



Terms of reference for the Joint Committee on Surgical Training (JCST) (updated January 2020)

Introduction

The Joint Committee on Surgical Training (JCST) acts on behalf of the four surgical Royal Colleges of the UK and Ireland, for all matters in relation to surgical training in the UK and Ireland, and works closely with the Surgical Specialty Associations in Great Britain and Ireland and the Confederation of Postgraduate Schools of Surgery (CoPSS). It reports to the Surgical Colleges via the Presidents at the Joint Surgical Colleges Meeting. It is supported by Specialty Advisory Committees (SACs) for each of the 10 surgical specialties, the Core Surgical Training Advisory Committee (CSTAC), the Training Interface Groups (TIGs), which cover advanced training in areas involving the remit of two or parent specialties, and the Intercollegiate Surgical Curriculum Programme's (ISCP) Management Committee.

The current surgical specialties are:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Oral and Maxillofacial Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic Surgery
- Trauma and Orthopaedic Surgery
- Urology
- Vascular Surgery

Aims of the JCST

The JCST aims to work with all relevant bodies to ensure that trainees satisfactorily complete a comprehensive, structured and balanced training programme, enabling them to enter the GMC's Specialist Register or the Irish equivalent in their chosen specialty, and to be eligible for senior specialist appointments in the NHS or Irish health service. Bodies with which the JCST works include the Schools of Surgery, Health Education England (HEE) and its local offices, NHS Education for Scotland (NES) and the Scotland Deanery, Health Education and Improvement Wales (HEIW) and the Wales Deanery, the Northern Ireland Medical & Dental Training Agency (NIMDTA), the Royal College of Surgeons in Ireland (RCSI) and the General Medical Council (GMC) as the regulatory body for postgraduate medical education and training in the UK. It also works with the GMC to assess the applications of those who have not completed a full UK specialty training programme and seek entry to the Specialist Register on the basis of the equivalence of their training and experience. It works closely with other relevant intercollegiate bodies, such as the Joint Committee on Intercollegiate Examinations (JCIE) and the Intercollegiate Committee on Basic Surgical Examinations (ICBSE).

Please read our five year strategy (2018-23) [here](#) for further details on our core functions, core values and strategic priorities.

Role of the JCST

To determine the content, structure and implementation of comprehensive surgical training programmes in the UK and Ireland, ensuring that standards are maintained and ultimately recommending trainees who are suitably prepared to be entered on the Specialist Register in the UK and the equivalent in Ireland.

Remit of the JCST

To develop, implement and maintain a structured curriculum via the Intercollegiate Surgical Curriculum Programme for training in all 10 specialties within surgery and Core Surgery through the Specialty Advisory Committees (SACs), the Core Surgical Training Advisory Committee (CSTAC) and the Training Interface Groups (TIGs).

To ensure that surgical training programmes are designed to match the training principles of the GMC.

Through the SACs, to recommend to the appropriate statutory body the relevant statement of completion for those trainees who have completed an approved training programme and successfully completed the mandatory examinations and assessment.

Through the SACs, to recommend to the GMC whether candidates applying for admission to the Specialist Register through the route of equivalence have achieved the appropriate standard, thus maintaining a consistent standard of practice and maintaining patient safety.

To review decisions of the SACs and to adjudicate on matters in which they require guidance. To collaborate with deaneries / local offices throughout the UK and Ireland and to provide external support to ensure that the quality of training experiences for trainees are maintained and that GMC and other statutory bodies' standards for training are maintained.

To collaborate with the Schools of Surgery in England, the equivalent bodies in the devolved nations and the RCSI to ensure the consistent implementation of a curriculum and work-based assessment programme in order to maintain standards of training.

To assist in the development of post-certification professional development programmes, taking appropriate recognition of the training requirements and assessment methods throughout specialty training.

The JCST will operate under the following Terms of Reference (see SAC Terms of Reference [here](#)):

- 1) Membership; the composition of the JCST is as follows:
 - a) Chair
 - b) ISCP Surgical Director
 - c) Quality Assurance (QA) Lead
 - d) SAC/CSTAC/ITOG Chairs
 - e) Chair of the Joint Committee on Intercollegiate Examinations (JCIE)
 - f) Chair of the Intercollegiate Committee for Basic Surgical Examinations (ICBSE)
 - g) Representative from COPMeD
 - h) Chair of the Confederation of Postgraduate Schools of Surgery (CoPSS)
 - i) Scottish Surgical Specialties Training Board representative
 - j) The President (or Vice-President) of the Association of Surgeons in Training (ASiT)
 - k) The President (or Vice-President) of the British Orthopaedic Trainees' Association (BOTA)
 - l) Lay representative from the RCSEng's Patient and Lay Group
 - m) Lay representative from the RCSEd's Lay Advisors' Committee

- 2) Other designated members:
 - a) Chief Executive (on a rotating basis)
 - b) Director of Professional Activities, RCSEd
 - c) Royal College of Surgeons in Ireland representative
 - d) The following will have rights of attendance at all JCST meetings:
 - i) The Head of JCST
 - ii) The JCST Quality Manager
 - iii) The Head of ISCP
 - iv) The Head of CESR and Policy
 - v) The Head of Trainee Services
- 3) The quorum for the JCST will be defined as 50% +1 person of the membership being in attendance
- 4) Tenure of members / attendees
 - a) This will be determined by the member's role within the JCST committee and the role represented within the committee, with the exception of the JCST Chair whose tenure is for three years.
- 5) Appointment process and tenure of JCST Chair

The process for appointment is through advertisement, selection and interview. The term of appointment for the JCST Chair is three years.

The interview Panel will consist of the following:

 - President of the Royal College of Surgeons of Edinburgh
 - President of the Royal College of Surgeons of England
 - President of the Royal College of Physicians and Surgeons of Glasgow
 - President of the Royal College of Surgeons in Ireland
 - In attendance: Head of JCST
- 6) Expectations of members / attendees

Members are expected to engage in all JCST discussion and activities and, where appropriate, take a corporate approach.
- 7) Working relationships
 - a) As an intercollegiate body, the JCST will work with all relevant stakeholders and report to the Joint Surgical Colleges Meeting (JSCM).
- 8) Meetings and Administration
 - a) The JCST meets three times a year, at the Royal College of Surgeons of England (RCSEng) and at the Royal College of Surgeons of Edinburgh (RCSEd) or the Royal College of Physicians and Surgeons of Glasgow (RCPSG) on a rotating basis. The JCST is supported by a secretariat based at RCSEng.
- 9) Expenses
 - a) The JSCM has agreed that travel expenses will only be paid to the JCST Chair, the ISCP Surgical Director and QA Lead.