

ST3 - ST8
SPECIALIST TRAINING INFORMATION

TRAUMA AND ORTHOPAEDIC SURGERY

JUNE 2022

RCSI.COM

ROYAL COLLEGE OF SURGEONS IN IRELAND



RCSI

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WELCOME

Congratulations on your appointment to the Specialist Training Programme in Trauma and Orthopaedic (T&O) Surgery (ST3-ST8). 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. Eoin Sheehan** and Assistant TPD, **Mr Brendan O'Daly** whom you will be meeting at your ST3 Induction day on 24th June 2022 at 17.30 via Microsoft Teams.

IMPORTANT INFORMATION

Specialty Training Administrator for Trauma and Orthopaedic Surgery:

Ms Leah Daly

RCSI Surgical Affairs, Royal College of Surgeons in Ireland

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

Tel: **01 402 2195 / 01 402 5191** E: **Orthopaedics@rcsi.ie** W: **www.rcsi.ie**

1. 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 Eoin Sheehan**.

All meetings to be booked through your Specialty Training Administrator: Orthopaedics@rcsi.ie, but most concerns will be covered at the induction meeting in June.

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### 2. CHOOSING A YEAR REPRESENTATIVE

At the start of the programme it is up to the group to choose a representative. Once chosen, please email the name to **Leah** at [Orthopaedics@rcsi.ie](mailto:Orthopaedics@rcsi.ie).

### 3. IRISH INSTITUTE FOR TRAUMA AND ORTHOPAEDIC SURGERY (IITOS)

The Irish Institute of Trauma and Orthopaedic Surgery (IITOS), "The Institute", is a charitable organisation one of whose functions is to deliver, monitor and continually innovate the Trauma and Orthopaedic surgery (T&O) training programme in Ireland. Indeed, the "continuum of training" in T&O was established by the IITOS in 1999, as a means to regularise Orthopaedic Higher Surgical Training in Ireland.

The Institute oversees T&O training on behalf of the Irish Surgical Postgraduate Training Committee (ISPTC), which is responsible in turn to the Joint Royal Colleges of Surgeons of Great Britain and Ireland. These bodies work to set standards and provide a continuity of training over the course of the six year programme. In year four of the programme, all Trainees sit their exit examination or Intercollegiate Examination in Trauma and Orthopaedic Surgery (FRCS) and are awarded a Certificate of Completion of Specialist Training (CCST) at the end of ST8, by the RCSI.

The Training Committee of the Institute is chaired by the IITOS President, **Professor John Quinlan** and meets quarterly to discuss and maintain these objectives. The elected Training Programme Director, **Mr Eoin Sheehan**, from this Committee, sits on the ISPTC and represents the IITOS in this regard. There is also an Education Committee, which is chaired by the Training Programme Director. The Irish Orthopaedic Trainee Association (IOTA) President attends both the Education and Training Committee meetings and represents Trainees views at their quarterly meetings. The RCSI provides administrative support and oversight to the training programme.

#### IITOS website

Feel free to visit the Trainee section of the IITOS website <http://www.iitos.ie/> where you will get the latest news and can place a post. You must be registered on this website in order to access attachments on the discussion group.

Please contact the IITOS Administrator: **Ms. Amanda Wilkinson** at [amandawilkinson@rcsi.com](mailto:amandawilkinson@rcsi.com) for access.

#### 4. IRISH ORTHOPAEDIC TRAINEE ASSOCIATION (IOTA)

IOTA is the association for Irish Orthopaedic Surgeons in Training. IOTA represents the **interests of orthopaedic Trainees at all forums relevant to training** and liaise directly with the TPD to convey Trainees views on all aspects of training, in order to aid IITOS in development of the training programme. The IOTA President is invited to IITOS Education and Trainers Committee meetings.

The IOTA Committee act as a **confidential liaison** for Trainees who have concerns in relation to all aspects of training. IOTA aims to aid Trainees directly with these problems, direct them to an appropriate Trainer, or to seek advice on their behalf in a confidential manner. To maximise the potential of the IOTA Committee to achieve these aims the President of the Committee is always a post-exam Trainee. Any surgeon at any stage of training on a recognised Irish training programme committed to a career in orthopaedic surgery is entitled to be a member. IOTAs mandate is training and has no role in matters of industrial relations.

**Current IOTA Committee - This will change for 22/23**

**President:** Iain Feeley

**Secretary:** Fiachra Power

**Treasurer:** Eamonn Coveney

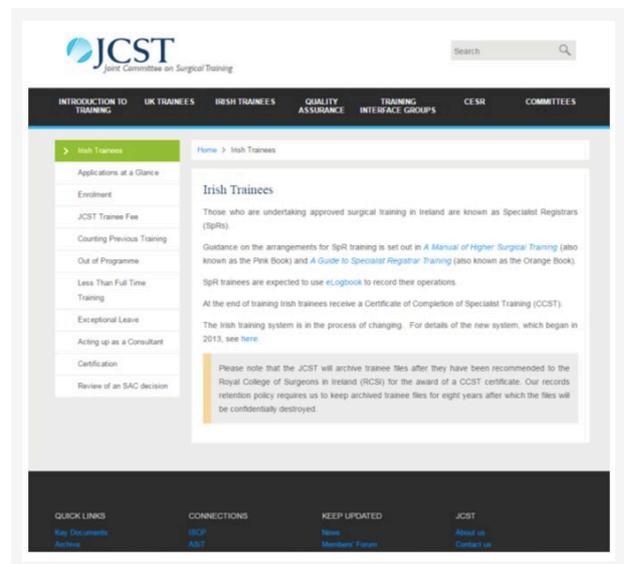
**Website:** <https://www.ortho-trainee.ie>

#### 5. JOINT COMMITTEE ON SURGICAL TRAINING (JCST)

The JCST is an advisory body to the four surgical (ROI) Royal Colleges of the UK and the Republic of Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations (SACs) in Great Britain and the ROI. The JCST is the parent body of the Specialty Advisory Committees (SACs). Link to JCST website for Republic of Ireland Trainees: <http://www.jcst.org/irish-trainees>

You will need to supply a copy of your Certificate of Completion of Basic Surgical Training (CCBST) or Core Surgical Training Certificate (CST) to your ST Administrator email: [Orthopaedics@rcsi.ie](mailto:Orthopaedics@rcsi.ie) 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 [saragross@rcsi.ie](mailto:saragross@rcsi.ie). The JCST needs your CST/CCBST certificates in order to register you with the Specialty Advisory Committee (SAC).

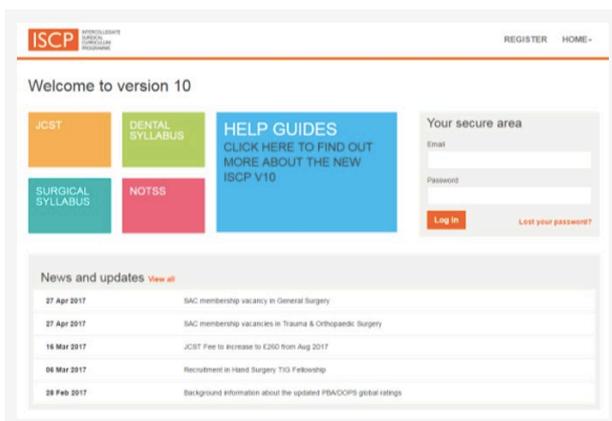


## 6. MENTOR PROGRAMME

Every Trainee has a **nominated Mentor**. Trainees need to meet their Mentor before or very early into each six monthly rotation and again towards the end or just after each six monthly rotation as well. It is your responsibility to meet with your Mentor **at least twice a year**.

Your ST Administrator will be in contact with you regarding your Mentor. Your Mentor needs to complete an annual mentor report electronically. You will then need to upload this report by the **end of December** to your ISCP portfolio under 'Internal Meetings' in the evidence section, so tabulating the information becomes more streamlined. You will also need to email a copy of your completed mentor report and logbook for your first six months to your ST Administrator by the **third Friday in December** of each year. Please note for subsequent years you will need to submit your completed mentor report; a logbook for the six months of training for the period from January – July; a logbook for the period from July – January and one other logbook showing indicative numbers for the entire time you have been an SpR by the third Friday in December to your ST Administrator.

Trainees need to **add their Mentors as a Clinical Supervisor (CS)** on ISCP to each placement. This will enable your Mentor to comment on ISCP about your progress using the Clinical Supervisors Report on your Learning Agreements (LA) etc. Trainees will have to demonstrate satisfactory engagement with all aspects of ISCP **for each six month training period**. An interim phone call or e-mail conversation, between mentor meetings, should be sufficient to ensure that there are not too many issues brewing. This amounts to three-four face-to-face meetings per year. While the process is now almost entirely electronic, using the ISCP ([www.iscp.ac.uk](http://www.iscp.ac.uk)), we do still rely on Mentors to add an additional layer of analysis of Trainee performance and advocacy where needed.



### 6.1 Role of the Mentor

The role of the mentor will be to act as an advisor to their trainee and to focus on two main areas:

- Help the trainee to deal with current problems or challenges they may be experiencing with regards to their training. Mentors should advise trainees re solutions where appropriate or signpost accordingly.
- Facilitate trainees with future career planning and development (e.g. fellowship, professional development) so trainees are optimally placed to subspecialise and practice as competent surgeons, educators and leaders.

Mentors will also act as a conduit between the trainee and the training programme director (TPD). It is envisaged that in general the mentorship process will be confidential, non-judgemental and mentors should not discuss issues raised by trainees unless asked to do so by the trainee and advocate on their behalf (e.g. to TPD).

### 6.2 Role of the Trainee

Trainees are expected to engage with mentorship with a focus on two main areas:

- You should use the process to discuss any current problems or challenges that you are experiencing with training. Where possible your mentor will help you arrive at a solution.
- Discuss future career planning and development (e.g. fellowship, professional development) so that you are optimally placed to subspecialise and progress to consultant level practice.

In general, the mentorship process will be considered a **confidential process** that is separate from the assessment process. Issues raised and discussed will not be recorded on the mentor report or discussed outside of the mentorship **unless deemed relevant by both mentor and trainee**. In some situations, a mentor may act as conduit between the trainee and the training programme director (TPD) where the trainee asks their mentor to advocate on their behalf to the training programme director on a specific issue.

The emphasis at the senior level should include a **focus on career/exam advice** and ensuring paperwork for CCST is complete and fellowship plans are well underway, though any issues arising should be brought to the attention of the TPD before they become critical, even for those of you at that stage in training.

## 7. CORE CURRICULUM PROGRAMME

There are ten core curriculum training days per year. 100% attendance is mandatory. Much time and effort has been put into organising and running these days for the benefit of Trainees. If for any reason you cannot attend, you must email the following people:

- ~ Core Curriculum Director, **Mr. John Kelly** - [johncokelly@gmail.com](mailto:johncokelly@gmail.com), and the Organiser(s) of the day.
- ~ C.C. the TPD, **Mr Eoin Sheehan** and **Amanda Wilkinson** Core Curriculum Administrator - [amandawilkinson@rcsi.ie](mailto:amandawilkinson@rcsi.ie)

If more than two core days are missed in any one calendar year for ANY reason, an ARCP 2, (previously a RITA D) will be issued for that training period for the educational component of the training.

### Core Curriculum timetable 2022 - 2023

The updated Core Curriculum schedule for the period from 2022 – 2023 will be circulated to you once available.

## 8. ROTATIONS

You will be placed on a **five year balanced hospital rotation** for training from ST3, based on your preference and ranking at interview. These rotations are fixed, but may be subject to change by TPD from time-to-time, as required.

In ST8, Trainees may, with IOTA support, apply for specific hospital postings to be considered by the TPD.

### TRAINING POST HOSPITALS:

#### Beaumont Hospital (BMT)

Assigned Educational Supervisor (AES)

Mr Michael Donnelly E: [mdonnelly@rcsi.ie](mailto:mdonnelly@rcsi.ie)

#### Cappagh Orthopaedic Hospital (CAPGH)

Assigned Educational Supervisor (AES)

Mr Patrick Groarke E: [patrickgroarke007@gmail.com](mailto:patrickgroarke007@gmail.com)

#### Connolly Memorial Hospital (JCMH)

Assigned Educational Supervisor (AES)

Mr Adrian Gheiti E: [adriangheiti@rcsi.ie](mailto:adriangheiti@rcsi.ie)

#### Cork University Hospital (CUH)

Assigned Educational Supervisor (AES)

Mr Declan Reidy E: [reidydec@yahoo.com](mailto:reidydec@yahoo.com)

#### University Hospital Galway (UHG)

Assigned Educational Supervisor (AES)

Mr Fintan Shannon E: [fjshannon@gmail.com](mailto:fjshannon@gmail.com)

#### Limerick/Croom Hospital (CRMMW)

Assigned Educational Supervisor (AES)

Mr Cian Kennedy E: [ciankennedy05@gmail.com](mailto:ciankennedy05@gmail.com)

#### Mater Misericordiae University Hospital (MTRMIS)

Assigned Educational Supervisor (AES)

Mr Seamus Morris E: [sklzmorris@gmail.com](mailto:sklzmorris@gmail.com)

#### Mayo General Hospital (MYO)

Assigned Educational Supervisor (AES)

Ms Bridget Hughes E: [bchughes2008@hotmail.com](mailto:bchughes2008@hotmail.com)

#### Midland Regional Hospital Tullamore (MIDTUL)

Assigned Educational Supervisor (AES)

Mr Muiris Kennedy E: [muirkennedy@gmail.com](mailto:muirkennedy@gmail.com)

#### Our Lady of Lourdes Hospital Navan / Drogheda (OLLHD)

Assigned Educational Supervisor (AES)

Mr Alan Walsh E: [walshajpw@gmail.com](mailto:walshajpw@gmail.com)

#### Our Lady's Childrens Hospital Crumlin (OLCHC)

Assigned Educational Supervisor (AES)

Ms Pat Kiely E: [pjkielyorthospines@mac.com](mailto:pjkielyorthospines@mac.com)

#### St. James's Hospital (StJAM)

Assigned Educational Supervisor (AES)

Ms Catherine Bossut E: [c\\_bossut@hotmail.com](mailto:c_bossut@hotmail.com)

#### St. Vincent's University Hospital (StVINUNI)

Assigned Educational Supervisor (AES)

Mr Alan Molloy E: [alanpmolloy@yahoo.com](mailto:alanpmolloy@yahoo.com)

#### Tallaght Trauma (AMNCH)

Assigned Educational Supervisor for Trauma (AES)

Mr James Sproule E: [sproulejames@hotmail.com](mailto:sproulejames@hotmail.com)

Assigned Educational Supervisor for Elective (AES)

Mr Brendan O'Daly E: [brendan.odaly@gmail.com](mailto:brendan.odaly@gmail.com)

#### Temple Street Hospital (TEMPS)

Assigned Educational Supervisor (AES)

Mr Enda Kelly E: [endagkelly@gmail.com](mailto:endagkelly@gmail.com)

#### University Hospital Waterford (WRH)

Assigned Educational Supervisor (AES)

Prof Ruairi MacNiocaill E: [ruairi99@gmail.com](mailto:ruairi99@gmail.com)

#### Sligo University Hospital (SGOGEN)

Assigned Educational Supervisor (AES)

Mr John Kelly E: [johncokelly@gmail.com](mailto:johncokelly@gmail.com)

## 9. TRAINEE PORTAL

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.

## 10. RCSI LOGBOOK

RCSI has developed its own RCSI logbook and trainees progressing from CST will continue to use this logbook to record activities as normal. The logbook will be available to view by your Training Programme Directors and Trainers for key events such as ARCPs.

If you have not previously used RCSI Logbook you will need to access the logbook via [mSurgery.ie](https://msurgery.ie) via your RCSI account.

A reporting function is available on the logbook for your ARCP (Print ISCP Report), here you will select the date range and export your logbook for that range which you will upload to ISCP in advance of your meeting. The steps to complete this can be found in appendix 3.

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.

## 11. FUNDING

Funding is available to Trainees via four different funds. Please see table below for a brief overview of all funds. The guidelines and refund forms for all the mandatory, specialist, surgical loupes and clinical courses and examination funds are located via this link <https://msurgery.ie/home/specialist-training/financial-support/>

### SPECIALIST TRAINING FUND

- ~ Run by RCSI on behalf of HSE/NDTP.
- ~ For training courses/activities, equip, books, expenses.
- ~ €500 per year per Trainee.
- ~ Funding will be carried over year-on-year e.g., three years unclaimed will give the Trainee €1500 to claim.

### CLINICAL COURSES AND EXAMS FUND

- ~ Run by HSE/NDTP for courses and exams only on the approved list.
- ~ €450 per claim, no restrictions on how many claims you may submit per year.
- ~ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course.

### SURGICAL LOUPES FUND

- ~ Amount available to Trainees dependant on number of claims.
- ~ The Surgical Loupes application form will be emailed to you as soon as it is available, usually in March.
- ~ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.

**Please note:** While it is our intention to meet all mandatory training requirements, funding will be subject to review and approval by the HSE/ NDTP on an annual basis

**RCSI pays fees for Trainees for:****INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)**

- ~ Available to ST3-ST8 (dependant on Specialty).
- ~ EUR 300 per year.

**STATISTICAL PACKAGE FOR SOCIAL SCIENCES (SPSS Statistics Package)**

- ~ Available to all Trainees on the ST Programme and should help with research.
- ~ This can be downloaded using your RCSI log on through <https://vle.rcsi.ie/>, then follow the path: Support > IT Support > 4. RCSI Software Library > SPSS
- ~ Normal purchase cost EUR 1100 per Trainee.

**ENDNOTE**

- ~ Available to all Trainees on the ST Programme and should help with research.
- ~ This can be downloaded using your RCSI log on through <https://vle.rcsi.ie/>, then follow the path: Support > IT Support > 4. RCSI Software Library > Endnote
- ~ Normal purchase cost EUR 300 per Trainee.

**12. INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)**

As a Trainee on the T&O 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](http://www.iscp.ac.uk))

***Please do not pay the fee directly RCSI will cover this fee.***

**12.1 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 Satisfactory Completion of Specialist Training (CSCST) 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/>

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.

### 12.2 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.

### 12.3 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

#### 12.4 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:

### 12.5 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.

### 12.6 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.

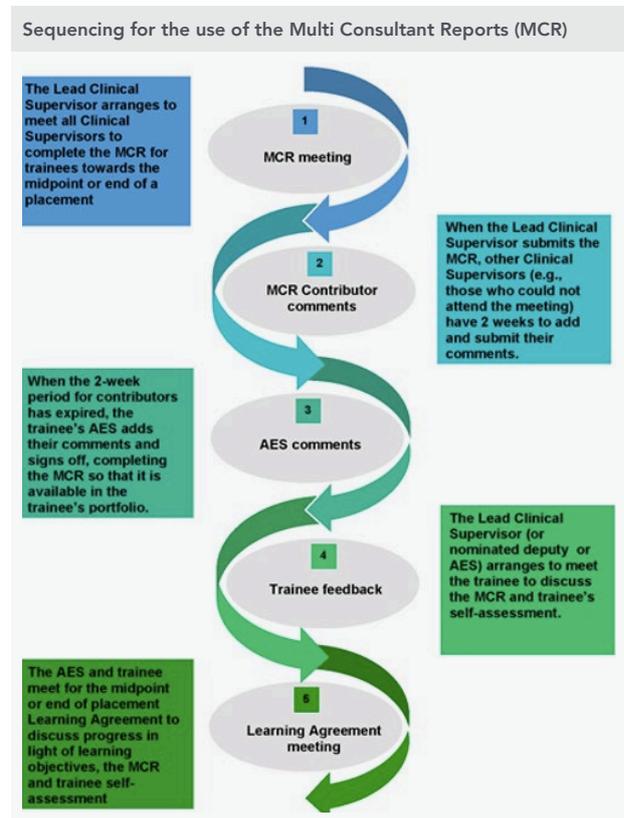
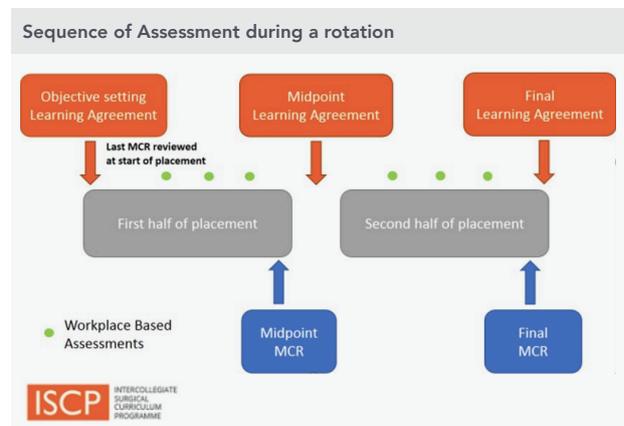
### 12.7 Case Based Discussions

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.

### 12.8 The Learning Agreement

The learning agreement is a formal process of goal setting and review meetings that underpin training and is formulated through discussion. The process ensures adequate supervision during training provides continuity between different placements and supervisors and is one of the main ways of providing feedback to trainees. There are three learning agreement meetings in each placement between the trainee and Assigned Educational Supervisor (AES) and these are recorded in the trainee's learning portfolio

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.



**Learning agreement:** appraisal meetings with the AES at the beginning, middle and end of each placement

**WBA:** immediate verbal dialogue after a learning episode

**CBD:** meeting with a consultant trainer to discuss the management of a patient case

**MSF:** meeting with the AES to discuss the trainee's self-assessment and team views

**MCR (mid-point formative):** meeting with the AES or CS to discuss the trainee's self-assessment and CSs' views on CiPs

**MCR (final formative, contributing to the AES's summative Report):** meeting with the AES or CS to discuss the trainee's self-assessment and CSs' views on CiPs

**Formal examinations:** summative feedback on key areas of knowledge and skills

**ARCP:** a feedback meeting with the TPD or their representative following an ARCP.

Constructive feedback is expected to include three elements:

- i. a reflection on performance
- ii. identification of the trainee's achievements, challenges and aspirations and
- iii. an action plan.

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

## 12.9 RCSI ISCP Support

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

Furthermore, training days take place in RCSI.

Our ISCP Trainer is Dr Helen Harty:

E: [helenharty7@gmail.com](mailto:helenharty7@gmail.com)

The ISCP Helpdesk (0044 207 869 6299 or [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk)) are available via email and telephone to support queries from all trainees.

If you or your specialty colleagues wish to have an organised training session please contact your ST administrator, Leah Daly E: [Orthopaedics@rcsi.ie](mailto:Orthopaedics@rcsi.ie) who will help to facilitate this.

## 12.10 ISCP account.

Upon successful completion of training you can contact the ISCP helpdesk to change your user type to consultant. This means that your training records are merely hidden. Your user type can be transferred back to trainee, if you require access your training account/data. Please note that RCSI so not hold a copy of your training record.

**RCSI TRAUMA AND ORTHOPAEDIC**  
ST3 - ST8 Specialist Training Information

| HOSPITAL                                         | TRAINER            | EMAIL ADDRESS               | IMC NO. |
|--------------------------------------------------|--------------------|-----------------------------|---------|
| Our Lady of Lourdes Hospital<br>Navan/Drogheda   | Alan Walsh         | walshajpw@gmail.com         | 018297  |
| St. Vincent's University Hospital<br>Letterkenny | Alan Molloy        | alanpmolloy@yahoo.com       | 183739  |
| Letterkenny                                      | Anthony Shaju      | shajuorthospine@gmail.com   | 018929  |
| Tallaght Hospital - Elective                     | Brendan O'Daly     | brendan.odaly@gmail.com     | 188320  |
| University Hospital Limerick                     | Cian Kennedy       | ciankennedy05@gmail.com     | 221875  |
| Mayo General Hospital, Castlebar                 | Bridget Hughes     | bchughes2008@hotmail.com    | 012574  |
| St. James's Hospital                             | Catherine Bossut   | c_bossut@hotmail.com        | 401352  |
| University Hospital Galway                       | Mr Fintan Shannon  | fjshannon@gmail.com         | 019242  |
| Tallaght Hospital - Trauma                       | James Sproule      | sproulejames@hotmail.com    | 018358  |
| Sligo                                            | John Kelly         | johncokelly@gmail.com       | 248200  |
| Tralee                                           | John Rice          | john.rice@hse.ie            | 013015  |
| University Hospital Waterford                    | Ruairi MacNiocaill | ruairi99@gmail.com          | 024091  |
| Beaumont Hospital Dublin                         | Michael Donnelly   | mdonnelly@rcsi.ie           | 024055  |
| Midland Regional Hospital, Tullamore             | Muiris Kennedy     | muirkennedy@gmail.com       | 022879  |
| Temple Street                                    | Enda Kelly         | endagkelly@gmail.com        | 400634  |
| Connolly Hospital, Blanchardstown                | Adrian Gheiti      | adriangheiti@rcsi.ie        | 291348  |
| Our Lady's Children's Hospital,<br>Crumlin OLCHC | Pat Kiely          | pkielyorthospines@mac.com   | 016250  |
| Cappagh National Orthopaedic<br>Hospital         | Patrick Groarke    | patrickgroarke007@gmail.com | 247808  |
| Mater Misericordiae University<br>Hospital       | Seamus Morris      | sklzmorris@gmail.com        | 019237  |
| Cork University Hospital                         | Declan Reidy       | reidydec@yahoo.com          | 011445  |

### 13. MOCK VIVAS AND TRAINEE REVIEWS/ ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCPs)

Each year, the Trauma and Orthopaedic HST Programme runs Mock Vivas and Annual Review of Competence Progression (ARCPs) reviews, for each trainee.

- Mock Vivas are oral exams in the four central areas of study
- ARCPs are annual meetings with Education Committee reviewers, whereby your ISCP paperwork, logbooks, mentor report(s), MCR, and performance are reviewed and discussed

#### 13.1 Interim ARCPs

In advance of the Annual ARCP review, the Education Committee hold an **Interim Annual Review of Competency Progression (ARCP) meeting** to review your submitted paperwork. This usually take place on the **first Friday in January** of each year. This interim review takes place to ensure all your paperwork has been submitted, with some review, in advance of the annual ARCPs which take place on the last Saturday in January.

As such, you will need to have all your ISCP paperwork i.e. Learning Agreements, Work Based Assessments, Multi-Sourced Feedback etc. **completed and submitted by the third Friday in December of each year**, at the latest, in advance of this Education Committee meeting.

**Please Note: You do not attend the Interim ARCP.**

#### 13.2 Annual ARCPs

**Your Annual Reviews of Competence Progression (ARCP) will be held on a Saturday at the end of January of each year, the same date as the Mock Vivas.** For 2023 this will be on Saturday 21 January 2023, where you will sit the Mock Viva examinations and your performance for the first six months on the programme i.e. July 2022 – December 2022 will be reviewed. All other Trainees will be reviewed on their performance for the full calendar year January – December 2022.

During ARCPs (reviews) your paperwork and ISCP summary sheet will be reviewed by the Reviewers. You must have all your online ISCP paperwork up-to-date, plus email a copy of your logbooks and mentor report to your ST Administrator by the **third Friday in December** of each year.

**COMPLETE APPROPRIATE PAPERWORK and submit it on or before the due date.**

#### 13.3 Mock Vivas

On **Saturday 21 January 2023** Trainees will be required to undertake **Mock Vivas and ARCP Reviews**. Mock Vivas are oral exams in:

1. Basic Science
2. Paediatrics
3. Adult Pathology
4. Trauma

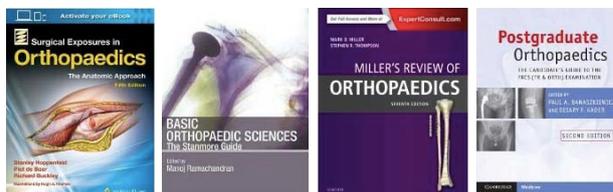
Basic anatomy understanding will underpin all vivas and **it is a requirement to demonstrate a sound knowledge in this field, in order to enter ST4.**

To **pass successfully from year-to-year** at the annual review or ARCP process it requires at a minimum, a satisfactory Mock Viva performance. Please see table below for which viva exams you need to pass at each level of training:

|            |                                              |
|------------|----------------------------------------------|
| <b>ST3</b> | Must pass Basic Science                      |
| <b>ST4</b> | Must pass Basic Science plus one other Viva  |
| <b>ST5</b> | Must pass Basic Science plus two other Vivas |
| <b>ST6</b> | Must pass all four Vivas                     |

#### Suggested Mock Vivas Reading

- ~ Re: Basic Science 'Basic Orthopaedic Sciences: The Stanmore Guide'
- ~ Miller: 'Review of Orthopaedics'
- ~ Banaszkiwiz: 'Postgraduate Orthopaedics: The Candidate's Guide to the FRCS (TR & Orth) Examination'
- ~ Hoppenfeld: 'Surgical Approaches'



#### 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 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. 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 4 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.

A copy of the Research Methodology exemption form can be downloaded from m-surgery link: <https://msurgery.ie/home/specialist-training/financial-support/>

The dates for the Research Methodology modules 2022/23 have been confirmed and are as below:

**Module 1:** 20 October 2022

**Module 3:** 24 November 2022

**Module 2:** 9 February 2023

**Module 4:** 21 April 2023

All of these classes are being run online via Moodle.

#### 15. CERTIFICATE OF COMPLETION OF SURGICAL TRAINING (CCST) IN TRAUMA AND ORTHOPAEDIC SURGERY

Please click on this link and select the Certification Guidelines for Trauma and Orthopaedic Surgery: <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/>

The list of critical conditions covers a range of conditions where misdiagnosis or mismanagement can result in devastating consequences for life or limb. These critical conditions can be assessed individually by means of the Case Based Discussion (CBD) and Clinical Evaluation Exercise (CEX), which both include an assessment of clinical judgement and decision-making.

Trainees are expected to complete CBDs or CEX in each of the critical conditions to level 4 by certification.

**CBD/CEX Level 4:** Appropriate for certification (see CBDE/CEX forms for the full list of levels)

- Compartment syndrome (any site)
- Neurovascular injuries (any site)
- Cauda equina syndrome
- Immediate assessment, care and referral of spinal trauma
- Spinal infections
- Complications of inflammatory spinal conditions
- Metastatic spinal compression
- The painful spine in the child
- Physiological response to trauma
- The painful hip in the child
- Necrotising fasciitis
- Diabetic foot
- Primary and secondary musculo-skeletal malignancy
- Major trauma resuscitation (CEX)

## 16. STUDENT CARD / LIBRARY SERVICES

You will need an **RCSI email address** to access journals on the RCSI website, electronic library and also to gain entry to the library. **Your student identification card** will be posted to you once access to the RCSI campus occurs. If you lose, your card a replacement may be obtained from the **RCSI IT Department**, Ground Floor, RCSI, 121 St. Stephens Green, Dublin 2.



## 17. 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:
  - o **Training information evening and AGM:** get the inside track on life as senior Trainee on your sub specialty of interest.
  - o **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.
  - o **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.

## 18. RETROSPECTION FOR T&O SURGERY TRAINEES

There is strict criteria, which needs to be met before an application for retrospection will be considered. If you are granted retrospection you will shorten your training by a maximum of one year.

The application checklist is listed below. You will need to submit your paperwork to your ST Administrator and your application will then be considered by the IITOS Training Committee at their nearest quarterly meeting. If the Training Committee supports your application your TPD will write you a letter of support and your ST Administrator will submit this letter and your documentation to the JCST. The JCST will then present your application to the SAC in the UK. If the SAC approve your application the JCST will email you an approval letter of retrospection with your amended CCST date.

Here is the link to the JCST website and their list of items: [www.jcst.org/irish-trainees/counting-previous-training](http://www.jcst.org/irish-trainees/counting-previous-training)

| Retrospection for T&O Surgery Trainees                                                                                                                                               |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Letter from you to the Training Programme Director                                                                                                                                   | <input type="checkbox"/> |
| Up-to-date CV                                                                                                                                                                        | <input type="checkbox"/> |
| Name and contact details of Research Supervisor                                                                                                                                      | <input type="checkbox"/> |
| Details of research (not a full thesis)                                                                                                                                              | <input type="checkbox"/> |
| Satisfactory reference from Supervisor demonstrating that higher degree has been written up and submitted                                                                            | <input type="checkbox"/> |
| Evidence of publication resulting from your research period in a peer-reviewed journal, which the SAC considers to be of an appropriate level; i.e. copies of the paper(s) published | <input type="checkbox"/> |
| Confirmation that a higher degree has been awarded i.e. letter awarding your degree/copy of your parchment                                                                           | <input type="checkbox"/> |

**Please Note:** the JCST needs everything listed on this checklist plus a letter of support from the IITOS Training Committee, otherwise it will delay your application with the SAC.

## 19. OUT-OF-PROGRAMME TRAINING (OOPT)

If deemed appropriate by the Training Committee, you can apply for **time out of programme**, 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, 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.

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

OOPT link on JCST website:

<http://www.jcst.org/irish-trainees/out-of-programme>

## 20. OUT-OF-PROGRAMME EXPERIENCE (OOPE)

Doctors who are in a specialist training programme in Ireland leading to a CCST (**core or higher specialist training**) who are taking a period out of clinical programme approved by their Training Committee are **NOT required to register for a Professional Competence Scheme**.

During your time out of programme, you must demonstrate that you are maintaining your competence by satisfactorily meeting the requirements of the Training Committee.

This would include periods in approved research posts, in training posts in other jurisdictions or other approved out of programme activities.

Doctors who undertake research who are not enrolled in a specialist training programme who are on the General or Specialist Register must enrol in an appropriate PCS.

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21. 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 for ST3 – ST8 Policies and Guidelines:

- ~ <https://msurgery.ie/home2/specialist-training>

22. 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 **mSurgery link** for ST3 – ST8 Policies and Guidelines:

~ <https://msurgery.ie/home2/specialist-training>

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## 23. POST RE-ASSIGNMENT REQUEST

The post re-assignment 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 **mSurgery link** for ST3 – ST8 Policies and Guidelines:

~ <https://msurgery.ie/home2/specialist-training>

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24. 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**.

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 **mSurgery link** for ST3 – ST8 Policies and Guidelines:

~ <https://msurgery.ie/home2/specialist-training>

25. MATERNITY/PATERNITY LEAVE

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.

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## 26. 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.**

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27. EXCEPTIONAL LEAVE

You 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 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.

28. 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

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## 29. TRAINEE NEWSLETTER

We have a **quarterly Trainee newsletter**, which the IITOS Administrator will email you. The newsletter contains upcoming events and other relevant information.

### 30. EVENTS CALENDAR

| JULY                                                                                                                                 | NOVEMBER                                                                                                                                 | DECEMBER                                                                                                                                                                         | FEBRUARY                                                                                                                                                                                               | MARCH                                                                                                                                                                                         | MAY                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>FRCS Conferring</b><br>Date TBC              | <br><b>Core Curriculum</b>                              | <br><b>Core Curriculum</b>                                                                      | <br><b>Core Curriculum</b>                                                                                            | <br><b>Core Curriculum</b>                                                                                 | <br><b>Core Curriculum</b>                                |
| <b>SEPTEMBER</b>                                                                                                                     | <br><b>FRCS Intercollegiate Exam part 2</b><br>Date TBC | <br><b>UKITE Exam</b><br>08:00 - 12:00<br>Date TBC                                              | <br><b>Repeat Mock Vivas (usually on Charter Day)</b><br>Trainees who have to repeat vivas need to attend<br>Date TBC | <br><b>O'Halloran meeting</b><br>Date TBC                                                                  | <br><b>Cappagh Foundation Weekend</b><br>Date TBC         |
| <br><b>Core Curriculum</b>                          | <br><b>Millin Meeting</b><br>Date TBC                   | <br><b>Paperwork/ISCP deadline</b><br>(always third Fri)                                        | <br><b>Irish Spine meeting</b><br>Date TBC                                                                           | <b>APRIL</b>                                                                                                                                                                                  | <b>JUNE</b>                                                                                                                                  |
| <br><b>Cappagh Prize</b><br>Date TBC                | <b>Atlantic Orthopaedic Meeting</b><br>Date TBC                                                                                          | <br><b>Core Curriculum</b>                                                                    | <b>RCSI Charter Day</b><br>Date TBC                                                                                                                                                                    | <br><b>Core Curriculum</b>                                                                                 | <br><b>Core Curriculum</b>                                |
| <br><b>Freyer Meeting</b><br>Date TBC             | <b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC                                     | <br><b>Mock Clinicals for ST6s only</b><br>Date TBC                                           | <b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC                                                                                                   | <br><b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC | <br><b>FRCS Intercollegiate Exam part 1</b><br>Date TBC |
| <b>Irish Paediatric Orthopaedic Meeting</b><br>Date TBC                                                                              | <b>Hip Fracture Database Conference</b><br>Date TBC                                                                                      | <b>Mock Vivas/ ARCPs all Trainees need to attend</b><br>Date TBC                                                                                                                 | <b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC                                                                                                   | <br><b>Usually Surgical Loupes application deadline</b><br>Date TBC                                      | <br><b>IOA Meeting and Dinner</b><br>Date TBC           |
| <b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC                                 |                                                                                                                                          |                                                                                                                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                                               | <b>ST2 Information Session/ST3 Induction</b><br>Date TBC                                                                                     |
| <b>OCTOBER</b>                                                                                                                       |                                                                                                                                          | <br><b>Education Committee Interim ARCP (first Fri) – Trainees do not attend this meeting</b> |                                                                                                                                                                                                        |                                                                                                                                                                                               | <b>IITOS Education/ Trainers/ Council Committee meetings.</b><br>Trainees do not attend.<br>Date TBC                                         |
| <br><b>Core Curriculum</b>                        |                                                                                                                                          |                                                                                                                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                              |
| <br><b>Waterford Surgical Meeting</b><br>Date TBC |                                                                                                                                          |                                                                                                                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                              |

### 31. IMPORTANT CONTACT DETAILS

#### Trauma and Orthopaedic HST Programme Contact Details

##### Training Programme Director

Mr. Eoin Sheehan  
E: [leahdaly@rcsi.com](mailto:leahdaly@rcsi.com)

##### Assistant Training Programme Director

Mr Brendan O'Daly  
E: [brendan.odaly@gmail.com](mailto:brendan.odaly@gmail.com)

##### Core Curriculum Director

Mr. John Kelly  
E: [johnckelly@gmail.com](mailto:johnckelly@gmail.com)

##### President, IITOS

Mr. John Quinlan  
E: [johnquinlan@gmail.com](mailto:johnquinlan@gmail.com)

##### Honorary Clinical Secretary, IITOS

Mr Tom McCarthy  
E: [tommccarth@gmail.com](mailto:tommccarth@gmail.com)

##### Honorary Academic Secretary, IITOS

Mr Fiachra Rowan  
E: [fr@fiachrarowan.com](mailto:fr@fiachrarowan.com)

#### RCSI Contact Details

##### Surgical Training Office

1st Floor 121 St. Stephens Green

##### Specialty Training Administrator Trauma and Orthopaedic Surgery

Ms. Leah Daly  
E: [Orthopaedics@rcsi.ie](mailto:Orthopaedics@rcsi.ie)  
Tel: 01 402 2195 Fax: 01 402 2459  
Working hours: 09:00–17:00

##### IITOS Office

Ms. Amanda Wilkinson  
E: [amandawilkinson@rcsi.ie](mailto:amandawilkinson@rcsi.ie)  
Tel: 01 402 2295 Working hours: 08:00–16:00  
2nd Floor 121 St. Stephens Green

##### Intercollegiate Surgical Curriculum Programme (ISCP)

Helpdesk Opening Times are:  
Monday to Friday, 09.00 am – 17.00 pm  
T: 0044 20 7869 6299  
E: [helpdesk@iscp.ac.uk](mailto:helpdesk@iscp.ac.uk) W: [www.iscp.ac.uk](http://www.iscp.ac.uk)

##### Joint Committee on Surgical Training

Specialty Manager  
T: 0044 020 7869 6256  
E: [mawilson@jcst.org](mailto:mawilson@jcst.org) W: [www.jcst.org](http://www.jcst.org)  
34-35 Lincoln's Inn Fields, London, WC2A 3PE, England

##### RCSI Reception

121 Stephens Green - Tel: 01 402 2422  
123 Stephens Green - Tel: 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: [www.rcsi.ie/library](http://www.rcsi.ie/library)

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

1st Floor, 123 St Stephens Green, Dublin 2  
T: 01 402 2222 E: [ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)

# APPENDICES

## APPENDIX 1:

### TRAUMA AND ORTHOPAEDIC SURGERY CRITICAL CONDITIONS

The list of critical conditions covers a range of conditions where misdiagnosis or mismanagement can result in devastating consequences for life or limb. These critical conditions can be assessed individually by means of the Case Based Discussion (CBD) and Clinical Evaluation Exercise (CEX), which both include an assessment of clinical judgement and decision-making.

Trainees are expected to complete CBDs or CEX in each of the critical conditions to level 4 by certification.

#### **CBD/CEX Level 4: Appropriate for certification (see CBDE/CEX forms for the full list of levels)**

- Compartment syndrome (any site)
- Neurovascular injuries (any site)
- Cauda equina syndrome
- Immediate assessment, care and referral of spinal trauma
- Spinal infections
- Complications of inflammatory spinal conditions
- Metastatic spinal compression
- The painful spine in the child
- Physiological response to trauma
- The painful hip in the child
- Necrotising fasciitis
- Diabetic foot
- Primary and secondary musculo-skeletal malignancy
- Major trauma resuscitation (CEX)

## APPENDIX 2:

### INDEX PROCEDURES / INDICATIVE NUMBERS / WAYPOINT CHECKLIST

#### Certification (end of phase 3) All trainees

Breadth and depth of experience is essential in operative surgery to ensure trainees have a range of strategies available to manage the variations in operative pathology they will be presented with as consultants.

- a. Indicative number of total operations [P, T, S-TU, S-TS or A] expected as a requirement for certification = 1800
- b. Indicative number of cases performed as first surgeon (P, T, S-TU, S-TS) = 1260
- c. Indicative number of specific operation groups expected as a requirement for certification (usually over 72 months of training). These procedures must be supported by evidence from PBAs over a range of trainers and periods of time i.e. what is not acceptable is bunching of PBAs immediately prior to ARCPs.
- d. PBAs - 3 x Level 4 PBAs in each specific operation group listed above by two or more trainers except for supracondylar fracture and application of external fixator.
- e. For supracondylar fracture and external fixator application, an indicative number of 1 x PBA level 4 in a non-simulated setting is acceptable. One PBA may be assessed in simulation with agreement of AES, TPD.
- f. Injections in any site do not count as part of the indicative numbers.

**PBA Level 4:**

a: Procedure performed fluently without guidance or intervention

b: As 4a and was able to anticipate, avoid and/or deal with common problems/complications

| COMPETENCY                                                                   | INDICATIVE NUMBER | NOTES                                                                                                                                                |
|------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Elective                                                                     |                   |                                                                                                                                                      |
| Major joint arthroplasty                                                     | 80                | Total elbow, hip, knee, shoulder, ankle replacements                                                                                                 |
| Osteotomy                                                                    | 20                | 1st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal. NOT allowed are Akin, lesser toe and MT 2-5 osteotomies |
| Nerve decompression                                                          | 20                | carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy                                                                       |
| Arthroscopy                                                                  | 50                | knee, shoulder, ankle, hip, wrist, elbow                                                                                                             |
| Emergency / trauma                                                           |                   |                                                                                                                                                      |
| Compression Hip Screw for Intertrochanteric Fracture Neck of Femur           | 40                |                                                                                                                                                      |
| Hemiarthroplasty for Intracapsular Fracture Neck of Femur                    | 40                |                                                                                                                                                      |
| Application of Limb External Fixator                                         | 5                 |                                                                                                                                                      |
| Tendon Repair for trauma                                                     | 10                | Any tendon for traumatic injury (includes Quadriceps and patella tendon)                                                                             |
| Intramedullary nailing including elastic nailing for fracture or arthrodesis | 30                | femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis e.g. knee                                       |
| Plate fixation for fracture or arthrodesis                                   | 40                | ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist                                                                 |
| Tension band wire for fracture or arthrodesis                                | 5                 | patella, olecranon, ankle, wrist, hand                                                                                                               |
| K wire fixation for fracture or arthrodesis                                  | 20                | Wrist, hand, foot, paediatric                                                                                                                        |
| Children's displaced supracondylar fracture                                  | 5                 | displaced fracture treated by internal fixation or application of formal traction                                                                    |
| <b>Total</b>                                                                 | <b>365</b>        |                                                                                                                                                      |

### **Principles of counting cases**

Unbundling of cases, i.e. splitting up standard operations into two or more parts, in order to count operations as multiple cases on one patient is forbidden. As a principle, one patient counts as one operation. Exceptions include the following:

- Bilateral cases may count as two operations.
- Two or more operations on the same patient in different anatomical sites may count as multiple operations e.g. wrist and ankle
- Two large operations on one patient may count as two operations e.g. pelvic and femoral osteotomy for DDH.
- In cases where there is uncertainty, it is expected that the decision to count multiple operations or not will be decided by agreement of the TPD and SAC liaison member.

**APPENDIX 3:  
COMPLETE STEP GUIDE TO THE LA-MCR-SA**

**PLACEMENT START**

| STEP 1         |                                                                                                                               | 10 minutes |
|----------------|-------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Trainee</b> | <b>Set up placement</b><br>~ Transition to new curriculum<br>~ List AES<br>~ List all CSs + AES (min 2)<br>~ Submit placement |            |

| STEP 2         |                                                 | 5 minutes |
|----------------|-------------------------------------------------|-----------|
| <b>Trainee</b> | ~ Create Learning Agreement<br>~ Select Lead CS |           |

**LA - OBJECTIVE SETTING**

| STEP 3         |                                                                                                                                 | 30 minutes |
|----------------|---------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Trainee</b> | <b>Complete objective setting with AES</b><br>~ Objectives for GPCs / each CiP<br>~ Support to achieve objectives<br>~ Sign off |            |

| STEP 3                                 |                                                                                                                                     | 30 minutes per trainee |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Assigned Educational Supervisor</b> | <b>Complete objective setting with trainee</b><br>~ Objectives for GPCs / each CiP<br>~ Support to achieve objectives<br>~ Sign off |                        |

| STEP 4         |                                          | 15 minutes |
|----------------|------------------------------------------|------------|
| <b>Trainee</b> | <b>Complete midpoint Self-Assessment</b> |            |

| STEP 4                          |                                                                                                                                                   | 10 minutes per trainee |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Lead Clinical Supervisor</b> | <b>Complete midpoint MCR (Arrange MCR meeting in advance)</b><br>~ Access MCR via dashboard link<br>~ Complete MCR on behalf of group<br>~ Submit |                        |

| STEP 4                            |                                                      | 10 minutes per trainee |
|-----------------------------------|------------------------------------------------------|------------------------|
| <b>Other Clinical Supervisors</b> | <b>Complete midpoint MCR</b><br>~ Attend MCR meeting |                        |

| STEP 5                            |                                                                                            | 10 minutes per trainee |
|-----------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| <b>Other Clinical Supervisors</b> | <b>Agree MCR</b><br>(even if present at meeting)<br>~ Option to agree/disagree and comment |                        |

| STEP 6                                 |                                                                                                                                                                                | 10 minutes per trainee |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Assigned Educational Supervisor</b> | <b>Sign off midpoint MCR</b><br>(After step 5 or 2 weeks after step 4)<br>~ Access MCR via dashboard link<br>~ Add global comments<br>~ Add progress in GPCs 6-9<br>~ Sign off |                        |

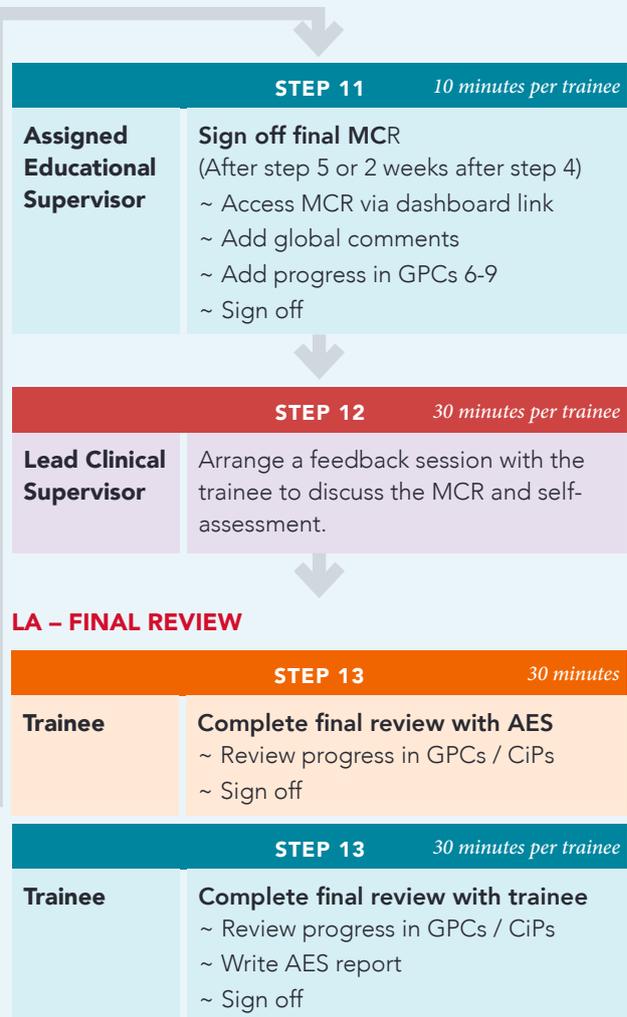
| STEP 7                          |                                                                                            | 30 minutes per trainee |
|---------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| <b>Lead Clinical Supervisor</b> | <b>Arrange a feedback session with the trainee to discuss the MCR and self-assessment.</b> |                        |

**LA - MIDPOINT REVIEW**

| STEP 8         |                                                                                                                             | 30 minutes |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Trainee</b> | <b>Complete midpoint review with AES</b><br>~ Review progress in GPCs / CiPs<br>~ Agree any actions necessary<br>~ Sign off |            |

| STEP 8                                 |                                                                                                                                 | 30 minutes |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Assigned Educational Supervisor</b> | <b>Complete midpoint review with trainee</b><br>~ Review progress in GPCs / CiPs<br>~ Agree any actions necessary<br>~ Sign off |            |

**LA – MIDPOINT REVIEW**



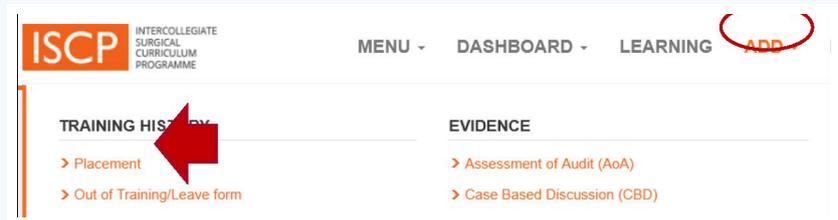
**PLACEMENT ENDS**

### 3A. TRAINEE SCREEN NAVIGATION

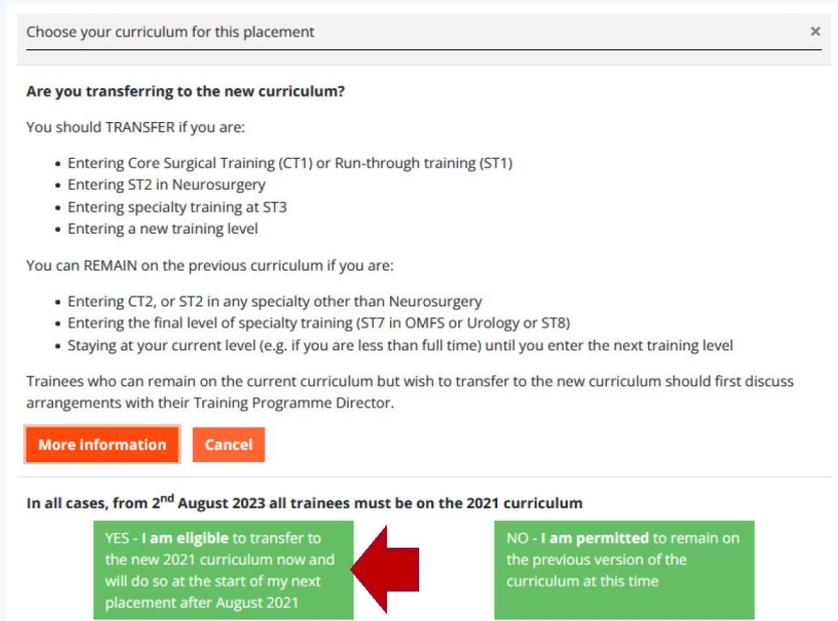
#### STEP 1

#### Set up placement

From the menu click ADD / Placement



Select the lefthand YES box to transition to the new curriculum



Complete the placement form.

### Your key training details

Please ensure the following details are correct before continuing. All mandatory fields are **highlighted like this**

|                          |                                                  |
|--------------------------|--------------------------------------------------|
| Trainee                  | Bussey, Maria Demo Trainee (Dr) [GMC: 111111111] |
| <b>Appointment type</b>  | Please select                                    |
| <b>Parent Specialty</b>  | Please select                                    |
| <b>Academic trainee?</b> | Please select                                    |
| <b>Military trainee?</b> | No                                               |
| <b>Deanery/LETB</b>      | Health Education Wessex                          |
| <b>TPD</b>               | Please select a Deanery/LETB and speciality      |

### Placement details

|                               |                                    |
|-------------------------------|------------------------------------|
| <b>Hospital</b>               | Start typing to find your hospital |
| <b>Start date</b>             |                                    |
| <b>End date</b>               |                                    |
| <b>Full time trainee?</b>     | Please select                      |
| <b>Specialty of placement</b> | Please select                      |
| <b>Level</b>                  | Please select                      |

### Supervisors for this placement

|            |                               |
|------------|-------------------------------|
| <b>AES</b> | Start typing to find your AES |
| <b>CS</b>  | Start typing to add your CS   |

### Saving and validating this placement

Agreement

I, Bussey, Maria Demo Trainee (Dr) [GMC: 111111111], agree & confirm:

1. That by submitting this placement form to the selected Training Programme Director,

I am consenting to grant access to my ISCP portfolio to the following registered users (including those who may be based overseas where relevant)

Training Programme Director TPD, Demo  
Assigned Educational Supervisor  
Clinical Supervisors

Pertaining to the parent specialty selected:

- Any Delegated Training Programme Director allocated by my Training Programme Director
- Specialty Advisory Committee Chair and Liaison member(s) for the parent specialty recorded in this placement

Pertaining to the Deanery/LETB/region selected:

- Head(s) of School
- Postgraduate Dean(s)
- ARCP Panel members
- Deanery/LETB Administrators

Pertaining to the hospital / trust selected:

- Surgical Tutor
- Educational Manager

2. To the statement of Health and Probity

Statement of Health and Probity

3. To the Educational Contract

Educational Contract

Submit this Placement

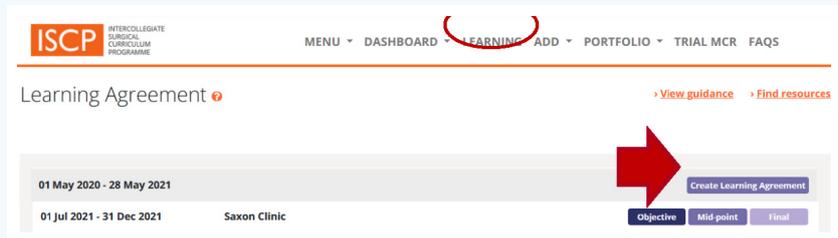
No - Save as draft

Yes - I would like to submit now

Save As Draft

**STEP 2**  
**Create the Learning Agreement**

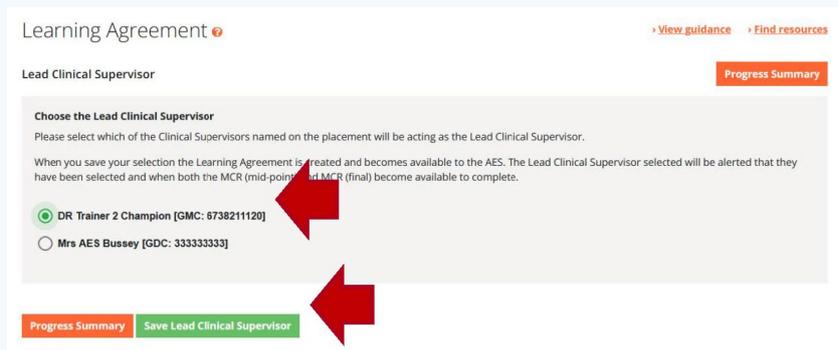
Click on **LEARNING** in the menu /  
Click **Create Learning Agreement**



**Select Lead Clinical Supervisor**  
Click the marble – **Select / Edit Lead CS**

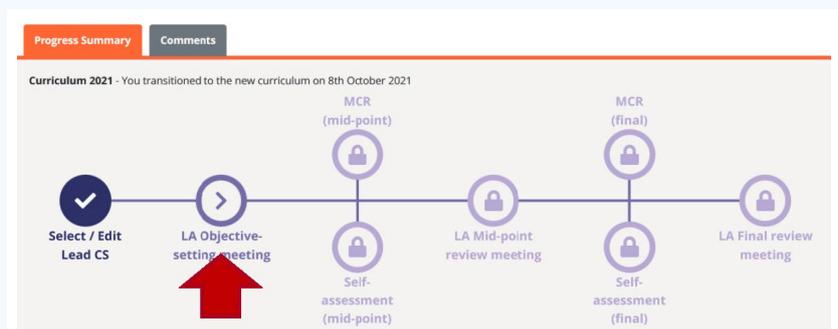


Select the radio button next to the name and click the green **Save Lead Clinical Supervisor button**. You can change the Lead CS in the same way at any time.



**STEP 3**  
**Complete the objective setting meeting with AES**

Click the **LA Objective-setting meeting** marble.



Enter the date on the cover page and click the green **Save and continue** button.

Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

Date of meeting  
Choose a date  
1st July 2021

Global objective  
Welcome to the training programme. These guidance notes will help you achieve a good outcome at your ARCP. Please make sure you attend your induction to the programme and to your unit. Keep your ISCP portfolio, workplace-based assessments and the eLogbook up to...  
[More](#)

| ARCP (most recent)                                 |                                                                             |
|----------------------------------------------------|-----------------------------------------------------------------------------|
| ARCP period                                        | 20th March 2013<br>Annual<br>1st January 2012 - 6th March 2013              |
| Recommendation                                     | 5. Incomplete evidence presented - additional training time may be required |
| Causes of concern                                  |                                                                             |
| Detailed reasons for recommended outcome           | Test                                                                        |
| Mitigating circumstances                           |                                                                             |
| Competences which need to be developed             |                                                                             |
| Recommended actions                                |                                                                             |
| Recommended additional training time (if required) |                                                                             |

Progress summary Save and continue

### Set objectives for the GPCs.

Previous MCRs will display (except for the first objective setting meeting following transition to the new curriculum).

Use the drop down box select a view of the GPCs as rated in the MCR. You can use these as a reference for setting new objectives.

Agree with your AES, set objectives in the first box. You can click the plus signs next to MCR descriptors to add them to the objectives box.

Agree with your AES the support you will need to achieve the objectives. This might include workplace-based assessment, courses, learning opportunities.

Click the green **Save and continue** button when finished.

Learning Agreement View guidance Find resources

Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

GPCs CIP 1 CIP 2 CIP 3 CIP 4 CIP 5

View MCR and Self-assessment (most recent feedback) Generic Professional Capabilities

Professional values and behaviours  
Areas for development  
Appropriate for phase  
All GPCs  
GPC 1 - Professional values and behaviours  
GPC 2 - Professional skills  
GPC 3 - Professional knowledge  
GPC 4 - Capabilities in health promotion and illness prevention  
GPC 5 - Capabilities in leadership and team working  
GPC 6 - Capabilities in patient safety and quality improvement  
GPC 7 - Capabilities in safeguarding vulnerable groups  
GPC 8 - Capabilities in education and training  
GPC 9 - Capabilities in research and scholarship

Self-assessment (most recent feedback) - GPC 1  
Created 8th October 2021 by Saxon Clinic  
Areas for development  
managing time and resources effectively  
Comments  
No comments

Objectives and actions  
Objective-setting Mid-point review Final review

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

Meeting Date Save and continue

Do the same with each of the CiPs.

Objectives may cover knowledge, clinical skills, decision-making, operative skills, index procedures/PBAs, critical conditions/CEX/CBDs, exams, courses and projects as relevant to each CiP.

Learning Agreement

[View guidance](#) [Find resources](#)

Objective-setting meeting | Meeting date | Objectives and Actions | Summary | Sign-off | [Progress summary](#)

GPC1 CIP 1 CIP 2 CIP 3 CIP 4 CIP 5

View MCR and Self-assessment CIP 1 - Manages an out-patient clinic

**MCR (most recent feedback)**  
Created 8th October 2021 by Mrs Bussey Clinical Supervisor 1 (BMC: 44444444) Saxon Clinic  
Supervision level III  
Areas for development  
Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals  
Areas of excellence

**Self-assessment (most recent feedback)**  
Created 8th October 2021 by Saxon Clinic  
Supervision level IV  
Areas for development  
No areas for development highlighted.  
Areas of excellence  
No areas of excellence highlighted.

Objectives and actions

Objective-setting | Mid-point review | Final review

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

GPC1 [Save and continue](#)

Check the Summary page and then the **Sign-off** page.

Learning Agreement

[View guidance](#) [Find resources](#)

Objective-setting meeting | Meeting date | Objectives and Actions | Summary | Sign-off | [Progress summary](#)

Trainee comments

No additional comments

NOTE: any comments saved as draft will be immediately viewable by the AES

AES comments

No additional comments

Saving and signing-off this meeting

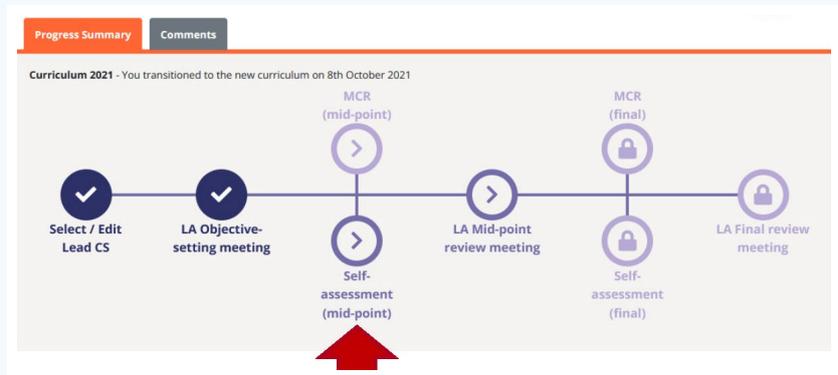
Sign-off

[Summary](#) [Save as draft](#)

**STEP 4**  
**Complete midpoint**  
**Self-Assessment**

From the menu, click **LEARNING** /  
Click on the purpose **Mid-point** tab next to the relevant placement.

Click on the **Self-assessment (mid-point)** marble. Hovering on the marbles provides more information on the status of each stage.



**Complete the Self-Assessment form.**

Rate GPC domains 1-9. The default rating is **Appropriate for phase**. Use free text to explain specific achievements. Alternatively, select **Area for development** which requires explanatory commentary. Use free text or browse descriptors to describe any development needs. Click the green **Save and continue** button at the bottom to continue to the CiPs.

Self-assessment (mid-point) [View guidance](#) [Find resources](#)

**NOTE:**

- Use the buttons to rate each GPC as 'Appropriate for phase' (default) or 'Areas for development'.
- Where you have indicated 'Areas for development', select descriptors and/or add free text to describe the developments required.

Generic Professional Capabilities

**GPC 1 - Professional values and behaviours**

Appropriate for phase  
Area for development

Your comments...

Select descriptors

**GPC 2 - Professional skills**

Appropriate for phase  
Area for development

Please add your reasons for selecting this domain as an area for development AND/OR select the specific descriptor which is the area for development

Your comments...

Select descriptors

Do the same for each CiP, using free text or descriptors (maximum 5) to explain any ratings lower than **IV**. Excellence ratings can also be selected.

Self-assessment (mid-point) [View guidance](#) [Find resources](#)

**NOTE:**

- Use the buttons to select the supervision level.
- Where the supervision level is less than IV, select descriptors (maximum 5) and/or add free text to describe the developments required.

Capabilities in Practice

**CIP 1 - Manages an out-patient clinic**

SUPERVISION LEVEL  
III

If supervision level is I to III, please add a comment AND/OR select a descriptor from the Capabilities in practice box

Your comments...

Select descriptors

**CIP 2 - Manages the unselected emergency take**

SUPERVISION LEVEL  
IV

Your comments...

Select descriptors

Check the resulting summary and then click the green **Submit Self-assessment** button.

Self-assessment (mid-point) [View guidance](#) [Find resources](#)

[Print](#) [Progress Summary](#)

Generic Professional Capabilities [Submit Self-assessment](#)

| 1 - Professional values and behaviours |                                                                         |
|----------------------------------------|-------------------------------------------------------------------------|
| Areas for development                  | No areas for development highlighted. Trainee is appropriate for phase. |
| Comments                               | No comments                                                             |

| 2 - Professional skills |                                                                         |
|-------------------------|-------------------------------------------------------------------------|
| Areas for development   | No areas for development highlighted. Trainee is appropriate for phase. |
| Comments                | No comments                                                             |

When the MCRs are available for you to view, you will receive this alert on your dashboard:

**The MCR (mid-point) has now been signed off by [AES NAME GMC NUMBER] and can be found in your portfolio.**

**The MCR (final) has now been signed off by [AES NAME GMC NUMBER] and can be found in your portfolio.**

**You should receive a feedback session with the Lead CS or other nominated supervisor to discuss the MCR and your self-assessment.**

**Repeat the above steps for the midpoint learning agreement, final self-assessment and final learning agreement.**

### 3B. ASSIGNED EDUCATIONAL SUPERVISOR SCREEN NAVIGATION

You will be able to see whether your trainees have transitioned to the new curriculum by clicking MY TRAINEES from the menu and then As Assigned Educational Supervisor.

The resulting page shows that trainees with the purple 2021 tab are now on the new curriculum. They will have a new style learning agreement which focuses objectives on achieving the GPCs and CiPs.

These trainees will also need to be assessed with the new Multiple Consultant Report (MCR) which you will have responsibility for signing off after submission by the Lead Clinical Supervisor. The midpoint and final MCRs must be completed before the midpoint and final learning agreements respectively.

Select the **trainee / placement**.

Click the **Learning Agreements** tab and then the learning agreement meeting (OBJ for objective setting, MID for midpoint review or FIN for final review).

#### STEP 1 AND 2

Setting up a placement, creating a learning agreement and selecting the Lead CS are completed by the trainee. You and the trainee can then start the learning agreement and may share a screen to go through the objective setting form.

You or the trainee can amend the Lead CS if necessary - Click the marble for Select / Edit Lead CS

Select the radio button next to the name and then click the green **Save Lead Clinical Supervisor** button. You or the trainee can change the Lead CS in the same way at any time.

My Trainees as Assigned Educational Supervisor

Current 3 | Historic 1 | Future 0

Filter by Specialty: All specialties  
Sort by: Trainee Name

| Trainee Name                                     | Placement                                                   | 2021 | LOG | WBA | PL | MID | FIN  |
|--------------------------------------------------|-------------------------------------------------------------|------|-----|-----|----|-----|------|
| Bussey, Maria Demo Trainee (Dr) [GMC: 111111111] | ST4 / Otolaryngology / Cardiff Royal Infirmary              | 2021 | LOG | WBA | PL | MID | 5    |
| demo, trainee (Mr) [GMC: 123456789]              | ST2 / Cardiothoracic Surgery / Abbey Gisburne Park Hospital | 2021 | LOG | WBA | PL | MID | 1    |
| Trainee Demo, Dental (Mr) [GMC: 9992222]         | ST3 / Orthodontics / Saxon Clinic                           |      | LOG | WBA | PL | -   | 10.2 |

Summary | Placements | Learning Agreements | Portfolio | Messages | Journal Notes

Your Placements and Learning Agreements

01 Jan 2022 - Cardiff Royal Infirmary (Current)

MID

Progress Summary

Curriculum 2021 - You transitioned to the new curriculum on 8th October 2021

Timeline: Select / Edit Lead CS (with red arrow) → LA Objective-setting meeting → Self-assessment (mid-point) → LA Mid-point review meeting → Self-assessment (final) → LA Final review meeting

MCR (mid-point) and MCR (final) are also indicated on the timeline.

Learning Agreement

Lead Clinical Supervisor

Choose the Lead Clinical Supervisor

Please select which of the Clinical Supervisors named on the placement will be acting as the Lead Clinical Supervisor.

When you save your selection the Learning Agreement is created and becomes available to the AES. The Lead Clinical Supervisor selected will be alerted that they have been selected and when both the MCR (mid-point) and MCR (final) become available to complete.

DR Trainer 2 Champion [GMC: 673821120] (with red arrow)

Mrs AES Bussey [GDC: 33333333]

Progress Summary | Save Lead Clinical Supervisor (with red arrow)

**STEP 3**  
**Complete the objective setting meeting**

Click the **LA Objective-setting** meeting marble.



Enter the date on the cover page and click the green **Save and continue** button

Objective-setting meeting Meeting date | Objectives and Actions | Summary | Sign-off Progress summary

**Date of meeting** ⓘ  
Choose a date  
1st July 2021

**Global objective** ⓘ  
Welcome to the training programme. These guidance notes will help you achieve a good outcome at your ARCP. Please make sure you attend your induction to the programme and to your unit. Keep your ISCP portfolio, workplace-based assessments and the eLogbook up to...  
[More](#)

**ARCP (most recent)**

|                                                           |                                                                             |
|-----------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>ARCP period</b>                                        | 20th March 2013<br>Annual<br>1st January 2012 - 6th March 2013              |
| <b>Recommendation</b>                                     | 5. Incomplete evidence presented - additional training time may be required |
| <b>Causes of concern</b>                                  |                                                                             |
| <b>Detailed reasons for recommended outcome</b>           | Test                                                                        |
| <b>Mitigating circumstances</b>                           |                                                                             |
| <b>Competences which need to be developed</b>             |                                                                             |
| <b>Recommended actions</b>                                |                                                                             |
| <b>Recommended additional training time (if required)</b> |                                                                             |

Progress summary Save and continue

Set objectives for the GPCs.

Previous MCRs will display (except for the first objective setting meeting following transition to the new curriculum).

Use the drop down box select a view of the GPCs as rated in the MCR. You can use these as a reference for setting new objectives.

With your trainee, set objectives in the first box. You can click the plus signs next to MCR descriptors to add them to the objectives box.

With your trainee determine the support they will need to achieve the objectives. This might include workplace-based assessment, courses, learning opportunities.

Set objectives for the GPCs.

The screenshot displays the 'Learning Agreement' interface. At the top, there is a progress bar with stages: Objective-setting meeting (active), Meeting date, Objectives and Actions, Summary, and Sign-off. Below this, a dropdown menu for 'View MCR and Self-assessment (most recent feedback) Generic Professional Capabilities' is open, showing a list of GPCs. The 'Self-assessment (most recent feedback - GPC 1)' panel is visible on the right. The 'Objectives and actions' section has three tabs: 'Objective-setting', 'Mid-point review', and 'Final review'. The 'Objective-setting' tab is active, showing two text input fields with red arrows pointing to them. At the bottom, there are buttons for 'Meeting Date' and 'Save and continue', with a red arrow pointing to the 'Save and continue' button.

Do the same with each of the CiPs.

Objectives may cover knowledge, clinical skills, decision-making, operative skills, index procedures/PBAs, critical conditions/CEX/CBDs, exams, courses and projects as relevant to each CiP.

Learning Agreement View guidance Find resources

Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

GPCs CIP-1 CIP-2 CIP-3 CIP-4 CIP-5

View MCR and Self-assessment CIP 1 - Manages an out-patient clinic

**MCR (most recent feedback)**  
Created 8th October 2021 by Mrs Bussey Clinical Supervisor 1 [GMC: 44444444] Saxon Clinic  
Supervision level III  
Areas for development  
Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals  
Areas of excellence

**Self-assessment (most recent feedback)**  
Created 8th October 2021 by Saxon Clinic  
Supervision level IV  
Areas for development  
No areas for development highlighted.  
Areas of excellence  
No areas of excellence highlighted.

Objectives and actions  
Objective-setting Mid-point review Final review

Add the objectives that the trainee should aim to meet over the next 3-6 months to aid their development (including certification requirements).

Add details about the support that will be provided to help the trainee achieve these objectives.

GPCs Save and continue

Check the **Summary** page and then go to the **Sign-off** page. The trainee will have first sign off of objective setting and the midpoint review. You will have first sign off of the final review because it incorporates your AES report.

Learning Agreement View guidance Find resources

Objective-setting meeting Meeting date Objectives and Actions Summary Sign-off Progress summary

trainee comment  
No additional comments

NOTE: any comments saved as draft will be immediately viewable by the AES

AES comments  
No additional comments

Saving and signing-off this meeting View guidance

Sign-off Please select

Summary Save as draft

**Step 4 (the midpoint MCR) is completed by Lead CS / Clinical Supervisors.**

#### **STEP 5 Sign off the MCR**

You will see the following alerts on your dashboard. Click these links to add information about the trainees, progress in GPCs 6-9, add general comments and sign off the MCR.

**The MCR (midpoint) created by [TITLE LEAD CS GMC: NUMBER], as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER] is now ready for final sign-off.**

**The MCR (final) created by [TITLE LEAD CS GMC: NUMBER], as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER] is now ready for final sign-off.**

**Alternatively, go to the trainee's learning agreement and click on the MCR marble. This will also show you the status of the MCR.**

**Follow the same steps for the midpoint and final learning agreement and MCRs.**

### **3C. LEAD CLINICAL SUPERVISOR SCREEN NAVIGATION**

When **Steps 1-3** have been completed by trainee and Assigned Educational Supervisor, you will be able to complete the midpoint MCR which is recommended for placements of 6 months or longer.

You may wish to set up the MCR meetings well in advance to ensure attendance. They can be virtual or physical meetings. You will need to share your screen.

You will see the following alerts on your dashboard, indicating that you have been selected as the Lead CS for specific trainees:

**You have been selected as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER]. Click here to see your responsibilities in this role.**

Clicking the link will take you to [MCR guidance](#)

When the MCR is ready, clicking on the following links will take you to the relevant MCR:

**The MCR (mid-point) for your trainee [TRAINEE NAME GMC NUMBER] is available for you to complete.  
The MCR (final) for your trainee [TRAINEE NAME GMC NUMBER] is available for you to complete.**

In the MCR meeting, open the MCR (and screen-share if possible), complete it on behalf of the group.

Rate GPC domains 1-9. The default rating is Appropriate for phase. You can add free text to elaborate. Use free text or click on descriptors to add them as development needs. Adding descriptors is only necessary for development needs. Do the same for each CiP, using free text or descriptors (max 5) to explain any ratings lower than IV. Excellence ratings can also be selected. There are additional specialty-specific CiPs for Cardiothoracic Surgery, Paediatric Surgery and Plastic Surgery.

You will not be able to access it after it is submitted, until it is signed off by the AES. Therefore, take time to look over the summary with the group before you submit it.

### Generic Professional Capabilities

#### GPC 1 - Professional values and behaviours

Appropriate for phase  
Area for development

Your comments...

Select descriptors

#### GPC 2 - Professional skills

Appropriate for phase  
Area for development

Your comments...

Select descriptors

#### GPC 3 - Professional knowledge

Appropriate for phase  
Area for development

Your comments...

Select descriptors

#### GPC 4 - Capabilities in health promotion and illness prevention

Appropriate for phase  
Area for development

Your comments...

### Capabilities in Practice

#### CIP 1 - Manages an out-patient clinic

SUPERVISION LEVEL  
IV

Your comments...

Select descriptors

#### CIP 2 - Manages the unselected emergency take

SUPERVISION LEVEL  
IV

Your comments...

Select descriptors

#### CIP 3 - Manages ward rounds and the on-going care of In-patients

SUPERVISION LEVEL  
IV

Your comments...

Select descriptors

#### CIP 4 - Manages an operating list

SUPERVISION LEVEL  
IV

Your comments...

The other clinical supervisors (including those who were unable to attend the meeting) will receive the following alert/link on their dashboards from which they will be able to open the MCR and make any extra comments within two weeks of submission:

**[LEAD CS NAME GMC NUMBER], as Lead Clinical Supervisor, has invited you to add comments to an MCR (mid-point/final) for [TRAINEE NAME GMC NUMBER] within the next 2 weeks.**

When all clinical supervisors have commented or when the two-week period has expired, the MCR will be available to the AES to comment and sign off.

You will receive the following alert/link to the final version in the trainee's portfolio. At this point, you should arrange a to have a feedback session with the trainee to discuss the MCR and self-assessment.

**The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio.**

Guide to feedback session with trainees

**Follow the same steps for the final MCR.**

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### 3D. CLINICAL SUPERVISOR SCREEN NAVIGATION

**STEPS 1-3** are completed by the trainee and Assigned Educational Supervisor.

#### STEP 4 Complete the MCR

When steps 1-4 have been completed by trainee and Assigned Educational Supervisor, you will be able to meet with other clinical supervisors to complete the midpoint MCR which is recommended for placements of 6 months or longer.

The Lead CS will arrange the MCR meeting which may be a virtual or physical meeting. Please see the [MCR guidance](#) for more information.

The Lead CS will complete the MCR in the meeting on behalf of the group (screen-sharing if possible).

Rate GPC domains 1-9. The default rating is **Appropriate for phase**. You can add free text to elaborate. Use free text or click on **Select descriptors** to add them as development needs. Adding descriptors is only necessary for development needs.

The screenshot displays the 'Generic Professional Capabilities' assessment interface. It is organized into four sections, each corresponding to a GPC domain:

- GPC 1 - Professional values and behaviours:** Features a dropdown menu with 'Appropriate for phase' selected and 'Area for development' as an option. Below it is a text area for 'Your comments...' and a red 'Select descriptors' button.
- GPC 2 - Professional skills:** Features a dropdown menu with 'Appropriate for phase' selected and 'Area for development' as an option. Below it is a text area for 'Your comments...' and a red 'Select descriptors' button.
- GPC 3 - Professional knowledge:** Features a dropdown menu with 'Appropriate for phase' selected and 'Area for development' as an option. Below it is a text area for 'Your comments...' and a red 'Select descriptors' button.
- GPC 4 - Capabilities in health promotion and illness prevention:** Features a dropdown menu with 'Appropriate for phase' selected and 'Area for development' as an option. Below it is a text area for 'Your comments...' and a red 'Select descriptors' button.

**Do the same for each CiP**, using free text or descriptors (max 5) to explain any ratings lower than IV. Excellence ratings can also be selected. There are additional specialty-specific CiPs for Cardiothoracic Surgery, Paediatric Surgery and Plastic Surgery.

The screenshot displays the 'Capabilities in Practice' section of a training portfolio. It lists four CiP items, each with a supervision level of IV and a 'Your comments...' text area. Below each text area is a 'Select descriptors' button. The CiP items are:

- CIP 1 - Manages an out-patient clinic
- CIP 2 - Manages the unselected emergency take
- CIP 3 - Manages ward rounds and the on-going care of in-patients
- CIP 4 - Manages an operating list

#### STEP 5

##### **Agree / Disagree with MCR (even if present at the MCR meeting)**

After the meeting you will receive the following alert/link on your dashboard from which you will be able to open the MCR and make any extra comments within two weeks of submission. You have the option to agree, disagree and add comments. Please use the link even if you have no additional comments.

**[LEAD CS NAME GMC NUMBER], as Lead Clinical Supervisor, has invited you to add comments to an MCR (mid-point/final) for [TRAINEE NAME GMC NUMBER] within the next 2 weeks.**

#### STEP 6

Is completed by the AES. When all clinical supervisors have commented or when the two-week period has expired, the MCR will be available to the AES to comment and sign off. After AES sign off you will be alerted when the MCR is viewable from the trainee's portfolio:

**The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio**

**Follow the same steps for the final MCR.**

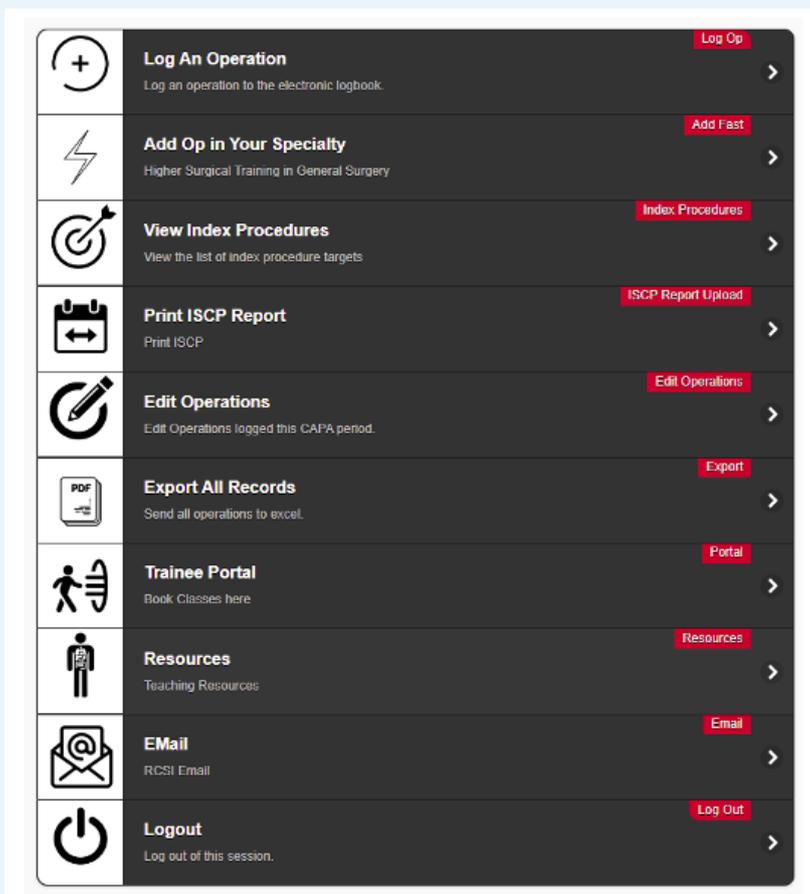
**APPENDIX 4:  
RCSI HST LOGBOOK**

The HST Logbook will be familiar to anyone who has completed Core Surgical Training. The core operation logging is identical but there are different options available.

**On a desktop – the menu will appear like this:**



**On a mobile the menu will appear like this:**



|                                                                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <b>Log An Operation</b><br>Log an operation to the electronic logbook.         | Use this to record an operation into the logbook. You will be able to select any specialty.                                                                                                                                                                                                                                                                                                                  |
|    | <b>Add Op in Your Specialty</b><br>Higher Surgical Training in General Surgery | Almost the same as 'Log an Operation' but it will not offer you to select from the list of specialties. This will also load quicker because it doesn't need to request the full list of operations.                                                                                                                                                                                                          |
|    | <b>View Index Procedures</b><br>View the list of index procedure targets       | This will display the list of operations that your specialty has selected as index procedures. For example, if there is a target for your training programme of 50 lap chole operations, then it will display that target number and all the operations in the logbook that count to that group as there will be variations on the procedure (open/closed etc).                                              |
|   | <b>Print ISCP Report</b><br>Print ISCP                                         | This functions both as a summary of all your operations including list of ops, consolidation list and index procedure report. When approaching ARCP you can use this screen to download a PDF that can be uploaded to ISCP.<br><br>To do this, use the date range option at the top of the screen, select the appropriate dates for the assessment period, right click and select 'print' and 'save to pdf'. |
|  | <b>Edit Operations</b><br>Edit Operations logged this CAPA period.             | You can use this screen to make changes to any operations you have logged.                                                                                                                                                                                                                                                                                                                                   |
|  | <b>Export All Records</b><br>Send all operations to excel.                     | This will create an excel sheet of every operation you have logged in the logbook regardless of the time.                                                                                                                                                                                                                                                                                                    |
|  | <b>Trainee Portal</b><br>Book Classes here                                     | Because RCSI use a single sign on, if you are logged into the RCSI logbook you can use this to connect to the trainee portal and you will not be asked to login again.                                                                                                                                                                                                                                       |
|  | <b>Resources</b><br>Teaching Resources                                         | A collection of useful resources for trainees including surgical training videos, 360 videos, online anatomy etc.                                                                                                                                                                                                                                                                                            |
|  | <b>Email</b><br>RCSI Email                                                     | Because RCSI use a single sign on, if you are logged into the RCSI logbook you can use this to connect to your online and you will not be asked to login again.                                                                                                                                                                                                                                              |
|  | <b>Logout</b><br>Log out of this session.                                      | Log out of the Logbook and all RCSI online software.                                                                                                                                                                                                                                                                                                                                                         |

### Uploading a report to ISCP

1. Click on ISCP Report



2. Select the Date Range Button

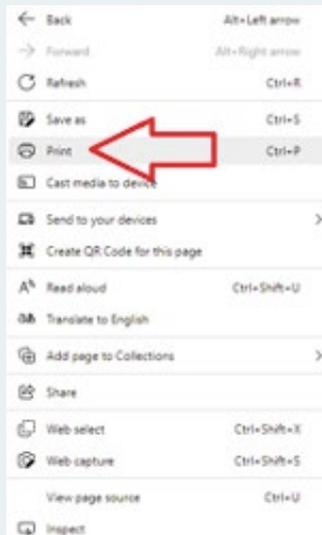


3. Select the start and end date as advised for this ARCP Period

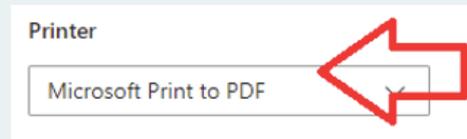


4. Print to PDF

Right click anywhere and select 'Print' from the menu.



5. Select "Print to PDF" or "Save to PDF" as the option.



6. Upload to ISCP:

This will save a pdf report that can be uploaded to ISCP.





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