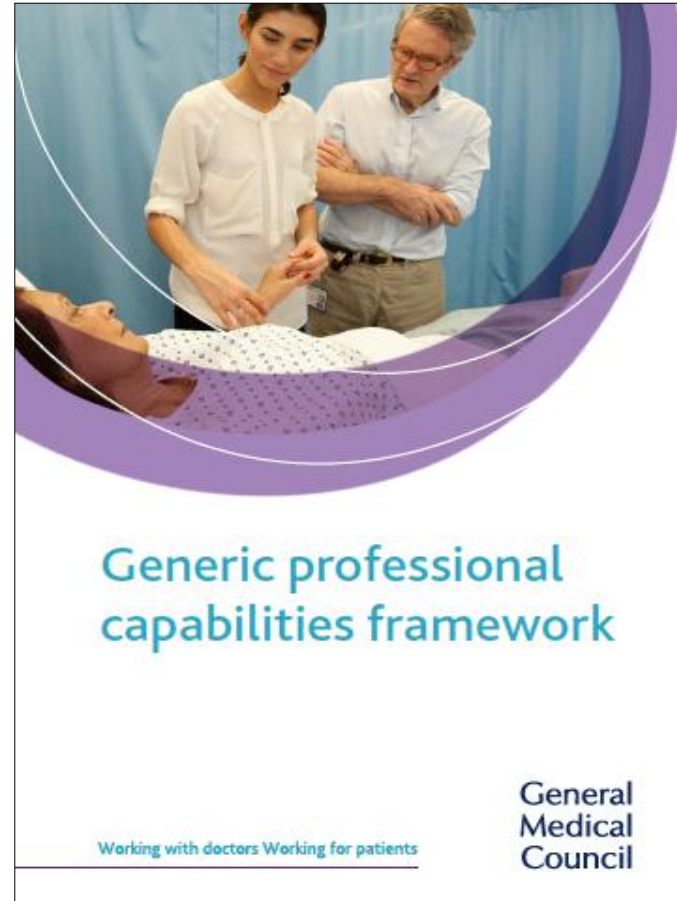
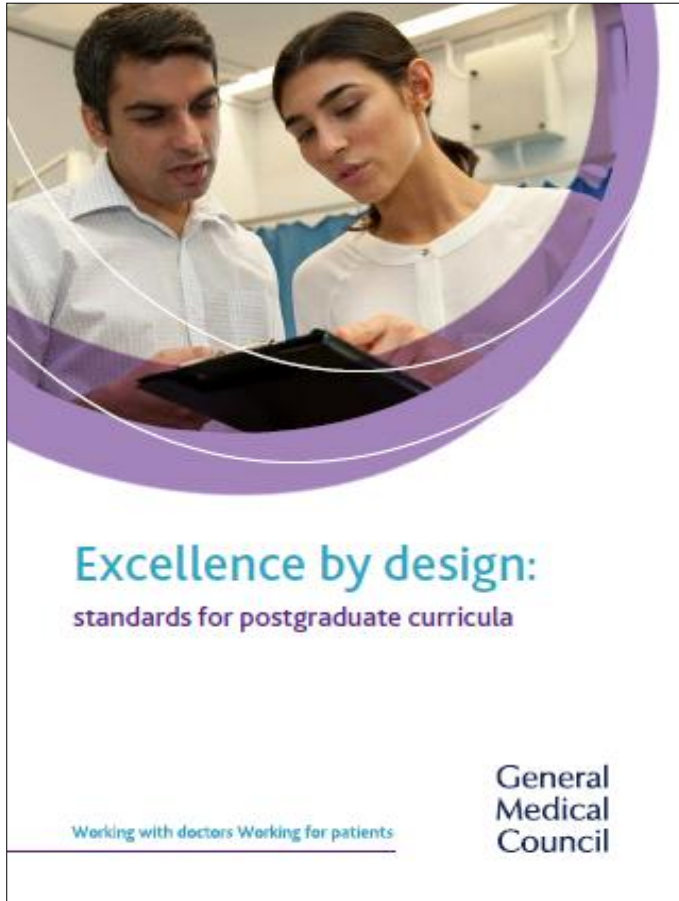


Introducing Capabilites in Practice in Surgical Training: How the New Surgical Curriculum's Assessment System will meet the GMC's standards

Jon Lund

Surgical Director ISCP

Why change?



Report from the UK Shape of Training Steering Group (UKSTSG)

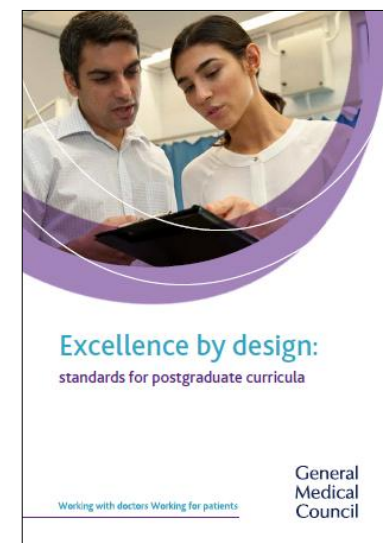
29 March 2017

5 principles that need to be met for ShoT

- Take account of and describe how the proposal will better support the **needs of patients and service providers**.
- Ensures that the proposed curriculum to CCT equips doctors with the generic skills to **participate in the acute unselected take** and to provide continuity of care thereafter.
- Where appropriate describes how the proposal would better support the delivery of care in the community.
- Describes how the proposal will support a more flexible approach to training.
- Describes the role that **credentialing** will play in delivering the specialist and sub-specialist components of the curriculum.

These standards require curricula to describe **fewer, high-level generic, shared and specialty-specific outcomes**, which will support all doctors better in understanding what is expected of them in their training programme. They require curricula to identify common areas of training and to have a **greater focus on the generic professional capabilities common to all doctors**.

These requirements will help improve the flexibility of postgraduate medical training...



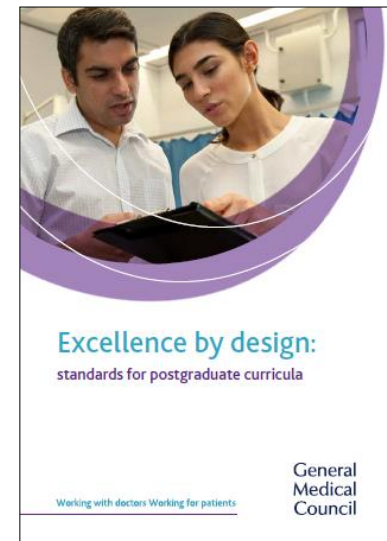
THEME 3: Programme of learning

- Generic, shared and specialty-specific outcomes
- Educational approaches and methods
- Breadth of experience required
- Critical progression points
- Criteria for satisfactory completion

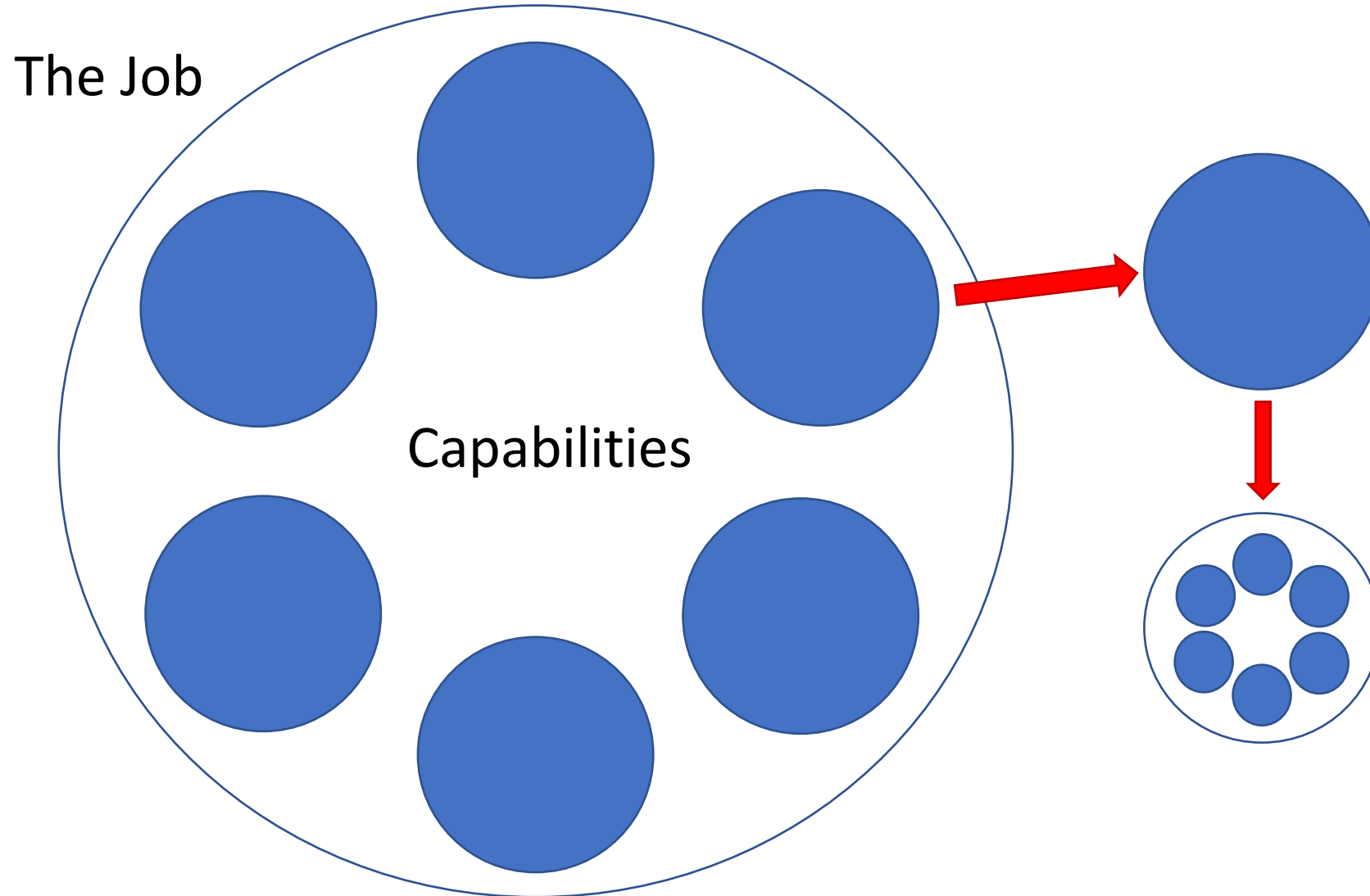
**Outcomes Based
Not time based**

THEME 4: Programme of assessment

- Assessment processes aligned to stated learning outcomes
- Defined levels of performance at critical progression points
- Assessment guidance and decision aides for critical progression points and satisfactory completion



Outcomes = Capabilities in Practice



Capabilities in Practice

- Out Patient Clinic
- Managing in-patients and ward rounds
- Emergency take
- Operating List
- Multi-Disciplinary Team working
- Quality Improvement
- Assessing clinical research
- Acting as a supervising clinician
- Working within the Health Service

Consultant Surgeon

To include Generic and specialty specific CCT requirements

Capabilities in Practice

How will they work?

- Teaching tools
- Formative feedback (mid and end of placement)
- Needs awareness of contents
 - Trainee
 - Trainer
- Each assessed formally once per placement (informs ARCP)
- Foundation of competence based certification

Capabilities in Practice

How will they be assessed?

- Multiple Consultant Reports (MCR)
 - All Clinical Supervisors
 - Supervision level decision
 - Highlight reporting for components

Capabilities in Practice

Supervision levels

- I. Able to observe only
- II. Able to act with direct supervision
 - a: supervisor present throughout
 - b: supervisor present for part
- III. Able to act with indirect supervision
- IV. Able to act unsupervised
- V. Has gained mastery and starting to teach

With reference to the syllabus

Phase 1

Elective General Surgery
Emergency General Surgery
GI Surgery

+ Early Special Interest Module

Phase 2

Elective General Surgery

EGS + Colorectal

EGS + OG

EGS + HPB

EGS + Breast

EGS + Endocrine

EGS + Renal transplant

EGS + Trauma

Oncoplastic breast

Muliorgan transplant

HPB and transplant

Capabilities in Practice

Critical progression points

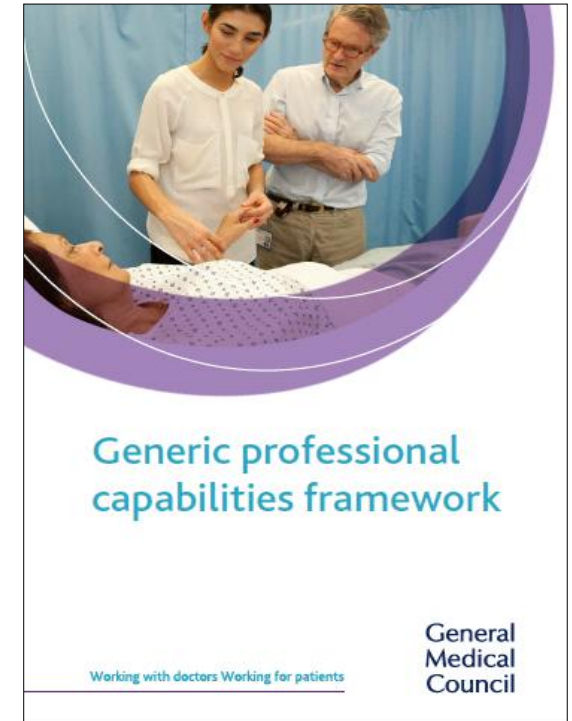
Capability in Practice	Supervision level for end of Phase 1	Supervision level for Certification
Managing an out patient clinic	III	IV
Managing the unselected emergency take	III	IV
Managing ward rounds and the ongoing care of in patients	III	IV
Managing an operating list	II	IV
Managing a multi-disciplinary meeting	III	IV
Able to adapt practice to improve patient safety and deliver quality improvement	IV	IV
Able to act as a supervising clinician	II	IV
Able to carry out and assess the quality of clinical research	III	IV
Working within the Health Service	II	IV

GPC

For doctors in training to achieve a UK certificate of completion of training (CCT), the framework requires that they demonstrate an appropriate and mature professional identity applicable to their level of seniority. Satisfactory achievement of these **generic outcomes** will demonstrate that they have the necessary generic professional capabilities needed to provide safe, effective and high quality medical care in the UK.

General
Medical
Council

Regulating doctors
Ensuring good medical practice



The Generic professional capabilities framework gives a detailed description of the **interdependent essential capabilities** that underpin professional medical practice in the UK and are therefore a **fundamental and integral part of all postgraduate training programmes**.

Generic Professional Capabilities



- About 220 descriptors
- Assessed within CiPs
 - Equal in importance to knowledge and skills
 - Using highlight reporting

Generic Professional Capabilities

Domain 1: Professional values and behaviours

We expect all doctors to demonstrate appropriate personal and professional values and behaviours. These requirements are set out in *Good medical practice* and related professional guidance.*

Our guidance outlines the expectations for doctors' professional responsibilities, including their duty of care to their patients. Doctors have a wide range of other professional responsibilities, relating to their roles as an employee, clinician, educator, scientist, scholar, advocate and health champion. These responsibilities include demonstrating the following expected professional values and behaviours:

- acting with honesty and integrity
- maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues
- treating patients as individuals, respecting their dignity and ensuring patient confidentiality
- taking prompt action where there is an issue with the safety or quality of patient care, raising and escalating concerns where necessary[†]
- demonstrating openness and honesty in their interactions with patients and employers – known as the professional duty of candour

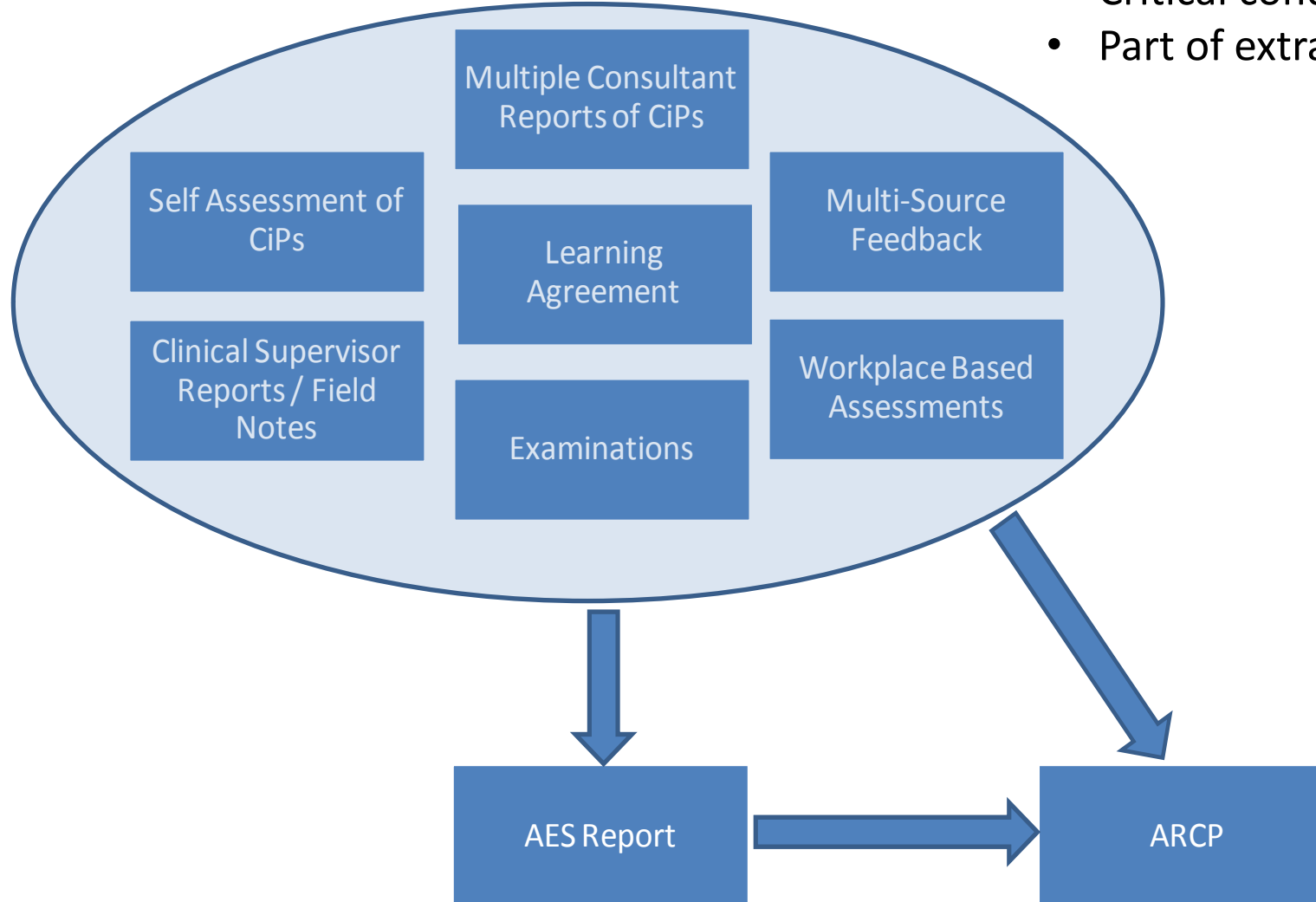
Capability in Practice 1

Managing an Out Patient Clinic

Generic High Level Outcome 1 Managing an Out Patient Clinic	
Description of tasks required to carry out the activity	Required knowledge and skills
<ul style="list-style-type: none"> Assesses and prioritises GP and inter-departmental referrals Arranges pre-clinic investigations Gives advice when requested and appropriate Deals correctly with inappropriate referrals Assesses new and review patients, determines the appropriate plan of action, explains to patient and executes. Includes: <ul style="list-style-type: none"> - discharge with advice - further review with or without investigation - list for surgery - refer onwards for further opinion - admit for urgent investigation and / or treatment Communicates consultation outcomes and subsequent investigation results by appropriate means Manages time with the clinic setting Delegates and trains on appropriate cases 	<ul style="list-style-type: none"> Able to apply syllabus defined knowledge in straightforward and unusual cases Uses a structured history and a focussed clinical examination to perform a full clinical assessment Able to carry out syllabus defined practical investigations or procedures within the out patient setting Able to synthesise clinical findings into an overall impression and a differential diagnosis Able to identify patients with unusual, serious or urgent conditions Takes co-morbidities into account Requests appropriate investigations and does not investigate when not necessary Interprets results of investigations in context Exercises good judgement in deciding on management plans and executes these within appropriate timescales Effectively manages potentially challenging situations in patients with complaints Emphasises health promotion
Generic Professional Capabilities (see link for details and individual descriptors)	
<ul style="list-style-type: none"> Professional values and behaviours Professional skills <ul style="list-style-type: none"> a) Practical skills b) Communication and interpersonal skills c) Dealing with complexity and uncertainty d) Clinical skills <ul style="list-style-type: none"> i) History taking, diagnosis and medical management ii) Consent iii) Prescribing medicines safely iv) Using medical devices safely v) Humane interventions vi) Infection and communicable diseases 	<ul style="list-style-type: none"> Professional knowledge <ul style="list-style-type: none"> a) Professional requirements b) National legislation c) The health service and healthcare systems in the four countries Health promotion and illness prevention Leadership and teamworking Patient safety and quality improvement <ul style="list-style-type: none"> a) Patient safety b) Quality improvement Protecting vulnerable groups Education and training Research and scholarship

Sum of
clinical,
technical
knowledge
and skills
PLUS GPC

Assessment Framework



MCR not adding to burden of assessment

WBAs reserved for

- Index procedures
- Critical conditions
- Part of extra assessment in remediation

Multiple Consultant Report

CiP	Supervision Level	Generic High Level Outcome 1 Managing an Out Patient Clinic	
1	4	Description of tasks required to carry out the activity <ul style="list-style-type: none"> Assesses and prioritises GP and inter-departmental referrals Arranges pre-clinic investigations Gives advice when requested and appropriate Deals correctly with inappropriate referrals Assesses new and review patients, determines the appropriate plan of action, explains to patient and executes. Includes: <ul style="list-style-type: none"> - discharge with advice - further review with or without investigation - list for surgery - refer onwards for further opinion - admit for urgent investigation and / or treatment Communicates consultation outcomes and subsequent investigation results by appropriate means Manages time with the clinic setting Delegates and trains on appropriate cases 	Required knowledge and skills <ul style="list-style-type: none"> Able to apply syllabus defined knowledge in straightforward and unusual cases Uses a structured history and a focussed clinical examination to perform a full clinical assessment Able to carry out syllabus defined practical investigations or procedures within the out patient setting Able to synthesise clinical findings into an overall impression and a differential diagnosis Able to identify patients with unusual, serious or urgent conditions Takes co-morbidities into account Requests appropriate investigations and does not investigate when not necessary Interprets results of investigations in context Exercises good judgement in deciding on management plans and executes these within appropriate timescales Effectively manages potentially challenging situations in patients with complaints Emphasises health promotion
2		Generic Professional Capabilities (see link for details and individual descriptors)	
3		<ul style="list-style-type: none"> Professional values and behaviours Professional skills <ul style="list-style-type: none"> a) Practical skills b) Communication and interpersonal skills c) Dealing with complexity and uncertainty d) Clinical skills <ul style="list-style-type: none"> i) History taking, diagnosis and medical management ii) Consent iii) Prescribing medicines safely iv) Using medical devices safely v) Humane interventions vi) Infection and communicable diseases 	<ul style="list-style-type: none"> Professional knowledge <ul style="list-style-type: none"> a) Professional requirements b) National legislation c) The health service and healthcare systems in the four countries Health promotion and illness prevention Leadership and teamworking Patient safety and quality improvement <ul style="list-style-type: none"> a) Patient safety b) Quality improvement Protecting vulnerable groups Education and training Research and scholarship
4			
5			
6			
7			
8			
9			

Multiple Consultant Report

CiP	Supervision Level
1	4
2	4
3	3
4	
5	
6	
7	
8	
9	

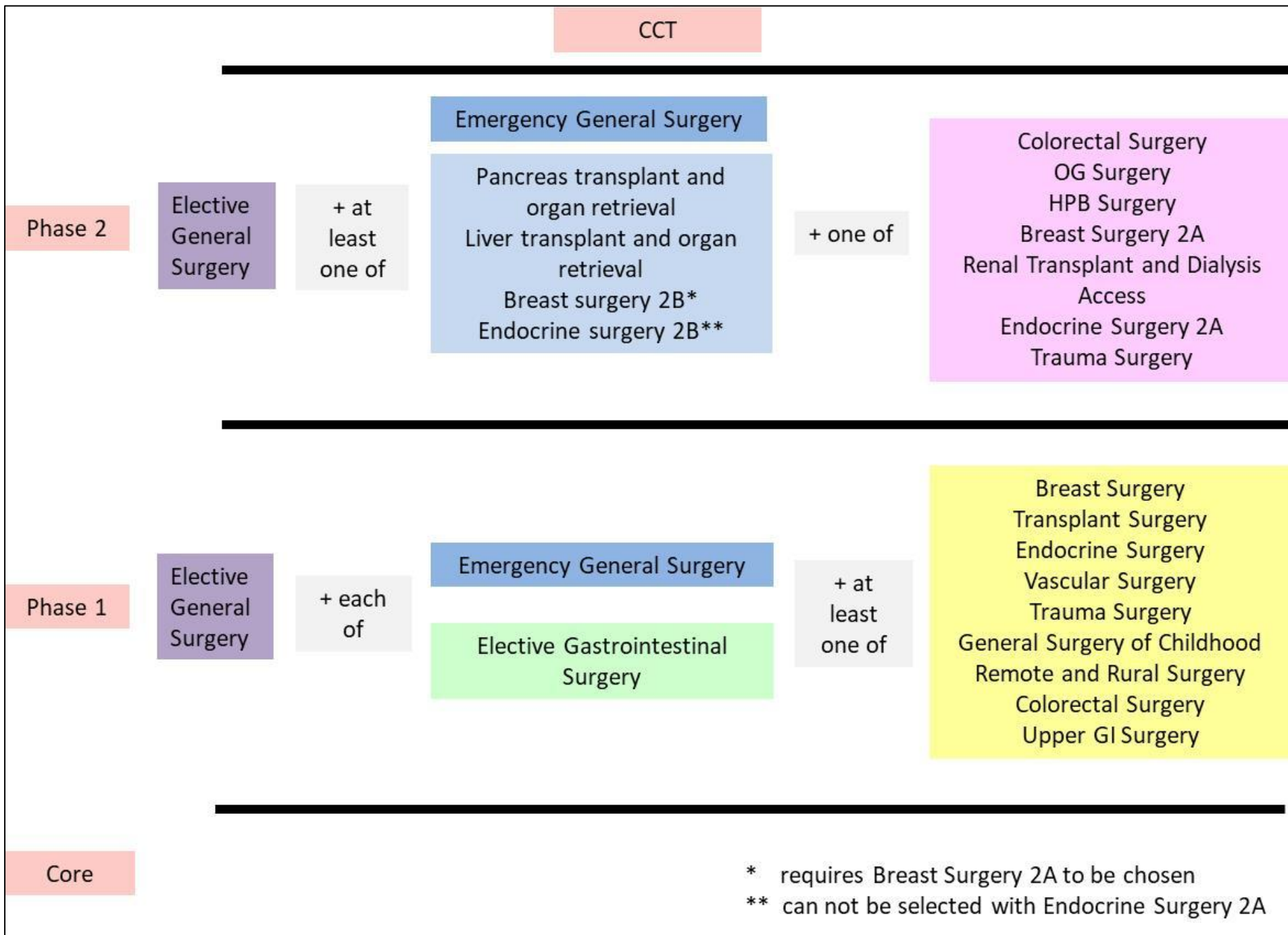
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Multiple Consultant Report

CiP	Supervision Level
1	4
2	4
3	3
4	?
5	
6	
7	
8	
9	

Generic High Level Outcome 1 Managing an Out Patient Clinic	
Description of tasks required to carry out the activity	Required knowledge and skills
<ul style="list-style-type: none"> Assesses and prioritises GP and inter-departmental referrals Arranges pre-clinic investigations Gives advice when requested and appropriate Deals correctly with inappropriate referrals Assesses new and review patients, determines the appropriate plan of action, explains to patient and executes. Includes: <ul style="list-style-type: none"> - discharge with advice - further review with or without investigation - list for surgery - refer onwards for further opinion - admit for urgent investigation and / or treatment Communicates consultation outcomes and subsequent investigation results by appropriate means Manages time with the clinic Delegates and trains on 	<ul style="list-style-type: none"> Able to apply syllabus defined knowledge in straightforward and unusual cases Uses a structured history and a focussed clinical examination to perform a full clinical assessment Able to carry out syllabus defined practical investigations or procedures within the out patient setting Able to synthesise clinical findings into an overall impression and a differential diagnosis Able to identify patients with unusual, serious or urgent conditions Takes co-morbidities into account Requests appropriate investigations and does not investigate
<ul style="list-style-type: none"> Professional values and behaviours Professional skills <ul style="list-style-type: none"> a) Practical skills b) Communication and team working c) Dealing with complexity d) Clinical skills <ul style="list-style-type: none"> i) History taking ii) Consent iii) Prescribing medication iv) Using medical equipment v) Humane interaction vi) Infection and control 	<ul style="list-style-type: none"> acting with honesty and integrity maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues treating patients as individuals, respecting their dignity and ensuring patient confidentiality taking prompt action where there is an issue with the safety or quality of patient care, raising and escalating concerns where necessary[†] demonstrating openness and honesty in their interactions with patients and employers – known as the professional duty of candour being accountable as an employee to their employer and working within an appropriate clinical governance framework

Feedback, highlight concerns, ARCP, remediation



Phase 1

Elective General Surgery
Emergency General Surgery
GI Surgery

+ Early Special Interest Module

Phase 2

Elective General Surgery

EGS + Colorectal

EGS + OG

EGS + HPB

EGS + Breast

EGS + Endocrine

EGS + Renal transplant

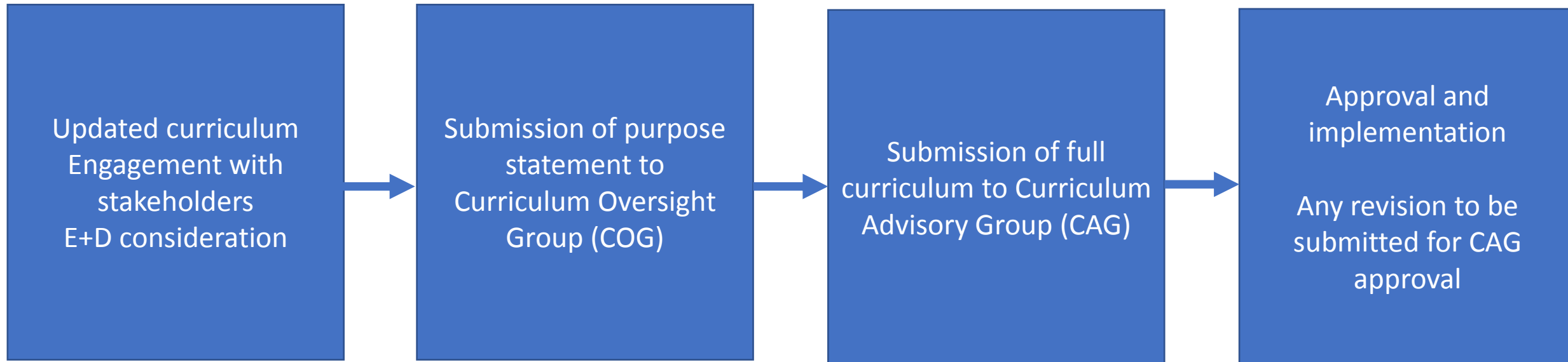
EGS + Trauma

Oncoplastic breast

Muliorgan transplant

HPB and transplant

Approval process



Purpose statement

2. Purpose

2.1 Purpose Statement

The purpose of the [insert speciality] curriculum is to produce consultant surgeons with the generic professional and specialty specific capabilities needed to manage [to the point of operation *insert if applicable*] patients presenting with the full range of acute [insert specialty] conditions and manage elective conditions in the generality of [insert specialty], as well as develop a special interest [*if applicable*] within [insert speciality] . They will be entrusted to undertake the role of the [insert speciality] registrar during training and qualified to apply for consultant posts in [insert speciality] in the United Kingdom or Republic of Ireland.

Purpose statement

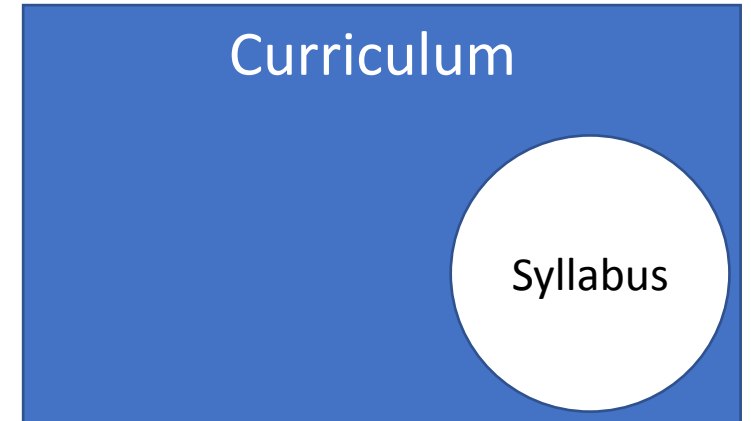
- Purpose
- Rationale - inc explicit reference to ShOT requirements
- Capabilities in practice
- Development
- Training Pathway - entry, phases, progression points, CCT requirements
- Duration of Training
- Flexibility
- Less than Full Time Training
- Generic Professional Capabilities and Good Medical Practice

Where now?

- Generic purpose statement and generic curriculum rewritten
- CAG feedback considered
- Revised Specialty purpose statements reviewed by lead deans before submission
- Resubmit ENT, Gen Surg and Cardiothoracic purpose statements 8/5 – decision 6/6
- Holding stakeholder event for 3 curricula 7/6
- Gathering E+D data
- Develop on line MCR interface (August 18)

What might T+O do?

- Think about the 5 ShOT requirements
- Edit the syllabus
- Consider any redundancy in training pathway
- Consider where critical progression points might be
- Trainee choice may be an issue in some specialties
- Consult widely with stakeholders, record and respond to feedback
- E+D
- Keep lead dean for T+O on board
- Not more until generic templates shown to be successful



Summary

- Biggest change since 2007 – introduced 2019-2020
- New curricula outcomes and not time based
- Outcomes described by CiPs
- CiPs building blocks of the job
- CiPs contain all GCPs
- Assessment burden lightened
- MCR holistic and intuitive
 - Improves feedback ?accelerate safe training
 - Captures excellence
 - Provides accurate language to provide targeted remediation where required



Welcome to the Trainer Portfolio

The Trainer
of Surgical T

It has been
the General
Trainers.

We hope tha
to capture a

The portfolio
required by
gathering to

Descr

The Trainer's

- Trainer D
- Trainer P
- Peer feed
- Trainee fe
- Assessm
- Reflective
- Documen



JCST ISCP
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DISCUSSION

ABOUT

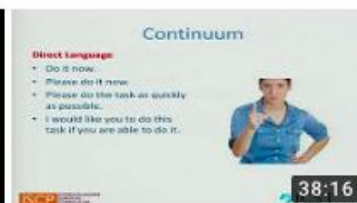


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Cultural Awareness for Surgeons Module 3

50 views • 2 weeks ago



Cultural Awareness for Surgeons Module 1

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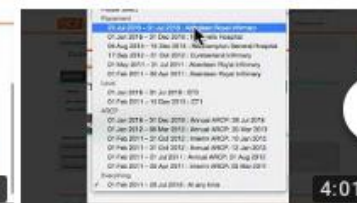
Cultural Awareness for Surgeons Module 2

16 views • 2 weeks ago



How to use the FST trainer area

160 views • 1 month ago



How to view the portfolio topics and progress -

39 views • 2 months ago

*The two specific feedback tools provide a multi-source feedback questionnaire that can be sent to your trainees and one that can be sent to your peers.

TRAINER AREA

This part of the ISCP is intended to allow the collection of evidence by trainers to help them show to the GMC that they are eligible to be recognised as trainers.

EVIDENCE COLLECTION

- [Trainer Dashboard](#)
- [Trainer Profile](#)
- [Assessment Summaries](#)
- [Reflective Notes](#)
- [Document Library](#)

QUESTIONNAIRES

- [Trainee Questionnaires](#)
- [Trainer Questionnaires](#)

start date 09/04/2013 00:00:00

end date 09/04/2018 00:00:00

[View Report](#)

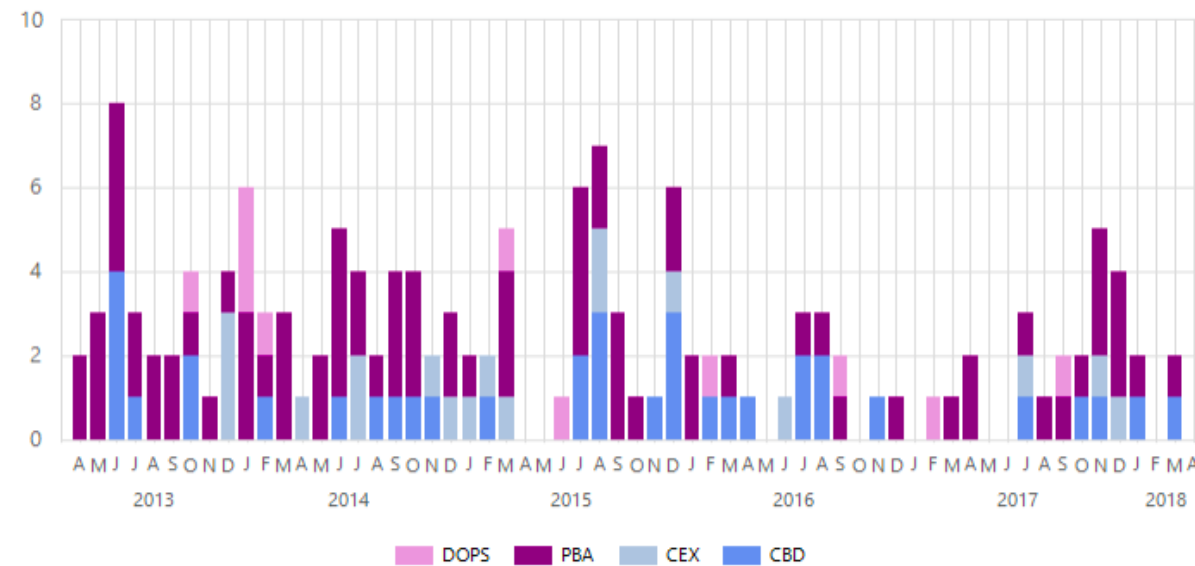
level list CT1, CT2, ST1, ST2, ST3, ST4, S ▾

1 of 4 Find | Next

Assessment Summary (9 Apr 2013 - 9 Apr 2018)

Page 1 of 4

WBAs validated in the period



start date 09/04/2013 00:00:00

end date 09/04/2018 00:00:00

[View Report](#)

level list CT1, CT2, ST1, ST2, ST3, ST4, S ▾



4

of 4



Find | Next



Assessment Summary (9 Apr 2013 - 9 Apr 2018)

Page 4 of 4

Time from WBA creation to submission to validation

wba type	Avg days from WBA to submission	Avg days from submission to validation	System-wide avg days from submission to validation
CEX	10	0	6
CBD	17	1	6
DOPS	12	0	7
PBA	10	1	7
Audit	56	0	6
Teaching	8	0	6

Trainee Questionnaires

Receiving feedback is as important for a trainer as it for our trainees. This tool allows you to request feedback from your trainees that is mapped to the Standards for Surgical Trainers. The questions that will be sent can be viewed [here](#). To preserve anonymity the output from these questionnaires is not released until questionnaires have been completed by five different trainees. This of course may mean that you will not receive specific feedback every year. Once five questionnaires have been completed the amalgamated report will become available to view in the Completed Reports section, and these results will automatically be mapped to the relevant framework areas.

In progress report

Trainee	Responded	Details
You dont have any questionnaires in progress.		

Add another trainee

Start typing in the box below to add an additional trainee questionnaire. Click 'Save' to confirm your chosen users. Once added, you can send them an email invite. Please note that you cannot add the same trainee twice to the same report.

Completed reports

The following reports have received the required 5 responses and been bundled together into summary reports.

← Summary Report

Below is the report for trainee questionnaires received between **25 Feb 2018** and **28 Feb 2018**

Question

Always

Usually

Sometimes

Never

Yes

No

N/A

My trainer facilitated my induction to the department.

4

1

My trainer demonstrates good teaching skills.

5

My trainer actively creates learning opportunities for me.

5

My trainer provides supervision for me appropriate to my stage of training.

5

My supervisor helps ensure that I have an explicitly named supervisor for all clinical activities.

3

2



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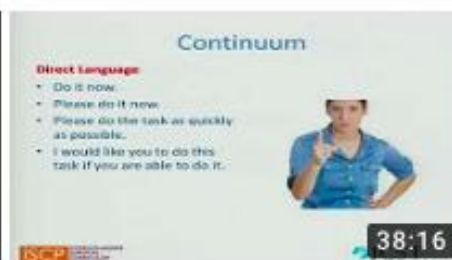
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