows you to progress to the next training year.

ISCP is a formative process and the WBAs you undertake are designed to show your progress in acquiring competences when you attend your Annual Review of Competency Progression (ARCP). It is important that you have completed and validated a minimum of 40 WBAS per year in order for the Training Committee to be able to review your progress, and any necessary changes to your training to be dealt with if any deficiencies are highlighted within your first six month placement.

There are five ARCP ratings which can be assigned as outlined below;

ARCP 1

Satisfactory Progress – Achieving progress and competencies at the expected rate.

ARCP 2

Unsatisfactory progress – Development of specific competencies required additional training time not required.

ARCP 3

Unsatisfactory Progress – Inadequate progress by the trainee – additional training time required.

ARCP 4

Released from training programme without specified competencies, either trainee's own reasons/removed from programme following ongoing concerns.

ARCP 5

Incomplete evidence presented – additional training time may be required.

*Incomplete and the trainee has a time frame (typically 10 days) to get their portfolio together, following this period an ARCP 1, 2, 3 or 4 is awarded.

ARCP 6

Recommendation for completion of training.

12. Funding

Funding is available to Trainees via a number of different funding streams.

Please see table below for a brief overview of all available funds.

The guidelines and refund forms along with more information can be accessed either at [mSurgery/financial-supports-for-sprs](#)

Or <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

| | |
|---|--|
| <p>TRAINEE SUPPORT SCHEME</p> | <ul style="list-style-type: none"> ▪ EUR 2000 maximum per year per trainee. ▪ Funding is not carried over year-on-year. ▪ Processed via HSE ▪ Available from July 2019 ▪ Further Information https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ |
| <p>SPECIALIST TRAINING FUND</p> | <ul style="list-style-type: none"> ▪ Run by RCSI on behalf of HSE/NDTP. ▪ For training courses/activities, equip, books, expenses. ▪ EUR 500 per year per Trainee. ▪ Funding is carried over year-on-year e.g. three years unclaimed will give the Trainee €1500 to claim. ▪ Further information https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs |
| <p>CLINICAL COURSES AND EXAMS FUND</p> | <ul style="list-style-type: none"> ▪ Run by HSE/NDTP for courses and exams only on the approved list. ▪ EUR 450 per claim, no restrictions on how many claims can be submitted per year. ▪ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course. ▪ Further Information https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ ▪ https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs |

| | |
|------------------------------------|--|
| <p>SURGICAL LOUPES FUND</p> | <ul style="list-style-type: none"> ▪ Amount available to Trainees dependant on number of claims in the year. ▪ The Surgical Loupes application form will be emailed to you as soon as it is available. (March 2020) ▪ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator. ▪ https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs |
|------------------------------------|--|

RCSI pays fees for Trainees to use:

| | |
|---|--|
| <p>INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)</p> | <ul style="list-style-type: none"> ▪ Available to ST3-ST8 (Surgical Specialty Training). ▪ €300 per year. |
| <p>STATISTICAL PACKAGE FOR SOCIAL SCIENCES (SPSS Statistics Package)</p> | <ul style="list-style-type: none"> ▪ 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.ie/, then follow the path: Support → IT Support → 4. RCSI Software Library → SPSS ▪ Normal purchase cost €1100 per Trainee. |
| <p>ENDNOTE</p> | <ul style="list-style-type: none"> ▪ 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.ie/, then follow the path: Support → IT Support → 4. RCSI Software Library → Endnote ▪ Normal purchase cost €300 per Trainee. |

Please note:

While it is our intention to meet funding requirements, funding is subject to review and annual approval by the HSE/NDTP on an annual basis.

13. 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** may be obtained from the **IT department**, ground floor, RCSI, 121 St. Stephens Green.

14. 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. It would be a good idea to email this group and request they put you on their mailing list.

15. Important events to note

| July | August | September | October | November | December |
|---|--|---|---|--|--|
|  No Core Curriculum |  No Core Curriculum |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |
| | |  Sir Peter Freyer Surgical Symposium Friday 4 th & Saturday 5 th Sept 2020 TBC (NUI Galway) |  EXAM Bi- Monthly Skills Assessment Date TBC |  Millin Meeting Nov 2020 (RCSI) Date TBC |  EXAM Bi- Monthly Skills Assessment Date TBC |
| | |  Vascular Bootcamp ST3 & ST4 in Bristol UK Date TBC Typically, last weekend in Sept |  Waterford Surgical Meeting Oct 2020 Date TBC (Waterford) |  ISCP Portfolio update deadline (2nd Friday) |  Interim ARCP 4th Dec 2020 (RCSI) |

Please note: The events shown above take place every year and typically they occur on the same day that week every year however due to Covid- 19 restrictions you will note a number of events have TBC after them so some events this year may not occur as indicated but may move to later in the year allowing for more flexibility with restrictions. All training events will be communicated to all trainees prior to the event date.

| January | February | March | April | May | June |
|---|---|---|--|---|--|
|  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |  Core Curriculum Remote Teaching Sessions Date TBC |
|  Bi-Monthly Skills Assessment Date TBC |  Charter Day Friday 12 th Feb 2021 (RCSI) Charter Week runs Tue 9 th – Sat 13 th February 2021  Charter Day Vascular Master Class TBC |  Bi-Monthly Skills Assessment Date TBC  Sylvester O'Halloran meeting Friday 05 th March 2021 TBC (Limerick)  Surgical Loupes application deadline typically. | |  Bi-Monthly Skills Assessment Date TBC  Joint IAVS/NIAMS Meeting and Master Class Date TBC |  Annual ARCP 11 th Jun 2021 (RCSI) TBC |

Please note: The events shown above take place every year and typically they occur on the same day that week every year however due to Covid- 19 restrictions you will note a number of events have TBC after them so some events this year may not occur as idicated but may move to later in the year allowing for more flexibility with restrictions. All training events will be communicated to trainees prior to the event date.

16. Retrospection

The Vascular Surgery Programme is a six-year full time training programme and the training committee does not allow applications for retrospection.

17. Out-of-programme training

If deemed appropriate by the Training Committee, you can apply for **time out of programme** on fellowships, both in the UK and overseas, 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 and ask which applications you need to make to them to gain their support.
- Once you have the support of your TPD, you will need to make an initial application to your SAC for prospective support.

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. 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 | |

OOPT links to the JCST website: [here](#)

- If you are going out of programme to a developing country please refer to [OOPE section](#).

18. Job-sharing

Postgraduate Trainees can now 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 the job-sharing policy is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Please see [here](#) for more details and an application form.

19. 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 [here](#) for further details and an application form.

20. 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 can be found [here](#) which 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.

21. 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**. Please see [here](#) for the HSE circular in relation to career breaks. 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 [here](#) for the list of agencies with public service employees funded by the HSE.

22. Maternity leave

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

23. Exceptional leave

You can be granted **3 months exceptional leave** for **illness/exceptional circumstances**. This will add 3 months to your expected CCST date.

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

24. 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. Please see [here](#) for further information.

25. Important Contact Details

Human Factors & Operative Skills contacts:

E: humanfactors@rcsi.ie

E: oss@rcsi.ie

Intercollegiate Surgical Curriculum Programme (ISCP) Helpdesk

T: 0044 20 7869 6299

Opening Times are: Monday to Friday, 09.00 am – 17.00 pm

E: helpdesk@iscp.ac.uk

W: <https://www.iscp.ac.uk/>

Joint Committee on Surgical Training

34-35 Lincoln's Inn Fields

London

WC2A 3PE

England

W: <http://www.jcst.org>

Ms Encarna Manzano, Committee & Trainee Services Manager

T: 0044 20 7869 6245

E: emanzano@jcst.org

National Surgical Training Administration Offices

Royal College of Surgeons in Ireland

1st Floor

RCSI House

121 St Stephens House

Dublin 2

Jackie Browne, Specialty Training Administrator for Otolaryngology, Head and Neck Surgery

T: 01 402 2188

E: jackiebrowne@rcsi.com

W: http://www.rcsi.ie/surgery_nstc

RCSI Reception

121 Stephens Green, T: 01 402 2422

123 Stephens Green, 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

RCSI Library

T: 01 402 2409

E: librarysec@rcsi.ie

W: <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