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**Post Certificate of Completion of Training (Post-CCT) Fellowships in Non-TIG area of OMFS Curriculum of 3-12 month duration.**

**Background document for organisations proposing training programmes and applicants wishing to benefit from these programmes.**

**Nomenclature**

As NHS Trusts are a not a universal feature across the UK, this document will use the term Units.

The Employing Unit, is the unit currently employing the Fellow.

The Host Unit is the lead unit providing the post CCT training.

The PCCTF is the Post CCT Fellow.

**Introduction**

BAOMS Council recognises that there is a need, within the UK, to facilitate post-CCT training. Training Interface Fellowships (TIGs) are well established, funded, pre-CCT Fellowship in areas which cross specialty boundaries. There is currently no funding available from Health Education England or in the devolved nations to support extended training in non-interface “OMFS-only” areas.

BAOMS already has funds of up to £6,000 available each year for shorter Fellowships of 6-12 weeks for a surgeon to acquire specific skills. This annual fellowship is based on the scheme promoted by Prof Ilankovan during his presidency of BAOMS. Where this type of shorter fellowship would address the training need, an application should not be made for this new Post-CCT Fellowship (PCCTF) programme.

For these PCCTF training programmes, BAOMS is seeking applications from potential fellows and proposals from potential training organisations. The Endowments Sub-Committee will meet electronically before the summer and applications will be considered and where possible, matched with the aim to appoint at least one PCCT to start in August/September.

Both applications and proposals should be carefully assembled using the guidance documents to ensure the best possible outcome. The Fellow, their employing Unit and the host Unit for the training programme, in accepting BAOMS funding, would be entering into a contract to meet the agreed parameters of the PCCTF. They will be accepting timetables for delivery on pre-agreed outcome measures.

This document outlines the ideals which applications and proposals should fulfil and should be read carefully before portfolios are assembled. Applications and proposals should be accompanied by self-assessment checklists.

**Objective of Post-CCT Fellowship (PCF)**

To train a UK based surgeon in sub-specialty skills that can be used in the PCCTF’s future UK based consultant practice. The UK based practice is important, as BAOMS charitable objectives specify support for the speciality in the UK rather than overseas. The skills, knowledge and experience acquired must go beyond the competence or mastery defined within the CCT or Training Interface Group (TIG) fellowship curricula. They should be in clinical areas where there is a shortage of surgeons with these skills and/or vacant consultant posts.

**Funding of PCCTF by BAOMS**

BAOMS will fund the costs required for the Fellowship to be recognised by the Royal College of Surgeons of England Senior Fellowship Scheme. BAOMS recognises that additional funds may be needed, particularly to support travel where a proposal involves more than one training unit*.* BAOMS has set funds aside for this but the Association would prefer to facilitate a matching process for applications and proposals which, in combination, fully fund the PCCTF.

The BAOMS Endowments sub-committee will consider, as part of the assessment and matching process, whether to use the available funds for a single programme, or to use them to facilitate a number of PCCTFs which are partially funded by the applicant’s employer and the training unit(s).

**Ideal Post-CCT Fellowship Programme**

Most of the following bullet points below are included in the specifications later in this document but are listed here in outline.

The PCCTF Programme will:

* Be outside the OMFS CCT Curriculum and the curricula of the TIG Fellowships
* Be competency/mastery based, rather than time based but will run for a minimum of 4 and a maximum of 12 months.
* Have clearly defined and measurable objectives of knowledge, skills and experience.
* Programmes will be documented using Intercollegiate Surgical Curriculum Programme (ISCP)
* Have a broad range of cases and density of experience that will deliver the training in the available time – evidenced with clinic timetables, logbooks and / or theatre activity logs. The Fellow may need to rotate to units other than the host unit to experience other accepted approaches and to increase the experience available within the limited time of the PCF.
* Have committed trainers as evidenced by training, activity logs, previous evidence of training a fellow and written confirmation that they will support the fellow in the acquisition of the skills and experience required.
* Consider industrial support where this is appropriate and possible.
* Create a specialist capable of training others in this field.
* Include a component in developing care pathways or outcome measures that can be used nationally. Any such work would be in collaboration with BAOMS Council and its subcommittees. Any such project would be identified prior to the Fellow taking up post and be one of the Fellowship outcome measures
* Contribute to any care pathways, databases or outcome measures that already exist
* Completely compatible with RCS Senior Clinical Fellowship Scheme

**Check List for RCS Senior Clinical Fellowship Scheme Approval criteria**

It is intended that documents and information submitted as part of the fellowship approval

process to the RCS should demonstrate that your fellowship post meets the following criteria of

a fellowship post as defined by the RCS Senior Clinical Fellowship Scheme:

* The post provides a structured educational experience in subspecialty that are not readily available within the CCT training programme.
* The post has an established curriculum (which includes levels of patient care, patient safety, medical knowledge, practice-based learning and improvement, communication skills, and professionalism).
* The post does not impinge on the training of pre-CCT trainees.
* The post is allied to workforce opportunities in the specialty.
* The post takes place in an institution that assumes ultimate responsibility for delivery of the programme of training and education; this includes providing sufficient protected time for both trainer(s) and trainees (fellows) and necessary financial support for the programme.
* The post has a single programme director/senior consultant assigned, with authority and accountability for the fellowship post.
* The post has identified faculty that will assume educational and supervisory responsibilities throughout the programme.
* The post has a written agreement in place specifying responsibilities for training, teaching, supervision and evaluation of the programme.
* The post provides opportunities for audit and research.
* The post has an external evaluation process.

Full details and document available at

<https://www.rcseng.ac.uk/education-and-exams/accreditation/rcs-senior-clinical-fellowship-scheme/>

**Unfavourable outcomes to be avoided**

Surgeon unable to master the post-CCT curriculum as defined.

Surgeon not currently a consultant is appointed to a post where the skills are not needed or support for this practice is not available.

Surgeon fails to complete the Fellowship process / leaves the Fellowship before completion.

**Nature of Post CCT Fellowship (PCCTF) Programmes and Fellows**

To have the best chance of success the BAOMS PCCTF will match a consultant in a post where a regional need for that component of OMFS practice is identified and supported, with a training programme which is willing to provide the training for that individual. BAOMS does recognise that it may be the only organisation which can take a national view of training need and may need to create PCCTFs with this in mind.

To this end, we have produced a ‘person specification’ for the Post-CCT Fellow to help a surgeon and their unit draft a ‘case of need’, and also an outline specification for a Training Programme.

The application portfolio must indicate how the person specification required in essential and desirable characteristics are met. The application pack for programmes would also clearly indicate the essential and desirable components along with a clear syllabus and curriculum mapped to the OMFS Curriculum and Pre-CCT Checklist.

The SAC OMFS will provide oversight and supervision of an agreed syllabus and curriculum proposed by the host unit(s) in the context of the requirements of the PCCTF’s Employing Unit. The curriculum must sit outside the current OMFS Curriculum in content and depth. Agreement of these components would form the “contract” referred to above.

Where the programme is not fully funded by the PCCTF’s Employing Unit and the Training Host Unit, BAOMS may offer addition finances to ensure the programme is delivered. BAOMS may apply a ceiling to the offered funds for any specific PCCTF.

Once appointed, the PCCTF may be employed by the Host Unit/Programme, or seconded from their employing Trust. They will not be employed by BAOMS.

**Selection of applicants when each ‘case of need’ cannot be separated by other criteria.**

Where there is more than one suitable applicant for a PCCTF programme and the BAOMS panel finds their applications cannot be separated on any other grounds (e.g. financial support) a selection process may be run. This would meet the criteria for appointing a consultant as outlined in The National Health Service (Appointment of Consultants) Regulations - Good Practice Guidance January 2005[[1]](#footnote-2).

**Selection Process for PCCTF Programmes**

Where more than one programme is offered in the same clinical area, BAOMS will rank the programmes and they will be offered to the applicants in that order. The balance between service and post CCT fellowship training, availability of local funding to recognise service commitment (including any on call cover) will be considered as well as the training content. Where two programmes are identical, the applicants will be offered their choice.

**Second Round - where proposals or fellows of a suitable standard are available but unmatched**

If no matching is possible in the first round, but there is (are) application(s)/proposal(s) of a high standard for PCCTF training, a second round of advertisements and matching will be held. BAOMS will advertise the PCCTF needs/opportunities and request matching proposals/applications.

New applications and proposals will be accepted in this second round.

**Support for more than one matching Application/Proposal**

If more than one programme is capable of delivering the training and there is more than one applicant seeking that training, consideration will be given to funding more than one PCCTF within the available Association resources.

**Person Specifications for Post-CCT Fellow (PCF)**

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| **Essential** | **Desirable** |
| **CCT Status**Meet all the requirements for CCT – eligible to apply confirmed by TPD and / or Liaison Member.Or currently on the OMFS Specialist List | Post-CCT with evidence of sub-specialty interest in the area concernedSignificant experience in the area concerned |
| **Support from Fellows (future) Employer**Where the applicant has been appointed to a consultant post, there should be written confirmation of support for fellowship from employer.If currently without a post, evidence of a forthcoming post for which PCCTF experience is required.  | Written confirmation from Unit to which the trainee has been appointed that they will support the PCCTF practicing in the area defined in the fellowship and will support the supervising consultants in this role.In a consultant post where skills needed |
| **Experience**Has more than the minimum pre-CCT experience (indicative numbers) in the area of the curriculum specified in the fellowship.[[2]](#footnote-3)Does not yet have mastery of the area of the post-CCT Fellowship.[[3]](#footnote-4) | Clear evidence of advanced skills, knowledge and experience in the area of the fellowship. |
| **Funding** | If PCCTF applicant is still a trainee, confirmation of support from Training Programme that they will permit the ST to work their notice period/grace period in the Fellowship **and** from the Employing Unit where they have been appointed that they will support this area of practice.Confirmation of Support from PCF’s Employing Unit that they will support the Fellowship. This support could extend to travelling expenses, with some study leave – the rest being back-filled from BAOMS PCCTF funding.Support from industryWhere the above are not available, funding from BAOMS |
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**Specifications for Post-CCT Fellowship and Host Programme (PCFHP) including Host Unit(s)**

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| --- | --- |
| **Essential** | **Desirable** |
| **OMFS Experience**PCCF Training **must be** to a level of competence or mastery above the requirements of the OMFS CCT Curriculum and the Curricula of Training Interface Group (TIG) Fellowships.Management of the programme of training will use the ISCP [www.iscp.ac.uk](http://www.iscp.ac.uk) and so proposals should include:global objectiveslearning agreementsdetails of the programme director, assigned educational supervisors and clinical supervisors.The Host Trust should be willing to provide access to Core OMFS so that the fellow can maintain their skills including on-call.Written confirmation from the Host Unit they will give the PCCTF flexibility to attend any of the training units at any time provided sufficient notice is provided to cancel activity. | Status of the Unit as a Nationally recognised centre / supraregional referral centre in the clinical area of the proposed Fellowship OREvidence of the specialist expertise of the Unit (or cluster of Units) and/or leading work in the specific area. |
| **Funding**If appropriate, the Host Programme should show evidence that they have tried to seek support from industryWhere there is a research component to the PCCTF, the host Programme should show evidence of having sought research funding e.g. from Saving Faces.Where other training units are involved in a programme the Host Unit should show evidence of seeking funding from the other units. | Host Programme willing to fund their component of the Fellowship entirely, but wishes BAOMS support for work in other Units required to create a density of experience needed to provide the best programme.The Host Unit(s) should be willing to fund the OMFS general experience element of the post as it will benefit from tariffs generated.The Host Unit / Units fund a component of the PCCTF area, particularly as this may generate additional tariffs. |
| **PCCTF specific experience and clinical material**Evidence from theatre logs and logbooks from all involved units to show that, over the course of a maximum of 12 months, sufficient training and experience is available WITHOUT compromising existing trainee(s) in the host unit.Written confirmation of support for fellowship from employer  | Written confirmation from Trust that they support the training of surgeon practicing in the area defined in the fellowship |

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| **Trainers and Supervisors**All trainers involved in the programme should be GMC registered as supervisors, and provide their written support for the training of the PCF.There will be a lead Supervisor with overall responsibility for training and a lead trainer for each individual unit.  | There will be two or more trainers in the programme. |
| **Curriculum**PCCF Training **must be** to a level of competence or mastery above the requirements of the OMFS CCT Curriculum and the Curricula of Training Interface Group (TIG) Fellowships.The PCCTF programme should provide evidence that it can deliver the syllabus and curriculum. Outcomes should be blueprinted to the methods of assessment and the targets specified. | Facilitation of the PCCTF learning objectives by provision of access to clinical training opportunities on a wider “other specialty “collaborative basis (if appropriate). |
| **Completed application form for Royal College of Surgeons Senior Clinical Fellowships Programme**This could include self-assessment against the RCS Senior Fellowship Programme Check-list including:* The post has an established curriculum which is outside CCT and TIG requirements
* The post does not impinge on the training of pre-CCT trainees.
* The post is allied to workforce opportunities.
* The post takes place in an institution that assumes ultimate responsibility for delivery of the programme of training and education.
* The post has a single programme director.
* The post has identified faculty.
* The post has a written agreement in place specifying responsibilities for training, teaching, supervision and evaluation of the programme.
* The post includes audit and research.
* The post has an external evaluation process.

Full details and document available at <https://www.rcseng.ac.uk/education-and-exams/accreditation/rcs-senior-clinical-fellowship-scheme/>  |  |

1. The National Health Service (Appointment of Consultants) Regulations - Good Practice Guidance January 2005. [http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/documents/digitalasset/dh\_4102750.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http%3A/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/%40dh/%40en/documents/digitalasset/dh_4102750.pdf) [↑](#footnote-ref-2)
2. For PCCTF applicants aiming for independent practice [↑](#footnote-ref-3)
3. For PCCTF who is already an experienced consultant aiming for mastery in the area of the PCCTF [↑](#footnote-ref-4)