HEE - KSS
BLUE FORM CCT CHECKLIST (2021 Curriculum) V2
Each Trainee to update before Annual ARCP & Interim Review

PLEASE COMPLETE AND UPLOAD TO ISCP UNDER THE "OTHER EVIDENCE" SECTION 2 WEEKS BEFORE YOUR ARCP

Please update for each Interim/ARCP with progress for the training year in BOLD i.e. since the last full ARCP

Trainee Name		**NTN**	
GMC Number		**Expected CCT Date**	
ST3 Start Date		**Date Checklist Updated**	
StR Year of Training (Current)		**Interim / ARCP Date**	
LTFT % (If applicable)		**LTFT Start Date (if applicable)**	

- **Prior to each ARCP ensure that this completed CCT Checklist and all other evidence is uploaded to the ISCP**
- **Please ensure that all CCT checklist into referenced dates and marked with relevant ISCP sections.**
- **Use ST4 and ST6 Waypoint Checklists at the end of the document for these ARCPs to ensure that you are making progress at an appropriate rate in line with your training year. These are a useful guide for your learning & development.**
- **Please ensure that you have a photograph and current (must be updated annually for end of year ARCP) copy of your CV on the front page of ISCP.**

FRCS (T&O) Exam

Date (Month/Year) FRCS 1 Planned		Month / year passed	
Date (Month/Year) FRCS 2 Planned		Month / year passed	

Clinical Experience

Please list all previous **ARCP outcomes** (add extra rows if needed):

Specialty List: Please select the ones that are completed – you may add rows if you have additional training time.

Hand&Wrist ☐ UL (Shoulder/Elbow) ☐ Spine ☐ Hip ☐ Knee ☐ Foot&Ankle ☐
Paeds ☐ GenTrauma ☐ MTC Trauma☐ Senior Trauma ☐

Level	ARCP Outcome	Hospital	Specialty (Use List above)	AES / Lead CS (Max 2)
ST3				
ST3				
ST4				
ST4				
ST5				
ST5				
ST6				
ST6				
ST7				
ST7				
ST8				
ST8				

WBAs completed

Recommended minimum required as evidence of training per 6 month job are 20 in total: Spread should be about mostly PBAs and then a spread of others including CBD, CEX, AOA, OOT etc.
CEXC – We recommend 1 for each SAC indicative surgical procedure (please see list below) as it is good evidence of your understanding of the consent process for each procedure. This is not an absolute requirement for CCT.
MSF – minimum of 1 per year, OOT – minimum of 1 per job
AOA – minimum of 1 per year

	PBA	DOPS	CBD	CEX	JOURNAL	CEXC	MSF	OOT	AOA	TOTAL
ST3										
ST4										
ST5										
ST6										
ST7										
ST8										
TOTAL										

Critical Condition CBD/CEX

Must have achieved Level 4 for each of the critical conditions by end of ST6 for exam sign-off and for CCT as per checklist.
Please ensure CBDs are NOT marked as "reflective." This will ensure that they appear correctly in ISCP.

Condition	Assessor	Highest Level Achieved	Date Achieved
Compartment syndrome (any site)			
Neurovascular injuries (any site)			
Cauda equina syndrome			
Immediate assessment, care and referral of spinal trauma			
Spinal infections			
Complications of inflammatory spinal conditions			
Metastatic spinal compression			
The painful spine in the child			
Physiological response to trauma			
The painful hip in the child			
Necrotising fasciitis			
Diabetic foot			
Primary and secondary musculo-skeletal malignancy			
Major trauma resuscitation (CEX)			

CAPABILITIES IN PRACTICE (CiPs)

These must be completed between ST3 & ST8.

To achieve competence for end of phase 2 training (end of ST6, eligible to sit the exam), trainees must have achieved a minimum of level 3 in all CiPs.

For CCT, must have achieved a minimum of level 4 in all CiPs by the end of ST8 and in the last post prior to your final CCT.

Please record the highest level only achieved for all CiPs ***IN YOUR END OF JOB MCR (not midpoint MCR)***.

If you have achieved this level on more than 1 occasion, please list all.

CiP	Highest Level	Date achieved	Assessor
CiP 1: Managing an out-patient clinic			
CiP 2: Managing the unselected emergency take			
CiP 3: Managing ward rounds & the on-going care of in-patients			
CiP 4: Managing an operating list			
CiP 5: Managing MDT working			

Operative Experience & Competence

Logbook Numbers

These have to be completed between ST3 and ST8.

- 1,800 cases in total by CCT, averages as 300 per year (A, STU, STS, T, P).
- 1,260 (70% of the 1,800) cases as first surgeon, averages as 210 per year (STU, STS, T, P only).
- Injections in any site do not count as part of the indicative numbers or in any of the totals.
- **Principles of counting cases:**
    - Unbundling of cases i.e. splitting up standard operations into two or more parts in order to count multiple cases if forbidden. ***As a principle, one patient counts as one operation.***
    - Exceptions include the following:
        - Bilateral cases may count as two operations. Two or more operations on the same patient in different anatomical sites may count as multiple operations e.g. wrist and ankle.
        - Two large operations on one patient may count as two operations e.g. pelvic and femoral osteotomy for DDH.
        - In cases where there is uncertainty, it is expected that the decision to count multiple operations or not will be decided by agreement of the TPD and SAC liaison member.

Year	**Total as 1st surgeon** (includes all STU, STS, P) *Excluding Injections*	**Total Number** (A, STU, STS, T, P) *Excluding Injections*	% **Total** Number Split Trauma / Elective
ST3			
ST4			
ST5			
ST6			
ST7			
ST8			
TOTAL			

SAC Indicative Procedure Numbers

These must be completed between ST3 and ST8

Procedure / Competency	Acceptable / Unacceptable Cases	Number Required	Number Achieved
Major joint arthroplasty	Total hip, knee, shoulder, ankle replacements	**80**	
Osteotomy	1st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric or spinal but ***excluding Akin, lesser toe and MT 2-5 osteotomies***	**20**	
Nerve decompression	Carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy	**20**	
Arthroscopy	Knee, shoulder, ankle, hip, wrist, elbow	**50**	
Compression Hip Screw for Intertrochanteric Fracture Neck of Femur		**40**	
Hemiarthroplasty for Intracapsular Fracture Neck of Femur		**40**	
Application of Limb External Fixator		**5**	
Tendon Repair for trauma	Any tendon for traumatic injury (includes quadriceps and patella tendon)	**10**	
Intramedullary nailing including elastic nailing for fracture or arthrodesis	Femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis e.g. knee	**30**	
Plate fixation for fracture or arthrodesis	Ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist	**40**	
Tension band wire for fracture or arthrodesis	Patella, olecranon, ankle, wrist, hand	**5**	
K wire fixation for fracture or arthrodesis	Wrist, hand, foot, paediatric	**20**	
Children's displaced supracondylar fracture	Displaced fracture treated by internal fixation or application of formal traction	**5**	

Indicative Procedure PBAs / CEX for Consent

- 3 x Level 4 PBAs in each specific operation group listed below **by two or more trainers** except for supracondylar fracture and application of external fixator by CCT.
- For supracondylar fracture and external fixator application, 1 x PBA level 4 in a **non-simulated** setting is acceptable.
- One PBA in total may be assessed in simulation with prior agreement of AES & TPD e.g. for Tension Band Wire.
- We recommend that trainees should complete a CEX for Consent for all indicative procedures as it is an excellent opportunity to discuss principles of consent and importantly, complications. As a minimum, there should be 1 Level 4 CEX for Consent for CCT.
- Please indicate the highest level achieved if Level 4 has not been completed to demonstrate engagement and progression.

Procedure	Dates of level 4 PBA x 3	Assessor (s)	Date of level 4 Consent CEX	Assessor (s)
Major joint arthroplasty				
Osteotomy				
Nerve decompression				
Arthroscopy				
Compression Hip Screw for Intertrochanteric Fracture NOF				
Hemiarthroplasty for Intracapsular Fracture NOF				
Application Limb External Fixator				
Tendon Repair for trauma				
Intramedullary nailing including elastic nailing for fracture or arthrodesis				
Plate fixation for fracture or arthrodesis				
Tension band wire for fracture or arthrodesis				
K wire for fracture or arthrodesis				
Children's displaced supracondylar fracture				

Currculum Progress: Generic Professional Capabilities

https://www.iscp.ac.uk/iscp/curriculum/trauma-orthopaedic-surgery-curriculum/3-programme-of-learning/

Please summarise achievements to date in each of the Domains – specifying where in your Portfolio evidence is contained. More detail is required for Domains 8 and 9. These will also provide the content required to build a competitive CV for your Consultant post applications so please see this as an opportunity to build a strong CV rather than just a tick box activity.

Domains 1-7: These will have been assessed in your MCRs, MSF and Learning Agreements. **If you have anything specific to highlight in your evidence, please specify it here:**	**Highlighted Evidence:** **E.g. Domain 1**

Domain 8 of GPC 8: Capabilities in Education & Training

Trainees should provide evidence of their commitment to teaching by attending a 'Train the Trainers' course or equivalent – usually done post-FRCS unless particular interest in Medical Education e.g. PG Cert in Med Education or ATLS Instructor course

Date of course (s)	Awarding organisation
	Eg Training the Trainers

To provide adequate Teaching evidence, there should be ***at least 1*** lecture / presentation / teaching session per year, evidenced by an **OOT.**
Add rows as needed

Date of OOT	Level	Assessor	Title of teaching & who delivered to

Domain 9 of GPC: Capabilities in Research & Scholarship

Domain 9 of GPC Framework: The demonstration of evidence-based practice

*Below are **examples** of activities that can be used to fulfil criteria for CCT – you **do not** need all of these, but you do need to demonstrate a strong selection of evidence of this GPC as they cross domains.*

Please put updated evidence for this training year in **BOLD**

Please upload all evidence to ISCP with dates/titles referenced below to cross-check.
Remember that evidence in this section is for CCT but also for CV building, so work smart towards achieving both outcomes. Items useful for CV building are highlighted in bold.

Evidence	Yes	No	Date / details			
Examples of Evidence from all 4 Areas of Domain 9 **1. Demonstration of Evidence-Based Practice** **2. Understanding how to critically appraise literature and conduct literature searches and reviews** **3. Understanding and applying basic research principles** **4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities**						
Research methods training or a Research Methodology Course			**Eg 02/09/2024, ISCP - Courses**			
Evidence of Journal Club or Literature Review evidenced by CBDs and reflections on ISCP			**Eg 02/09/2024, ISCP - OoT**			
Higher degree (MSC, MPhil, MD, PhD						
Oral or Poster presentations, national or international. **Add rows if needed**			**Date**	**Title**	**Conference**	**ISCP Details**
Authorship (substantive contribution) **PubMed cited papers relevant to specialty (not case reports).** **Systematic reviews/Cochrane reviews.** **Add Columns if needed**			**Date**	**PMID**	**Title**	**ISCP Details**
Attendance at national or international speciality meetings, with reflective notes			**Date**	**Title**	**Meeting**	**ISCP Details**
Recruiting ≥5 patients into a REC approved study or						

≥10 patients into a MCO study				
Acting as (Associate) PI for a trial				
Membership of a trainee research collaborative with either a committee role of ≥24 months or running a collaborative project on a steering group or as a local lead				
Membership of an NIHR portfolio study management group.				
Co-applicant on a clinical trial grant application to a major funding body.				
CBD of critical and indicative cases with emphasis on latest research				
Self-audit around evidence based practice guideline or Critical appraisal of own work (via CBD)				
Audit or QI project that uses informatics to improve efficiency of clinical practice or research				
Production of an evidence-based patient information leaflet or decision-making aid				
Departmental audit/QI project (closed loop) to bring practice up to date			**Title of Audit (indicate if closed loop)**	**Date of AOA (Aim 1 per year) – on ISCP**
Reflective essay on NJR outcomes Review of local practice against national standards/NICE guidelines				
Reflective CBD on a challenging case with bibliography of evidence to support treatment choices				
CBD around public health/preventative medicine aspects of a key condition				
CBD of challenging cases where treatment was customised to patient				

Attendance / observation at a Research Ethics committee with reflection/CBD			

Management & Leadership /Teamworking

Trainees must provide evidence of leadership and management by completing an appropriate course – this is usually done post FRCS unless particular interest in management.

Date of course	Awarding organisation

Additional Leadership & Teamworking activities can be highlighted above in Domains 1-7.

Additional Essential Courses

ATLS (or ETC) – qualification must be current at time of CCT

ATLS Instructor. YES / NO

Date of course	Awarding organisation

Equality & Diversity (not technically required, but excellent for crossing many domains)

Date of course	Awarding organisation

Good Clinical Practice (GPC) – must be current for CCT – needs repeating every 3 years

Date of course	Awarding organisation

Commitment to CPD

Trainees must provide evidence of commitment to CPD through attending courses / conferences and meetings throughout training.

Courses

Date	Title	Venue / Organised by

Conferences

Date	Title	Venue / Organised by

Other Meetings

Date	Title	Venue / Organised by

Journal Club

Date	Title & Venue	Ensure evidenced in Portfolio

Additional Information	
1. Subspeciality Interest	
2. Fellowship Plan	

As above, please use these checklists to guide your progress through the portfolio over the 6 years of training. Progression to the next stage of training will not occur unless these competencies have been met. Specific evidence will have been provided above.

End of ST4 Waypoint Checklist

	Check
Covered 3 subspecialty areas	☐
Operative Experience: Approx. 350-420 1st Surgeon, 600 in total (aiming 300 total p/annum)*	☐
Index Procedures: Approximately one-third of the of way to most indicative numbers*	☐
Trauma/elective split last 2y appropriate for jobs & heading to ~ 33%:66% split for total numbers	☐
WBAs – as above, adequate spread annually over the year as per guidance above including 1 MSF/year (i.e. engagement with portfolio)	☐
Is showing progression in PBAs with most indicative PBAs at Level 3	☐
Has recorded CBDs in 75% of the critical conditions (may not be L4 yet)	☐
At last one Audit/AOA per year (ideally closed loop)	☐
Evidence of Journal Club 1-2 times per year	☐
ATLS in date	☐
GCP in date	☐
Making good progress with Evidence in GPC 9 & CV development as detailed above (ensure CV updated and uploaded to front page of ISCP	☐
Other evidence of CPD uploaded e.g. courses/conferences	☐

***These are a guide/recommendation towards achieving 1260 1st Surgeon/1800 Total (as a minimum) in 6 years of training. An ARCP panel view overall numbers within the context of specific posts undertaken and personal circumstances within an ARCP setting. E.g. Spine Surgery/Paediatric Surgery will most likely be associated with lower numbers overall and lower first surgeon cases.**

End of Phase 2 ST6 Waypoint Checklist – Progression to Phase 2

	Check
Level 3 in all CIPS on final MCR end of ST6	☐
Completed or planned posts in all subspecialty areas in preparation for Part 2 FRCS sign off	☐
Operative Experience: Approx. 800-840 1st Surgeon, 1200 in total (aiming 300 total p/annum)*	☐
Index Procedures: Approx 85%-90% all indicative numbers completed (see tables above) *	☐
Trauma/elective split last 2y appropriate for jobs & heading to ~ 33%:66% split for total numbers	☐
WBAs – as above, adequate spread annually over the year as per guidance above including 1 MSF/year (i.e. engagement with portfolio)	☐
Is showing progression in PBAs with Level 4 in indicative cases	☐
Level 4 in all Critical CBD/CEX	☐
At last one Audit/AOA per year (ideally closed loop)	☐
Evidence of Journal Club 1-2 times per year	☐
ATLS in date	☐
GCP in date	☐
Making good progress with Evidence in GPC 9 & CV development as detailed above (ensure CV updated and uploaded to front page of ISCP)	☐
Other evidence of CPD uploaded e.g. courses/conferences, particularly in area of subspecialty choice	☐

***These are a guide/recommendation towards achieving 1260 1st Surgeon/1800 Total (as a minimum) in 6 years of training. An ARCP panel view overall numbers within the context of specific posts undertaken and personal circumstances within an ARCP setting.**

Checklist for FRCS Sign OFF

Outcome 1 at the end of ST6 ARCP (as above)	☐
Attendance at UKITE/Regional MCQ tests annually demonstrating progress and satisfactory exam scores consistent with likely pass at FRCS	☐
Attendance at Regional Mock Exam events with satisfactory scores consistent with likely pass at FRCS	☐
Exam references prepared prior to ARCP to submit to TPD after successful Outcome 1 at end of ST6 ARCP	☐