

ST3 - ST8
SPECIALIST TRAINING INFORMATION
VASCULAR SURGERY

JUNE 2022

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ROYAL COLLEGE OF SURGEONS IN IRELAND



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WELCOME

Dear Trainee,

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

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

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

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

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

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

Mr Daragh Moneley MD, FRCSI, FEBVS

Training Programme Director - Vascular Surgery

IMPORTANT INFORMATION

Specialty Training Administrator for General Surgery for ST3 -ST8 Trainees:

Jackie Browne

RCSI Surgical Affairs, Royal College of Surgeons in Ireland

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

Tel: **01 402 2188 / 01 402 5191** E: jackiebrowne@rcsi.com 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 Daragh Moneley**.

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

2. INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)

As a Trainee on the **Vascular Surgery Programme**, you will be required to use ISCP throughout your time in training. You will need to register with the site (www.iscp.ac.uk)

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

2.1 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 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.

2.2 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.

2.3 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

2.4 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 Approved Educational Supervisor (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:

2.5 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.

2.6 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.

2.7 Case Based Discussions (CBD's)

The Case Based Discussions (CBD's) assess 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.

2.8 The Learning Agreement (LA)

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 (LA) 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.

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

Figure 1. Sequence of Assessment during a rotation

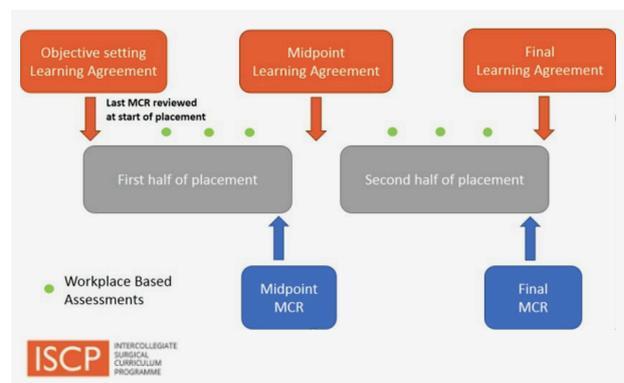
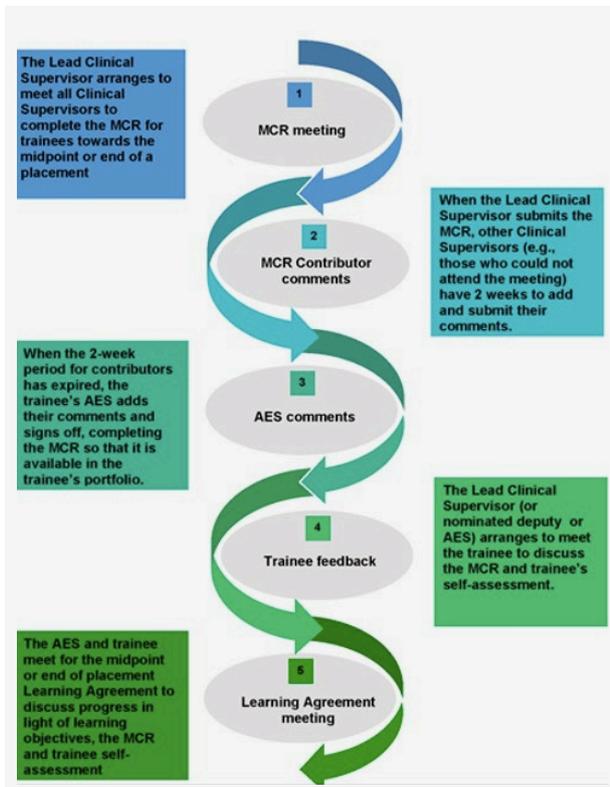


Figure 2. Sequencing for the use of the Multi Consultant Reports (MCR)



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

Work Based Assessments (WBA's): immediate verbal dialogue after a learning episode

Case Based Discussions (CBD's): meeting with a consultant trainer to discuss the management of a patient case

Multiple Source Feedback (MSF): meeting with the Approved Educational Supervisor (AES) to discuss the trainee's self-assessment and team views

Multiple Consultant Report (MCR) (mid-point formative): meeting with the Approved Educational Supervisor (AES) or Clinical Supervisor (CS) to discuss the trainee's self-assessment and CSs' views on Capabilities in Practise (CiPs)

Multiple Consultant Report (MCR) (final formative, contributing to the Approved Educational Supervisors (AES's) summative Report): meeting with the AES or CS to discuss the trainee's self-assessment and CSs' views on Capabilities in Practise (CiPs)

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

Annual Review of Competence Progression (ARCP): a feedback meeting with the Training Programme Director (TPD) or their representative following an Annual Review of Competence Progression (ARCP).

Constructive feedback is expected to include three elements:

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

Every time you start a new placement in a training unit you will need to set it up on ISCP. You will be advised who your Approved Educational Supervisor (AES) is as well as your Lead Clinical Supervisor (LCS) both of which you'll need when setting up your placement on ISCP. Note, only add clinical supervisors to your placement that you will be actually working with and not everyone on the team. You can always add more people as your progress through the placement.

HOSPITAL (TRAINING POST) & ASSIGNED EDUCATIONAL SUPERVISOR
Beaumont Hospital Mr Daragh Moneley
St James's Hospital Ms Zenia Martin
St Vincents University Hospital Ms Mary Barry
Tallaght University Hospital Ms Emily Boyle
The Mater Misericordiae University Hospital Mr Ed Mulkern
Mercy University Hospital Mr Gerald McGreal
University Hospital Waterford Mr Morgan McMonagle
Cork University Hospital Mr Greg Fulton
University Hospital Limerick Prof Eamon Kavanagh
University Hospital Galway Prof Muhammad Tubassam

2.9 RCSI ISCP Support

RCSI is committed to offering support and training to all trainees and trainers using ISCP and on occasion run training sessions on ISCP.

Our ISCP Trainer is **Dr Helen Harty** is contactable at helenharty7@gamil.com.

You can also contact the ISCP Helpdesk on **0044 207 869 6299** or helpdesk@iscp.ac.uk who are available to support queries from all trainees and trainers.

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

2.10 ISCP account * post CSCST

Upon successful completion of the training programme you can contact the ISCP helpdesk to change your user type from trainee 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 do not hold a copy of your training record.

3. 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.

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 upload to ISCP in advance of your meeting. The steps to complete this can be found in appendix 3.

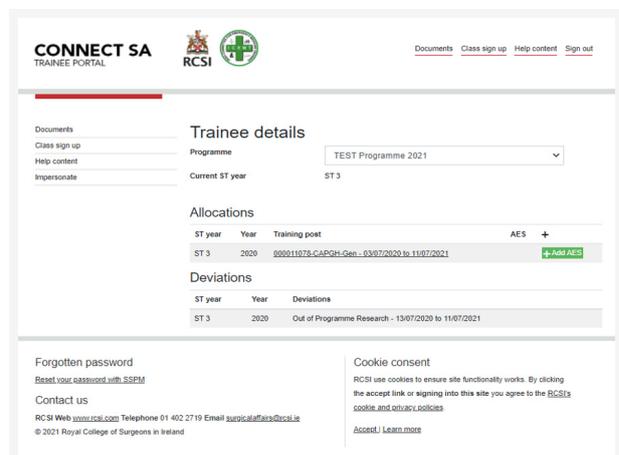
If you have not previously used RCSI Logbook you will need to access the logbook via mSurgery.ie via your RCSI account.

All Trainees commencing Specialty Training at ST3 are required to log procedures on the RCSI Logbook. Any queries regarding accessing the platform please contact your specialty administrator jackiebrowne@rcsi.com who can help with this. Please refer to Appendix 3 for more information.

4. RCSI TRAINEE PORTAL – CONNECT SA

When you log into your trainee portal using your RCSI credentials you will see your current placement and a history of all placements displayed. You can also use the trainee portal to sign up for your classes, mandatory workshops, Human Factors etc. and it allows you to upload specific documentation related to your training journey and use as a document library.

Figure 3. Connect SA



5. ANNUAL REVIEW OF COMPETENCY PROGRESSION (ARCP)

The Training Committee will hold an Interim & Annual ARCP meeting to review your ISCP Portfolio twice a year, once in December (interim review) and the second in June (Annual review). You will need to ensure all your evidence of training i.e. the MCR, Learning Agreement meeting, AES Report, Work Based Assessments, MSF, other evidence etc. are all completed and available a week prior to your review date to allow the Panel Members time to assess the evidence provided before meeting with you at the ARCP.

There are five ARCP outcomes that can be awarded to a trainee at ARCP and they are

- ~ **ARCP 1 - Satisfactory Progress**
Achieving progress and competencies at the expected rate.
- ~ **ARCP 2 - Unsatisfactory Progress**
Development of specific competencies required additional training time not required.
- ~ **ARCP 3 – Unsatisfactory Progress**
Inadequate progress by the trainee – additional training time required.
- ~ **ARCP 4 –**
Released from training programme without specified competencies, Either trainees own reasons/removed from programme following ongoing concerns.
- ~ **ARCP 5 –**
*Incomplete evidence presented – additional training time may be required
*Incomplete and the trainee has a time frame typically 10 days to get their portfolio together, following this period an ARCP 1,2,3 or 4 is awarded.
- ~ **ARCP 6 –**
Recommendation for completion of training.

6. JOINT COMMITTEE ON SURGICAL TRAINING (JCST)

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

Click here for the link to JCST website for Republic of Ireland Trainees: Once you have your Certificate of Completion of Basic Surgical Training (CCBST) or Core Surgical Training Certificate (CST) to your Specialty Administrator jackiebrowne@rcsi.com.

If you entered the specialty programme via the Pathway programme (ST2) please contact the CST Administrator **Sara Gross** at saragross@rcsi.com for your certificate it's not automatically sent.

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



7. FRCS

The Joint Committee on Intercollegiate Examinations (JCIE) is responsible, to the four surgical Royal Colleges of Great Britain and Ireland for the supervision of standards, policies, regulations and professional conduct of the Specialty Fellowship examinations also known as the "Exit Examination or FRCS Specialty. www.jcie.org.uk is an excellent resource for those applying to take their Intercollegiate exam and all trainees should familiarise themselves with this website.

You can only apply for FRCS Part 1 in ST7 or ST8 and FRCS Part 2 once you've passed Part 1. This is specifically to ensure that the trainee has met the competencies outlined in the Curriculum.

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## 8. CERTIFICATE OF SATISFACTORY COMPLETION OF SURGICAL TRAINING (CSCST)

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

At your final ARCP your ISCP Portfolio is reviewed by the panel and once an ARCP outcome 6 has been awarded the specialty administrator contacts the JCST to request the final sign off. If the JCST/SAC believe you have met all the criteria outlined in the curriculum for sign off they will recommend you to the Royal College of Surgeons in Ireland for the award of a Certificate of Satisfactory Completion of Specialist Training (CCST)

## 9. HUMAN FACTORS IN PATIENT SAFETY (HFPS) MANDATORY TRAINING

A programme of professional training in Human Factors in Patient Safety principles is a mandatory component of training for all surgical trainees commencing at Core Training and continuing up to the final year ST8 Specialty Training. The programme is delivered at No 26 RCSI by trained faculty members and adjunct Consultant trainers.

The Human Factors in Patient Safety programme provides a greater awareness of risk and error in the workplace by providing trainees with skills required to mitigate risk and prevent adverse outcomes. The programme supports the professional development of trainees and seeks to reinforce and ensure a culture of patient safety for the benefit of hospital patients. The RCSI Human Factors in Patient Safety programme also has a unique focus on non-technical skills, such as communication, teamwork, decision-making, leadership and managing stress emphasising how these skills facilitate better performance and enhanced self-care.

Training sessions use a combination of interactive classroom-based and experiential teaching methods. Classes are kept to a maximum of 25 attendees or less to allow for role-play, high fidelity simulation and repeated skills practice. Emergency Medicine, Ophthalmology, Radiology and Surgical trainees attend sessions together at Senior House Officer and Registrar level which stimulates multidisciplinary communication and reflection on clinical practice. Sessions are facilitated by a Human Behaviour specialist and a consultant in Surgery, Emergency Medicine, Radiology and Ophthalmology where appropriate. Each trainee must attend all mandatory components of training which have been tailored to their training level and their specialty.

| VASCULAR SURGERY TRAINING PROGRAMME FOR HFPS 2022-2023 |                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ST3</b>                                             | Face to Face training days – select one of the following modules <ul style="list-style-type: none"> <li>Leadership</li> <li>Safety Management Systems</li> <li>21st Century Professionalism</li> <li>Advanced Communication: Advocacy &amp; Negotiation</li> <li>Bias &amp; Diversity Training</li> </ul>                       | <b>ST4</b> | Face to Face training days – select one of the following modules <ul style="list-style-type: none"> <li>Leadership</li> <li>Safety Management Systems</li> <li>21st Century Professionalism</li> <li>Advanced Communication: Advocacy &amp; Negotiation</li> <li>Bias &amp; Diversity Training</li> </ul>                       |
|                                                        | Simulation Training (Face to Face)<br>MASCOT 1                                                                                                                                                                                                                                                                                  |            | Simulation Training (Face to Face)<br>MASCOT 2                                                                                                                                                                                                                                                                                  |
| <b>ST5</b>                                             | Face to Face training days – select one of the following modules <ul style="list-style-type: none"> <li>Leadership</li> <li>Safety Management Systems</li> <li>21st Century Professionalism</li> <li>Advanced Communication: Advocacy &amp; Negotiation</li> <li>Bias &amp; Diversity Training</li> </ul>                       | <b>ST6</b> | Face to Face training days – select one of the following modules <ul style="list-style-type: none"> <li>Leadership</li> <li>Safety Management Systems</li> <li>21st Century Professionalism</li> <li>Advanced Communication: Advocacy &amp; Negotiation</li> <li>Bias &amp; Diversity Training</li> </ul>                       |
|                                                        | Simulation Training (Face to Face)<br>Decision Making                                                                                                                                                                                                                                                                           |            | Simulation Training (Face to Face)<br>Managing Adverse Events                                                                                                                                                                                                                                                                   |
| <b>ST7</b>                                             | Both of the following modules depending on which cycle is running:<br><b>Cycle 1</b> <ul style="list-style-type: none"> <li>Train the Trainer</li> <li>Evaluating Performance</li> </ul> <b>Cycle 2</b> <ul style="list-style-type: none"> <li>Preparation for Practice</li> <li>Presentation &amp; Interview skills</li> </ul> | <b>ST8</b> | Both of the following modules depending on which cycle is running:<br><b>Cycle 1</b> <ul style="list-style-type: none"> <li>Train the Trainer</li> <li>Evaluating Performance</li> </ul> <b>Cycle 2</b> <ul style="list-style-type: none"> <li>Preparation for Practice</li> <li>Presentation &amp; Interview skills</li> </ul> |

The curriculum is mapped to a taxonomy of professional outcomes which have been categorised into **eight pillars**

| PILLARS OF PROFESSIONAL OUTCOMES      |                           |               |
|---------------------------------------|---------------------------|---------------|
| Attitudes, Behaviours and Performance | Professionalism           | Communication |
| Cognition and Problem Solving         | Safety Management Systems | Team work     |

All Trainees must choose one date for each **Human Factors in Patient Safety module**. There are a limited number of places on each course date, places will be allocated on a first-come, first-served basis, once these are filled, that date is no longer available and you must select another date. All classes will take place in RCSI in Dublin.

Classes can be booked through the Trainee Portal – see item 6 above It is your responsibility to ensure you have selected a date for each module.

When selecting your dates you should check with your colleagues that you are not attending the same date. It is important that you notify your Medical Manpower Manager and Consultant Trainers to the dates you have agreed to attend well in advance.

Should you have any queries in relation to your classes please contact the Human Factors administrator:

**Human Factors in Patient Safety** - email: [humanfactors@rcsi.ie](mailto:humanfactors@rcsi.ie)

## 10. 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 this 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 are 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 mSurgery link: <https://msurgery.ie/home/specialist-training/financial-support/>

Modules need to be completed in order 1,2,3,4 with each module building on the previous one.

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

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**Module 1:** 20 October 2022

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**Module 3:** 24 November 2022

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**Module 2:** 9 February 2023

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**Module 4:** 21 April 2023

All of these classes are being run online via Moodle.

## 11. SPECIALTY TRAINING DAYS – MANDATORY TRAINING

The following Mandatory Training days take place each year and your attendance is required:

### MANDATORY

---

Surgical Skills Assessment Day

---

Aortic Masterclass

---

Venous Masterclass

---

PVD Masterclass

---

Carotid Masterclass

---

IVC Course, Cork

## 12. 21 RCT'S/SYSTEMIC REVIEWS RELEVANT TO VASCULAR SURGERY THAT HAVE HAD AN IMPACT ON HOW WE PRACTICE TODAY

### Carotid Disease

1. Collaborators ECST randomised trial of carotid endarterectomy for recently symptomatic carotid stenosis: final results of the European Carotid Surgery Trial. *Lancet* 1998;351:1379-1387
2. Barnett HJM, Barnes RW, Clagett GP, Ferguson GG, Robertson JT, Walker PM. Symptomatic carotid artery stenosis: a solvable problem. The North American Symptomatic Carotid Endarterectomy Trial. *Stroke*. 1992;23:1048 – 1053.
3. GALA Trial Collaborative Group general anaesthesia versus local anaesthesia for carotid surgery (GALA): a multicentre, randomised controlled trial. *Lancet* 2008;372:2131-2142
4. Prevention of disabling and fatal strokes by successful carotid endarterectomy in patients without recent neurological symptoms: randomised controlled trial. Halliday A, Mansfield A, Marro J, et al. *Lancet* 2004;363:1491-1502.
5. Endarterectomy versus Angioplasty in patients with symptomatic severe carotid stenosis (EVA-3S) trial: results up to 4 years from a randomised, multicentre trial. EVA-3S Trial Collaborators. *Lancet Neurology* 2008;7:885-892.
9. Multicentre Aneurysm Screening Study Group. Multi centre aneurysm screening study (MASS): cost effectiveness analysis of screening for abdominal aortic aneurysms based on 4 year results from randomised controlled trial. Multicentre Aneurysm Screening Study Group. *BMJ* 2002;325:1135-1139.
10. The UK Small Aneurysm Trial: mortality results for randomised controlled trial of early elective surgery or ultrasonographic surveillance for small abdominal aortic aneurysms. The UK Small Aneurysm Trial Participants. *Lancet* 1998; 352:1649-1655.
11. Endovascular or open repair strategy for ruptured abdominal aortic aneurysm: 30 day outcomes from IMPROVE randomised trial. IMPROVE Trial Investigators. *BMJ* 2014;348:7661-7673.
12. Randomised comparison of strategies for Type B dissection: the Investigation of STEnt gra
13. fts in Aortic Dissection (INSTEAD) trial. Nienaber et al. *Circulation* 2009;120:2519-2528.

### Aortic Disease

6. Endovascular Aneurysm Repair – comparison of endovascular aneurysm repair with open repair in patients with abdominal aortic aneurysm (EVAR1). 30 day operative mortality results: randomised controlled trial. The EVAR Trial Participants. *Lancet* 2004;364:843-848.
7. Endovascular aneurysm repair and outcome in patients unfit for open repair of abdominal aortic aneurysm (EVAR 2); randomised controlled trial. The EVAR Trial Participants. *Lancet* 2005:2187-2192.
8. A randomised trial comparing conventional and endovascular repair of abdominal aortic aneurysm. Dutch Randomised Endovascular Aneurysm Management (DREAM) Trial Group. *New England Journal of Medicine* 2004;351:1607-1618.

### Peripheral Vascular Disease

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

### Secondary Prevention in Peripheral Vascular Disease

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

**Venous Disease**

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



**13. RETROSPECTION**

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

**14. OUT OF PROGRAMME TRAINING (OOPT)**

If deemed appropriate by the Training Committee, Trainees can apply for time Out Of Programme (OOPT) on fellowships, both in the UK and overseas, to count towards training.

To apply for OOP Training you will need to:

- ~ Discuss your intention at the idea stage with your Training Programme Director (TPD) and gain their support before you start applying for fellowships.
- ~ Put your application in writing to RCSI and the training Committee, outlining the details of your proposal for OOPT i.e. start and end date, location, to be counted toward training or not. There is no guarantee your application will be approved by the Committee and may depend on other factors.
- ~ Once you have support of the Training Committee you need to make an application in writing to the SAC via the JCST outlining the prospectus of the fellowship in comparison to RCSI Training Programme. The SAC will review and award an outcome.

The maximum amount of OOPT a trainee can take is 12 months across the whole training programme if they want it to be counted towards training. The SAC must prospectively approve any OOPT activity if you intend it to count towards certification.

When applying for OOPT you need to provide the following with your application.

| Out of programme training application checklist                                                                                                                  |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Up-to-date CV                                                                                                                                                    | <input type="checkbox"/> |
| Signed offer letter                                                                                                                                              | <input type="checkbox"/> |
| Letter of Support from Training Programme Director showing the exact dates of your Fellowship/OOPT period and whether the time out is counting towards 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"/> |

## 15. FUNDING

Funding is available to Higher Surgical Trainees via a number of different funding streams. Please see table below for a brief overview of available funds.

The guidelines and refund forms along with more information can be accessed on either RCSI mSurgery link <https://msurgery.ie/home/specialist-training/financial-support/>

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

### SPECIALIST TRAINING FUND

- ~ Run by RCSI on behalf of HSE/NDTP.
- ~ For training courses/activities, equip, books, expenses.
- ~ €500 per year per Trainee.
- ~ Funding roles over year-on-year if not used but the expense being claimed must occur in the training year the claim is made.

### CLINICAL COURSES AND EXAMS FUND

- ~ Run by HSE/NDTP for courses and exams only on the approved CCERS list.  
<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ccers-march-2021-.pdf>
- ~ €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

- ~ Total Fund Amount divided between all applicants on a pro rata basis. Amount received dependant on number of claims made
- ~ The Surgical Loupes window of application opens in February for approx. 6 weeks and application form can be found on the mSurgery link above along with guidance document.
- ~ Trainees must submit application and loupes receipt in order to qualify for funding to their Specialty Administrator.

## RCSI supports Trainees fees for:

### INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)

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

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

- ~ Available to all Trainees on the HST Programme and should help with research. To download using your RCSI log on through <https://vle.rcsi.ie/>, follow the path:
  - > Support > IT Support > 4. RCSI Software Library
  - > SPSS
- ~ Normal purchase cost €1100 per Trainee

### ENDNOTE

- ~ Available to all Trainees on the HST Programme and should help with research. To download using your RCSI log on through <https://vle.rcsi.ie/>, follow the path:
  - > Support > IT Support > 4. RCSI Software Library
  - > Endnote
- ~ Normal purchase cost €300 per Trainee.

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

## 16. STUDENT CARD/LIBRARY

You will need an RCSI email to access journals on the RCSI website, electronic library and also to gain entry to the library. Your student identification card for the HST Training Programme in will be issued to you at induction.

~~~~~

17. THE IRISH SURGICAL TRAINING GROUP (ISTG)

The Irish Surgical Training Group (ISTG) is a group of Surgical Trainees who represent all trainees in all sub-specialties in Ireland from ST1 - ST8. The aims of the group are as follows:

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

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

18. MATERNITY LEAVE /CHILDCARE

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

Childcare:

RCSI provides a subsidy and has an agreement in place 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.

~~~~~

## 19. 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:

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

## 20. HSE NATIONAL FLEXIBLE TRAINING SCHEME

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

The guide 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:

<https://msurgery.ie/wp-content/uploads/2019/09/Flexible-Training-Policy-2020.pdf>

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21. ALTERNATIVE FLEXIBLE TRAINING ARRANGEMENTS

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

Other alternatives can be explored for e.g. a 4 day week, week on week off in line with both your training requirements and those of the hospital you work in. Trainees can also avail of job-sharing opportunities for a set period of time.

The aim of any approach to flexible training is to retain doctors within the medical workforce who are unable to continue training on a full-time basis. It is important to note that any flexible training option approved will result in an extension to your CCST date.

Please see **mSurgery** Link:

~ www.msurgery.ie

~ www.msurgery.ie/postyear

22. POST REASSIGNMENT REQUEST

The post reassignment process has been established to support Trainees who have had an **unforeseen and significant change in their personal circumstances** since the commencement of their current training programme (ST1 - ST8) which requires a change to the agreed post/rotation.

This process is managed by Postgraduate Training and governed by the specialty and ISPTC. Please see [here](#) for further details and an application form.

~~~~~

## 23. CAREER BREAK INFORMATION FOR NCHDS

NCHDs who **travel abroad** can now apply for a career break and if approved will remain on the superannuation scheme. For the HSE circular in relation to career breaks please see <https://healthservice.hse.ie/staff/leave/career-breaks/>. NCHDs wishing to avail of a career break under this arrangement must apply to their **Employer** in sufficient time before the expiry of their current contract. For those NCHDs participating in a Specialist Training Scheme they must also apply to the relevant postgraduate medical training body and obtain the formal written approval of the relevant postgraduate medical training body. This formal written approval must be attached to the career break application to their employer. Please see [here](#) for the list of agencies with public service employees funded by the HSE.

~~~~~

24. EXCEPTIONAL LEAVE

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

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

25. RCSI SURGICAL FELLOWSHIPS AND AWARDS

The College is committed to encouraging the acquisition of **additional training and skills** outside the structured programmes of the College and, to this end, provides a range of **scholarships and grants** in postgraduate surgery to assist surgeons-in-training and recently-appointed Consultant Surgeons to gain additional expertise in centres of excellence overseas. Applicants must be Fellows or Members of the Royal College of Surgeons in Ireland who are in good standing. Please see [here](#) for further information.

26. IMPORTANT CONTACT DETAILS

Training Programme Director

Mr Daragh Moneley

E: daraghmoneley@beaumont.ie

Surgical Training Office

1st Floor 121 St. Stephens Green

Specialty Training Administrator Vascular Surgery

Jackie Browne

E: jackiebrowne@rcsi.com Tel: 01 402 2188

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 W: www.iscp.ac.uk

Joint Committee on Surgical Training

34-35 Lincoln's Inn Fields, London, WC2A 3PE, England

www.jcst.org

Committee & Trainee Services Manager

Ms Verity Walker

T: 0044 20 7869 6245 E: vwalker@jcst.org

RCSI Reception

121 Stephens Green, Dublin 2

T: 01 402 2422 T: 01 402 2263

RCSI IT Department

Ground Floor, RCSI House, 121 St Stephens Green, Dublin 2

T: 01 402 2273 E: helpdesk@rcsi.ie

RCSI Library

T: 01 402 2409 E: librarysec@rcsi.ie

W: 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

27. EVENTS CALENDAR

SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JUNE
 Core Curriculum	 Core Curriculum	 Core Curriculum	 Core Curriculum	 Core Curriculum	 Core Curriculum
 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC
 Sir Peter Freyer Surgical Symposium 2022 Date TBC	 Millin Meeting 2022 Date TBC	 Skills Assessment Date TBC	 Skills Assessment Date TBC	 Skills Assessment Date TBC	 Annual ARCP 2023 Date TBC
 Vascular Bootcamp ST3 & ST4 Date TBC	 ISCP Portfolio Date TBC	FEBRUARY  Core Curriculum	 Sylvester O'Halloran meeting 2023 Date TBC	 Joint IAVS/NIAS Meeting and Master Class Date TBC	
OCTOBER  Core Curriculum	DECEMBER  Core Curriculum	 RCSI Charter Day Date TBC	 Surgical Loupes application deadline Date TBC		
 Remote Teaching Sessions Date TBC	 Remote Teaching Sessions Date TBC	 RCSI Charter Day Vascular Master Class Date TBC	APRIL  Core Curriculum		
 Skills Assessment Date TBC	 Skills Assessment Date TBC		 Remote Teaching Sessions Date TBC		
 Waterford Surgical Meeting 2022 Date TBC	 Interim ARCP 2022 TBC (RCSI) Date TBC				

Please note: The events shown above take place every year and typically they occur the same week every year. Last year a lot of events were online due to Covid but as we move out the other side its not yet known whether events will be F2F this year or online, A lot of the hands on training, ie clinical skills events will most likely go ahead in person. All training events will be communicated to all trainees prior to the event date.

APPENDICES

APPENDIX 1: OTOLARYNGOLOGY CURRICULUM

Critical Conditions and Key Topics

Vascular Surgery manages a large number of individual conditions as described in the syllabus. Assessment of a trainee's ability to manage these is through the supervision level decisions made when assessing the shared CiPs. Vascular Surgery also has a list of critical conditions and key topics which are felt to be of significant importance for patient safety and to demonstrate a safe breadth of practice. These critical conditions will be assessed individually by means of the Case Based Assessment (CBD) and Clinical Evaluation Exercise (CEX) which will both provide formative feedback to the trainee and feed into the summative assessment of the AES.

To ensure that trainees have the necessary skills in the critical conditions, by certification (the end of phase 3) there should be documented evidence in the portfolio of performance at the level of a day-one consultant by means of the CBD or CEX as appropriate (at level 4: Appropriate for certification. See CBD/CEX forms for the full list of levels).

The critical conditions are:

1. Acute Limb Ischaemia
2. Abdominal Aortic Aneurysms
3. Fulminant Diabetic Foot Sepsis

The key topics are:

- Assessment, resuscitation and management of patients with acutely ischaemic legs.
- Recognition of critical ischaemia and claudication in patients with peripheral vascular disease and knowledge of treatment option including angioplasty, stent and bypass techniques.
- Diagnosis and treatment of patients with acute upper limb ischaemia.
- Recognise and know the principles of treatment of patients with ruptured abdominal aortic aneurysms.
- Diagnosis and management, including operative management of abdominal and peripheral aortic aneurysms. Have knowledge of both open and endovascular repair of aortic aneurysms.
- Ability to diagnose and manage patients with femoral false aneurysms, and the application of this to plan management of all false aneurysms.

- Recognition and management of severe vascular infections, involving native vessels and synthetic grafts
- Recognition and management of patients presenting with diabetic foot tissue loss/ Infection and sepsis.
- Safely assess the multiply injured patient (ATLS course or equivalent)
- Identify and manage traumatic and iatrogenic vascular injuries
- Diagnosis and management of carotid artery disease including knowledge of when to use endovascular techniques.
- A basic knowledge of vascular access techniques and the treatment of arterio-venous malformations.
- Have knowledge of the techniques involved in renovascular surgical intervention.
- Recognition and management of patients with vasospastic and arteritic conditions of their upper and lower limbs.
- Have knowledge of both open and endovenous treatments for varicose veins and treat patients with varicose veins from start to finish
- Diagnosis and treatment of patients with lymphoedema.
- Have knowledge of the diagnosis and management of thoracic outlet syndrome.
- Know how to manage patients with hyperhidrosis
- Ability to assess published evidence in relational to clinical practice and ability to teach others

APPENDIX 2: INDEX PROCEDURES – VASCULAR SURGERY

Vascular Surgery requires technical skills to be undertaken across a wide range of operative procedures as described in the syllabus. These are generally groups of procedures which are common and/or are seen as representing important areas of technical expertise. The assessment of a trainee's ability to carry out this full range of procedures is covered by the supervision level decisions made when assessing the CiPs. These assess not only the necessary technical skills but the totality of capabilities required to carry them out. Vascular Surgery also has a list of index procedures, which are felt to be of significant importance for patient safety and to demonstrate a safe breadth of practice.

The index procedures will be assessed individually by means of the PBA which will both provide formative feedback to the trainee and feed into the summative assessment of the AES and ARCP. The competency in these procedures should be developed through both Phase 2 and 3 of training.

By certification (the end of phase 3) there should be documented evidence of performance at the level of a day-one consultant for the index procedures to competence level 4 in the PBA.

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 (see PBA form for the full list of levels).

The PBA numbers are an indicative guide for both trainees and trainers as to the case numbers that give an indication of competence as trainees would not normally be expected to have achieved sufficient experience to be able to manage the range of pathology they encounter unless these numbers were met. It is recognised that competence could be achieved with fewer cases, if supported by evidence from other assessments. Meeting the numbers does not, in itself, imply competence.

The index procedures and indicative numbers are:

Aortic aneurysm

- ~ **Open Aortic Procedures** – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers
(To include Open repair of Elective AAA at level 4 and Ruptured AAA at level 3)
- ~ **Collaborative Endovascular Aortic Procedures** - 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers
(To include Endovascular repair of Elective AAA at level 4 and Ruptured AAA at level 3)

Carotid Endarterectomy

Carotid endarterectomy – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Common Femoral Arterial Surgery

Common Femoral Arterial Surgery - 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Common Femoral artery exposure, endarterectomy and patch / graft anastomosis – to level 4
- ~ Redo – Groin Surgery
- ~ Combined Open with Endovascular Revascularisation (COWER) - to level 4 as part of Collaborative delivery

Infra Inguinal bypass surgery

Infra Inguinal bypass surgery – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Above Knee popliteal exposure and anastomosis
- ~ Below knee popliteal exposure and anastomosis
- ~ Calf vessel run exposure and anastomosis
- ~ Pedal vessel exposure and anastomosis
- ~ Popliteal artery exclusion bypass

Endovascular

Endovascular – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Perioperative Endovascular (DSA) imaging interpretation and management
- ~ Angioplasty / Stenting of a luminal SFA/ Iliac stenosis.
- ~ Over the wire balloon thrombectomy cases

Emergency Vascular Surgery

Emergency Vascular Surgery – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Femoral and Brachial Embolectomy
- ~ 4 compartment fasciotomy
- ~ Control and repair false femoral artery aneurysm

Amputation and Debridement

Amputation and Debridement – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Digital amputation and or – Drainage of Diabetic Foot Sepsis at level 4
- ~ Major amputation (Inclusive of Above/ Through and Below Knee) at level 4

Varicose Vein Surgery

Varicose vein surgery – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Sapheno-femoral and sapheno-popliteal ligation.
- ~ Endovenous LSV and SSV ablation
- ~ Foam injection sclerotherapy

Vascular Access

Vascular access – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Primary AV fistula at wrist/upper arm
- ~ Revision of failed AV fistula

General Surgery

General Surgery – 10 PBAs that show progression to competence. To include four at level 4 by at least two trainers

Inclusive of:

- ~ Open and Close Laparotomy – at level 4
- ~ Emergency Control (packing) of intra-abdominal haemorrhage
- ~ Division of Adhesions
- ~ Colonic mobilisation to allow Vascular Control

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

PLACEMENT START

STEP 1		10 minutes
Trainee	Set up placement ~ Transition to new curriculum ~ List AES ~ List all CSs + AES (min 2) ~ Submit placement	

STEP 2		5 minutes
Trainee	~ Create Learning Agreement ~ Select Lead CS	

LA - OBJECTIVE SETTING

STEP 3		30 minutes
Trainee	Complete objective setting with AES ~ Objectives for GPCs / each CiP ~ Support to achieve objectives ~ Sign off	

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

STEP 4		15 minutes
Trainee	Complete midpoint Self-Assessment	

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

STEP 4		10 minutes per trainee
Other Clinical Supervisors	Complete midpoint MCR ~ Attend MCR meeting	

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

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

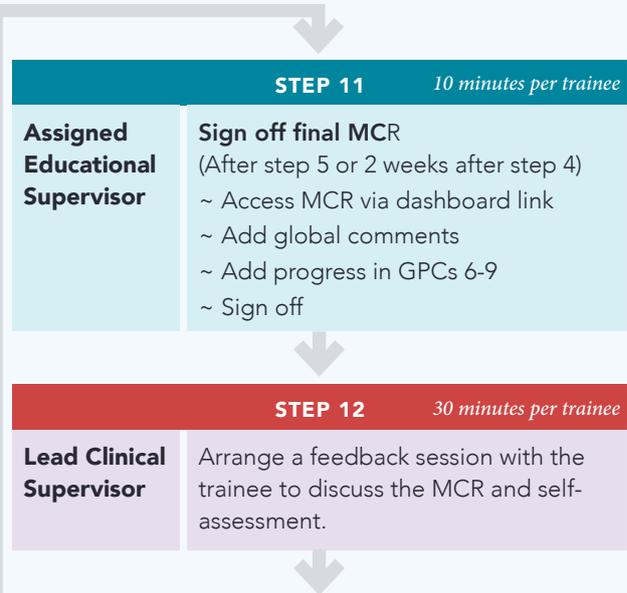
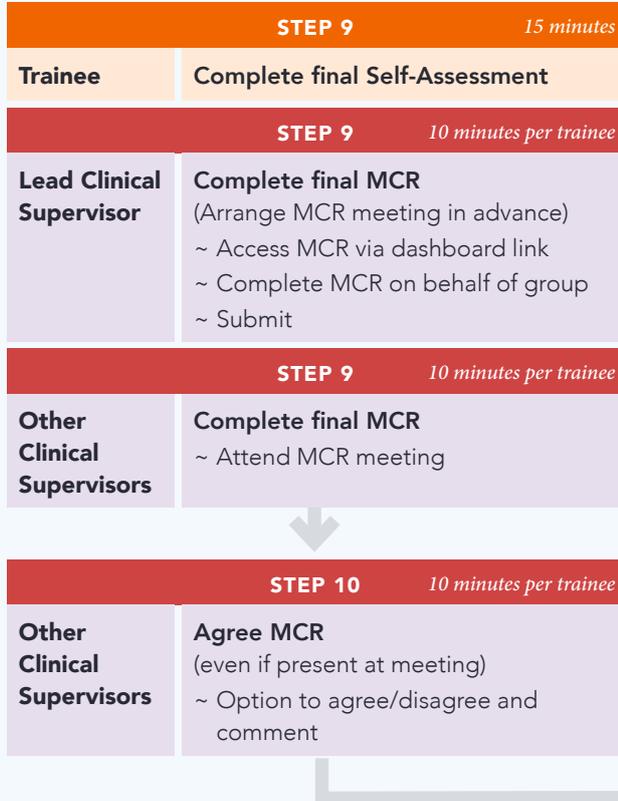
STEP 7		30 minutes per trainee
Lead Clinical Supervisor	Arrange a feedback session with the trainee to discuss the MCR and self-assessment.	

LA - MIDPOINT REVIEW

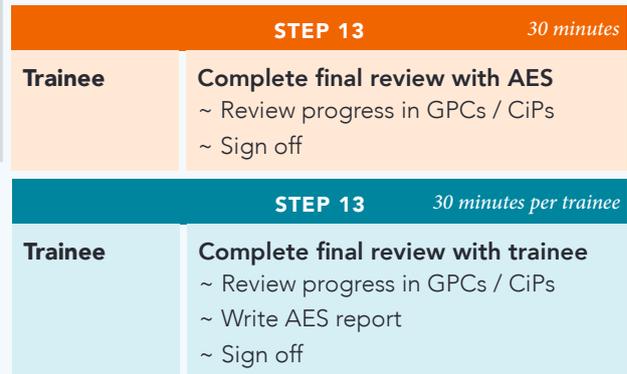
STEP 8		30 minutes
Trainee	Complete midpoint review with AES ~ Review progress in GPCs / CiPs ~ Agree any actions necessary ~ Sign off	

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

LA – MIDPOINT REVIEW



LA – FINAL REVIEW



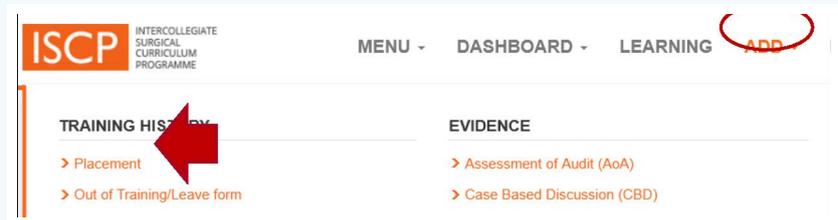
PLACEMENT ENDS

3A. TRAINEE SCREEN NAVIGATION

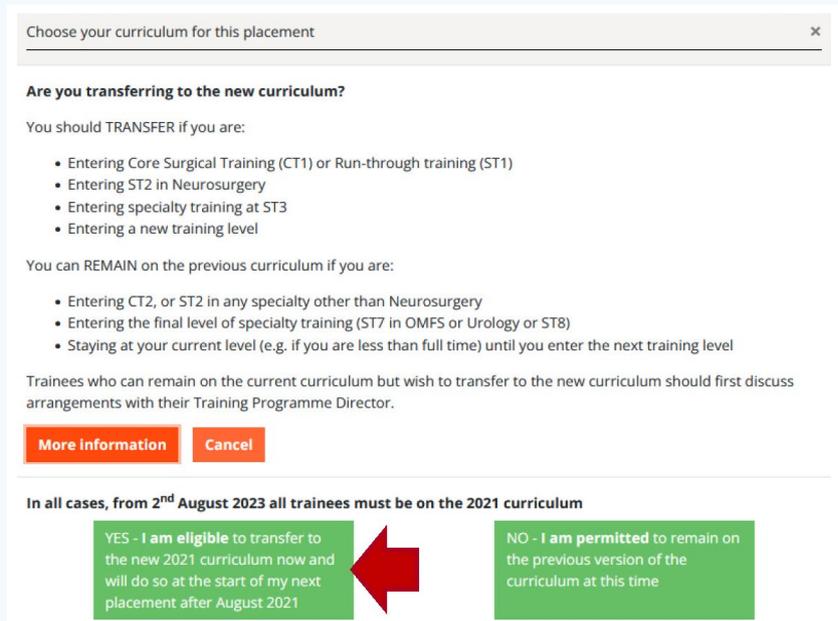
STEP 1

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]

Appointment type Please select

Parent Specialty Please select

Academic trainee? Please select

Military trainee? No

Deanery/LETB Health Education Wessex

TPD Please select a Deanery/LETB and speciality

Placement details

Hospital Start typing to find your hospital

Start date

End date

Full time trainee? Please select

Specialty of placement Please select

Level Please select

Supervisors for this placement

AES Start typing to find your AES

CS 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

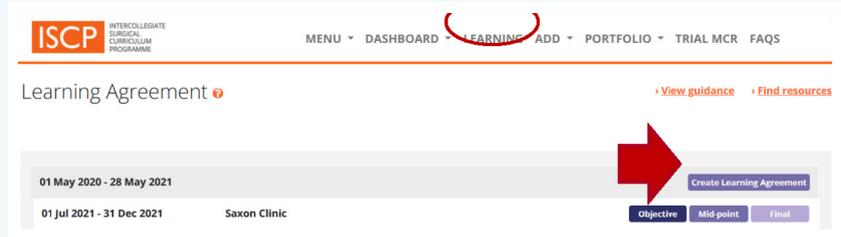
Yes - I would like to submit now

Save As Draft

STEP 2

Create the Learning Agreement

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

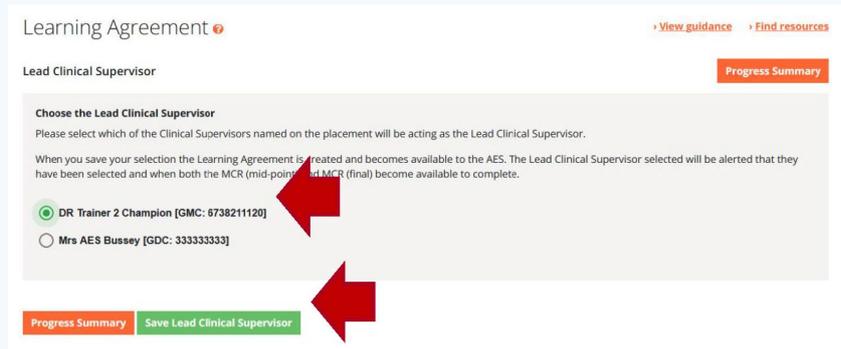


Select Lead Clinical Supervisor

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 Annual 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

1 out of 3 Contributors agreed with the MCR

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 (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.

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 🔔

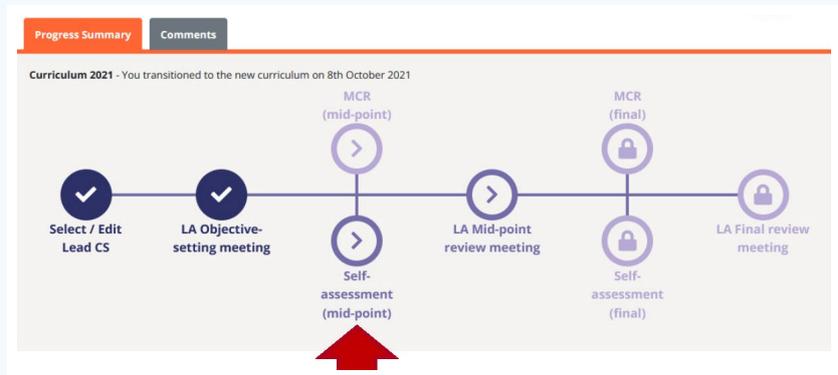
Sign-off

[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.

The screenshot shows the 'Self-assessment (mid-point)' form for Generic Professional Capabilities (GPC). It includes a 'NOTE' section with instructions on using buttons to rate GPC as 'Appropriate for phase' or 'Areas for development', and where to indicate 'Areas for development'. Below are two sections: 'GPC 1 - Professional values and behaviours' and 'GPC 2 - Professional skills'. Each section has a 'Your comments...' text area, a 'Select descriptors' button, and buttons for 'Appropriate for phase' and 'Area for development'. Red arrows point to the 'Area for development' buttons and the comment boxes.

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.

The screenshot shows the 'Self-assessment (mid-point)' form for Capabilities in Practice (CiP). It includes a 'NOTE' section with instructions on using buttons to select the supervision level, and where to indicate the supervision level is less than IV, select descriptors (maximum 5) and/or add free text to describe the developments required. Below are two sections: 'CIP 1 - Manages an out-patient clinic' and 'CIP 2 - Manages the unselected emergency take'. Each section has a 'SUPERVISION LEVEL' dropdown menu, a 'Your comments...' text area, and a 'Select descriptors' button. Red arrows point to the supervision level dropdowns and the comment boxes.

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.

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU - DASHBOARD - MY TRAINEES - TRAINER AREA - FAQs

My Trainees as Assigned Educational Supervisor

Current 3 Historic 1 Future 0

Filter by Specialty: All specialties
Sort by: Trainee Name

Trainees in an active 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

MCR (mid-point) MCR (final)

Select / Edit Lead CS LA Objective-setting meeting Self-assessment (mid-point) LA Mid-point review meeting Self-assessment (final) LA Final review meeting

Learning Agreement

View guidance Find resources

Lead Clinical Supervisor Progress Summary

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]

Mrs AES Bussey [GDC: 33333333]

Progress Summary Save Lead Clinical Supervisor

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)

ARCP period	20th March 2013 Annual 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.

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.

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

GPC 1 - Professional values and behaviours

Select GPC

- GPCs - Areas for development
- GPCs - 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

1 out of 3 Contributors agreed with the MCR

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** | Final review

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 🔔
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 NUMER] 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.

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 distinct sections, each corresponding to a GPC domain:

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

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 contains four distinct items, each with a title, a supervision level, a comment field, and a 'Select descriptors' button. The items are:

- CIP 1 - Manages an out-patient clinic**: Supervision level IV, comment field 'Your comments...', and 'Select descriptors' button.
- CIP 2 - Manages the unselected emergency take**: Supervision level IV, comment field 'Your comments...', and 'Select descriptors' button.
- CIP 3 - Manages ward rounds and the on-going care of in-patients**: Supervision level IV, comment field 'Your comments...', and 'Select descriptors' button.
- CIP 4 - Manages an operating list**: Supervision level IV, comment field 'Your comments...', and 'Select descriptors' button.

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:

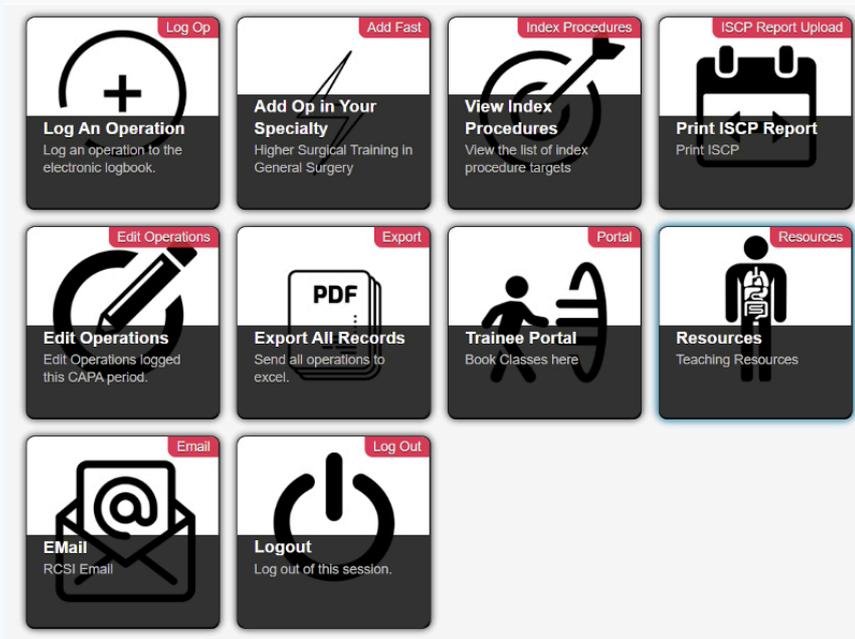
The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio

Follow the same steps for the final MCR.

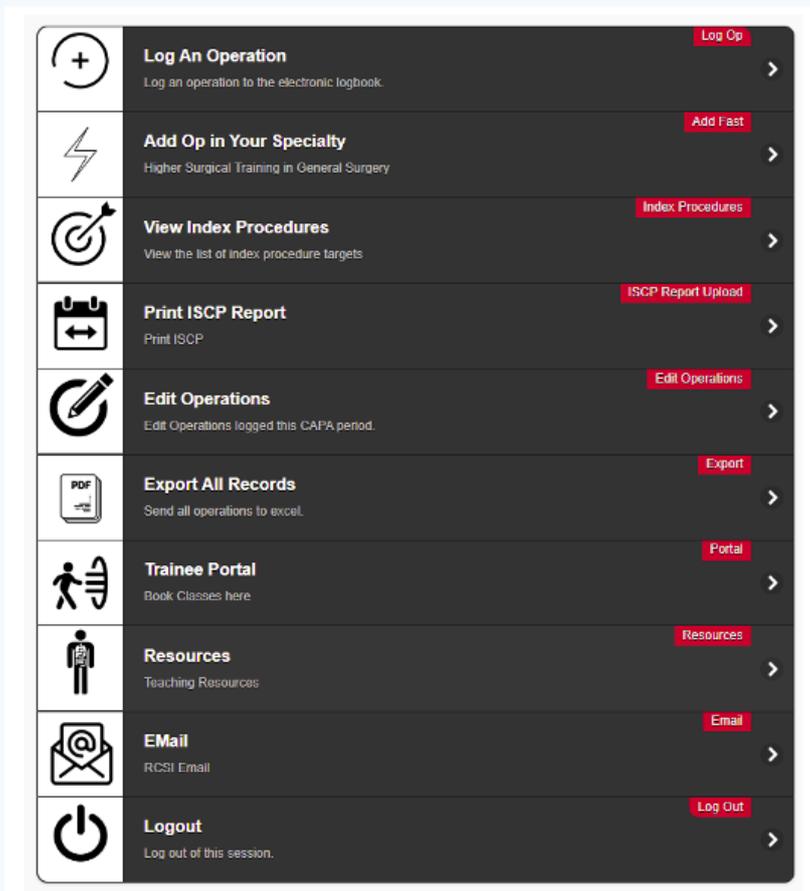
APPENDIX 4:
RCSI HST LOGBOOK

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:



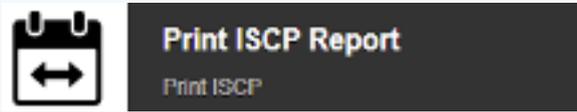
On a mobile the menu will appear like this:



	Log An Operation Log an operation to the electronic logbook.	Use this to record an operation into the logbook. You will be able to select any specialty.
	Add Op in Your Specialty 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.
	View Index Procedures 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).
	Print ISCP Report 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. 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'.
	Edit Operations Edit Operations logged this CAPA period.	You can use this screen to make changes to any operations you have logged.
	Export All Records Send all operations to excel.	This will create an excel sheet of every operation you have logged in the logbook regardless of the time.
	Trainee Portal 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.
	Resources Teaching Resources	A collection of useful resources for trainees including surgical training videos, 360 videos, online anatomy etc.
	Email 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.
	Logout 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

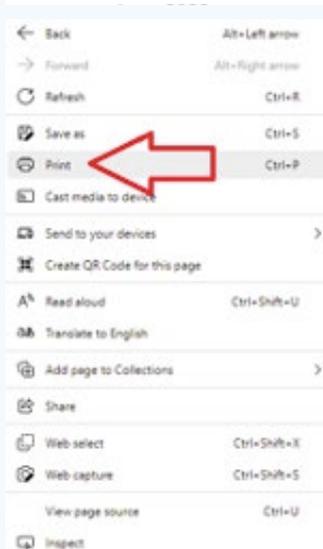


3. Select the start and end date as advised for this ARCP Period

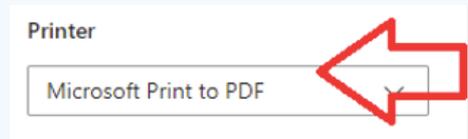


4. Print to PDF

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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