

ST3 - ST8
SPECIALIST TRAINING INFORMATION

NEUROSURGERY

JUNE 2023

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ROYAL COLLEGE OF SURGEONS IN IRELAND

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WELCOME

Dear Trainee,

Congratulations on your appointment to the Specialist Training Programme in Neurosurgery (ST3-ST8).

RCSI specialty training in Neurosurgery is a comprehensive pathway dedicated to ensure proficient clinical skills, academic accomplishments and leadership development.

We thrive to provide high quality specialty training in Neurosurgery in Ireland.

The training programme is one of our top priorities and we do take pride in each trainee's long term success and achievement.

Yours faithfully,

Mr Wail Mohammed

Consultant Neurosurgeon

Programme Director for Specialty Training in Neurosurgery

IMPORTANT INFORMATION

Specialty Training Administrator for Neurosurgery 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** 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 Wail Mohammed**. All meetings to be booked through your Specialty Training Administrator: teresabyrne@rcsi.ie.

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## **2. INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)**

As a Trainee on the Neurosurgery 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.***

### **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 <https://www.iscp.ac.uk/iscp/surgical-curriculum-from-august-2021/about-the-surgical-curriculum/>

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



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

## 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 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.

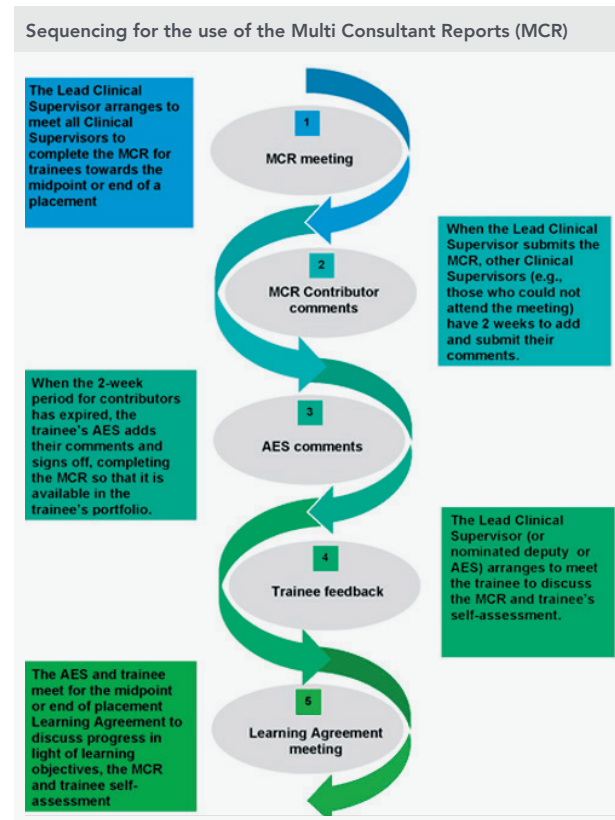
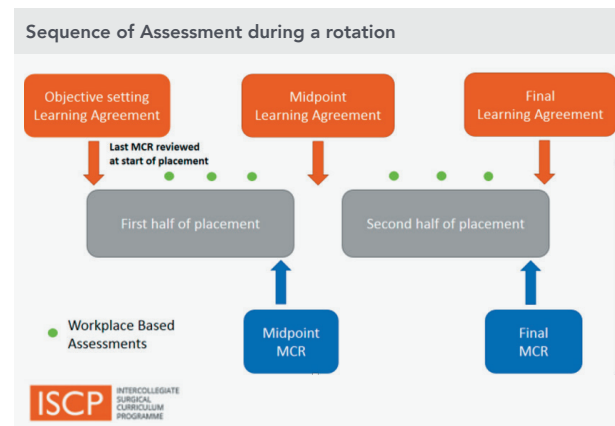
## 2.7 Case Based Discussions

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

## 2.8 The Learning Agreement

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

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



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

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

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

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

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

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

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

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

Constructive feedback is expected to include three elements:

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

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

## 2.9 RCSI ISCP Support

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

Furthermore, training days take place in RCSI.

Our ISCP Trainer is Dr Helen Harty:

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

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

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

## 2.10 ISCP account

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

## 2.11 Access your RCSI Membership Benefits by Remaining In Good Standing

As you commence your new HST year, a reminder that RCSI Membership subscription year runs from **1 May to end of April**. As a **Higher Surgical Trainee** and RCSI Member, it is important that you remain in **Good Standing with the College** by paying your annual subscription. By supporting the College in this way, you remain part of a global network of over 11,000 Fellows and Members in 89 countries worldwide, giving you competitive advantage internationally through verification of your award and **use of your post-nominals**.

Membership also gives you other opportunities, including a dedicated Fellows and Members portal with access to e-journals and online resources such as The Surgeon, Annals of Surgery, Elsevier journal, Lib Guides and surgical skills guides, institutional repositories and a wealth of information through our Library services along with career opportunities through Fellowship, award and bursary opportunities, mentorship, specialty webinars, CPD opportunities and career development advice.

To avail of the benefits of being one of our **Higher Surgical Trainees**, we strongly encourage you to remain **In Good Standing** - you can check the status of your RCSI membership and pay your subscription [HERE](#)

We are grateful to all RCSI Fellows and Members who continue to pay their annual subscription and support the College and future generations of Surgeons. The Fellows and Members office are the office with responsibility for supporting the professional surgical network internationally. You can contact us at [fellows@rcsi.ie](mailto:fellows@rcsi.ie)



### 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.

The 3 appendices with your guide are:

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

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

The Training Committee will hold an **Interim & Annual ARCP** meeting to review your paperwork twice a year, once in December (interim review) and the second in June (Annual review). You will need to have all your ISCP paperwork i.e MCR, Learning Agreements, Work Based Assessments etc. completed at least 2 weeks prior to your review.

### 5. 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.

### 6. FRCS (SN) – INTERCOLLEGIATE EXAM IN NEUROSURGERY

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

All Trainees sit their exit examination or Intercollegiate Examination in Neurosurgery (FRCS) and are awarded a Certificate of Satisfactory Completion of Specialty Training (CSCST) at the end of ST8, by the RCSI. Award of (CSCST) 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). This is an excellent resource for those applying to take their Intercollegiate exam and all trainees should familiarise themselves with this website.

### 7. STRUCTURED EDUCATION PROGRAMME

Education delivery for trainees can be broken down into a number of components Mandatory (RCSI), Training courses to be completed for certification (CSCST) 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.



## 8. HUMAN FACTORS IN PATIENT SAFETY (HFPS)

| NEUROSURGERY TRAINING PROGRAMME FOR HFPS 2023-2024             |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SpR Year</b><br><b>ST3- ST6</b><br><b>(Four year cycle)</b> | Simulation training in No 26 with scenarios, One per year: <ul style="list-style-type: none"> <li>• Leading Teams* -ST3 - GEN, NEURO, VASC &amp; PAEDS wCAI – in the OR</li> <li>• Managing Teams – ST4 – AS ABOVE WITH ASTEM4 &amp; CAI – in the ED</li> <li>• Decision making - ST5 –GEN, NEURO, VASC, &amp; PAEDS</li> <li>• Managing Adverse Events – ST6 - GEN,NEURO,VASC &amp; PAEDS wCAI</li> <li>• Specialty Specific Sim Day*** -</li> </ul> |
|                                                                | ENT & Plastics do each of the above as a 4 year cycle                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Workshops: One per year. Classroom based learning</b>       | <ul style="list-style-type: none"> <li>• 21st Century Professionalism (ST3)</li> <li>• Safety Management Systems (ST4)</li> <li>• Advanced Communication: Advocacy and Negotiation (ST5)</li> <li>• Leadership (Emotional Intelligence) (ST6)</li> </ul>                                                                                                                                                                                              |
| <b>SpR Year</b><br><b>7/8 Cycle 1</b>                          | <ul style="list-style-type: none"> <li>• Train the Trainer</li> <li>• Expert performance Cycle 2</li> <li>• Healthcare Management:</li> <li>• Preparation for Consultant Practice</li> <li>• Presentation and Interview skills</li> </ul>                                                                                                                                                                                                             |

### PILLARS OF PROFESSIONAL OUTCOMES

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

#### Human Factors in Patient Safety Programme for Specialty Training

The HFPS programme is a mandatory component of training. All Specialty Trainees are expected to attend their mandatory identified programme of HFPS Simulation and Workshops throughout their training in years ST3 to ST8, as mapped out above. Trainees should maintain their certificate of attendance for each module attended throughout the programme, this is sent the day after the course is attended to your RCSI email address and should be uploaded to ISCP. Failure to do so could lead to difficulties in your sign off for CSCST in ST8.

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 OSS and 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.

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9. RESEARCH METHODOLOGY COURSE FOR SURGICAL TRAINEES

The Irish Surgical Postgraduate Training Committee is committed to ensuring that surgical trainees have good exposure to academic surgery as an integral part of surgical training. As a first step, a taught course in research methodology was introduced in 2015.

This is a modular programme which runs over four days in ST3 and ST4 (i.e. two days in each training year). The programme gives a comprehensive introduction to research methodology relevant to surgeons. After ST4, some trainees may opt to take time out of surgical training to pursue an MD or PhD through full time research for two years.

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

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

The dates for the Research Methodology modules 2023/24 have been confirmed and are as below:

Module 1: TBC

Module 3: TBC

Module 2: TBC

Module 4: TBC

All of these classes are being run online via Moodle.

10. ROTATIONS

You will be on a six year rotation.

TRAINING POST HOSPITALS:

Beaumont Hospital (BMT)

Cork University Hospital (CUH)

Temple Street Hospital (TEMPS)

11. CERTIFICATE OF SATISFACTORY COMPLETION OF SPECIALIST TRAINING (CCST)

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

11(a) Early sign off

Early Certification (CCST) Request Requirements

6 months notice must be provided to your TPD if you plan on submitting for early certification.

GENERIC ADVICE Trainees need to be ahead of the curve throughout training and the evidence including ARCPs, needs to support that. Ensure that your ISCP portfolio demonstrates with evidence that all required competences have been met.

SPECIFIC CASES Individual requests will be more structured and should come from the Training Programme Director (TPD) and will be reviewed on a case-by-case basis

Requests to change a completion of certification date (CCST) will require the SAC Liaison Member (LM) to review the trainee's ISCP portfolio, at that point they will advise on whether or not the trainee is likely to meet the requirements of the curriculum ahead of the existing provisional certification date.

If the LM/SAC supports an early CCST sign-off date, it will be raised at the next Training Committee Meeting. If approved, the CCST request will then be added to the agenda of the next SAC Meeting. That committee will request feedback from the LM/SAC and the application will be discussed by the SAC Committee and they will feedback to the Specialty TPD the outcome.

If the LM / SAC is not prepared to support a revised certification date (CCST) and raises concerns in relation to the trainee's ability to meet the relevant competencies within a shorter timeframe, then that opinion will be provided to the Specialty TPD.

The final decision to change the provisional certification date rests with the local TPD / RCSI but they would not be expected to ignore SAC advice. If early certification is approved, RCSI should inform JCST of the change to completion of certification date.

Retrospection 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 link on JCST website:

www.jcst.org/irish-trainees/out-of-programme

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 **Neurosurgery 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: www.jcst.org/irish-trainees/counting-previous-training

Retrospection for T&O Surgery Trainees	
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. OUT-OF-PROGRAMME TRAINING

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

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

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

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#### 14. ALTERNATIVE FLEXIBLE ARRANGEMENTS

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

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

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

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

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

Please see **mSurgery** Link:

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



#### 15. 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 for further details and an application form.

~ <https://msurgery.ie/wp-content/uploads/2018/06/Post-reassignment.pdf>

#### 16. 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.

<https://msurgery.ie/wp-content/uploads/2018/06/Flexible-Training-Policy-2017.pdf>

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.

#### 17. 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:

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

## 18. CHILDCARE

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

### Childcare

RCSI provides a subsidy and has an agreement in place with Giraffe Crèches (at its Dublin sites) for a limited number of childcare places for children of RCSI staff and registered full-time students in the Schools of Medicine (including Physician Associates programme), Physiotherapy, Pharmacy and School of Postgraduate Studies students studying full-time on a Research programme i.e. MCh by Research, MSc by Research, MD and PhD. Please note this offer does not extend to Postgraduate Surgical or Emergency Medicine Trainees who are not in full time education in RCSI. Giraffe develop and operate childcare and early learning centres for pre-school children from three months and upwards. Emergency care is also available when other care arrangements are temporarily unavailable

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19. 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.

20. 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:

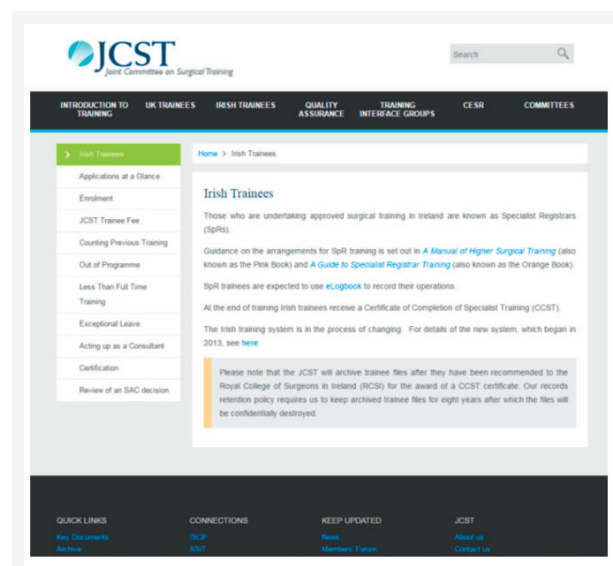
~ www.msurgery.ie/job-sharing

~~~~~

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

Link to JCST website for Republic of Ireland Trainees: [www.jcst.org/irish-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](mailto: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).



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

### SPECIALIST TRAINING FUND

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

### CLINICAL COURSES AND EXAMS FUND

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

### SURGICAL LOUPES FUND

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

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

## RCSI pays fees for Trainees for:

### INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)

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

### ENDNOTE

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

### **23. THE IRISH SURGICAL TRAINING GROUP (ISTG)**

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

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

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

### **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.











[www.rcsi.ie/fellowships\\_and\\_awards](http://www.rcsi.ie/fellowships_and_awards)

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25. 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.

26. IMPORTANT EVENTS TO NOTE

FEBRUARY  RCSI Charter Day Date TBC	JULY  FRCS Conferring Date TBC	DECEMBER  Technical skills Day No.26 York Street Date TBC
MARCH  Usually Surgical Loupes application deadline Date TBC	NOVEMBER  Millin Meeting 2023 Date TBC	
JUNE  FRCS Intercollegiate Exam part 1 Date TBC	 FRCS Intercollegiate Exam part 2 Date TBC	
 ST2 Information Session/ST3 Induction Date TBC	 Interim ARCP Date TBC	
 Annual ARCP 2023 Date TBC		

27. IMPORTANT CONTACT DETAILS

Training Programme Director

Mr Wail Mohammed
E: wailmohammed@rcsi.com

Surgical Training Office

1st Floor 121 St. Stephens Green

Specialty Training Administrator Neurosurgery

Ms. Teresa Byrne
E: teresabyrne@rcsi.ie
Tel: 01 402 5034 Fax: 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

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: sagsara@rcsi.ie

APPENDICES

APPENDIX 1:

NEUROSURGERY CRITICAL CONDITIONS

Neurosurgery 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. Each specialty also has a list of critical conditions that 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 / or Clinical Evaluation Exercise (CEX) which will both provide formative feedback to the trainee and feed into the summative assessments of the Assigned Educational Supervisor.

To ensure that trainees have the necessary skills, there should be documented evidence (CEX / CBD) at the progression points for the critical conditions. An indicative three or more CBDs or CEXs must be achieved at the specified level to progress between phases of training.

CEX/CBD levels:

Level 1: Appropriate for early years training

Level 2: Appropriate for completion of early years training

Level 3: Appropriate for central period of specialty training

Level 4: Appropriate for certification

CRITICAL CONDITION	Phase 1	Phase 2 indicative	Phase 3
Impaired consciousness and seizures	4	4	4
Cranial Trauma	3	4	4
Acute Hydrocephalus	3	4	4
Acute tumour presentations	2	4	4
Spontaneous intracranial haemorrhage	2	4	4
CNS infections	2	4	4
Spinal trauma	2	4	4
Spinal oncology	2	4	4
Degenerative spinal disorders and cauda equina syndrome	3	4	4
Emergency paediatric neurosurgery	1	4	4

APPENDIX 2:

INDEX PROCEDURES / INDICATIVE NUMBERS / WAYPOINT CHECKLIST

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 CiPs. These assess not only the necessary technical skills but the totality of capabilities required to carry them out.

Neurosurgery 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. These index procedures will be assessed individually by means of the Procedure Based Assessment (PBA) which will both provide formative feedback to the trainee and feed into the summative assessments of the AES Report and ARCP. There should be evidence that a representative proportion of the operations in each group have been assessed and recorded on the ISCP at the expected skill level shown in the table below.

PBA levels

Level 2a: Guidance required for most/all of the procedure (or part performed)

Level 2b: Guidance or intervention required for key steps only

Level 3a: Procedure performed with minimal guidance or intervention (needed occasional help)

Level 3b: Procedure performed competently without guidance or intervention but lacked fluency

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

An indicative three or more PBAs must be achieved at the specified level to progress between phases of training. The paediatric surgery index cases require only one PBA at the specified level.

Trainees should have undertaken an indicative 1200 operations during training to include an indicative 70 paediatric cases and 250 spinal cases.

CRITICAL CONDITION	Indicative number (excluding assisted) by certification	Indicative technical skill (PBA) level expected at end of phase 2	Technical skill (PBA) level expected by certification
Advanced Adult Supratentorial	10	3	4
Endoscopic and Transphenoidal	10	3	3 (4 if special interest)
Convexity and falcine meningiomas	10	3	4
Advanced adult infratentorial	10	3	4
Intradural Spine	5	3	4
Complex Spinal Fusion	10	3	3 (4 if special interest)
Advanced paediatric supratentorial	1	2	2 (3 if special interest)
Advanced paediatric infratentorial	1	2	2 (3 if special interest)

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

STEP 9 15 minutes	
Trainee	Complete final Self-Assessment
STEP 9 10 minutes per trainee	
Lead Clinical Supervisor	Complete final MCR (Arrange MCR meeting in advance) ~ Access MCR via dashboard link ~ Complete MCR on behalf of group ~ Submit
STEP 9 10 minutes per trainee	
Other Clinical Supervisors	Complete final MCR ~ Attend MCR meeting
STEP 10 10 minutes per trainee	
Other Clinical Supervisors	Agree MCR (even if present at meeting) ~ Option to agree/disagree and comment

STEP 11 10 minutes per trainee	
Assigned Educational Supervisor	Sign off final 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 12 30 minutes per trainee	
Lead Clinical Supervisor	Arrange a feedback session with the trainee to discuss the MCR and self-assessment.

LA – FINAL REVIEW

STEP 13 30 minutes	
Trainee	Complete final review with AES ~ Review progress in GPCs / CiPs ~ Sign off
STEP 13 30 minutes per trainee	
Trainee	Complete final review with trainee ~ Review progress in GPCs / CiPs ~ Write AES report ~ Sign off

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

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU ▾ DASHBOARD ▾ LEARNING **ADD**

TRAINING HISTORY

- > Placement
- > Out of Training/Leave form

EVIDENCE

- > Assessment of Audit (AoA)
- > Case Based Discussion (CBD)

Choose your curriculum for this placement x

Are you transferring to the new curriculum?

You should TRANSFER if you are:

- Entering Core Surgical Training (CT1) or Run-through training (ST1)
- Entering ST2 in Neurosurgery
- Entering specialty training at ST3
- Entering a new training level

You can REMAIN on the previous curriculum if you are:

- Entering CT2, or ST2 in any specialty other than Neurosurgery
- Entering the final level of specialty training (ST7 in OMFS or Urology or ST8)
- Staying at your current level (e.g. if you are less than full time) until you enter the next training level

Trainees who can remain on the current curriculum but wish to transfer to the new curriculum should first discuss arrangements with their Training Programme Director.

More information **Cancel**

In all cases, from 2nd August 2023 all trainees must be on the 2021 curriculum

YES - I am eligible to transfer to the new 2021 curriculum now and will do so at the start of my next placement after August 2021

NO - I am permitted to remain on the previous version of the curriculum at this time

RCSI NEUROSURGERY
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: 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 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: 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**

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU ▾ DASHBOARD ▾ **LEARNING** ▾ ADD ▾ PORTFOLIO ▾ TRIAL MCR ▾ FAQs

Learning Agreement ⓘ [View guidance](#) [Find resources](#)

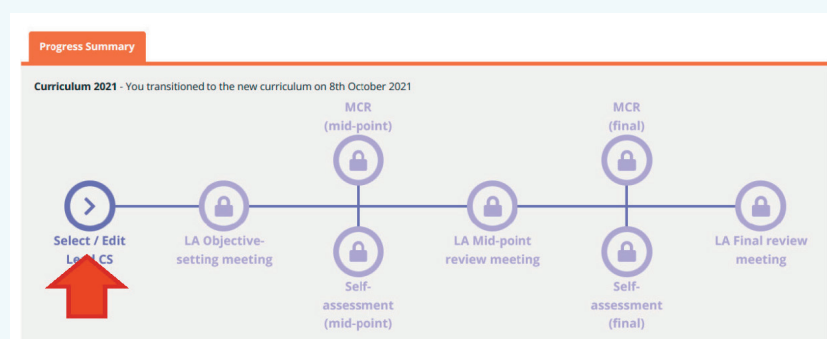
01 May 2020 - 28 May 2021 01 Jul 2021 - 31 Dec 2021 **Saxon Clinic**

Create Learning Agreement

Objective Mid point Final

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.

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: 333333333]

Progress Summary **Save Lead Clinical Supervisor**

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.

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.

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: 444444444) 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 [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 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.

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

NOTE:

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

Generic Professional Capabilities

GPC 1 - Professional values and behaviours

Appropriate for phase
Area for development

Your comments...

Select descriptors

GPC 2 - Professional skills

Appropriate for phase
Area for development

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

Your comments...

Select descriptors

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

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

NOTE:

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

Capabilities in Practice

CIP 1 - Manages an out-patient clinic

SUPERVISION LEVEL
III

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

Your comments...

Select descriptors

CIP 2 - Manages the unselected emergency take

SUPERVISION LEVEL
IV

Your comments...

Select descriptors

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

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

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

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

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

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

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

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

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

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

3B. ASSIGNED EDUCATIONAL SUPERVISOR SCREEN NAVIGATION

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

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

These trainees will also need 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).

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

Date	Placement	OBJ	MID	FIN
01 Jan 2022	Cardiff Royal Infirmary (Current)			

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.



Learning Agreement

Lead Clinical Supervisor

Choose the Lead Clinical Supervisor

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

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

☒ DR Trainer 2 Champion [GMC: 673821120]

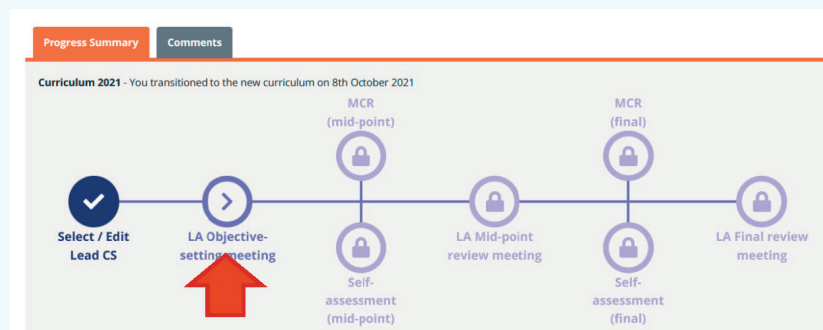
☐ Mrs AES Bussey [GDC: 333333333]

[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

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**

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

Supervisor comment

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.

RCSI NEUROSURGERY
ST3 - ST8 Specialist Training Information

Generic Professional Capabilities

GPC 1 - Professional values and behaviours	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors +</div>
GPC 2 - Professional skills	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors +</div>
GPC 3 - Professional knowledge	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div> <div>Select descriptors +</div>
GPC 4 - Capabilities in health promotion and illness prevention	
<div>Appropriate for phase</div> <div>Area for development</div>	<div>Your comments...</div>

Capabilities in Practice

CIP 1 - Manages an out-patient clinic	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors +</div>
CIP 2 - Manages the unselected emergency take	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors +</div>
CIP 3 - Manages ward rounds and the on-going care of in-patients	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div> <div>Select descriptors +</div>
CIP 4 - Manages an operating list	
<div>SUPERVISION LEVEL</div> <div>IV</div>	<div>Your comments...</div>

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.

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...

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...

Select descriptors +

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.

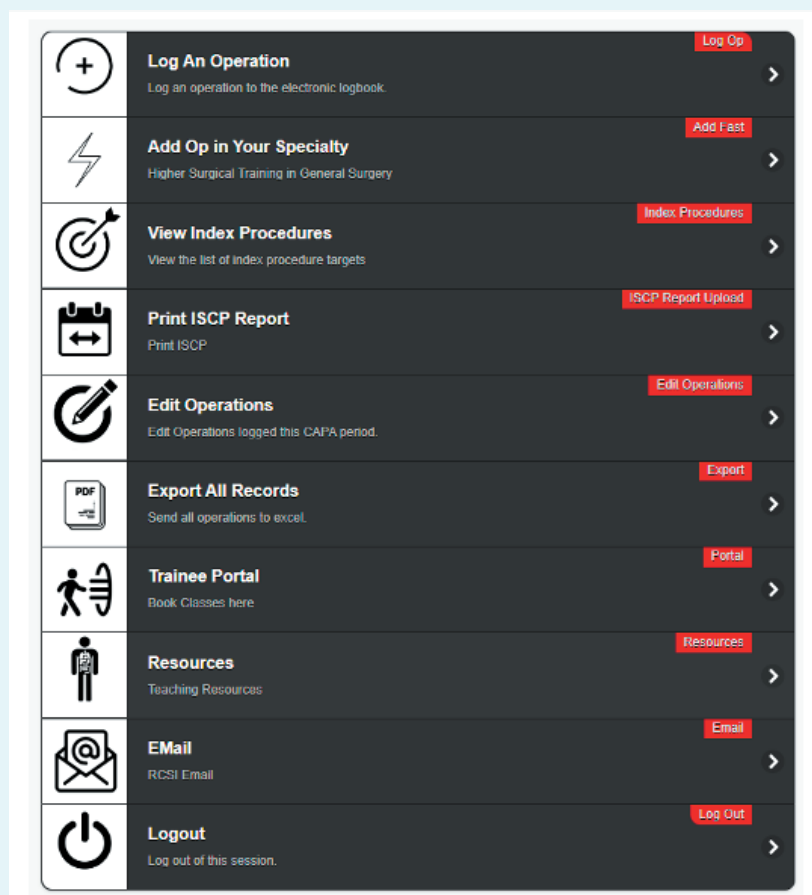
APPENDIX 4: RCSI HST LOGBOOK


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:



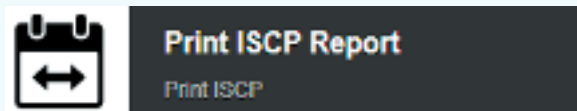
On a mobile the menu will appear like this:



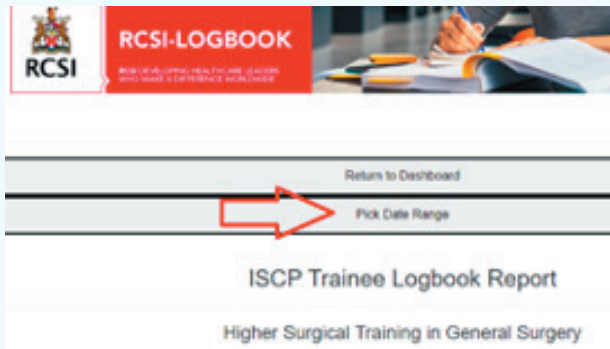
	Log An Operation Log an operation to the electronic logbook.	Use this to record an operation into the logbook. You will be able to select any specialty.
	Add Op in Your Specialty Higher Surgical Training in General Surgery	Almost the same as 'Log an Operation' but it will not offer you to select from 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	<p>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.</p> <p>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'.</p>
	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

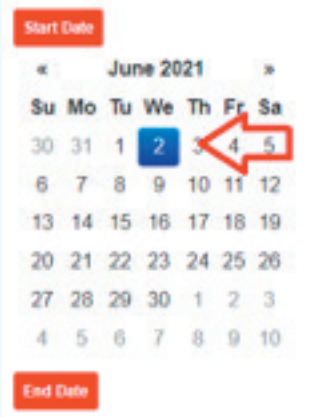
1. Click on ISCP Report



2. Select the Date Range Button

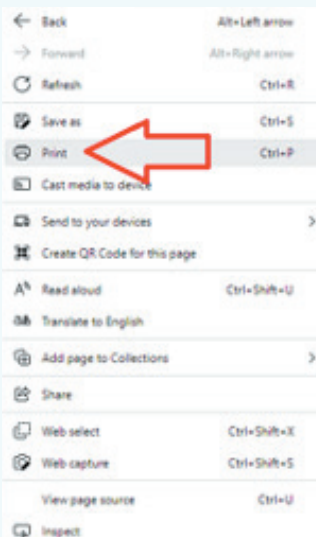


3. Select the start and end date as advised for this ARCP Period

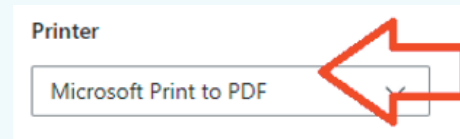


4. Print to PDF

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.



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**

www.rcsi.com