

Supporting Statement

Welcome to your second year of Core Surgical Training in the Eastern Deanery. It is important you arrange an early meeting with your AES to set out your training needs for the year and get your initial Learning Agreement (LA) set up. You will be following the new core surgical curriculum, weblink below.

If you have the whole of CT2 in one speciality then the LA MUST be uploaded as 2 separate six month placements.

Please update your CV as you progress in your training.

The year will look like this:

Table 1 – time lines

Month	ISCP Deadline	Exam opportunities
August	Objective setting	
September		MRCS A
October	Midpoint MCR, Interim LA	MRCS B
November		
December		
January	Final MCR, Final LA, AES report	MRCS A
February	Objective setting, Initial LA	MRCS B
March		
April	Midpoint MCR, Interim LA	MRCS A
May	Final MCR	MRCS B
June	Final LA, AES report, ARCPs	
July	ARCPs	

Work Based Assessments

You should aim to complete 50% of your WBAs with a consultant.

As a minimum requirement you need to complete each of the assessments in the table below 3x.

A good trainee will complete further WBAs on a weekly basis using their performance in CEX, CBD, DOPs and PBAs, concentrating on key skills and topics, to evidence their engagement with and progress in training.

Use WBAs as source of learning and feedback rather than tick box. Validating these face to face immediately after the event where possible helps this

A completed and signed off MSF is mandatory. Minimum of 12 contributor is required. We suggest you instigate in December Your logbook should be updated immediately after you perform the operation

You need to complete the evidence section of the portfolio and this need to be regularly updated so I can check if you have got Part A/ Part B MRCS and or DOHNS as well as completion ATLS/ BSS/ CCrISP.

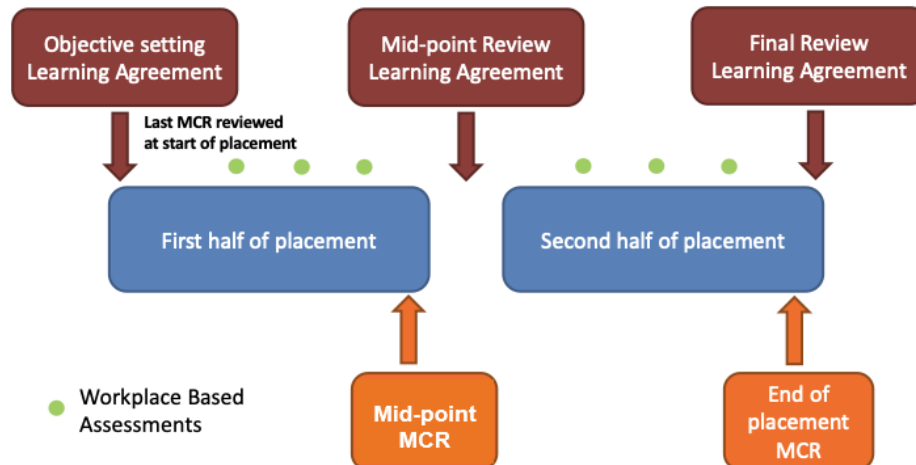
Table 2 mandatory WBAs

Competency	WBA form to use on ISCP	Level required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history and exam)	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A+E/ward; history and exam)	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of LA)	3
Preparation of an aseptic field	DOPS (Preparation of aseptic field)	3
Incision of skin and subcutaneous tissue	DOPS (Incision)	3
Closure of skin and subcutaneous tissue	DOPS (Closure)	3
Completion of WHO checklist (time out and sign out)	DOPS (WHO checklist completion)	3

Multiple Consultant Report (MCR)

MCRs assess your 9 General Professional Capabilities (GPC) and 5 Capabilities in Practice (CIPS). MCRS and learning agreements are related as below. Please involve the Lead CS to

create and conduct MCR as time lined below. Mid point and end of placement MCR are required for each 6 months placements. Once created the clinical supervisors need to respond with in 48 hours of creating the MCR. AES has to sign off the MCR for subsequent learning agreement.



Other evidence

Audit/Research/QIP: The JCST recommends one audit to be completed and presented per year, but it is not possible to be competitive in ST3 interview unless you perform at least one audit every 6 months. Submission of an audit project to our regional audit/research/QIP day held in June is mandatory.

Leadership and Management: You need to demonstrate your leadership qualities at ST3 interview. Eg: (a) organizing and leading M & M monthly meeting (b) organize weekly journal club (c) take up the role of rota-master of your team (d) organize the academic activity of your team, research and teaching.

Teaching : At ST3 interview, you will need to demonstrate that you have taken the initiative in delivering education, conducting and planning courses such as exam-preparation courses for medical students. It is important to collect feed-back forms. Examples include a) Teaching knot tying and suturing course to the medical students and b) Teaching and demonstrating medical students and foundation doctors or allied healthcare professionals in your hospital and c) Organize small group teaching to help medical students in revision. Those who have passed MRCS part A or B please contribute to the regional MRCS mock exams held in Norwich. At ST3 interview, evidence of regular engagement with teaching is important.

Annual Review of competence Progression (ARCP)

An ARCP will be undertaken in the middle of June 2022. As it forms part of the appraisal and revalidation process for the GMC it is important that you take it seriously. You will be assessed on your ISCP compliance, AES reports, logbook, MRCS progress, e-learning completion and any training days, audit and research and overall level of competency.

You will require a final placement and AES report for both your six month placements.

Under other evidence please...

- Complete WBAs and upload WBA checklist
- Complete and upload ARCP checklist
- Complete and upload a specialty checklist for each of your six month placements.

ARCPs usually occur in absentia, however you will be required to attend in person or by video link if by the review date of 1st May 2024 you have not completed any part of the requirements for completion of CST.

- Attendance / passing BSS, ATLS and CCrISP are required for all subspecialities.
- I would like to remind you that MRCS is an essential prerequisite for ST3 so please plan appropriately to gain all parts of the exam well in time . If you have not completed all parts of the MRCS by your ARCP then you **cannot complete CST**.

You already know the Deanery Teaching in the form of skills, simulation, mock exams, NOTSS, interview skills practice will occur through the year and you will be emailed regularly re these sessions and details are also available East of England Deanery Website.

I am very keen for as many of you as possible to gain entry into higher surgical training in 2026. The application process for HST will begin later this year, so in addition to the MRCS and ISCP please focus on extra activities such as teaching, audit, research presentations and publications that will make you competitive at a national level. The RCS Surgical Tutors can offer you help and advice on career progression and HST applications. It is vital that you have completed CCrISP so if you have not done it apply early in CT2. Finally, ensure that you visit the MMC, GMC, ISCP and East of England Deanery Websites frequently to remain informed of events that are continuing to change the landscape of your training in surgery.

Important weblinks

New Curriculum

- <https://www.iscp.ac.uk/media/1371/core-surgical-training-curriculum-august-2021-version-2-july-2023.pdf>

MRCS guidance notes

<https://www.intercollegiatemrcsexams.org.uk/-/media/files/imrcs/mrcs/mrcs-candidate-guidance/candidate-guide-to-mrcs-examination-january-2020.pdf>

ARCP checklist

- <https://hecoe.hee.nhs.uk/surgery/core-surgery/trainee-resources/arcp-guidance-and-faqs>

East of England Core Surgery Teaching Programme

<https://heeoee.hee.nhs.uk/surgery/core-surgery/teaching-programme>
Gold Guide

- <https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf>

Core Surgery National Teaching Programme

- <https://pgyle.co.uk/course/view.php?id=215>

Study Leave policy

<https://heeoee.hee.nhs.uk/faculty-educators/study-leave-homepage>