

ST3 – ST8 SPECIALIST TRAINING INFORMATION



▶ PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY 2021

Table of Contents

Contents

1. Welcome.....	4
2. Meeting with the Training Programme Director (if required).....	6
3. Rotations.....	6
4. Plastic Surgery Training Committee.....	7
<i>Assigned Educational Supervisor (AES) List per site:</i>	8
<i>Lead Clinical Supervisor (LCS)</i>	8
5. Intercollegiate Surgical Curriculum Programme (ISCP).....	9
<i>RCSI Support</i>	13
6. Plastic Surgery Training Requirements.....	14
Trainee Portal	17
7. Certificate of Completion of Surgical Training (CCST)	18
8. Joint Committee on Surgical Training (JCST).....	19
9. JCST Certification Guidelines for Plastic Surgery	20
10. Out-of-programme training	23
11. Alternative Flexible training arrangements	24
12. HSE National Flexible Training Scheme	24
13. Maternity/Paternity Leave/Childcare	24
14. Exceptional Leave	25
15. Funding	25
16. Research Methodology Course for Surgical Trainees.....	27
17. Student card/Library	27
18. The Irish Surgical Training Group (ISTG).....	27
19. RCSI Surgical Fellowships and Awards	28

1. Welcome

Congratulations on your appointment to the Specialist Training Programme in Plastic, Reconstructive & Aesthetic Surgery. We take great pride in the efficient organisation and running of this six year programme.

This programme is led by the Training Programme Director (TPD), Mr Barry O'Sullivan.



IMPORTANT INFORMATION

Specialty Training Administrator for Plastic, Reconstructive & Aesthetic Surgery for ST3-8 Trainees:

Roisin Scally

RCSI Surgical Affairs

Royal College of Surgeons in Ireland

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

01-402-2166 / 01-402 5191

E: roisinscally@rcsi.com W: www.rcsi.ie

Dear Trainee

Congratulations on your appointment to Specialty Training in Plastic, Reconstructive & Aesthetic Surgery (ST3-ST8).

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 training experience.

Take time to read this document, as it will aid you in your development through each year of training from ST3 to ST8.

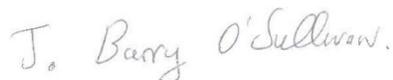
There are processes in place and these must be followed in order to ensure the smooth running of the training programme.

In particular, I would advise you to give your Specialty Administrator, your Consultant Trainers and your Programme Director as much notice as possible when you require their assistance.

In my role as Programme Director, I am here to fully support you in your training. Please contact your Specialty Administrator, Roisin Scally, should you require any assistance. Roisin will be happy to direct your queries to me.

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

Yours sincerely



Mr Barry O'Sullivan
Programme Director for Specialty Training in Plastic, Reconstructive & Aesthetic Surgery

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

If you have any questions before starting the programme you may wish to meet with the TPD, **Mr Barry O'Sullivan**

If you require a meeting with the TPD during your time on the programme, please contact your Specialty Training Administrator: roisinscally@rcsi.ie, to arrange this.

3. Rotations

Specialty training in Plastic Surgery is a six-year programme. During your time on the programme you will rotate through the majority, if not all, of the accredited training post hospitals.

Accredited Training Post Hospitals:

Beaumont Hospital
Connolly Hospital <i>This rotation is managed by Beaumont Hospital</i>
Cork University Hospital
University Hospital Galway
Mater Misericordiae University Hospital
Children's University Hospital Temple Street <i>This rotation is managed by the Mater Hospital</i>
St James's Hospital
Our Lady's Children's Hospital Crumlin <i>This rotation is managed by St James's Hospital</i>
St Vincent's University Hospital

4. Plastic Surgery Training Committee

The RCSI Plastic Surgery Training Committee's role is to oversee and approve the processes and policies of Specialty Training in Plastic Surgery in Ireland. The Committee's mandate is training and they have no role in matters of industrial relations.

The current members of the RCSI Plastic Surgery Committee are:

Programme Director for Specialty Training	Mr Barry O'Sullivan
CST Programme Director for Plastic Surgery	Ms Marlese Dempsey
SAC Representative	Prof Brian Kneafsey
IAPS President	Prof Brian Kneafsey
St James's Hospital Training Representative	Mr Christoph Theopold
Mater Misericordiae University Hospital Training Representative	Mr Robert Caulfield
Cork University Hospital Training Representative	Mr James Clover
University Hospital Galway Training Representative	Mr Niall McInerney
St Vincent's University Hospital Training Representative	Ms Roisin Dolan
Beaumont Hospital Training Representative	Mr Nadeem Ajmal

Assigned Educational Supervisor (AES) List per site:

Hospital	Assigned Educational Supervisor
Cork University Hospital	Mr Jim Clover
University College Hospital Galway	Mr Niall McInerney
Mater Misericordiae University Hospital	Mr Robert Caulfield
St. Vincent's University Hospital	Ms Roisin Dolan
Beaumont Hospital	Mr Nadeem Ajmal
St James's Hospital	Mr Christoph Theopold

Lead Clinical Supervisor (LCS)

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

5. Intercollegiate Surgical Curriculum Programme (ISCP)

General Overview of the Intercollegiate Surgical Curriculum Programme (ISCP)

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

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

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

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

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

Each of the individual Surgical Curriculum are available on <https://www.iscp.ac.uk/iscp/surgical-curriculum-from-august-2021/about-the-surgical-curriculum/>

Trainee Registering and Engagement

As a Trainee on the Plastic Surgery Programme, you will be required to use ISCP throughout your time in training.

You will need to **register** with the site (www.iscp.ac.uk)
[Please do not pay the fee directly RCSI cover this.](#)

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



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

ISCP Curriculum Assessment and Feedback

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

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

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

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

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

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

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

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

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

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

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

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

Multiple Consultant Report (MCR)

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

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

Trainee Self-Assessment (SA)

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

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

Work based Assessments (WBA)

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

Case Based Discussions

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

The Learning Agreement

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

Figure 1 shows the sequence of assessment during a rotation.

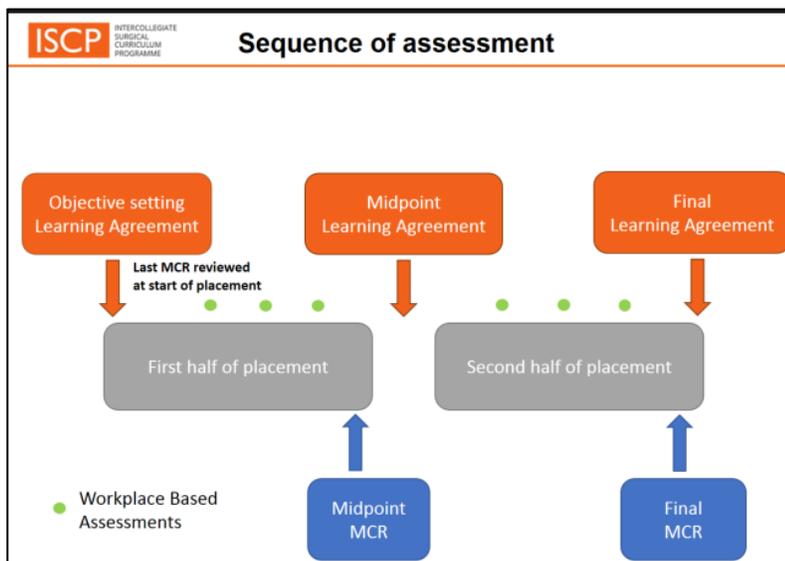
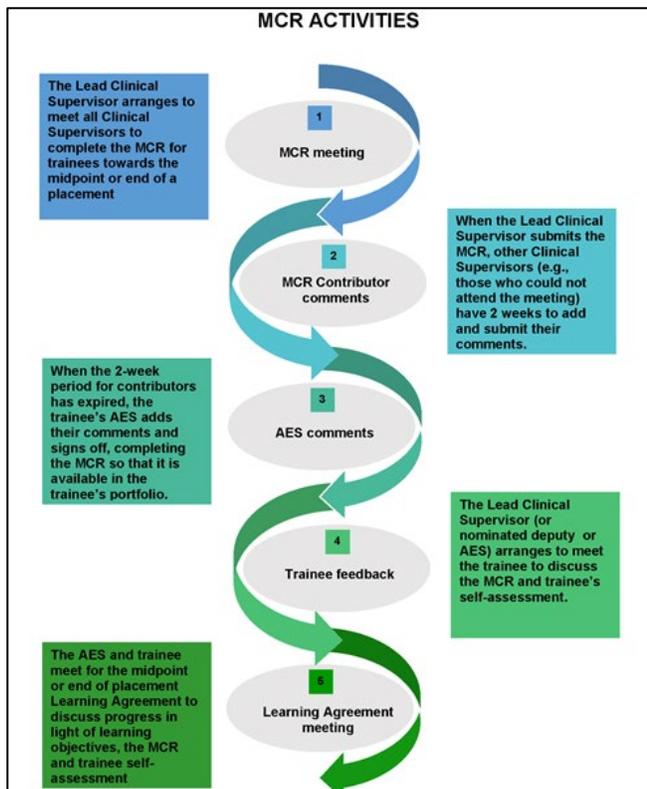


Figure 2 shows the sequencing for the use of the Multi Consultant Reports (MCR)



RCSI Support

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

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

Training sessions are regularly run 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. Sessions will be virtual until we are in a position to run F2F sessions based on government guidelines during COVID 19.

Trainee ISCP Training will be held either in RCSI or virtually (during COVID) with our ISCP Trainer Dr Helen Harty: helenharty7@gmail.com, your ST Administrator along with the ISCP Helpdesk (0044 207 869 6299 or helpdesk@iscp.ac.uk) are available on email and phone to support queries from all trainees.

There are also a huge range of tutorials and supports available on the ISCP platform that you can access at any time.

6. Plastic Surgery Training Requirements

Mandatory Technical Courses

The following technical courses are mandatory and should ideally have been achieved before presenting for the Intercollegiate Fellowship:

1. Microsurgery course
2. Hand Surgery (Core Hand Surgery course), RCSEng
3. Flap anatomy and dissection course
4. Hand Fixation, UK
5. ATLS

In addition, each Trainee should attend at least one of the BAPRAS or BSSH instructional courses for each year of training. Similar courses may be substituted for these latter courses by prior agreement with the trainee's current trainer and the Programme Director.

Mandatory Teaching Days

Each year, a number of teaching days will be organised, which are mandatory to attend for all trainees. These will include: the Plastic Surgery session at Charter Day, a Human Factors class, the ASPS In-service exam in March, and other set teaching dates covering the ISCP Plastic Surgery syllabus. Dates will follow when confirmed.

Designated Indicative Core Surgical Procedures

This is a list of commonly performed plastic surgical procedures that range in complexity, from simple to intermediate. A newly appointed plastic surgeon operating in the generality of the specialty would ordinarily be expected to be able to carry out all of these procedures.

These procedures are sufficiently commonly performed that a Trainee should be able to achieve proficiency in all of them within the first four years of training and should have demonstrated this before presenting for the Intercollegiate Examination. As soon as the trainee has reached a level of proficiency that allows them to carry out the procedure with the consultant unscrubbed, the Trainee should ask the Consultant Trainer to complete the competency form for that procedure.

The cumulative and six monthly record of completion of these forms will be assessed at each counselling session.

Your indicative numbers must be presented to the ARCP panel annually in percentage format – a template will be provided for this.

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. Guidance on an appropriate subject and methodology will be given by the training consultants, but it is the responsibility of the trainee to initiate this within 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 variance of results from chosen standard
- Measures taken to improve practice
- Final audit and closure of audit loop



Copies of Published Papers

All relevant publications by the trainee should be kept in this section of the training portfolio and assessed at each counselling session

Portfolio Cases

Each Trainee should present a minimum of four portfolio cases per year. These are cases in which the trainee has been directly involved in the patient's management. They should be presented in a similar format to a case report and should include a detailed critique of the management chosen and possible alternatives. The patient's consent for publication should be obtained for use of any clinical images.

Ideally these cases will have been presented and discussed in the unit as a teaching and learning exercise. Presentation as a printed PowerPoint format is acceptable, but copies of published literature relevant to the case should be appended in all cases. The cases should be signed off as accurate and satisfactorily discussed by the relevant consultant. The cases should be chosen to sample the breadth of the curriculum in plastic surgery over the six-year training programme.

Consolidated Logbook

This should be presented in e-log book format, cumulative and for each six-month period and signed by the Trainees' Consultant Trainer. Please also consult the Indicative Logbook as a guide for optimum count per procedure.

Annual ARCP Presentation

The above information of your yearly progress should be provided in electronic format i.e. a PowerPoint presentation for your annual ARCP in May/June. A template will be provided.

You should present slides, which outline your progress in the areas numbered below:

1. Mandatory Technical Courses attended
2. Designated Indicative Core Surgical Procedures
3. Published Papers
4. Completed Audits (closed loop, at least one per year)
5. Portfolio Cases (minimum of 4 per year)

The JCST website should be consulted regularly to ensure you are achieving the competencies and benchmarks required for your CCST:

<https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists>

Trainee Portal – Connect SA



[Documents](#) [Class sign up](#) [Help content](#) [Sign out](#)

- Documents
- Class sign up
- Help content
- Impersonate

Trainee details

Programme

Current ST year **ST 3**

Allocations

ST year	Year	Training post	AES	+
ST 3	2020	000011078-CAPGH-Gen - 03/07/2020 to 11/07/2021		+ Add AES

Deviations

ST year	Year	Deviations
ST 3	2020	Out of Programme Research - 13/07/2020 to 11/07/2021

Forgotten password

[Reset your password with SSPM](#)

Contact us

RCSI Web www.rcsi.com Telephone 01 402 2719 Email surgicalaffairs@rcsi.ie
© 2021 Royal College of Surgeons in Ireland

Cookie consent

RCSI use cookies to ensure site functionality works. By clicking the [accept link](#) or [signing into this site](#) you agree to the [RCSI's cookie and privacy policies](#).

[Accept](#) | [Learn more](#)

When you log into your trainee portal using your RCSI credentials you will see all your rotations displayed. You can sign up for your classes, mandatory workshops, Human Factors etc. You can also upload specific documentation related to your Training journey as a document library is available specifically for all trainees.

7. Certificate of Completion of Surgical Training (CCST)

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

Once we know the exam has been passed, the SAC need the following documentation:

- **ARCPs** covering the whole of your training
- **Consolidated Logbook**, signed by the Programme Director and covering the Trainee's six years on the training programme
- **Letter from the Programme Director** confirming he/she is happy to sign the Trainee off the programme (the College arrange this).
- **ATLS Certificate** Trainees need to be up to date with their ATLS or APLS qualification.

Once the documentation from point 1 has been submitted, the JCST sends out a form called a '**College Notification Form**' to the Trainee, which they need the Trainee to complete and return to the College to have signed by Professor Traynor (the Postgraduate Dean). Once the form has been signed by Professor Traynor, the College return the form directly to the JCST.

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

8. Joint Committee on Surgical Training (JCST)

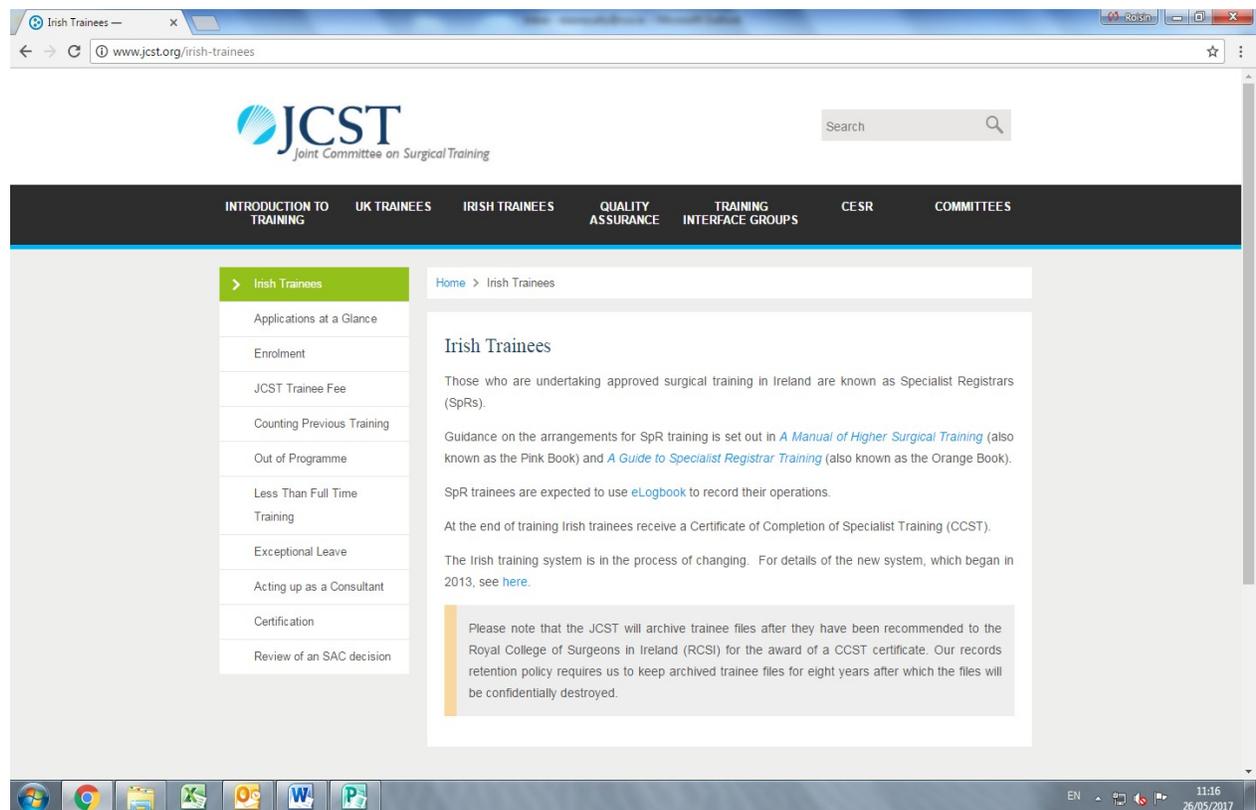
The JCST is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations in Great Britain and Ireland. The JCST is the parent body of the Specialty Advisory Committees (SACs) and the Training Interface Groups (TIGs).

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: roisinscally@rcsi.ie

Please contact the CST Administrator, in relation to this coreST@rcsi.ie

The JCST needs your CST/CCBST certificates in order to register you with the Specialty Advisory Committee (SAC).

<http://www.jcst.org>



The screenshot shows a web browser window displaying the JCST website. The browser's address bar shows the URL www.jcst.org/irish-trainees. The website features a navigation menu with categories: INTRODUCTION TO TRAINING, UK TRAINEES, IRISH TRAINEES, QUALITY ASSURANCE, TRAINING INTERFACE GROUPS, CESR, and COMMITTEES. The 'Irish Trainees' page is active, showing a sidebar with links such as 'Applications at a Glance', 'Enrolment', 'JCST Trainee Fee', 'Counting Previous Training', 'Out of Programme', 'Less Than Full Time Training', 'Exceptional Leave', 'Acting up as a Consultant', 'Certification', and 'Review of an SAC decision'. The main content area is titled 'Irish Trainees' and contains the following text: 'Those who are undertaking approved surgical training in Ireland are known as Specialist Registrars (SpRs). Guidance on the arrangements for SpR training is set out in *A Manual of Higher Surgical Training* (also known as the Pink Book) and *A Guide to Specialist Registrar Training* (also known as the Orange Book). SpR trainees are expected to use eLogbook to record their operations. At the end of training Irish trainees receive a Certificate of Completion of Specialist Training (CCST). The Irish training system is in the process of changing. For details of the new system, which began in 2013, see [here](#). Please note that the JCST will archive trainee files after they have been recommended to the Royal College of Surgeons in Ireland (RCSI) for the award of a CCST certificate. Our records retention policy requires us to keep archived trainee files for eight years after which the files will be confidentially destroyed.'

9. JCST Certification Guidelines for Plastic Surgery

All trainees seeking certification in Plastic Surgery must:

- a) be fully registered with the GMC/IMC and have a licence to practise.
- b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

Guidelines for Plastic Surgery	
Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus	<p>Trainees must have experienced six years of progressive training rotating through posts in a minimum of two centres.</p> <p>Trainees must be competent in the management of procedures allied to emergency care and demonstrate experience in the management of the spectrum of elective sub-specialty areas that currently define the curriculum of Plastic, Reconstructive and Aesthetic Surgery.</p> <p>Trainees must have been trained in subspecialty clinics across the range of Plastic Surgery (headings considered as fundamental or essential are in bold lettering):</p> <p>Cutaneous plastic surgery: skin cancer, benign lesions, vascular malformations, laser surgery.</p> <p>Hand surgery: congenital, elective, trauma/emergency, rehabilitation.</p> <p>Head and neck surgery: cancer, facial palsy, facial skeletal trauma* soft tissue reconstruction (*a basic working knowledge of this area is required).</p> <p>Breast surgery: aesthetic, reconstruction.</p> <p>Paediatric plastic surgery: general, cleft lip and palate, cranio-facial, hypospadias.</p> <p>Burns: acute management / intensive care, reconstruction.</p> <p>Sarcoma.</p> <p>Oculoplastic: aesthetic, reconstructive.</p> <p>Aesthetic/Cosmetic: Facial and other rejuvenation procedures, body contouring procedure, surgery for massive weight loss, non-surgical procedures.</p> <p>Lower limb trauma: acute management, reconstruction, rehabilitation.</p> <p>Genito-urinary reconstruction: BXO, penile cancer, gender re-assignment (and ancillary procedures), vulval/perineal reconstruction.</p> <p>Microsurgery e.g. revascularisation, replants, free tissue transfers.</p>

<p>Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus</p>	<p>Trainees must have undertaken, either as sole operator or with assistance, 2100 logbook operative procedures during the six years of training (as principal surgeon) in recognised training units.</p> <p>Trainees must be able to demonstrate areas of specialist interest by evidence of experience of advanced surgical procedures in their logbooks, especially in the latter years of training.</p>
<p>Operative competence - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)</p>	<p>Trainees should have been exposed to all the Technical Skills and Procedures in the curriculum specified for Intermediate Years (ST3-6 inclusive).</p> <p>Trainees should demonstrate competence in the range of emergency and elective procedures with indicative numbers as follows, where the operations are performed as the primary surgeon or performed with senior assistance (below subject to change per SAC):</p> <p><u>Elective competencies:</u> Dupuytren's contracture surgery 24 Lymph node surgery 15 Free tissue transfer 27 Breast reconstruction 40 Aesthetic (performed/assisted) 100 Excision skin lesion 100 Cleft surgery (performed/assisted) 35</p> <p><u>Emergency competencies:</u> Zone 1-2 flexor tendon repair 30 Microvascular anastomosis 35 Burns resuscitation 18 Excisional burns surgery 60 Hand fracture fixation 45 Neurosynthesis 50 Lower limb trauma 50</p>
<p>Research - evidence of an understanding of, and participation in, research as defined by the specialty</p>	<p>Trainees must provide evidence of the demonstration of critical appraisal and research skills as evidenced by regular publications, presentations, posters and/or higher degree. There is an expectation of at least one such piece of evidence per training year. Evidence of the completion of a Good Clinical Practice course in Research Governance within 3 years of the award of certification and the completion of a research methodologies course are desirable.</p>

<p>Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty</p>	<p>Trainees must provide evidence of the completion of one audit per year where the trainee is the principal person responsible for the audit.</p>
<p>Medical Education and training</p>	<p>Trainees should provide evidence of the demonstration of teaching/education skills. Evidence of this may include teaching on a course; organising a course/conference; a diploma certificate or degree in education. The minimum standard is 'Training the Trainers'.</p>
<p>Management and leadership</p>	<p>Trainees must be able to demonstrate management skills and team working, e.g. running rotas; sitting on management committees; writing and implementing protocols; improving services.</p> <p>Trainees must provide evidence of leadership skills. Evidence of this may include: setting up and running a course; being a trainee representative regionally or nationally; obtaining a leadership qualification.</p>
<p>Additional courses / qualifications - as defined by the specialty</p>	<p>Trainees must be able to provide evidence of having successfully completed an ATLS® or APLS course at some point during higher training, which must be CURRENT at the time of application for certification.</p>
<p>Educational conferences - as defined by the specialty</p>	<p>Training programmes require attendance at over 70% of the regional training days</p>

10. Out-of-programme training

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

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

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

Out of programme training application checklist

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

OOPT links on JCST website:

- <https://www.jcst.org/irish-trainees/out-of-programme/>
- <https://www.jcst.org/irish-trainees/out-of-programme/out-of-programme-training/>
- If you are going out of programme to a developing country please refer to OOPE section.

11. Alternative Flexible training arrangements

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

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

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

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

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

Please see m-Surgery link: www.msurgery.ie

12. HSE National Flexible Training Scheme

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

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

Please see mSurgery Link: www.msurgery.ie

13. Maternity/Paternity Leave/Childcare

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

Childcare

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

14. Exceptional Leave

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

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

15. 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 long with more information can be accessed either at MSurgery

<p>SPECIALIST TRAINING FUND</p>	<p>Run by RCSI on behalf of HSE/NDTP.</p> <p>For training courses/activities, equip, books, expenses.</p> <p>€500 per year per Trainee.</p> <p>Funding is carried over year-on-year e.g. three years unclaimed will give the Trainee €1500 to claim.</p> <p>Further information</p> <p>https://msurgery.ie/home/specialist-training/financial-support/</p>
<p>CLINICAL COURSES AND EXAMS FUND</p>	<p>Run by HSE/NDTP for courses and exams only on the approved list.</p> <p>€450 per claim, no restrictions on how many claims can be submitted per year.</p> <p>Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course.</p> <p>Further Information</p> <p>https://msurgery.ie/home/specialist-training/financial-support/</p>
<p>SURGICAL LOUPES FUND</p>	<p>Amount available to Trainees dependant on number of claims in the year.</p> <p>The Surgical Loupes application form will be emailed to you as soon as it is available, usually in March.</p> <p>Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.</p> <p>https://msurgery.ie/home/specialist-training/financial-support/</p>

RCSI pays fees for Trainees for:

INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)	<p>Available to ST3-ST8 (Surgical Specialty Training). €300 per year.</p>
STATISTICAL PACKAGE FOR SOCIAL SCIENCES (SPSS Statistics Package)	<p>Available to all Trainees on the ST Programme and should help with research.</p> <p>This can be downloaded using your RCSI log on through https://vle.rcsi.com/course/view.php?id=693&section=4</p> <p>Normal purchase cost €275 per Trainee.</p>
ENDNOTE	<p>Available to all Trainees on the ST Programme and should help with research.</p> <p>This can be downloaded using your RCSI log on through https://vle.rcsi.com/course/view.php?id=693&section=4</p> <p>Normal purchase cost €300 per Trainee.</p>

** 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.*

16. Research Methodology Course for Surgical Trainees

The Irish Surgical Postgraduate Training Committee is committed to ensuring that surgical trainees have good exposure to Academic Surgery as an integral part of surgical training. As a first step, a taught course in research methodology was introduced in 2015. This is a modular programme, which runs over four days in ST3 and ST4 (i.e. two days in each training year). The programme gives a comprehensive introduction to research methodology relevant to surgeons and is delivered in RCSI. 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.

17. 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.

18. 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

19. 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.
http://www.rcsi.ie/fellowships_and_awards