Standardised National Escalation Pathway for Core Surgical Trainees

Benchmarks to support identification and escalation of rota-related training concerns:

- **JCST Core Surgery Quality Indicators (QIs)** should be used as the primary benchmark to assess whether posts are delivering the minimum expected training opportunities https://www.jcst.org/quality-assurance/quality-indicators/
- Concerns that ARCP requirements will not be met. Including insufficient opportunity to:
    - Complete **workplace-based assessments** (e.g. CBDs, DOPS, PBAs)
    - Access adequate **theatre exposure** to achieve the minimum operative experience required, as defined by the **TPD**

Specialty	Theatre	Clinic
Cardiothoracics	3	1
General Surgery	3*	2
Neurosurgery	3	1
Oral Maxilli Facial Surgery	3	3
Ear, nose, throat	3	3
Paediatric Surgery	3	1
Plastic surgery	3*	1
Trauma & orthopaedics	3**	1
Urology	3***	1
Vascular	3	1

**includes 1 emergency list.*
***2 emergency lists & 1 elective list.*
****2 General Anaesthetic lists & include flexible cystoscopies.*

Each week (average), you should also attend:

- 5 consultant-supervised sessions
- 1 consultant ward round
- 1 emergency on-call
- 1 MDT
- 2 hours formal teaching (e.g. journal club, simulation, MDT)
- Study time to complete audit/QIPs

The rota should be sent to doctors 6 weeks prior to starting the work – rota'd training opportunities should be checked at this point

- https://www.bma.org.uk/pay-and-contracts/working-hours/work-schedule/work-scheduling-guidance

Indications to initiate the escalation process:

- Training concerns persisting ≥1 month or recurring throughout a placement
- Rota design rendering JCST QIs or ARCP requirements unachievable

The following individuals are here to support you:

- BMA representative
- ASiT Core Surgical Trainee representative (info@asit.org)
- BOTA junior representative (junior@bota.org.uk)

Escalation process:

Step 1: Clinical/Assigned Educational Supervisor (CS/AES)

- Raise rota concerns with your AES and/or CS within 3-4 weeks, with expected acknowledgement of concerns from AES and/or CS within 2 weeks
- Escalate early if JCST QIs are predicted to be unachievable
- Record missed training opportunities early (i.e. theatre, clinic, MDT sessions) and liaise with colleagues to assess if the issue is widespread. Following discussion with your supervisor, and if missed training opportunities persist, submit exception reports
    - Encourage colleagues to collectively record this evidence if the lack of training opportunities is widespread
- Engage locally by raising concerns with your local CST representative, Resident Doctor Forum (RDF), or local faculty group, and inform your deanery CST representatives.

Step 2: Director of Medical Education (DME) and/or Surgical College Tutor

- If concerns persists, escalate within 6-8 weeks with your DME and/or your local surgical College Tutor with acknowledgement of expected within 2 weeks
    - Bring potential solutions, as they can help implement practical training improvements with your department.
- Where JCST Quality Indicators are repeatedly missed, submit an exception report for each missed training opportunity, or a single weekly summary report.
    - Exception reports are reviewed by the DME and Guardian of Safe Working (GOSW), providing oversight of identified training issues.

Step 3: Training Programme Director (TPD)

- Escalate concerns to TPD at approximately 2-3 months where:
    - There are recurrent missed training opportunities with minimal improvement following local escalation (using JCST QIs as the benchmark), and/or
    - Multiple trainees are affected, suggesting a systemic issue
- The TPD can then assess whether the post is in line with the expected standards for Core Surgical Training
- Expected acknowledgement of concerns from TPD within 2 weeks

Step 4: Head of School (HoS)

- If training opportunities have not improved despite previous escalation, concerns should be escalated to the Head of School, with continued TPD involvement.
- This level of escalation is appropriate where:
    - ARCP requirements are unlikely to be met, despite TPD involvement
    - Persistent or systemic training deficiencies affect multiple trainees or cohorts
- Provide clear evidence of prior local and deanery-level escalation attempts, including exception reports and documented discussions
- Expected acknowledgement from the Head of School within 2 weeks