

## ST3 – ST8 SPECIALIST TRAINING INFORMATION



## ▶ VASCULAR SURGERY 2021

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## IMPORTANT INFORMATION

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## Welcome

Congratulations on your appointment to the Specialist Training Programme in Vascular Surgery. This programme is led by Professor Eamon Kavanagh, Training Programme Director (TPD). We take great pride in the efficient organisation and running of this six year programme and 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.



## 1. Meeting with the Training Programme Director (if required)

If you have any questions before starting the programme and/or wish to meet with the Training Programme Director, Professor Eamon Kavanagh please contact your specialty Training Administrator to organise at [jackiebrowne@rcsi.com](mailto:jackiebrowne@rcsi.com), but most concerns will be covered at the RCSI virtual induction meeting held on Friday 25<sup>th</sup> June 2021.

## 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  
Training Programme Director Vascular Surgery

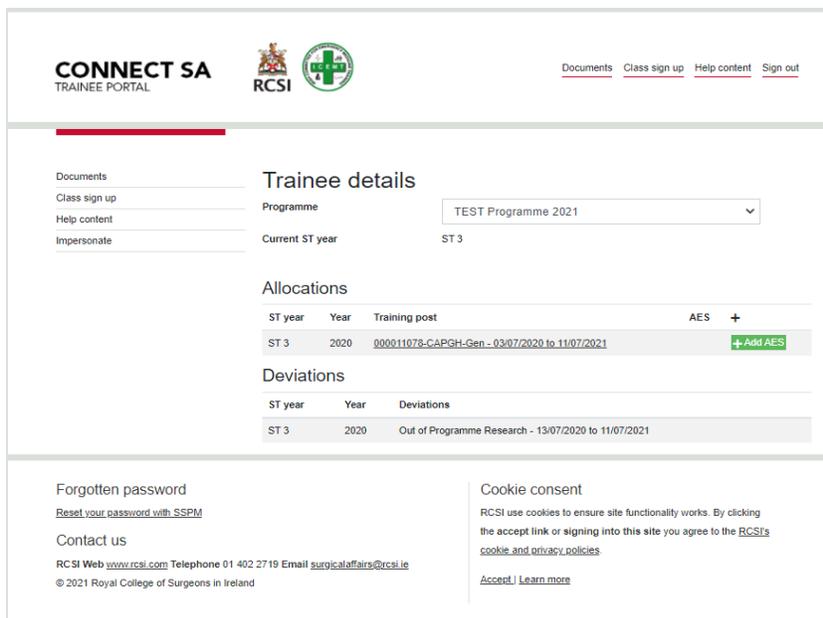
### 3. Rotations

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. For the latter three years the TPD considers the trainees preference, the current level of training for certification, the area of special interest chosen by the trainee as well as their own and the committee feedback.

#### Accredited Training Units.

- Beaumont Hospital, Dublin
- Cork University Hospital, Cork
- Mater Misericordiae University Hospital, Dublin
- Mercy University Hospital, Cork
- Sligo University Hospital
- St James's Hospital, Dublin
- St Vincent's University Hospital, Dublin
- Tallaght University Hospital, Dublin
- University Hospital Galway
- University Hospital Limerick
- University Hospital Waterford

### 4. RCSI Trainee Portal – CONNECT SA



The screenshot displays the 'CONNECT SA' Trainee Portal interface. At the top, there are navigation links for 'Documents', 'Class sign up', 'Help content', and 'Sign out'. The main content area is divided into sections: 'Documents' (with links for Class sign up, Help content, and Impersonate), 'Trainee details' (showing 'TEST Programme 2021' and 'Current ST year: ST 3'), 'Allocations' (a table with columns for ST year, Year, Training post, and AES), and 'Deviations' (a table with columns for ST year, Year, and Deviations). At the bottom, there are links for 'Forgotten password' and 'Cookie consent'.

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

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

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.

## 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:

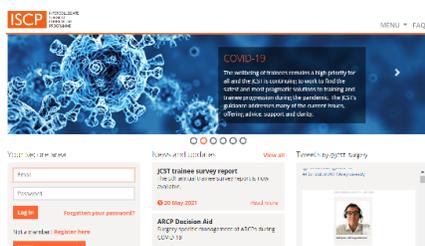
- A common framework across all the specialties within surgery.
- Curriculum standards that conform to the standards specified by the GMC/RCSI.
- Delivery of the curriculum by surgeons who are appropriately qualified to deliver surgical training.
- A robust assessment system to enable systematic progression 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 Registration and Engagement

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

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

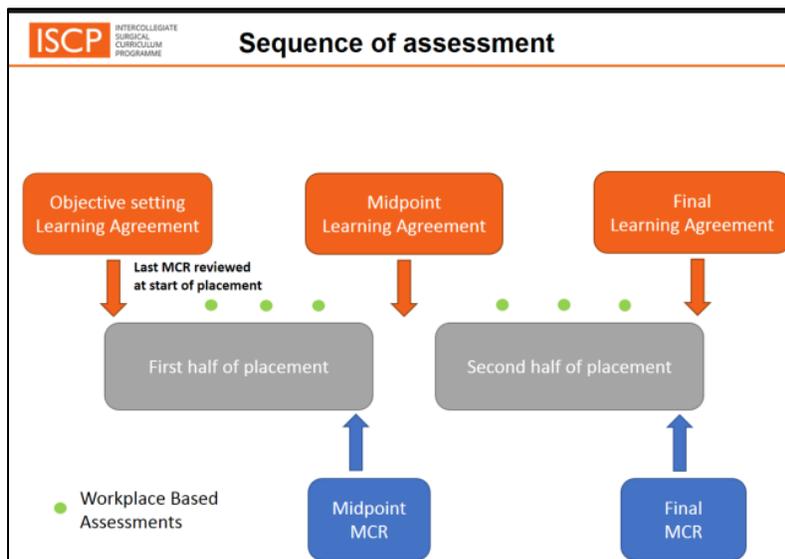
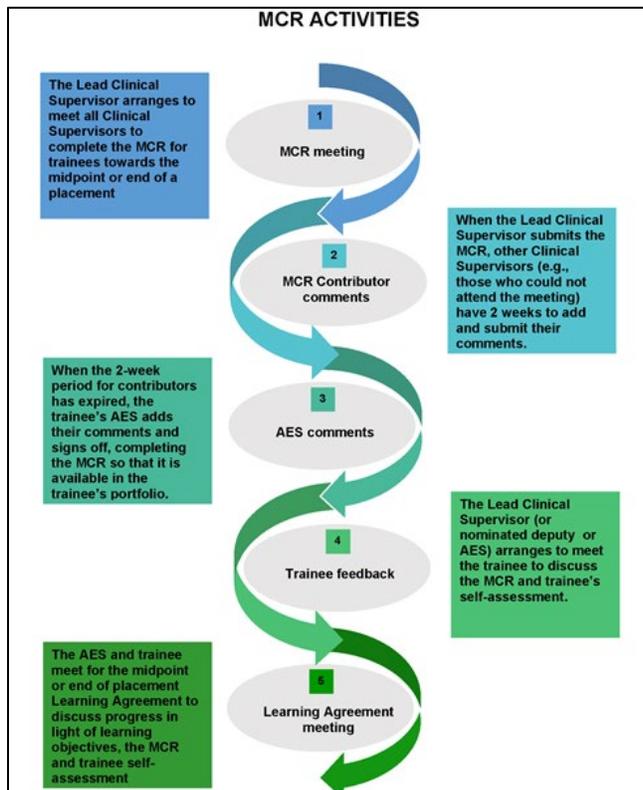


Figure 2 shows the sequencing for the use of the Multi Consultant Reports (MCR)



## RCSI Support

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

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](mailto:helenharty7@gmail.com), your ST Administrator Jackie Browne along with the ISCP Helpdesk (0044 207 869 6299 or [helpdesk@iscp.ac.uk](mailto: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.

If you or your specialty colleagues wish to have an organised training session please contact your ST administrator, who will help to facilitate this.

## 6. Joint Committee on Surgical Training (JCST)

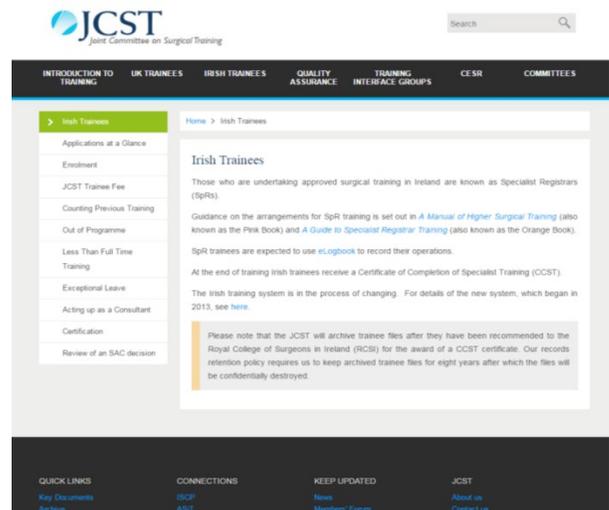
The JCST is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations (SACs) in Great Britain and Ireland. The JCST is the parent body of the Specialty Advisory Committees (SACs).

Click [here](#) for the link to JCST website for Republic of Ireland Trainees: You'll 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](mailto: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](mailto: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.



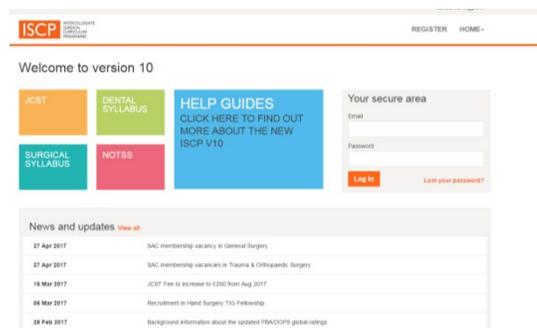
## 7. Trainee paperwork

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, please do not pay the ISCP fee directly if asked to do so during registration, 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 Placement** you will need to do the following:

Please note the **Multi-Source Feedback** (MSFs) previously known as 360s, you will only need to complete 1 per calendar year i.e. July – December in your first year and January – December each year thereafter. Link to the MSF guidance document on ISCP can be found [here](#)

- Create your **Learning Agreement on ISCP** with the **Assigned Educational Supervisor** (AES, previously known as Lead Trainer, see list below) and set **learning goals** for this placement.
- Add the other trainers in your unit as **Clinical Supervisors**. You will need to add one as a **Lead Clinical Supervisor** and you will be advised who that will be for your unit. You will need at least one Clinical Supervisor Report before your AES can complete their AES Report prior to ARCP. The AES report will not be visible to your AES until a Clinical Supervisor report has been completed.
- You will need three meetings per placement, one to set the objectives and goals, a second before your Interim ARCP beginning of December and the final meeting before your Annual ARCP at the beginning of June. At least one Clinical Supervisor Report and then an AES Report also needs to be completed. You will also need to sign off the various stages after your AES has signed off on them.
- For the final learning agreement 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.
- 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.
- You will also need to upload a CV for each placement ensuring your new placement is listed on your CV.
- Upload all certificates of attendance at courses, masterclasses, national or international meetings for all F2F or online events you attend, these should be uploaded to your ISCP portfolio under Courses/e-learning in the "other evidence section". There are a number of Core Curriculum Training days / Masterclasses for which attendance is mandatory. Once attended you will receive a certificate of attendance which should be uploaded to your ISCP portfolio
- 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.
- 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 – You need to upload copies of your publications to your ISCP portfolio and regularly update them as the status changes so the Panel members can review prior to ARCP and at the end of the programme the SAC liaison member assessing your 6 years training will have all the information to hand.
  - Portfolio Cases – Each trainee 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. These cases should be presented in a similar format to a case report and should include a detailed critique of the management method 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 Power Point format is acceptable, but of copies of published literature relevant to the case should be appended in all cases. The cases should be signed off as accurate and having been satisfactorily discussed by the relevant consultant. Trainees should ensure to include cases to cover the breadth of the curriculum in Otolaryngology Head & Neck Surgery in their portfolios whilst on the training programme.
  - Human Factors in Patient Safety – You are required to attend human Factors in Patient Safety modules relevant to their training year at RCSI. These are booked through the RCSI Trainee portal. The College will provide an attendance report to the ARCP panel.
  - Mock Intercollegiate Day, Trainees ST3 – ST6 and anyone who has not passed the intercollegiate exam will be required to attend this annual mock clinical skills exam day at RCSI. The exam marks will be noted at each trainee's ARCP and will form part of your overall counselling result.

## 2021 Vascular Assigned Educational Supervisors (AES)/Lead Trainers

Hospital	Assigned Educational Supervisor (AES)
Beaumont Hospital, Dublin	Mr Daragh Moneley
Cork University Hospital, Cork	Mr Greg Fulton
Mater Misericordiae University Hospital, Dublin	Mr Ed Mulkern
Mercy University Hospital, Cork	Mr Gerald McGreal
St James's Hospital, Dublin	Ms Zenia Martin
St Vincent's University Hospital, Dublin	Ms Mary Barry
Tallaght University Hospital, Dublin	Ms Emily Boyle
University Hospital, Galway	Professor Muhammad Tubassam
University Hospital, Limerick	Professor Eamon Kavanagh (TPD)
University Hospital, Waterford	Mr Morgan McMonagle

### **8. Lead Clinical Supervisor**

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

## **9. Annual Review of Competence Progression (ARCP)**

The ARCP will be held in December and June of each training year and forms the official sign off process for that 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 number of WBAS per year (see new curriculum for the number and type of WBA required) in order for the Training Committee to be able to review your progress. Your first ARCP is an opportunity to discuss any necessary changes to your training or if there are any deficiencies they will be highlighted at that six monthly meeting.

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.

## 10. 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 STEnt gra
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.

## 11. 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 in Vascular Surgery.

## 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 on MSurgery

<p><b>SPECIALIST TRAINING FUND</b></p>	<ul style="list-style-type: none"> <li>▪ Run by RCSI on behalf of HSE/NDTP.</li> <li>▪ For training courses/activities, equip, books, expenses.</li> <li>▪ EUR 500 per year per Trainee.</li> <li>▪ Funding is carried over year-on-year e.g. three years unclaimed will give the Trainee €1500 to claim.</li> </ul> <p>Further information</p>
<p><b>CLINICAL COURSES AND EXAMS FUND</b></p>	<ul style="list-style-type: none"> <li>▪ Run by HSE/NDTP for courses and exams only on the approved list.</li> <li>▪ EUR 450 per claim, no restrictions on how many claims can be submitted per year.</li> <li>▪ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course.</li> </ul>
<p><b>SURGICAL LOUPES FUND</b></p>	<ul style="list-style-type: none"> <li>▪ Amount available to Trainees dependant on number of claims in the year.</li> <li>▪ The Surgical Loupes application form will be emailed to you as soon as it is available. (March 2020)</li> <li>▪ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.</li> </ul>

### RCSI supports Trainees fees for:

<b>INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)</b>	<ul style="list-style-type: none"> <li>▪ Available to ST3-ST8 (Surgical Specialty Training).</li> <li>▪ €300 per year.</li> </ul>
<b>STATISTICAL PACKAGE FOR SOCIAL SCIENCES (SPSS Statistics Package)</b>	<ul style="list-style-type: none"> <li>▪ Available to all Trainees on the ST Programme and should help with research.</li> <li>▪ This can be downloaded using your RCSI log on through <a href="https://vle.rcsi.ie/">https://vle.rcsi.ie/</a>, then follow the path: Support → IT Support → 4. RCSI Software Library → SPSS</li> <li>▪ Normal purchase cost €1100 per Trainee.</li> </ul>
<b>ENDNOTE</b>	<ul style="list-style-type: none"> <li>▪ Available to all Trainees on the ST Programme and should help with research.</li> <li>▪ This can be downloaded using your RCSI log on through <a href="https://vle.rcsi.ie/">https://vle.rcsi.ie/</a>, then follow the path: Support → IT Support → 4. RCSI Software Library → Endnote</li> <li>▪ Normal purchase cost €300 per Trainee.</li> </ul>

*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. FRCS (Gen) – Intercollegiate Exam in Vascular Surgery**

The Secretariat of the Joint Committee on Intercollegiate Examinations and the Intercollegiate Specialty Boards represent the four Surgical Royal Colleges, and is responsible on behalf of all four Colleges, for the management and conduct of the Intercollegiate Specialty Examinations. These examinations are commonly referred to as the 'Exit Examination or FRCS Specialty'.

Trainees are only eligible to apply for Part 1 of the exam in ST7 or ST8 of the programme. This is specifically to ensure that the trainees have met the competencies in all aspects of Vascular Surgery through the clinical rotations, the RCSI activities (courses, on-line assignments, etc.) and the ISCP syllabus in Vascular Surgery.

Trainees can only apply to sit Part 2 of the Intercollegiate Exam once they have passed Part 1. Further information can be located on the Joint Committee on Intercollegiate Examinations [www.jcie.org.uk](http://www.jcie.org.uk)

## 14. 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. 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.

## 15. 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.

## 16. The Irish Surgical Training Group (ISTG)

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

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

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

## 17. Retrospection

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

## 18. HSE National Flexible Training Scheme

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

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

Please see mSurgery Link: [www.msurgery.ie](http://www.msurgery.ie)

## 19. Alternative Flexible Training Arrangements

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

## 20. Out Of Programme Training (OOPT)

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](#).

## 21. 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.

## 22. 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.

## 23. 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.

## 24. Maternity Leave /Childcare

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.

### Childcare:

RCSI provides a subsidy and has an agreement in place with Opens in new window 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. Giraffe develop and operate childcare and early learning centres for pre-school children from three months and upwards. Emergency care is also available when other care arrangements are temporarily unavailable

## 25. 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.

## 26. RCSI Surgical Fellowships and Awards

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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.

## 27. 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 2021 TBC Vascular Bootcamp ST3 & ST4 TBC	 Skills Assessment Date TBC   Waterford Surgical Meeting 2021 TBC	 Millin Meeting 2021 Date TBC   ISCP Portfolio	 Skills Assessment Date TBC   Interim ARCP 2021 TBC (RCSI)

Please note: The events shown above take place every year and typically they occur the same week every year. Last year a lot of events were online due to Covid but as we move out the other side its not yet known whether events will be F2F this year or online, A lot of the hands on training, ie clinical skills events will most likely go ahead in person. 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
 Skills Assessment Date TBC	 Charter Day 2022 TBC  Charter Week runs TBC   Charter Day Vascular Master Class TBC	 Skills Assessment Date TBC   Sylvester O'Halloran meeting 2022  Date and Venue TBC   Surgical Loupes application deadline typically.		 Skills Assessment Date TBC   Joint IAVS/NIASV Meeting and Master Class Date TBC	 Annual ARCP 2022 TBC

## 28. Important Contact Details

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**Human Factors & Operative Skills contacts:**

E: [humanfactors@rcsi.ie](mailto:humanfactors@rcsi.ie)

E: [oss@rcsi.ie](mailto: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](mailto: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](mailto: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 Vascular Surgery**

T: 01 402 2188

E: [jackiebrowne@rcsi.com](mailto:jackiebrowne@rcsi.com)

W: [http://www.rcsi.ie/surgery\\_nstc](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](mailto:helpdesk@rcsi.ie)

**RCSI Library**

T: 01 402 2409

E: [librarysec@rcsi.ie](mailto:librarysec@rcsi.ie)

W: <http://www.rcsi.ie/library>

**RCSI Student Academic and Regulatory Affairs Office (SARA)**

1<sup>st</sup> Floor

123 St Stephens Green

Dublin 2

T: 01 402 2222

E: [ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)