

# ENT Wales StR Induction Document



**ENT** CYMRU  
WALES

## 1.0 **Introduction**

- 1.1 Welcome to the Specialist Training Scheme for ENT in Wales. This is an excellent training programme that has currently come out top for overall satisfaction in an ENT training programme in the most recent GMC survey. This induction document sets out to give you an understanding of how the scheme works, what you can expect during your training, who the key post holders are and what their responsibilities are. It also aims to give you guidance on the requirements of the training scheme as they apply to the ISCP, GMC and ARCP process.
- 1.2 As a Specialty Training Registrar (StR) you have responsibility both for your conduct and for your training. This document outlines these responsibilities and will give guidance to you on professionalism and the standards that the GMC and we expect from you. Being adult learners you should take every educational opportunity offered and continually look to extend your education through personal effort and reflection.
- 1.3 The training staff and their support also have responsibility. We are justifiably proud of the quality of young Consultants that we help to develop and we are aware that our personal standards and the quality of training that we offer must remain high. We aim to review and develop our training at all times but we cannot truly succeed in this without your input. We expect you to feedback to us constructively on all areas of your development so that we can continue to advance the standards of the training scheme and the quality and success of the Consultants it creates.
- 1.4 Every year the trainee body appoints a trainee representative. You should find out who this currently is and introduce yourself if you do not already know them. They can give you general advice about the day-to-day matters that concern all trainees and, if they are unable to help, you have access to the Programme Director, the Deanery and to your Educational Supervisor. These posts and their roles are introduced later in the document.
- 1.5 We hope that you enjoy your training in Wales and that this document helps you settle in quickly.

## 2.0 **The Wales Deanery**

- 2.1 “The most family friendly deanery” (recognised with a national award three years running).
- 2.2 The Wales Deanery covers training in North and South Wales and is headed by the Dean who oversees Postgraduate Medical and Dental Education.
- 2.3 The strategic aim of the Wales Deanery is to commission, quality assure and support the education and training of trainees, hospital doctors, GPs, dentists and DCPs in Wales.
- 2.4 This includes the development of innovative models of education and training delivery, building training capacity and leading on postgraduate medical and educational research.

2.5 Core and Higher Training in Wales is delivered from a number of different settings - including teaching hospitals, district general hospitals and mental health units providing trainees with a wide breadth of experience to prepare for their future careers. The Postgraduate Secondary Care Training Section (PSCTS) at the Wales Deanery administers Core and Higher Training Programmes in Wales. As an Otolaryngology Trainee if you have a query about recruitment, your current/future posts, ISCP, or the Annual Review of Competence Progression (ARCP) process, you should contact the Wales Deanery in the first instance.

2.6 Please see their website for more details: [www.walesdeanery.org](http://www.walesdeanery.org)

### 3.0 **Important Contact Information**

Training Programme Director	Mr. Stuart Quine quinesm@mac.com
Specialty Training Committee Chairman	Mr. Simon Browning simon.browning1@me.com
Regional Specialty Professional Advisor	Mr. Simon Browning simon.browning1@me.com
Deanery Specialty Manager	Mrs. Elenor Williams 1 <sup>st</sup> Floor, Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS williamsEJ6@cardiff.ac.uk 029 2068 7480 (direct) Office Hours 8.30 am – 4.00 pm
Specialty Training Officer	Jan Mills 1 <sup>st</sup> Floor, Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS Email: millsj9@cardiff.ac.uk Telephone: 02920 687873
Trainee representative	Mr R Costello rccostello@me.com
Professional Support Unit	02920 687417
ISCP Helpdesk	helpdesk@iscp.ac.uk 020 7869 6299
<i>Specialty Training Committee Members</i>	
Richard Anthony – Glan Clwyd Hospital	richard.anthony@wales.nhs.uk
Sandeep Berry – Royal Glamorgan Hospital	sandeep.berry2@wales.nhs.uk
Simon Browning – Swansea Hospitals	simon.browning@wales.nhs.uk
Ceri Roberts – Princess of Wales Hospital	ceri.roberts@wales.nhs.uk

Mark Preece – Royal Gwent Hospital	mark.preece@wales.nhs.uk
Alagar Chandra Mohan – Wrexham Maelor Hospital	alagar.chandra-mohan@wales.nhs.uk
Antony Howarth – West Wales General Hospital	antony.howarth@wales.nhs.uk
ENT Wales secretary	Sandeep.berry@wales.nhs.uk
Temporal Bone Training Coordinator	Mr. Ali Raza samantha.regan@wales.nhs.uk
ENT Website webmaster	Mr. Jon Clarke
ENT Wales website	<a href="http://www.entwales.co.uk">http://www.entwales.co.uk</a>
ENT Wales trainees website	<a href="http://www.entwalestrainees.co.uk">http://www.entwalestrainees.co.uk</a>

#### 4.0 **The Welsh Training Programme.**

##### 4.1 Contents:

- The Welsh Rotation and Teaching Units
- Principles of learning in Wales
- Training Days
- ENT Wales Annual Academic Meeting
- ENT Wales Travelling Fellowship
- Temporal Bone Training
- The Annual StR Assessment
- The Annual Review of Competence Progression
- ARCP Outcomes
- The Certificate of Completion of Training
- How to apply for your CCT
- The Roles of Post Holders in Wales
- How to Change the Induction Document
- Prizes
- Maternity and Paternity leave
- Professional Support Unit
- Clinical guidelines
- Appendices

##### 4.2 **The Welsh Rotation and Teaching Units**

4.3 The Welsh programme is provided by hospitals in North and South Wales. Where you start on your six-year scheme will be decided by the Programme Director, however, as you rotate between the teaching centres you will have more input into where you

want to go. It is generally true that StRs will spend their first one or two years in the north of Wales and then migrate south for the remainder of their training.

- 4.4 There are two university teaching hospitals on the rotation: The University Hospital of Wales in Cardiff and Morriston Hospital in Swansea. Training also takes place in The Princess of Wales Hospital in Bridgend, The Royal Glamorgan Hospital near Llantrisant, The Royal Gwent Hospital in Newport, Glan Clwyd Hospital in Rhyl, Wrexham Maelor Hospital in Wrexham and West Wales General Hospital in Carmarthen.
- 4.5 During the year there are ten Wales Deanery training days that ALL trainees attend (except those based in either Rhyl or Wrexham). The venue and topic of teaching varies and each of the training centres in the south hosting the teaching in rotation. Details of the topics that are covered can be found on the ENT Wales website under the 'Trainees' tab. (<http://www.entwales.co.uk>).
- 4.6 Trainees based in either Rhyl or Wrexham attend Mersey and Manchester training days based in Wrightington Hospital, Wigan. Training days are mandatory and the trainee is expected to take study leave to attend.
- 4.7 Each year there is an StR assessment day. This is held on the second Wednesday in June. It is an assessment based upon the exit examination and looks to assess your knowledge, skills and communication. There is more detail on this in a subsequent section.
- 4.8 Here is a brief introduction to the training centres:

**University Hospital of Wales** (Cardiff and Vale University Health Board)  
University Hospital of Wales, Heath Park, Cardiff. CF14 4XW  
Switchboard: 02920 747 747

Noah's Ark Children's Hospital for Wales is on the same campus and shares the same contact number.

StRs: 4. On-call rota shared with Royal Gwent Hospital  
<http://www.cardiffandvaleuhb.wales.nhs.uk/home>

**Singleton Hospital** (Abertawe Bro Morgannwg University Health Board)  
Singleton Hospital, Sketty Lane, Sketty, Swansea. SA2 8QA  
Switchboard (Singleton): 01792 205 666

**Morrison Hospital** (Abertawe Bro Morgannwg University Health Board)  
Morrison, Swansea. SA6 6NL  
Switchboard (Morrison): 01792 702 222

StRs: 4. On-call covers both Singleton and Morrison Hospitals

**Princess of Wales Hospital** (Abertawe Bro Morgannwg University Health Board)  
Princess of Wales Hospital, Coity Road, Bridgend. CF31 1RQ  
Switchboard: 01656 752 752

StRs: 1  
<http://www.abm.wales.nhs.uk>

**Royal Gwent Hospital** (Aneurin Bevan University Health Board)  
Royal Gwent Hospital, Cardiff Road, Newport. NP20 2UB  
Switchboard: 01633 234 234

StRs: 4. On-call rota shared with University Hospital of Wales  
<http://www.wales.nhs.uk/sitesplus/866/page/40419>

**Royal Glamorgan Hospital**  
Royal Glamorgan Hospital, Ynysmaerdy. CF72 8XR  
Switchboard 01443 443 443

StRs: 1  
<http://www.wales.nhs.uk/sitesplus/866/page/40419>

**Glan Clwyd Hospital** (Betsi Cadwaladr University Health Board)  
Glan Clwyd Hospital, Rhyl, Denbighshire. LL18 5UJ  
Switchboard: 01745 583 910

StRs: 1. On-call rota shared with Wrexham Maelor Hospital  
<http://www.wales.nhs.uk/sitesplus/861/page/41577>

**Wrexham Maelor Hospital** (Betsi Cadwaladr University Health Board)  
Wrexham Maelor Hospital, Croesnewydd Road, Wrexham. LL13 7TD  
Switchboard: 01978 291100

StRs: 1. On-call rota is shared with Glan Clwyd Hospital  
<http://www.wales.nhs.uk/sitesplus/861/page/42939>

**West Wales General Hospital** (Hywel Dda University Health Board)  
Gangwili General Hospital, Dolgwilli Road, Carmarthen. SA31 2AF  
Switchboard: 01267 235151

StRs: 1.

<http://www.wales.nhs.uk/sitesplus/862/page/42915>

## 5.0 **Principles of learning in Wales**

5.1 The ENT Specialty Training Committee, the body that oversees and quality assures training on behalf of the Deanery, is committed to assisting you in achieving your learning needs while you are a part of the StR rotation in Wales. It recognizes that you are adult learners and follow the following principles of adult learning. As such it aims to:

- 5.2
1. Establish an effective learning climate, where you feel safe and comfortable expressing yourself
  2. Involve you in mutual planning of relevant methods and curricular content
  3. Involve you in diagnosing your own needs—this will help to trigger internal motivation
  4. Encourage you to formulate your own learning objectives—this gives you more control of your learning
  5. Encourage you to identify resources and devise strategies for using the resources to achieve your objectives
  6. Support you in carrying out your learning plans
  7. Involve you in evaluating your own learning—this can develop your skills of critical reflection.

5.3 Central to this is an active participation and collaboration by you the learner with your educators. The Welsh Training Programme provides structured events in the form of training days, temporal bone facilities and the annual assessment day amongst other more locally provided opportunities both on the job and aside from it. It is for you to engage with these opportunities and to seek others that will enhance your education.

## 6.0 **Training Days**

6.1 Training days are an opportunity for you to meet your fellow StRs, take part in education and discuss between yourselves the issues that you face as a trainee. It is also an opportunity to meet consultants and other specialists both on the training scheme and allied to it.

6.2 We expect that StRs will have done background reading on the topics that are allocated to the day so that discussion can run at a high level and you get the most out of the experience. In turn we will endeavor to publish the teaching topics and materials in advance of the training day.

6.3 Wales Deanery training days happen ten times in the year and the date is the 21<sup>st</sup> of the month or the day closest to this if the 21<sup>st</sup> falls on a weekend or Bank Holiday. For example, if the 21<sup>st</sup> falls on a Sunday the study day will be on Monday the 22<sup>nd</sup>.

6.4 In August and December there are no training days.

6.5 Teaching days happen in all of the teaching centres in South Wales. The rota for the venue is below but the general topics for the day are published separately on the ENT Wales website under the 'Trainees' tab.

6.6	University Hospital of Wales	January	June
	Royal Gwent Hospital	February	July
	Royal Glamorgan Hospital	March	September
	Princess of Wales Hospital	April	October
	Morrison or Singleton Hospital		November
	West Wales General Hospital	May	

6.7 Mersey and Manchester training days rotate through the week. Dates and topics are distributed by email in advance. Trainees from Rhyl and Wrexham are advised to contact the Mersey ENT StR representative by email to be added to the Liverpool StR trainee mailing list for regular updates on the teaching programme. The current post holder Helen Beer whose email is: docbeer@yahoo.com.

6.8 The Surgical Training Committee expects you to attend 80% of the training days. In practice this means attendance at eight of the training days. In the appendix there is an attendance sheet for you to use. You should make a copy of this and take it with you to the training day. It can then be filled in your online portfolio as a record of attendance at the end of the year.

6.9 ENT Wales has agreed that StRs should treat the Training day as they would any other study leave day. That is, they are not expected to attend for clinical duties 'before they go off for teaching'. You should make arrangements for the clinical work to be covered by other suitable staff members just as you would for any other day away.

6.10 As agreed by ENT Wales StRs are required to submit a study leave application for these days. This will allow them to claim expenses for travelling. Please remind your clinical supervisor and rota coordinator that you will be away so that appropriate arrangements for cover can be made. Six week's notice is required in hospitals in Wales.

6.11 It is our view and that of the Deanery that training is mandatory and that it should be in exceptional circumstances only that a Trainee cannot get to a training day due to service cover. If you are having problems with attendance at the training days you should let a member of the STC know.

6.12 StRs that have passed their intercollegiate exams are expected to attend training days unless something exceptional arises at their base hospital that would be invaluable to their education.

## 7.0 **ENT Wales Annual Academic meeting**

7.1 This is a national conference held every October. It is a platform for all StRs to showcase their research and audit projects. Each StR is expected to present one project as an oral presentation. This counts as a national presentation with prizes available for the first and second ranked presentations. More junior grades are also invited to attend and have prizes awarded as well. There is a prize for the best poster presentation.

7.2 Consultants from all hospitals across Wales attend this event. It is an excellent way to network with your colleagues and meet people from departments you may not have worked at yet.



### 7.3 **ENT Wales Travelling Fellowship**

7.4 There are bursaries available for StRs wishing to travel to a conference to present research done in Wales or for further education. The ENT Wales website has further information.

### 8.0 **Temporal Bone Training**

8.1 During your time in training you will be offered four whole day sessions a year at the cadaveric temporal bone drilling facility in the anatomy department in Cardiff University. Mr. Ali Raza issues a rota for this twice a year. It is distributed by his secretary (samantha.regan@wales.nhs.uk) via email and posted on the ENT Wales website.

8.2 Consultant ENT surgeons are rostered to attend and supervise your temporal bone drilling. They sometimes come long distances to be there so it is very important that you inform them that you will be there. It is preferred if you can give the Consultant seven days warning. Please do this by e-mail or by contacting them or their secretary. If you do not contact the Consultant, it will be assumed that you will not be at the temporal bone session.

8.3 The cost for your temporal bone training is £100. This is a one-off fee for your time on the training scheme. Cheques should be made payable to the Welsh Association of Otolaryngology and sent to the ENT Wales Treasurer. The temporal bone coordinator will know who this is at the time.

8.4 On the day of your session your tutor will fill out an assessment form on your performance. This is used as evidence of progression by your AES so you should keep the forms and scan them into your portfolio of evidence on the ISCP website.

8.5 Please see Appendix 2 for a copy of the assessment form.

8.6 Evidence of attendance of temporal bone training sessions is required at ARCP and failure to provide this may lead to an outcome 5.

### 9.0 **The Annual StR Assessment.**

9.1 Every year, on the Wednesday before the ARCP, all of the StRs in Wales attend for an assessment of their knowledge and skills. This is an all-day event and is held in one of the training centres in South Wales. The venue will be given in advance.

9.2 Its purpose is to offer additional information on your level of knowledge for yourselves and for the Specialty Training Committee. It is a formative assessment. It, together with feedback from your Educational Supervisors and other sources of performance assessment such as multi source feedback, contribute to the discussion at the annual review of competence progression (ARCP).

9.3 The assessment is styled on the Intercollegiate Board exit examination that you will sit before your CCT. There is a mixture of academic, skills and communication assessment during the day and you will meet many of the consultants that contribute to your education during your years in Wales.

- 9.4 Attendance at this is compulsory for those who have not yet sat and passed their Intercollegiate exam.
- 9.5 You will be assessed against an expected level of knowledge for your seniority. Thus very senior trainees who are approaching their exit examination will be assessed at the level expected of the exit examination – very high. If you are in your first year as an StR you will be assessed at a lower level. However, this does not mean that you should underestimate the assessment day or treat the first one you attend as less important.
- 9.6 Failure to demonstrate a level of knowledge expected for your year of training will trigger targeted training and you will be given an Outcome 2 until you can show that you have made up your level of knowledge. This may be achieved by targeted sessions at your current training centre or, if required, in liaison with the Deanery Support Unit. An explanation of the consequences of Outcome 2 can be found in the appendix. Please note, the decision to issue this outcome is decided from all sources of performance assessment available to the ARCP panel and not solely based on the annual StR assessment.
- 9.7 The highest scoring StR will receive the annual Gold Medal.
- 10.0 **Annual Review of Competence Progression.**
- 10.1 In Good Medical Practice the GMC has set out the competencies required for practice as a doctor and the assessment framework that should be in place to know whether those competencies have been achieved.
- 10.2 That framework includes formative assessments, summative assessments and the judgments of your Educational Supervisor. All of these provide evidence for an annual review of your progress towards consultancy.
- 10.3 All trainees in Wales come to the ARCP for a meeting with the STC.
- 10.4 The ARCP takes place in Cardiff on the second Thursday of June. This is the day following the StR assessment day. The panel is made up of representatives from each of the training units plus the TPD, the Regional Specialty Professional Advisor (the STC Chairman), a Specialty Advisory Committee (SAC) representative, a representative from the Deanery and, sometimes, a lay representative.
- 10.5 A second meeting may be required if a trainee requires further support during the year. This meeting was formerly called an interim ARCP but the nomenclature has now changed. This second meeting should be considered to be exactly the same as the ARCP in June with the same requirements for both the trainee and their clinical and educational supervisor.
- 10.6 There are a number of things that you must have done prior to your ARCP as the panel will expect to see these on the day of your review. Failure to provide all of the evidence required for progression will lead to an outcome other than Outcome 1. There is more information on outcomes in Appendix 3.
- 10.7 You must meet with your AES after the time that you finish submitting information onto the ISCP website and before the ARCP day. There is a two-week window for this

but please do not leave it too late as the AES must write a report and submit it to the ARCP panel ahead of the actual ARCP day.

- 10.8 Your AES will make an ARCP outcome recommendation in their report. Note that it is a recommendation only and the ARCP panel may not agree with it and may overturn it on the day of your ARCP.
- 10.7 The Deanery will send you two forms prior to your ARCP and you must return these to the Deanery before the ARCP meeting. These are an Enhanced Form R and a Trainee Absence Form. Details of the contents of the Enhanced Form R can be found in the Gold Guide.
- 10.8 ARCP checklist.
- 10.9 The following represent a minimum standard of evidence for the ARCP panel, however, the STC expect that StRs who are serious about their education will not simply do the minimum to get through.
- 10.10 All StRs should familiarize themselves with the current Gold Guide. The ISCP holds an Annual Review Checklist, which is a generic template, however, the Specialty Training Committee is entitled to modify this checklist for its own purposes. Thus you should use the checklist below as your guide.
- 10.11 Note that the ARCP panel requires that you finish updating your ISCP evidence 14 days before the date of the ARCP. This is to allow time for the CS and AES to write a report and the ARCP panel to review your evidence before the day of the ARCP itself.
- 10.12 Prior to the ARCP meeting the Deanery will send you an Enhanced Form R and a Trainee Absence Form. You must fill these in and return to the Deanery seven days prior to the ARCP. Failure to do so may lead to an outcome 5.
- 10.13 On the day of the ARCP the assessment panel will examine your on-line evidence and your StR assessment results and discuss these prior to meeting you. When you come in to see them they will talk with you about your progress and needs. They will offer any support and advice that is appropriate and allow you to ask questions of them.
- 10.14 The ARCP Checklist for Wales
- 10.15 Your online data on the ISCP website must be up to date and this includes your CV, your logbook, WBAs, the portfolio section, learning agreements, MSF, Global objectives, notes and Journal.

Note that failure to provide an up to date ISCP site may constitute a lack of evidence of progression at ARCP and lead to an Outcome 5.

- 10.16 Your learning agreements must be up to date and signed off by your Educational Supervisor.
- 10.17 Workplace based assessments.

WBAs are central to your educational development and each represents an episode of contact with your trainers in an educational context. For the ARCP in Wales WBAs

include CEX, CEX-C (CEX-consent), CBD and PBA. DOPS are not accepted. These are for core level trainees and are inappropriate for ST level training.

We expect a minimum of 40 WBAs since your last ARCP. This number shall not include: Assessment of Audit, Observation of Teaching or MSF.

The 40 WBAs must focus on clinical encounters. These must all be signed off. Any that are not signed off will not count to your overall numbers and will not contribute to your evidence of progression.

Please note also that we expect WBAs to be completed with Consultant trainers.

You should make sure that you have PBAs on the CCT index procedures and that these are at the levels required for CCT by the final year of training.

10.18 MSF.

There must be one completed MSF in the year since your last ARCP. This does not count towards your total WBA tally. Multi-source feedback provides external observations of a trainee's performance and is a useful way of getting evidence of a trainee's professionalism.

10.19 Raters for the MSF are chosen by the trainee. The STC expects that the raters will be consultants, including the trainee's AES, senior nurses and theatre staff, outpatient sisters and senior administrative staff. Other junior members of staff, junior nurses, patients, and friends are not suitable. The current iteration of the ISCP site only allows three consultants per MSF.

10.20 It is good practice to approach the raters and ask their permission first. It is also a good idea to send them a copy of the MSF guidance document so that they are aware of their duties.

10.19 Audit.

There must be one audit cycle completed in the year since your last ARCP that has been assessed by your AES and signed off. This does not count towards your total WBA tally.

10.20 Evidence of attendance at StR training days.

You need to be able to show that you have attended at least 80% of the training days available to you. In practice this means attending 8 in the year.

In order to monitor teaching attendance, online feedback needs to be complete after each session. This can be achieved via a link under the registrar section of the ENTWales website. The link will remain live for 7 days after each session. Feedback to teachers will remain totally anonymous but an independent register will be created in order to monitor attendance through the year. Attendance will be publicly viewable via a further link on the ENTWales website. Signatures at the teaching session will no longer be required.

Prior to ARCP a PDF document will be emailed to you which contains your teaching attendance for the year. This should be uploaded to your ISCP. If no pdf is received 1 week prior to ARCP then it is the trainee's responsibility to add their own pdf document to ISCP showing their teaching attendance. It is possible to cross-check this pdf against the open access register.

Failure to engage fully in this may lead to an outcome 5.

10.21 Observation of Teaching.

The STC takes your development as teachers seriously. We expect to see one Observation of teaching (OOT) each year at ARCP that has been signed off by one of your trainers. This does not count towards your total WBA tally.

10.22 Evidence of attendance at Temporal Bone sessions.

You should have attended at least one of these since your last ARCP. Please place evidence of attendance into your portfolio under the 'Evidence' tab in the portfolio section. Failure to do so may lead to an outcome 5.

10.23 Evidence of presentation at the ENT Wales' annual meeting.

StRs are required to make a presentation at the annual ENT Wales meeting.

10.24 Logbook of surgical procedures.

The panel will review this before you meet them. It should be up to date. You are required to show evidence of 2000 first operator procedures prior to your CCT.

As of October 2015 you are no longer required to bring a paper copy of evidence. Instead you should provide a summary of operative experience in the "Evidence" section of your Portfolio. Two pieces of evidence are required:

- a. A summary of your operative experience since the last ARCP
- b. A summary of your total operative experience since starting your higher surgical training posts

Guidance on how to produce these summaries is presented in Appendix 4.

Failure to provide this evidence will lead to an outcome 5.

10.25 Emergency workload logbook.

StRs are required to provide evidence that they are on track to see 1000 emergencies during their training or have completed 300 nights on call. This number is the CCT requirement.

The JCST publishes competencies expected for index emergency cases at ST4, ST6 and ST8. This can be found on their website.

10.26 You no longer need to bring the Training Post assessment form – R2 (Green form on JCST website) with you to the ARCP.

Anonymous information on the quality of training units is now gleaned from the JCST questionnaire.

- 10.27 Ensure that your Form R and Absence Form are filled in and returned to the Deanery before the ARCP. Failure to do so will result in an Outcome 5.
- 10.28 You must present evidence that you have completed the annual GMC survey. At the time of writing this does not automatically show in the ARCP panels view of your progress even though it does show up in your view of your ISCP evidence.

Until this problem is rectified please place a copy of the GMC's acknowledgement of your participation in the evidence section of your portfolio.

As it is a mandatory requirement, failure to provide your completion certificate will result in an outcome 5 and reflective writing on the importance of completing these surveys, your reasons for non-completion and reflecting upon the quality of your training experience in your most recent training placement will be required. There is a pro-forma for this activity available from the Deanery.

- 10.29 There is a separate St6 checklist available on the JCST website. Please review the most up to date JCST guidance on this with your AES at the beginning of your ST6 year and prior to the ARCP. It will form the template of your AES' report to the ARCP panel. StRs attending ARCP in their ST6 year are encouraged to bring this with them to the ARCP.

#### 11.0 **ARCP Outcomes**

- 11.1 There are a number of outcomes possible following your ARCP. The Gold Guide gives more details of these and excerpts from it can be found in Appendix 3.

Outcome 1. Satisfactory Progress.

Outcome 2. Development of specific competences required.

Outcome 3. Inadequate progress.

Outcome 4. Released from Training Programme.

Outcome 5. Insufficient evidence presented at ARCP.

Outcome 6. Gained all competences.

Outcome 7. This is for LATs (and FTSTAs).

Outcome 8. Out of Programme for research, approved clinical experience or career break.

- 11.2 Please note that you must have an Outcome 1 if you wish to submit yourself for the Intercollegiate examination.

- 11.3 Also note that if you do not have an Outcome 1 you will be invited to a further assessment as in section 10.5 above. This will usually be six months after the June

ARCP. A full ARCP panel will be convened and you will have to submit the usual evidence from the AES as for the usual annual ARCP in June. It is no longer possible to return to an Outcome 1 without a fully convened panel and trainees should be aware that the panel is not obliged to convene at their convenience.

11.4 If you have an Outcome 5 you will be given five days to provide the information that the panel requires or provide a good reason why the information cannot be produced. The exact information will be asked of you at the ARCP meeting. Failure to provide the requested evidence will lead to an Outcome 3. Please see appendix 3 for further details.

11.5 Trainees who get an outcome other than 1 will be referred to the Deanery's Professional Support Unit (<https://psu.walesdeanery.org/psu-homepage>).

## 12.0 **The Certificate of Completion of Training (CCT).**

12.1 Ultimately the purpose of your education during your time in training is to prepare you to become a Consultant ENT Surgeon who is competent, safe, independent and professional.

12.2 The Joint Committee on Surgical Training (JCST) awards the CCT and it sets out guidance for the trainee on what is required. You should check the JCST website for up to date requirements. It is generally referred to as the CCT Checklist. As of 2014 the following are required:

- 12.3 1. You must be fully registered with the GMC and have a license to practise
2. You must have undertaken 6 years of higher surgical training in a UK or Ireland training programme
3. You must have passed the Intercollegiate Specialty Board exam
4. You must have an Outcome 6 at you final ARCP

12.4 The JCST stipulates the following in its guidance for the award of a CCT in Otolaryngology published in July 2016.

12.5 Clinical Experience – The six years of HST have been in posts, in a minimum of 3 units, which are compliant with the JCST/SAC ENT QIs 1-9 and 10-13. Clinics must conform to ENTUK guidelines.

Trainees must have managed 1000 emergencies in HST or have done 300 nights on call.

Trainees should have experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head & neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnea.

Trainees should have rotated through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics,

benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance.

12.6 Operative Experience –

Trainees must be competent in the management of, and procedures allied to, emergency care. Log book should demonstrate an absolute minimum as principle surgeon:

- 10 Mastoid operations as principle surgeon (P, T, S-TU, S-TS)
- 10 Major head and neck operations as principle surgeon (including all neck dissections, all open malignant head and neck surgery, parotid and thyroid surgery) (P, T, S-TU, S-TS)
- 10 Tracheostomies (P, T, S-TU, S-TS)
- 10 Paediatric endoscopies (including flexible) as main surgeon (P, T, S-TU, S-TS)
- 10 Septorhinoplasties as main surgeon (P, T, S-TU, S-TS)
- 10 FESS as only scrubbed surgeon (P, T, S-TU)
- 10 Removal of foreign bodies from airway (including nasal foreign bodies and fish bones) (P, T, S-TU, S-TS)

Trainees should have undertaken 2000 operations during the six years of training (as principal or main assisting surgeon) in a training unit with a minimum throughput of 500 operations per annum per higher surgical trainee.

Trainees should be able to demonstrate areas of specialist interest by advanced surgical or medical experience in logbook and/or CV. E.g. fellowships (UK or overseas, including interface fellowships), attendance at specialist combined clinics, participation in relevant specialist courses, documented logbook experience of large caseload in chosen area of special interest.

12.7 Operative Competence –

Trainees should have been exposed to all the Technical Skills and Procedures (TS&Ps) in the curriculum.

Evidence of competence in indicative procedures to level 3 or 4

Trainees should be competent in all the TS&Ps in the curriculum defined at level 2 - 4.

12.8 Research –

All trainees are expected to have an understanding of research and to actively participate in research activities during their training. As a minimum all trainees should demonstrate this by having at least two publications covering original research questions during higher surgical training, which may be laboratory based research, qualitative research, analysis of prospectively collected data or equivalent (such as research in education). Training programs may choose to vary these requirements from the minimum.

Trainees are further encouraged to complete a Good Clinical



Practice (GCP) course in Research Governance. This is in addition to the critical appraisal and research skills course which is already included in the list of courses in the curriculum. Trainees completing training on or after 1 April 2017 will be expected to have completed GCP in addition to the critical appraisal and research skills course.

- 12.9 Quality Improvement – Trainees must provide evidence of the completion of one audit per year where the trainee is the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. During the course of the training programme, audit must include a review of personal outcomes.
- 12.10 Medical Education and Training – Trainees should be able to demonstrate experience of teaching and education e.g. by teaching on a course, organising a course or conference, or having a diploma certificate or degree in education. The minimum standard is a locally run “Training the Trainers” course.
- 12.11 Management and Leadership  
 Trainees should be able to demonstrate management skills, e.g. running rotas, sitting on management committees, writing and implementing protocols, improving services or 360 degree assessments and Clinical Supervisors’ reports.  
 Trainees should be able to demonstrate leadership, e.g. setting up and running a course, being a trainee representative regionally or nationally or obtaining a leadership qualification.
- 12.12 Additional courses / qualifications Trainees must be able to provide evidence of having successfully completed the courses described within the curriculum.
- 12.13 Educational conferences Trainees should be able to provide evidence of attending the craft courses and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days. Note that in Wales this is 80%.
- 12.14 There are stipulations on numbers of procedures done, emergencies seen and levels of operative competence. Evidence of quality improvement activity, an understanding of management and leadership, experience of teaching and understanding and participation in research are needed.
- 12.15 Remember that getting the CCT does not guarantee you employment. To make yourself competitive in the jobs market you need to consider other adjuncts to training such as research, higher degrees and subspecialty fellowships. In 2010 Tristram Lesser, the then Chairman of the SAC, wrote a letter to the Association of Otolaryngologists in Training that has widely, though unofficially, become adopted as a guide to what is required to be competitive in the job market. You should remember that it is unofficial and, as time passes, increasingly out of date. However, it serves as a

useful starting point in understanding what is needed to get shortlisted. A synopsis of the letter is available from the Chairman of the STC.

### 13.0 **How to apply for your CCT**

13.1 The JCST is mandated by the GMC to make the recommendation for the award of CCT. Once the SAC approve the CCT the JCST confirm their recommendation and inform the GMC. The GMC will contact you regarding your on line application to be issued with your CCT certificate and information regarding entry onto the Specialist Register.

13.2 Below is a brief description of JCST's certification process, which should help you when your certification date approaches.

13.3 The JCST initiates the certification process (<http://www.jcst.org/key-documents/docs/cct-process-document>) about five months before the end of your training. They check your file and ISCP account to ensure:

- You are registered with the GMC
- You are enrolled with the Specialty Advisory Committee (SAC) in the relevant specialty
- You have satisfactory ARCPs that cover the entirety of your training until at least your penultimate year – there should be an ARCP form per each year of training as these are annual assessments
- You have passed both sections of the Intercollegiate Specialty Examination i.e. the MRCS in your respective specialty
- There are no Out of Programme (OOP) posts that have not been accounted for or still require SAC final recognition as this may affect or delay the process
- You paid the trainee fee for the entirety of your training (applicable to StRs only –
- If the details above are in order and there is no outstanding document or OOP, the JCST office will issue the certification pack and send it to you. A separate letter will also be sent to your Training Programme Director (TPD) requesting completion of a Final Report form.

13.4 Once the application pack has been sent, they will inform the GMC that you are ready to start applying for your certificate.

13.5 If there is information/documentation missing or gaps in training not accounted for, the JCST office will not issue the certification pack. At this point staff will get in touch with you, your Deanery/LETB or your TPD and either request missing documents or further clarification on relevant issues. Once everything has been clarified or we have the missing documents, we will issue your certification pack and the process starts again.

13.6 Should you have any queries in relation this you should contact the Deanery Specialty Manager, Elenor Williams – [williamsej6@cardiff.ac.uk](mailto:williamsej6@cardiff.ac.uk)

#### 14.0 **Roles of individual post holders and committees in Wales.**

14.1 Here is some information on the various post holders that help to run the training programme in Wales.

#### 14.2 **Training Programme Director.**

14.3 The GMC expects that a training programme be led by a TPD who will manage the training programme. The Gold guide 2014 defines their responsibilities thus:

1. The TPD should participate in the local arrangements developed by the Postgraduate Dean to support the management of the specialty training programme, work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience
2. The TPD should take into account the collective needs of the trainees in the programme when planning individual programmes
3. The TPD should provide support for clinical and educational supervisors within the programme
4. They should contribute to the annual assessment outcome process in the specialty
5. They should help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
6. The TPD should ensure, with the help of administrative support, that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.

14.4 The TPD also has a career management role as defined in section 4.14 of the Gold guide.

#### 14.5 **Chairman of the Specialty Training Committee**

14.6 The chairman's role is defined by the Deanery. They:

1. Ensure appropriate membership of the STC
2. Arrange regular meetings of the STC to discuss higher specialty training matters
3. Ensure that minutes of the STC meetings are recorded
4. Facilitate close liaison with the Deanery, via the Vice Dean, deputy Director of Hospital Practice and Head of Training School
5. Works closely with and attends executive meetings arranged by the Head of the Training School

6. Work closely with the Program Director to quality assure and monitor suitable placement of training posts
7. Attend Surgery Executive Board meetings to meet the Head of School
8. Encourage regular appraisal of all trainees to identify learning needs and set educational objectives
9. Ensure that robust assessment is carried out and assessment documentation is completed for each component of training
10. Liaise with the Deanery Performance Unit regarding trainees on ARCP Outcome 3
11. Attend the Deanery Update meetings for STC chairs and Programme directors held twice a year
12. Undertake Equal Opportunities and Diversity training

## 15.0 **Specialty Training Committee**

15.1 The function of the Specialty Training Committee (STC) is to:

1. Advise and support the Deanery in implementing Postgraduate Medical Education relevant to ENT.
2. Collaborate with the Deanery in the local administration and delivery of specialist training within the regulations and guidelines of the GMC
3. Deliver, through an appropriate panel, the Annual Review of Competency Progression (ARCP)

## 15.2 **Educational Supervisor**

15.3 An Educational Supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

## 15.4 **Clinical Supervisor**

15.5 Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

## 15.6 **The StR Representative**

One StR is chosen by the other StRs as a representative. This happens annually and is controlled entirely by the StRs themselves.

The role of the representative includes:

1. Attending ENT Wales Council meetings to present the StRs concerns to the Council
2. Feeding back ENT Wales Council decisions and recommendations to StRs
3. Acting as a point of contact to help with issues arising from training, placements and other pastoral issues

4. Organizing and keeping minutes at StR meetings during regional teaching days
5. Maintaining the StR induction document in liaison with the STC
6. Liaison with training centres to coordinate the monthly teaching programme.
7. Collate / award Training centre and Trainer of the Year award
8. Review and update of the StR training day content as the ISCP content changes.

#### 16.0 **Changing the Induction Document**

- 16.1 This induction document will need to change to reflect the ever-changing demands of training and education. Change of the document is effected by discussion amongst the StRs and presentation of changes for ratification by the ENT Wales counsel. The counsel meets twice each year. Should the STC feel that new information is required we will inform the StR representative so that discussion can be opened with the StR body as a whole.

This version, Version 4, is accurate at March 7<sup>th</sup> 2017.

- 16.2 The review date for this document is March 2018.

#### 17.0 **Prizes**

- 17.1 Gold Medal – awarded to the StR that scores the highest at the annual StR Assessment exam.

Patterson Prize – awarded for endeavour at the ST6 ARCP. More details of this prize will follow.

#### 18.0 **Maternity and Paternity leave**

- 18.1 Maternity leave is dealt with by the medical staffing unit within the Health Board who employs the trainee. The Health Board will issue a MAT form B. If a trainee is pregnant then they should discuss issues with the appropriate medical staffing dept. The maternity leave pay is picked up by the Health Board where the trainee is working once they are 15 weeks pregnant.

#### 19.0 **Professional Support Unit**

- 19.1 The unit is there to offer support to all trainees. Its remit is wide and it can help, amongst other things, with career options, LTFT working, advise if the trainee is unwell or is disabled, offer pastoral care, help in educational or training difficulty, help with handwriting, time management, and relaxation.
- 19.2 Any trainee may approach the service confidentially and it is worth reviewing their website to get a feel for what is on offer. <https://psu.walesdeanery.org/psu-homepage>
- 19.3 Trainees that fail to get an outcome 1 will automatically be referred to the PSU for help.

20.0 **Clinical guidance.**

20.1 All StRs should visit the ENT Wales website and update themselves on nationally agreed clinical guidance as it applies to various aspects of our routine daily practice in Wales.

**Appendix 1. StR Teaching attendance record**

**Generic StR Teaching - Attendance Record**

Name \_\_\_\_\_ No. \_\_\_\_\_

<i>Month</i>	<i>Venue</i>	<i>Signature of Tutor*</i>	<i>Date</i>	<i>Reason if absent</i>
<b>January</b>	<b>Cardiff</b>			
<b>February</b>	<b>R Gwent</b>			
<b>March</b>	<b>R Glam</b>			
<b>April</b>	<b>Bridgend</b>			
<b>May</b>	<b>Swansea</b>			
<b>June</b>	<b>Cardiff</b>			
<b>July</b>	<b>R Gwent</b>			
<i>August</i>	<i>Holiday</i>			
<b>September</b>	<b>R Glam</b>			
<b>October</b>	<b>Bridgend</b>			
<b>November</b>	<b>Swansea</b>			
<i>December</i>	<i>Holiday</i>			

\* signature of Consultant if absent with reason

*This document should be kept in portfolio as proof of attendance at meetings. Its completion is the responsibility of the StR.*

Note that a transition to an electronic record is in process in 2017.





## **Appendix 3. Outcomes from the ARCP. From the Gold Guide 2014.**

### **Outcome 1: Satisfactory Progress**

#### **Achieving progress and the development of competences at the expected rate**

Satisfactory progress is defined as achieving the competences within the specialty curriculum approved by GMC at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exams, etc.

### **Outcome 2: Development of specific competences required**

#### **Additional training time not required**

The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

### **Outcome 3: Inadequate progress**

#### **Additional training time required**

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCT date). The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the Deanery in Wales to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year (six months for core trainees and GP), unless exceptionally, this is extended at the discretion of the postgraduate dean, but with an absolute maximum of two years (1 year for GP) additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

### **Outcome 4: Released from training programme**

#### **With or without specified competences**

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway.

An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts

## **Outcome 5: Incomplete evidence presented**

### **Additional training time may be required**

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designate date, noting that available “additional” time is being used (see 1 above) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done “virtually” if practicable) and issue an assessment outcome.

Alternatively the panel may agree what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the Chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted. However if the Chair of the panel does not receive the agreed evidence to support an Outcome 1 then a panel will be reconvened.

## **Outcome 6: Gained all required competences**

**Will be recommended as having completed the training programme and if in a run through training programme or higher training programme will be recommended for award of a CCT.**

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

## **Outcome 7: Fixed-term Specialty Trainee (FTSTAs) or LATs**

Trainees undertaking FTSTAs or LATs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and will result in one of a number of outcomes. Please see gold Guide for more details.

## **Outcome 8: Out of programme for research, approved clinical experience or a career break (OOPR/OOPE/OOPC)**

The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time.

OOPE - If the period Out of Programme is to gain clinical experience which will not contribute towards the competences required by the training programme (OOPE) then an annual OOP report form should be submitted including an indicative intended date of return.

OOPT - If the trainee is out of programme on a training placement which has been prospectively approved by the GMC and which will contribute to the competences of the trainee's programme, then this Outcome should not be used, and a routine assessment of progression should be made.

OOPR - If the purpose of the OOP is research the trainee must produce a research supervisor's report along with the OOPR indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate).

OOPC - If a doctor is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

## Appendix 4. How to prepare summaries of your operative experience for ARCP

At ARCP you need to provide two different views of your operative experience: one is what you have done since the last ARCP and the other is your total operative experience while in Higher Training to date.

Year to date logbook:

1. Log into eLogbook
2. Select "Browse Filters" option on left hand side menu
3. Click "New Filter" option in main area of screen
4. Filter name box type "Year to June 20xx"
5. Click "Add"
6. Under 'Filter Elements' click the "Add" button
7. Under "Add Filter Elements" click "Select Operations between 2 dates" from the dropdown menu
8. Insert correct date and year (from last ARCP date to upcoming ARCP date, generally 2nd Thursday in June)
9. Click "Add"
10. Click "Update"
11. Click "Consolidation" on left hand column menu
12. Click "Download" for "Year to June 20xx" filter, choose **Normal Report** and not **Extended Report**
13. Rename the saved PDF file as "Year to June 20xx"
14. Open ISCP and place file in entry titled "Year to June 20xx" in "Other Evidence" section of "Evidence" category

Higher training logbook:

1. Log into eLogbook
  2. Select "Browse Filters" option on left hand side menu
  3. Click "New Filter" option in main area of screen
  4. Filter name box type "Higher training logbook 20xx"
  5. Click "Add"
  6. Under 'Filter Elements' click the "Add" button
  7. Under "Add Filter Elements" click "Select Operations between 2 dates" from the dropdown menu
  8. Insert correct date and year (from commencement in higher training to upcoming ARCP date, generally 2nd Thursday in June)
  9. Click "Add"
  10. Click "Update"
  11. Click "Consolidation" on left hand column menu
  12. Click "Download" for "Higher training logbook 20xx" filter, choose **Normal Report** and not **Extended Report**
  13. Rename the saved PDF file as "Higher training logbook 20xx"
- Open ISCP and place file in entry titled "Higher training logbook 20xx" in "Other Evidence" section of "Evidence" category