



**ST3 - ST8**  
**SPECIALIST TRAINING INFORMATION**

# CARDIOTHORACIC SURGERY

JUNE 2022

RCSI.COM

ROYAL COLLEGE OF SURGEONS IN IRELAND



**RCSI**

<b>Welcome</b>	<b>3</b>	17. HSE national flexible training scheme	<b>13</b>
1. Meeting with the Training Programme Director	4	18. Career break information for NCHDs	13
2. Trainee Representative	4	19. Maternity/Paternity leave	13
3. Intercollegiate Surgical Curriculum Programme (ISCP)	4	20. Exceptional leave	14
3.1 General Overview	4	21. Joint Committee on Surgical Training (JCST)	14
3.2 Trainee Registering and Engagement	5	22. Funding	14
3.3 ISCP Curriculum Assessment & Feedback	5	23. The Irish Surgical Training Group (ISTG)	15
3.4 Capabilities in Practise	5	24. RCSI surgical fellowships and awards	16
3.5 Multiple Consultant Report (MCR)	5	25. Job-sharing	16
3.6 Trainee Self-Assessment (SA)	6	26. Student card/library	16
3.7 Work based Assessments (WBA)	6	27. Important events to note	16
3.8 Case Based Discussions	6	28. Important contact details	17
3.9 The Learning Agreement	6		
3.10 RCSI Support	8	<b>Appendix 1:</b> Cardiothoracic Critical Conditions	18
3.11 ISCP account Post CSCST	8		
4. RCSI Logbook	8	<b>Appendix 2:</b> Index Procedures - CardiothoracicSurgery	19
5. Annual Review of Competency Progression (ARCP)	8	<b>Appendix 3:</b> Complete step guide to the LA-MCR-SA	20
6. Trainee Portal – Connect SA	8	<b>Appendix 4:</b> RCSI HST Logbook	38
7. FRCS (Cth) – Intercollegiate Exam in Cardiothoracic Surgery	9		
8. Structured Education Programme for specialty trainees in Cardiothoracic surgery	9		
9. Human Factors in Patient Safety (HFPS)	9		
10. Research Methodology Course for Surgical Trainees	10		
11. Certificate of completion of surgical training (CCST)	11		
12. Retrospection	11		
13. Rotations	12		
14. Out-of-programme training	12		
15. Alternative Flexible training arrangements	13		
16. Post-reassignment request	13		

# WELCOME

Congratulations on your appointment to the Specialist Training Programme in Cardiothoracic Surgery.

This programme is led by the Programme Director (TPD), **Mr. Ronan Ryan**. Your Intercollegiate Surgical Curriculum Programme (ISCP) training session commences at 3.15pm in the Harold Browne Lecture Theatre, 123 St Stephens Green.

## IMPORTANT INFORMATION

Specialty Training Administrator for Cardiothoracic Surgery for ST3-8 Trainees:

**Teresa Byrne**

**RCSI Surgical Affairs, Royal College of Surgeons in Ireland**

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

Tel: 01 402 5034 E: [teresabyrne@rcsi.ie](mailto:teresabyrne@rcsi.ie) W: [www.rCSI.ie](http://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 Ronan Ryan**.

All meetings to be booked through your Specialty Training Administrator: [teresabyrne@rcsi.ie](mailto:teresabyrne@rcsi.ie)

~~~~~

## **2. TRAINEE REPRESENTATIVE**

The current trainee representative is the most senior trainee on the Cardiothoracic HST programme is ST7. The Trainee Representative attends the trainers committee meeting and provides feedback and/or concerns to the trainees. The trainee representative can also provide feedback to the trainees from the trainers committee.

## **3. INTERCOLLEGiate SURGICAL CURRICULUM PROGRAMME (ISCP)**

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

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

### **3.1 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/](http://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.

### **3.2 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.

### **3.3 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**

#### **3.4 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:

### 3.5 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.

### 3.6 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.

### 3.7 Case Based Discussions (CBD's)

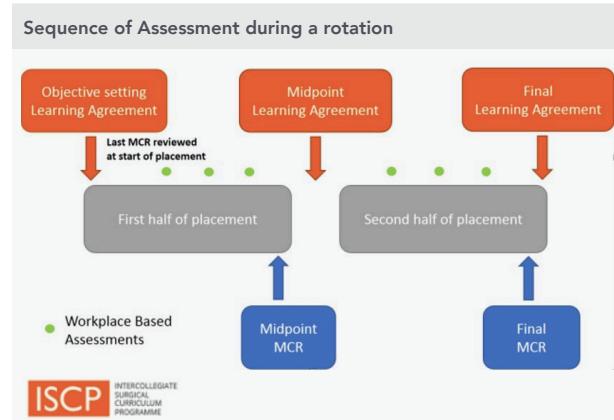
The Case Based Discussions (CBD's) assess the performance of trainees in their management of a patient case to provide an indication of competence in areas such as clinical judgement, decision-making and application of medical knowledge in relation to patient care. The CBD process is a structured, in-depth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

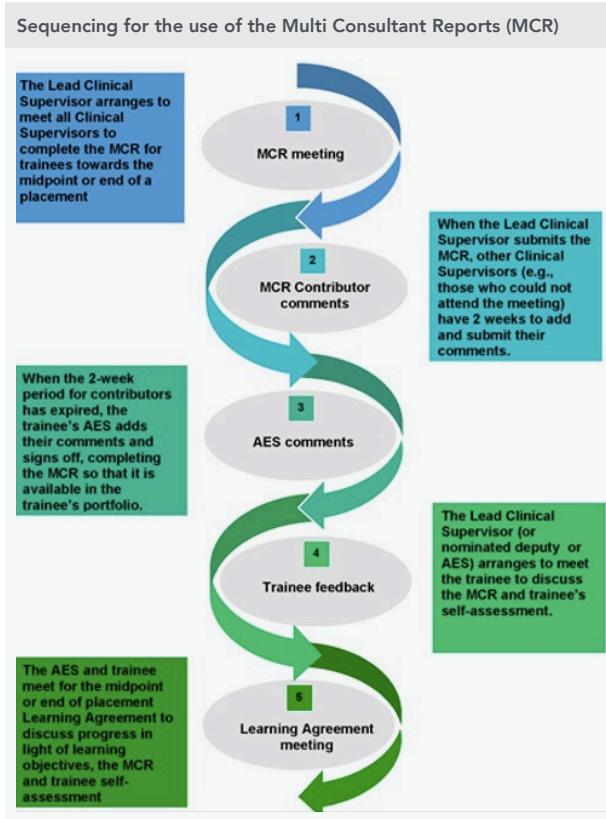
### 3.8 The Learning Agreement (LA)

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 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:

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:

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

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

### 3.9 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@gmail.com](mailto:helenharty7@gmail.com)

You can also contact the ISCP Helpdesk on **0044 207 869 6299** or [helpdesk@iscp.ac.uk](mailto: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 ST administrator, [teresabyrne@rcsi.com](mailto:teresabyrne@rcsi.com) who will help to facilitate this.

### 3.10 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 to your training account/data. Please note that RCSI do not hold a copy of your training record.

## 4. 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.

The 3 appendices with your guide are:

1. Curriculum
2. MCR Report
3. ARCP Logbook Report

## 5. ANNUAL REVIEW OF COMPETENCY PROGRESSION (ARCP)

The Training Committee will hold an **Interim & Annual Review of Competency Progression (ARCP)** meeting to review your paperwork twice a year, once in November (interim review) and the second in May (Annual review). You will need to have all your ISCP paperwork i.e. Learning Agreements, Work Based Assessments etc. completed a week prior to your review.

## 6. TRAINEE PORTAL – CONNECT SA

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

CONNECT SA  
TRAINEE PORTAL

RCSI

Documents Class sign up Help content Sign out

Trainee details

Programme: TEST Programme 2021

Current ST year: ST 3

Allocations

| ST year | Year | Training post                                   | AES       |
|---------|------|-------------------------------------------------|-----------|
| ST 3    | 2020 | 0000011078-CAPGH-Gen - 03/07/2020 to 11/07/2021 | + Add AES |

Deviations

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

Forgotten password  
[Reset your password with SSPM](#)

Contact us  
RCSI Web: [www.rcsi.com](http://www.rcsi.com) Telephone 01 402 3719 Email: [surgicalaffairs@rcsi.ie](mailto:surgicalaffairs@rcsi.ie)  
© 2021 Royal College of Surgeons in Ireland

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

## **7. FRCS (CTH) – INTERCOLLEGIATE EXAM IN CARDIOTHORACIC SURGERY**

All Trainees must successfully complete their FRCS exam prior to completion of training.

All Trainees sit their exit examination or Intercollegiate Examination in Cardiothoracic Surgery (FRCS) and are awarded a Certificate of Satisfactory Completion of Specialty Training (CSCST) at the end of ST8, by the RCSI. Award of (CCST) is contingent meeting training competencies and successful completion of the FRCS exam.

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 ([jcie.org.uk](http://jcie.org.uk)). This is an excellent resource for those applying to take their Intercollegiate exam and all trainees should familiarise themselves with this website.

~~~~~

## **8. STRUCTURED EDUCATION PROGRAMME FOR SPECIALTY TRAINEES IN CARDIOTHORACIC SURGERY 2022/23**

Education delivery for trainees can be broken down into a number of components Mandatory (RCSI), Training courses to be completed for certification (CCST) and sub specialty interest courses that the Trainee may undertake during the time on the programme RCSI in conjunction with the specialty delivers a number of mandatory training days for Trainees across Operative Surgical Skills classes and Human Factors in Patient Safety modules

## **9. HUMAN FACTORS IN PATIENT SAFETY (HFPS)**

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

All Trainees must choose one date for each HFPS 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.

It is your responsibility to ensure you have selected a date for each module. Once you select your dates on the trainee portal, please ensure you save it before moving on to select the next module dates.

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 relevant administrator:

**Operative Surgical Skills** - email: [oss@rcsi.ie](mailto:oss@rcsi.ie) / **Human Factors in Patient Safety** - email: [humanfactors@rcsi.ie](mailto:humanfactors@rcsi.ie)

<b>CARDIOTHORACIC SURGERY TRAINING PROGRAMME FOR HFPS 2022-23</b>		
<b>ST3 - ST6</b>	SMS	
	21st Prof	
	Leadership	
	B&D	
	Ad Comms	
	Bespoke simulation date??	However the taught programme is intended for all surgical trainees, even if they do not plan to pursue an MD or PhD later. The ISPTC has deemed this programme mandatory for all ST3 trainees in all specialities and you will be required to complete the 4 modules in order to be "signed off" in your ARCP at the end of ST4. However, those trainees who have already completed a taught MCh, or MD or PhD are exempted from the research methodology course as they have already completed a similar course as part of their higher degree. Trainees commencing in ST3 will be contacted with details of the course including exemption details.
<b>ST7 - ST8</b>	Evaluating performance (simulation)	A copy of the Research Methodology exemption form can be downloaded from mSurgery link: <a href="https://msurgery.ie/home/specialist-training/financial-support/">https://msurgery.ie/home/specialist-training/financial-support/</a>
	TTT	
	Preparation for Practice	
	Presentation and Consultant interview prep	

## **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 the taught programme is intended for all surgical trainees, even if they do not plan to pursue an MD or PhD later. The ISPTC has deemed this programme mandatory for all ST3 trainees in all specialities and you will be required to complete the 4 modules in order to be "signed off" in your ARCP at the end of ST4. However, those trainees who have already completed a taught MCh, or MD or PhD are exempted from the research methodology course as they have already completed a similar course as part of their higher degree. Trainees commencing in ST3 will be contacted with details of the course including exemption details.

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

**Module 1:** 20 October 2022

**Module 3:** 24 November 2022

**Module 2:** 9 February 2023

**Module 4:** 21 April 2023

All of these classes are being run online via Moodle.

## **11. CERTIFICATE OF COMPLETION OF SURGICAL TRAINING (CCST)**

Please click on this link for the guidelines for the award of a CCST in Cardiothoracic Surgery: <http://www.jcst.org/quality-assurance/documents/certification-guidelines/CertificationguidelinesCTS2016FINAL.pdf>

Please click on this [link](#) which contains the programme of assessment for Cardiothoracic Surgery - in particular under 5.4 which details the requirements for completing the curriculum and applying for the award of CCST in Cardiothoracic Surgery.

## **12. RETROSPECTION**

You may meet the strict criteria to be considered for retrospection, and thus, shorten your training by a maximum of one year.

The process, if eligible, involves producing certain paperwork as per checklist below to the TPD via your ST Administrator. Your application will then be considered by the **Cardiothoracic Training Committee** at their nearest interim meeting and if approved, your documentation along with TPD letter of support will be submitted JCST. The JCST will then present it to the SAC in the UK. If approved the JCST will email you an approval letter of retrospection with your amended CCST date. Here is the link to the JCST website and their list of items: <http://www.jcst.org/irish-trainees/counting-previous-training>

### **Retrospection application checklist**

Letter from you to the Training Programme Director

Up-to-date CV

Name and contact details of Research Supervisor

Details of research (not a full thesis)

Satisfactory reference from Supervisor demonstrating that higher degree has been written up and submitted

Evidence of publication resulting from your research period in a peer-reviewed journal, which the SAC considers to be of an appropriate level; i.e. copies of the paper(s) published

Confirmation that a higher degree has been awarded i.e. letter awarding your degree/copy of your parchment

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

### 13. ROTATIONS

You will be on a six year rotation.

Cork University Hospital (CUH)
Mater Misericordiae University Hospital (MTRMIS)
St. James's Hospital (StJAM)
University Hospital College Galway (UHCG)
Children's Health Ireland @ Crumlin (CHI@Crumlin)

### 14. OUT-OF-PROGRAMME TRAINING

If deemed appropriate by the Training Committee, you can apply for time out of programme on fellowships, both in the UK and overseas, to count towards training.

To go on OOP training you will need to:

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

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

#### Out of programme training application checklist

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

OOPT links on JCST website:

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

## **15. ALTERNATIVE FLEXIBLE TRAINING ARRANGEMENTS**

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

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

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

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

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

Please see **mSurgery** Link:

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

## **16. 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 **mSurgery** Link: [www.msurgery.ie](http://www.msurgery.ie) for further details and an application form.

## **17. 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.

---

## **18. CAREER BREAK INFORMATION FOR NCHDS**

NCHDs who **travel abroad** can now apply for a **career break** and if approved will remain on the superannuation scheme.

NCHDs wishing to avail of a career break under this arrangement must apply to their Employer in sufficient time before the expiry of their current contract. For those NCHDs participating in a Specialist Training Scheme they must also apply to the relevant postgraduate medical training body and obtain the formal written approval of the relevant postgraduate medical training body. This formal written approval must be attached to the career break application to their employer.

Please see **mSurgery** Link:

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

## **19. MATERNITY/PATERNITY LEAVE**

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

## 20. EXCEPTIONAL LEAVE

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

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



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

Link to JCST website for Republic of Ireland Trainees:  
<http://www.jcst.org/irish-trainees>

You will need to supply a copy of your Certificate of Completion of Basic Surgical Training (CCBST) or Core Surgical Training Certificate (CST) to your ST Administrator email: teresabyrne@rcsi.ie as soon as you have received the certificate. If you have entered the specialty programme via the Pathway programme (ST2) please note you do not automatically receive a CST certificate and will need to apply for this, if you have not already done so. Please contact the CST Administrator, **Sara Gross** in relation to this [saragross@rcsi.ie](mailto:saragross@rcsi.ie). The JCST needs your CST/CCBST certificates in order to register you with the Specialty Advisory Committee (SAC).

The screenshot shows the JCST website with a navigation bar at the top. The 'Irish Trainees' link is highlighted in green. The main content area displays information about Irish Trainees, including guidance on training arrangements and a note about records retention.

**Navigation Bar:**

- INTRODUCTION TO TRAINING
- UK TRAINEES
- IRISH TRAINEES
- QUALITY ASSURANCE
- TRAINING INTERFACE GROUPS
- CESR
- COMMITTEES

**Irish Trainees Section:**

Those who are undertaking approved surgical training in Ireland are known as Specialist Registrars (SpRs). Guidance on the arrangements for SpR training is set out in *A Manual of Higher Surgical Training* (also known as the Pink Book) and *A Guide to Specialist Registrar Training* (also known as the Orange Book). SpR trainees are expected to use eLogbook to record their operations. At the end of training Irish trainees receive a Certificate of Completion of Specialist Training (CCST). The Irish training system is in the process of changing. For details of the new system, which began in 2013, see [here](#).

Please note that the JCST will archive trainee files after they have been recommended to the Royal College of Surgeons in Ireland (RCSI) for the award of a CCST certificate. Our records retention policy requires us to keep archived trainee files for eight years after which the files will be confidentially destroyed.

**Footer:**

- QUICK LINKS: Key Documents, Archive
- CONNECTIONS: ISCP, ABST
- KEEP UPDATED: News, Member Forum
- JCST: About us, Contact us

## 22. FUNDING

Funding is available to Trainees via four different funds. Please see table below for a brief overview of all funds. The guidelines and refund forms for all the Mandatory, Specialist, Surgical Loupes and clinical courses and examination funds are located near the bottom of the page using this link: [mSurgery/financial-supports-for-sprs](#)

### TRAINEE SUPPORT SCHEME

- ~ €2000 maximum per year per trainee.
- ~ Funding is not carried over year-on-year.
- ~ Processed via HSE
- ~ Available from July 2019

Further Information

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

### SPECIALIST TRAINING FUND

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

Further Information

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

<https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs>

### CLINICAL COURSES AND EXAMS FUND

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

Further Information

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

<https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs>

**SURGICAL LOUPES FUND**

- ~ Amount available to Trainees dependant on number of claims in the year.
- ~ The Surgical Loupes application form will be emailed to you as soon as it is available. (Mar 2020)
- ~ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.

**Further Information**

<https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs>

**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.

**22. THE IRISH SURGICAL TRAINING GROUP (ISTG)**

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

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

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

The screenshot shows the homepage of the ISCP (Intercollegiate Surgical Curriculum Programme) website. At the top right are links for 'REGISTER' and 'HOME'. Below the header, there's a 'Welcome to version 10' message. A central banner features four colored boxes: orange for 'JCST', green for 'DENTAL SYLLABUS', red for 'NOTSS', and blue for 'HELP GUIDES' which includes a link to 'MORE ABOUT THE NEW ISCP V10'. To the right is a 'Your secure area' section with fields for 'Email' and 'Password', and buttons for 'Log in' and 'Lost your password?'. At the bottom, there's a 'News and updates' section with a 'View all' link, followed by a list of recent news items with dates like '27 Apr 2017', '27 Apr 2017', '16 Mar 2017', '06 Mar 2017', and '28 Feb 2017', each with a brief description.

## 24. RCSI SURGICAL FELLOWSHIPS AND AWARDS

The College is committed to encouraging the acquisition of **additional training and skills** outside the structured programmes of the College and, to this end, provides a range of **scholarships and grants** in postgraduate surgery to assist surgeons-in-training and recently-appointed Consultant Surgeons to gain additional expertise in centres of excellence overseas. Applicants must be Fellows or Members of the Royal College of Surgeons in Ireland who are in good standing. [http://www.rcsi.ie/fellowships\\_and\\_awards](http://www.rcsi.ie/fellowships_and_awards)



## 25. 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/job-sharing](http://www.msurgery.ie/job-sharing)



## 26. STUDENT CARD/LIBRARY

You will need an **RCSI email** to access journals on the RCSI website, electronic library and also to gain entry to the library. Your **student identification card** may be obtained from the **IT department**, ground floor, RCSI, 121 St. Stephens Green.

## 27. IMPORTANT EVENTS TO NOTE

FEBRUARY	JUNE	JULY
<b>RCSI Charter Day</b> Date TBC	<b>FRCS Intercollegiate Exam part 1</b> Date TBC	<b>FRCS Conferring</b> Date TBC
MARCH		NOVEMBER
<b>Surgical Loupes application deadline</b> Date TBC	<b>ST2 Information Session/ST3 Induction</b> Date TBC	<b>Millin Meeting 2022</b> Date TBC
	<b>Annual ARCP 2023</b> Date TBC	<b>FRCS Intercollegiate Exam part 2</b> Date TBC
		<b>Interim ARCP</b> Date TBC

## **28. IMPORTANT CONTACT DETAILS**

### **Training Programme Director**

**Mr Ronan Ryan**

E: [rryan@stjames.ie](mailto:rryan@stjames.ie)

### **Surgical Training Office**

1st Floor 121 St. Stephens Green

### **Specialty Training Administrator Cardiothoracic Surgery**

**Ms. Teresa Byrne**

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

Tel: 01 402 5034 / 01 402 2459

### **Joint Committee on Surgical Training**

**Mr Erik Majaus, queries to go through your ST Administrator**

### **RCSI Reception**

121 Stephens Green - Tel: **01 402 2422**

123 Stephens Green - Tel: **01 402 2263**

### **RCSI IT Department**

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

T: **01 402 2273** E: [helpdesk@rcsi.ie](mailto:helpdesk@rcsi.ie)

### **RCSI Library**

T: **01 402 2409** E: [librarysec@rcsi.ie](mailto:librarysec@rcsi.ie)

W: [www.rcsi.ie/library](http://www.rcsi.ie/library)

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

1<sup>st</sup> Floor, 123 St Stephens Green, Dublin 2

T: **01 402 2222** E: [ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)

## APPENDICES

### **APPENDIX 1: CARDIOTHORACIC CRITICAL CONDITIONS**

Each specialty 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 and specialty-specific CiPs. Each specialty also has a list of critical conditions 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 WBA which will both provide formative feedback to the trainee and feed into the summative assessment of the AES and ARCP.

To ensure that trainees have the necessary skills in the critical conditions, by certification (the end of phase 3) there should be documented evidence of performance at the level of a day-one consultant to level 4 (Appropriate for certification) of the CEX or CBD (see CBD/CEX forms for the full list of levels). Please note that there is no requirement for a certain number of CBDs and CEXs), however.

Trainees must be able to demonstrate knowledge and understanding of the management of the following critical conditions:

1. Aortic dissection
2. Stridor
3. Secondary / tension pneumothorax
4. Cardiac tamponade
5. Acute haemothorax
6. Low cardiac output following Cardiac Surgery
7. Endocarditis-native or prosthetic valve
8. Respiratory failure following Thoracic Surgery
9. Myocardial ischaemia / infarction

**APPENDIX 2:****INDEX PROCEDURES - CARDIOTHORACIC SURGERY**

Each specialty requires technical skills to be achieved across a wide range of operative procedures as described in the syllabus. 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 shared and specialty-specific CiPs. These assess not only the necessary technical skills but the totality of capabilities required to carry them out.

The index procedures are of significant importance for patient safety and to demonstrate a safe breadth of practice. They will be assessed individually by means of the PBA which will both provide formative feedback to the trainee and feed into the summative AES report and ARCP.

To ensure that trainees have the necessary skills in the index procedures, 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 PBA (to level 4a: Procedure performed fluently without guidance or intervention / Level 4b: As 4a and was able to anticipate, avoid and/or deal with common problems/complications. See the PBA form for the full list of levels). Please note that there is no requirement for a certain number of PBAs, however.

The Cardiac Surgery index procedures are:

1. Isolated first time CABG
2. Isolated AVR
3. Combined AVR + CABG

The Thoracic Surgery index procedures are:

1. Anatomical lung resection (VATS / Open)
2. Decortication for empyema
3. Pneumothorax surgery (VATS / Open)

**Cardiothoracic Surgery indicative numbers**

There are indicative numeric requirements for the number of operations performed. This has been agreed as 250 major cases. The major cases will include index procedures with the majority of procedures in the area of special interest.

**Examples of major cases include:****Cardiac Surgery Major Cases**

- ~ Coronary Artery Bypass Grafting (CABG), either alone or in combination with another procedure, such as valve repair or replacement
- ~ Valve repair or replacement, either alone or in combination with CABG or any other cardiac procedure
- ~ Thoracic aortic surgery
- ~ Other major cardiac surgical cases involving cardiopulmonary bypass (CPB), such as post infarct ventricular septal defect (VSD) repair, excision of atrial myxoma or pericardectomy.
- ~ Implantation of the heart or lung (transplantation)
- ~ Heart-lung block retrieval
- ~ Any congenital cardiac procedure (atrial septal defect closure, VSD closure, patent ductus arteriosus (PDA) ligation etc.).

**Thoracic Surgery Major Cases**

- ~ Anatomical lung resection (open, video-assisted thoracoscopic surgery (VATS) or robotic)
- ~ Correction of pectus deformity
- ~ Decortication
- ~ Thoracotomy for trauma
- ~ Chest wall resection and reconstruction
- ~ Tracheal resection
- ~ Surgery of secondary pneumothorax (VATS/open)

### APPENDIX 3:

### COMPLETE STEP GUIDE TO THE LA-MCR-SA

#### PLACEMENT START

STEP 1		10 minutes
<b>Trainee</b>	<b>Set up placement</b>	<ul style="list-style-type: none"> <li>~ Transition to new curriculum</li> <li>~ List AES</li> <li>~ List all CSs + AES (min 2)</li> <li>~ Submit placement</li> </ul>
STEP 2		5 minutes
<b>Trainee</b>		<ul style="list-style-type: none"> <li>~ Create Learning Agreement</li> <li>~ Select Lead CS</li> </ul>

#### LA - OBJECTIVE SETTING

STEP 3		30 minutes
<b>Trainee</b>	<b>Complete objective setting with AES</b>	<ul style="list-style-type: none"> <li>~ Objectives for GPCs / each CiP</li> <li>~ Support to achieve objectives</li> <li>~ Sign off</li> </ul>
STEP 3		30 minutes per trainee
<b>Assigned Educational Supervisor</b>	<b>Complete objective setting with trainee</b>	<ul style="list-style-type: none"> <li>~ Objectives for GPCs / each CiP</li> <li>~ Support to achieve objectives</li> <li>~ Sign off</li> </ul>

STEP 4		15 minutes
<b>Trainee</b>	<b>Complete midpoint Self-Assessment</b>	
STEP 4		10 minutes per trainee
<b>Lead Clinical Supervisor</b>	<b>Complete midpoint MCR (Arrange MCR meeting in advance)</b>	<ul style="list-style-type: none"> <li>~ Access MCR via dashboard link</li> <li>~ Complete MCR on behalf of group</li> <li>~ Submit</li> </ul>

#### STEP 4 10 minutes per trainee

<b>Other Clinical Supervisors</b>	<b>Complete midpoint MCR</b>
	<ul style="list-style-type: none"> <li>~ Attend MCR meeting</li> </ul>

STEP 5		10 minutes per trainee
<b>Other Clinical Supervisors</b>	<b>Agree MCR</b>	<ul style="list-style-type: none"> <li>(even if present at meeting)</li> <li>~ Option to agree/disagree and comment</li> </ul>

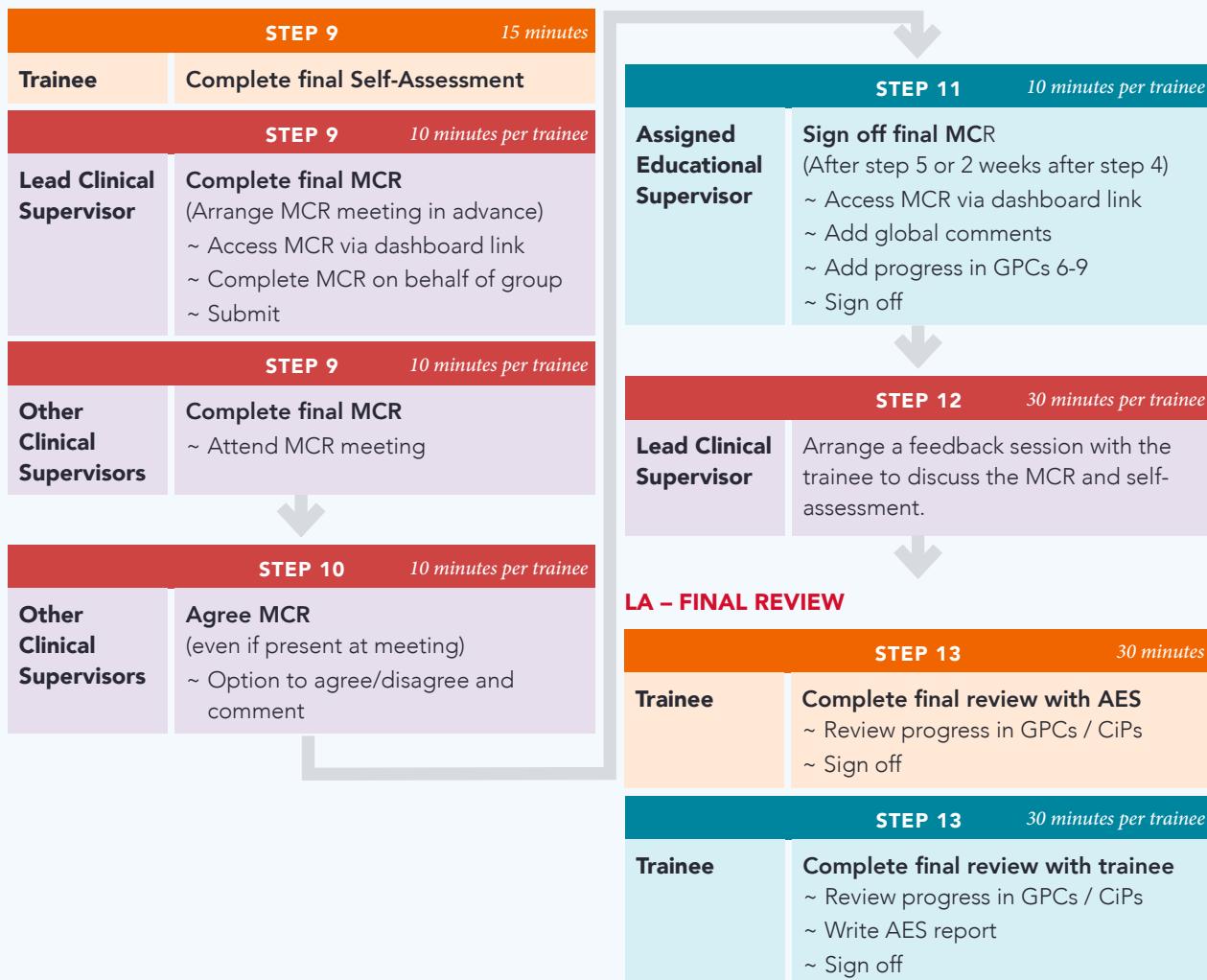
STEP 6		10 minutes per trainee
<b>Assigned Educational Supervisor</b>	<b>Sign off midpoint MCR</b>	<ul style="list-style-type: none"> <li>(After step 5 or 2 weeks after step 4)</li> <li>~ Access MCR via dashboard link</li> <li>~ Add global comments</li> <li>~ Add progress in GPCs 6-9</li> <li>~ Sign off</li> </ul>

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

#### LA - MIDPOINT REVIEW

STEP 8		30 minutes
<b>Trainee</b>	<b>Complete midpoint review with AES</b>	<ul style="list-style-type: none"> <li>~ Review progress in GPCs / CiPs</li> <li>~ Agree any actions necessary</li> <li>~ Sign off</li> </ul>
STEP 8		30 minutes
<b>Assigned Educational Supervisor</b>	<b>Complete midpoint review with trainee</b>	<ul style="list-style-type: none"> <li>~ Review progress in GPCs / CiPs</li> <li>~ Agree any actions necessary</li> <li>~ Sign off</li> </ul>

**LA – MIDPOINT REVIEW**

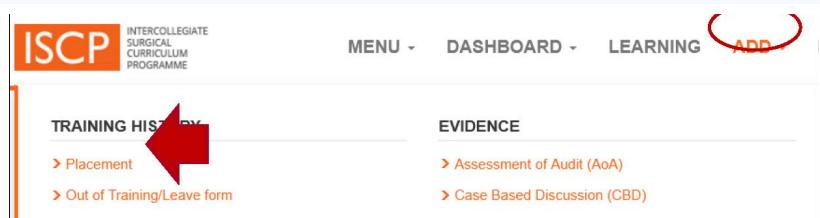


**PLACEMENT ENDS**

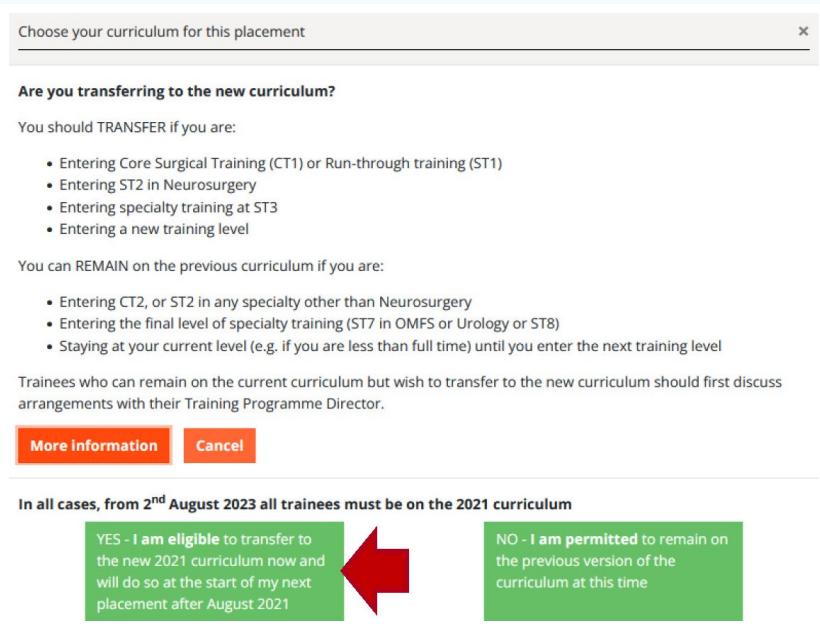
### 3A. TRAINEE SCREEN NAVIGATION

**STEP 1****Set up placement**

From the menu click ADD / Placement



Select the lefthand YES box to transition to the new curriculum



## RCSI CARDIOTHORACIC SURGERY

ST3 - ST8 Specialist Training Information

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: 11111111]
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 specialty

**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: 11111111], 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  
New - 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**

ISCP INTERCOLLEGiate SPECIALIST CURRICULUM PROGRAMME

MENU DASHBOARD LEARNING ADD PORTFOLIO TRIAL MCR FAQS

Learning Agreement ●

01 May 2020 - 28 May 2021 01 Jul 2021 - 31 Dec 2021 Saxon Clinic

**Create Learning Agreement** View guidance Find resources

Objective Mid-point Final

**Select Lead Clinical Supervisor**

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

Progress Summary

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

Timeline:

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

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.

Learning Agreement ●

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 treated 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: 6738211120] ●

Mrs AES Bussey [GDC: 33333333]

**Progress Summary** **Save Lead Clinical Supervisor**

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

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

Progress Summary Comments

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

Timeline:

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

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

Objective-setting meeting

Date of meeting  Meeting date | Objectives and Actions | Summary | Sign-off | Progress summary

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

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

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

Select GPC

- 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

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 ?

Objective-setting meeting CIP 1 Meeting date Objectives and Actions Summary Sign-off Progress summary

**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 the **Sign-off** page.

Learning Agreement ?

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 Please select

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.

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.

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.

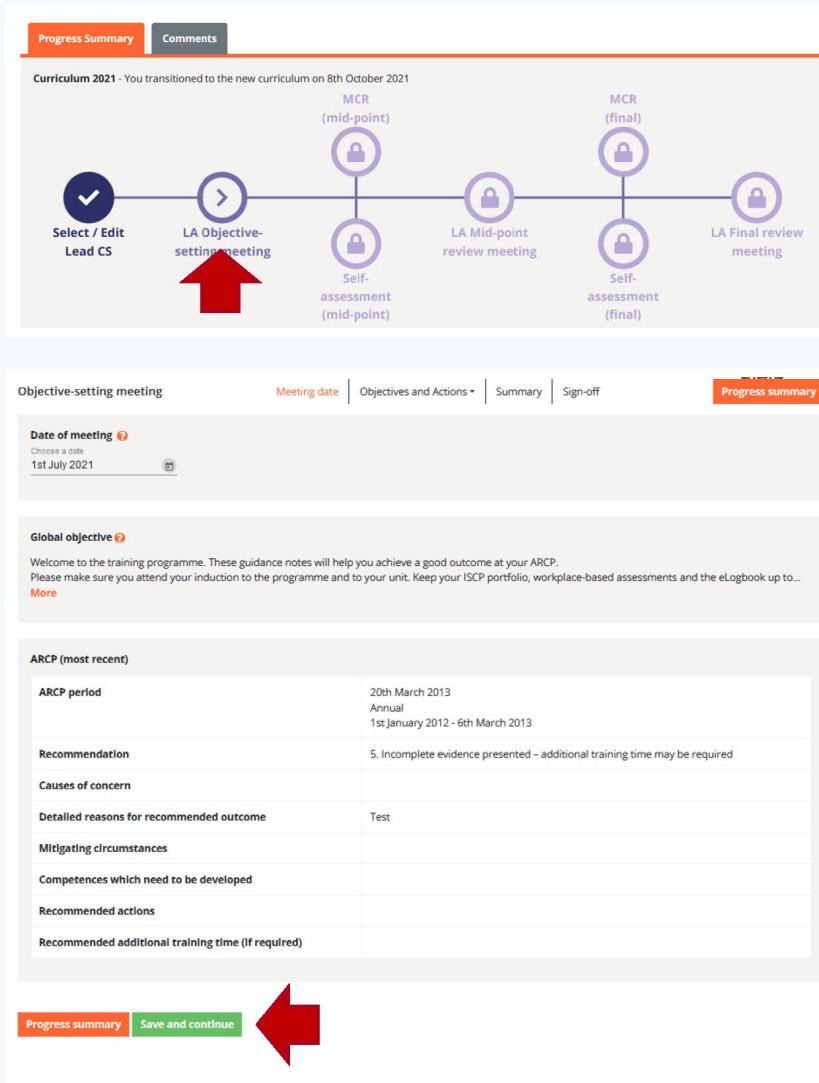
You or the trainee can amend the Lead CS if necessary - Click the marble for Select / Edit Lead CS

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.



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

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



The screenshot shows the RCSI eLogbook interface. At the top, there are tabs for 'Progress Summary' and 'Comments'. Below that, a message says 'Curriculum 2021 - You transitioned to the new curriculum on 8th October 2021'. A horizontal timeline shows several milestones: 'Select / Edit Lead CS' (with a checkmark), 'LA Objective-setting meeting' (highlighted with a red arrow), 'MCR (mid-point)' (Self-assessment), 'LA Mid-point review meeting', 'MCR (final)' (Self-assessment), and 'LA Final review meeting'. Each milestone has a lock icon next to it. Below the timeline, there's a section for the 'Objective-setting meeting' with fields for 'Meeting date' (set to '1st July 2021') and 'Objectives and Actions'. There's also a 'Global objective' section with a welcome message and a 'More' link. Further down, there's a detailed table for 'ARCP (most recent)' with rows for 'ARCP period', 'Recommendation', 'Causes of concern', 'Detailed reasons for recommended outcome', 'Mitigating circumstances', 'Competences which need to be developed', 'Recommended actions', and 'Recommended additional training time (if required)'. At the bottom of this section, there are 'Progress summary' and 'Save and continue' buttons, with a large red arrow pointing to the 'Save and continue' button.

Set objectives for the GPCs.

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

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

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

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

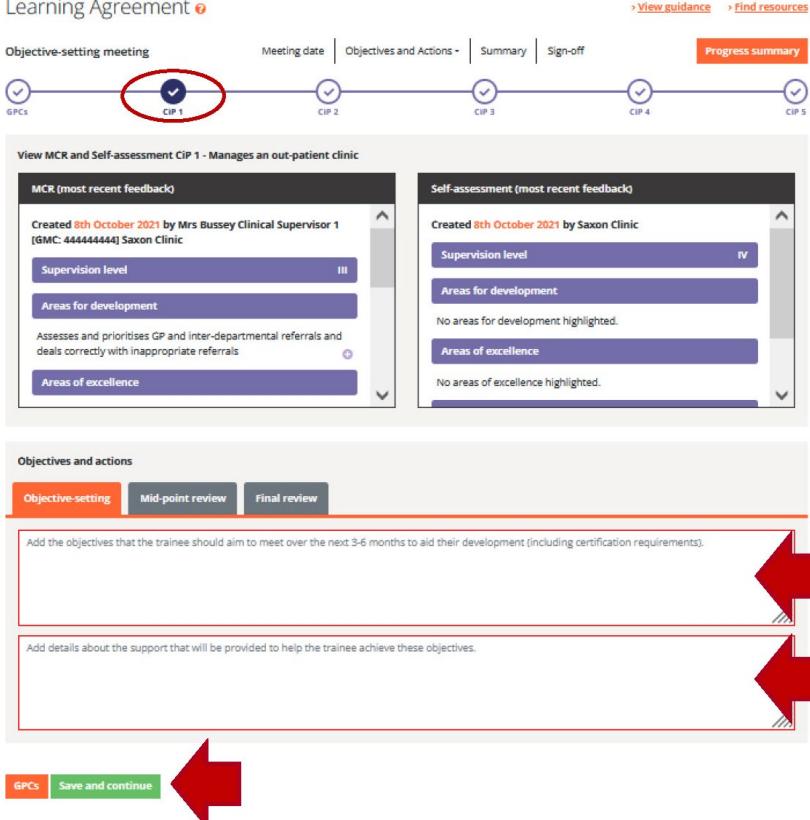
Set objectives for the GPCs.

The screenshot shows the 'Learning Agreement' page. At the top, there's a navigation bar with links for 'View guidance' and 'Find resources'. Below it is a progress summary bar with five steps: 'Objective-setting meeting' (marked with a checkmark), 'CIP 1', 'CIP 2', 'CIP 3', 'CIP 4', and 'CIP 5'. Step 'CIP 1' has a lock icon. A red circle highlights the 'GPCs' button in the top left of the main content area. The main content area has two sections: 'View MCR and Self-assessment (most recent feedback) Generic Professional Capabilities' and 'Self-assessment (most recent feedback) - GPC 1'. The 'Self-assessment' section shows a summary created on 8th October 2021 by Saxon Clinic, listing 'Areas for development' (managing time and resources effectively) and 'Comments' (No comments). Below this is an 'Objectives and actions' section with tabs for 'Objective-setting' (selected), 'Mid-point review', and 'Final review'. It contains fields for adding objectives and support details, both with red arrows pointing to them. At the bottom are 'Meeting Date' and 'Save and continue' buttons.

**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.

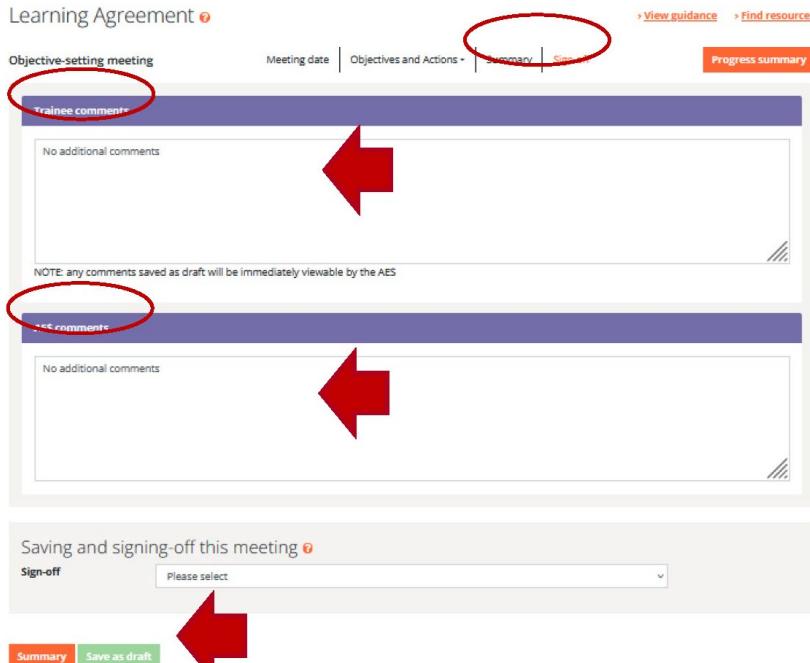
**Learning Agreement**



The screenshot shows the 'Learning Agreement' section of the RCSI website. At the top, there's a navigation bar with links to 'View guidance' and 'Find resources'. Below it is a horizontal timeline with five circles labeled 'CIP 1' through 'CIP 5'. The 'CIP 1' circle is circled in red. To the right of the timeline are buttons for 'Meeting date', 'Objectives and Actions', 'Summary', 'Sign-off', and a red 'Progress summary' button. The main content area has two sections: 'View MCR and Self-assessment CIP 1 - Manages an out-patient clinic' and 'Self-assessment (most recent feedback)'. Both sections show details about supervision level (III and IV), areas for development (no highlights), and areas of excellence (no highlights). Below these are sections for 'Objectives and actions' with tabs for 'Objective-setting', 'Mid-point review', and 'Final review'. A large red arrow points from the 'Save and continue' button at the bottom left towards the 'Sign-off' button at the top right.

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**



The screenshot shows the 'Learning Agreement' section again, focusing on the 'Sign-off' section. A red circle highlights the 'Sign-off' button at the top right. Below it is a section for 'Trainee comments' with a note: 'NOTE: any comments saved as draft will be immediately viewable by the AES'. Another red circle highlights the 'Save as draft' button at the bottom left. A large red arrow points from the 'Save as draft' button towards the 'Sign-off' button.

**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.

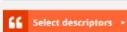
## RCSI CARDIOTHORACIC SURGERY

ST3 - ST8 Specialist Training Information

### Generic Professional Capabilities

GPC 1 - Professional values and behaviours	
<input checked="" type="checkbox"/> Appropriate for phase	Your comments...
<input type="checkbox"/> Area for development	

GPC 2 - Professional skills	
<input checked="" type="checkbox"/> Appropriate for phase	Your comments...
<input type="checkbox"/> Area for development	

GPC 3 - Professional knowledge	
<input checked="" type="checkbox"/> Appropriate for phase	Your comments...
<input type="checkbox"/> Area for development	

GPC 4 - Capabilities in health promotion and illness prevention	
<input checked="" type="checkbox"/> Appropriate for phase	Your comments...
<input type="checkbox"/> Area for development	

### Capabilities in Practice

CIP 1 - Manages an out-patient clinic	
SUPERVISION LEVEL IV	Your comments...
	

CIP 2 - Manages the unselected emergency take	
SUPERVISION LEVEL IV	Your comments...
	

CIP 3 - Manages ward rounds and the on-going care of in-patients	
SUPERVISION LEVEL IV	Your comments...
	

CIP 4 - Manages an operating list	
SUPERVISION LEVEL IV	Your comments...

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

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

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

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

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

Guide to feedback session with trainees

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

---

### **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 a user interface for completing a Midpoint Clinical Record (MCR). It is organized into four main sections, each corresponding to a Generic Professional Capability (GPC):

- GPC 1 - Professional values and behaviours:** Shows a green button labeled "Appropriate for phase" and a white button labeled "Area for development". To the right is a text input field with placeholder text "Your comments..." and a red "Select descriptors" button.
- GPC 2 - Professional skills:** Similar layout to GPC 1, with a green "Appropriate for phase" button and a white "Area for development" button, followed by a comment input field and a "Select descriptors" button.
- GPC 3 - Professional knowledge:** Similar layout to GPC 1 and GPC 2, with a green "Appropriate for phase" button and a white "Area for development" button, followed by a comment input field and a "Select descriptors" button.
- GPC 4 - Capabilities in health promotion and illness prevention:** Similar layout to GPC 1, with a green "Appropriate for phase" button and a white "Area for development" button, followed by a comment input field and a "Select descriptors" button.

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

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...

## STEP 5

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

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

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

## STEP 6

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

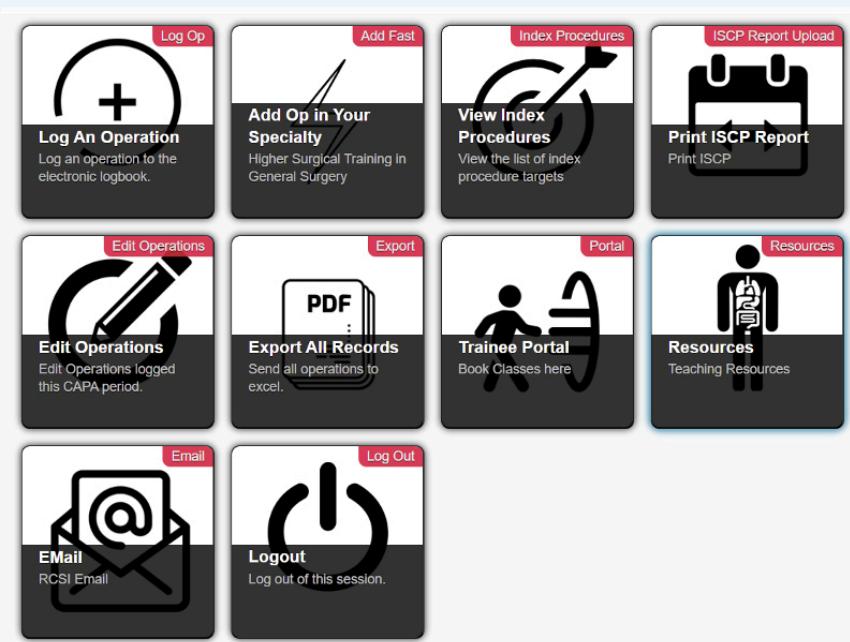
**The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio**

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

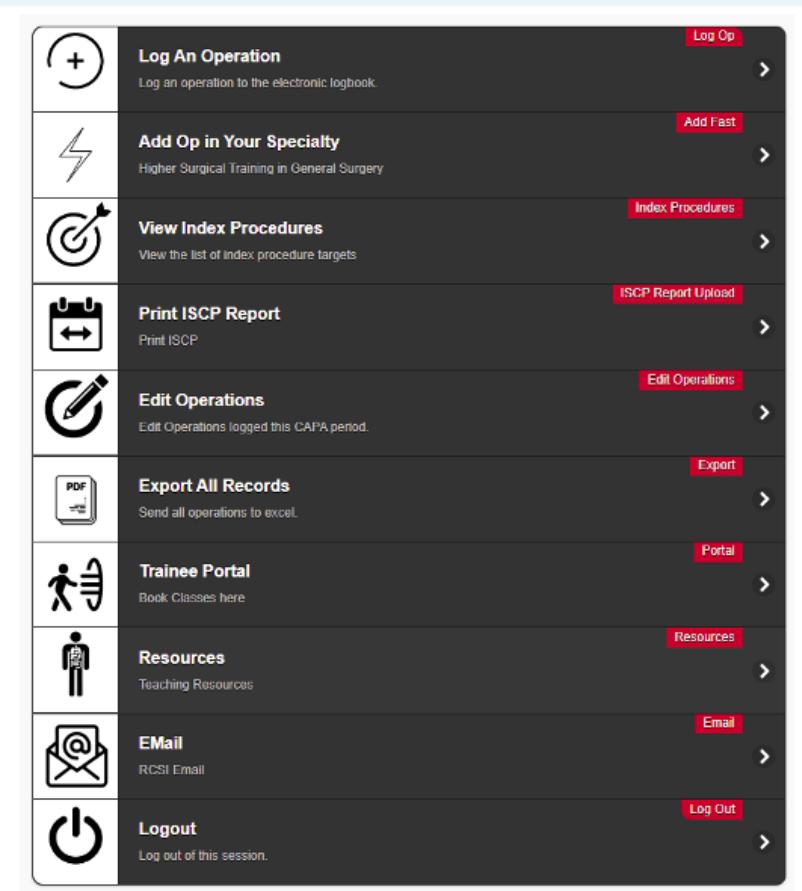
## APPENDIX 4: RCSI HST LOGBOOK

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

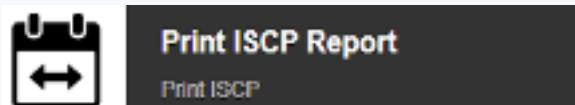
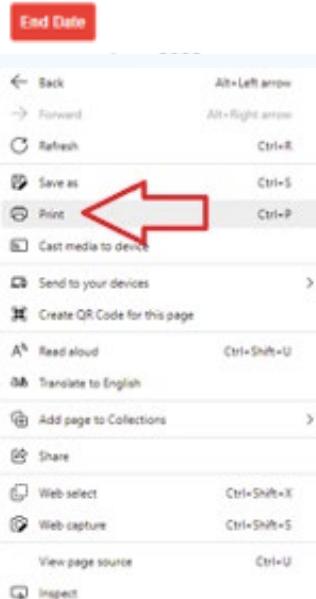
**On a desktop – the menu will appear like this:**



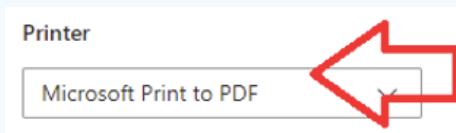
**On a mobile the menu will appear like this:**



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



**RCSI**

**Surgery**

**Royal College of Surgeons in Ireland**

Royal College of Surgeons in Ireland

123 St Stephen's Green, Dublin 2, D02 YN77, Ireland.

Tel +353 1 402 5034

Email [teresabyrne@rcsi.ie](mailto:teresabyrne@rcsi.ie)

[www.rcsi.com](http://www.rcsi.com)