Surgical Logbook Guidance

A surgical procedure logbook is a complete record of **any operative work** you have been involved in. The logbook is required for appraisal, training, and revalidation and therefore forms an essential component of a surgeon's training and post-training career record.

How is a surgical logbook different from DOPS and PBAs?

DOPS and **PBAs** are **formal** assessments and demonstrate **procedural competence** **and technical skill**.

Whereas a logbook demonstrates **breadth of experience**. A **logbook** is **not a formal** assessment, but a **log of all operative procedures** you have undertaken, and **your role** (**level of supervision** required on **each occasion)**.

your role in the procedure:

- Assisted **(A)**
- Supervised - trainer scrubbed **(S-TS)**
- Supervised - trainer unscrubbed **(S-TU)**
- Performed **(P)**
- Training more junior trainee **(T)**

What is the difference between PBA and DOPS?

- **PBA** is a breakdown of entire operation (e.g. appendicectomy).
- **DOPS** is a small procedure/component of a procedure (e.g. chest drain/laparoscopy port insertion).

DOPS and PBAs

- Are **formal** assessments and demonstrate procedural **competency**
- **Mandatory for all index procedures and optional for non-index procedures**

Logbook

Logbook demonstrates **breadth of experience**. A **logbook** is **not a formal** assessment, but a **log of all operative procedures** you have undertaken (**index and non-index** procedures), and your role (**level of supervision** required on **each occasion):**

- **Index procedures:**

  The **indicative** number of **each** procedure **includes performed** cases **(S-TS + S-TU + P + T)** and **exclude assisted (A)** cases.

  - **To progress from one training phase to another:**

    The Trainee should achieve **all** the **indicative numbers** and **competence levels** shown at the end of **each phase**.

  - **At end of specialty training:**

    The Trainee should achieve **all** the **indicative numbers** and **competence levels** shown at the end of the **specialty training** to be **eligible** for **CCT.**

- **Non-index procedures:**

  The **cumulative** number of **each** procedure **includes assisted** cases **(A + S-TS + S-TU + P + T).** There are **no specified indicative numbers** at the end of specialty training**.**

  - **To progress from one training phase to another:**

    The trainees should achieve **≥ 80%** of the **supervision levels** shown at the end of each **phase.**

  - **At end of specialty training:**

    The trainees should achieve **≥ 80%** of the **supervision levels** shown at the end of the specialty training to be **eligible** for **CCT.**

(≥ 80 % is **the acceptable breadth of operative experience for the non-index procedures. This percentage will be reviewed by the National – Specialty Training Committee (N-STC) after one year of implementation)**

DOPS & PBA competency levels Competency level of performed index procedures range between 2 to 4	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)
Level 2a	**Guidance required for most/all the procedure (or part performed)**
Level 2b	**Guidance or intervention required for key steps only**
Level 3a	**Procedure is performed with minimal guidance or intervention (needed occasional help)**
Level 3b	**Procedure performed competently without guidance or intervention but lacked confidence**
Level 4a	**Procedure performed confidently to a high standard without any guidance or intervention**
Level 4b	**As 4a and was able to anticipate, avoid and/or deal with common problems/complications**

The logbook supervision levels For non-index procedures: The cumulative number include assisted cases (A + S-TS + S-TU + P + T) For index procedures: The indicative number of performed cases does not include Assisted cases (S-TS + S-TU + P + T)	
Level 1	**Assisted (A)**
Level 2	**Supervised – trainer scrubbed (S-TS)**
Level 3	**Supervised – trainer unscrubbed (S-TU)**
Level 4	**Performed (P) or Training more junior trainee (T)**

See CEX or CBD Form for the full list of clinical competence levels

The Logbook entries

- Each procedure should be entered into your logbook through the **Details Sheet.**
- **Entry** into the Details Sheet **can be made by either the trainer or the trainee**.
- When you make the entry, you should show your logbook to your trainer **to confirm** that it is an **accurate entry**.
- **Only** the Trainer can **validate and save entries** by clicking **"Save"** in the **Details Sheet.**

After **saving the entry**, its details will **display alongside** the relevant procedure in your logbook, **automatically triggering** the transfer of data to the **Learning Agreement, AES Report, ARCP, and ultimately affecting the trainee's scoring and allocation.** **see Electronic Assessment System (17.2)**

7 Day Rule:

Each procedure should be entered into in your logbook **as soon as** it has been completed (when the operation note is being written up is the **best time**). If there are problems with **internet access**, you should update your logbook at the end of the operating session or end of the day.

Do not leave long periods before entering procedures into your logbook as mistakes can occur. To ensure that the logbook represents a **contemporary record** of all your training experience, you **must enter** all procedures you participate in **no later than 7 days** after they are performed. While late entries will be recorded in your **Surgical Procedure Details Sheet**, procedures entered after the 7-day deadline will not receive credit as they will not be displayed in the procedure section of your logbook.

Managing your logbook entries:

At the completion of each procedure, you should **agree with your** trainer/ other supervisor (consultant/ AES/ senior trainee) **how you should record your role** – **assisted (A),** performed (**supervised by a scrubbed trainer = S - TS**) or performed (**without your trainer being scrubbed = S - TU) and you should record** it this way in your **Surgical Procedure Details Sheet**.

If you have performed **parts** of the operation, then you should select **“Assisted”** as the level of involvement. You can then select the parts of the operation that you performed. You should only record an operation as **“Performed”** where you have **completed all parts**. You should agree with your trainer the **description or name of the operation performed** and select this name in the logbook.

Where you perform **part of major procedure** that appears in the logbook as a procedure in its own right **(e.g. a cholecystectomy during a liver resection)** then you may choose to record that operation as either a cholecystectomy **performed by you or assisting** at a major liver resection.

If you **choose to record the more complex procedure**, you may select the part you have performed **in the operation parts list** where relevant. There should normally be **one entry per patient per anaesthetic**. Lesser procedures (wound closure, drain placement etc) performed **as part of a more complex procedure** must not be entered as multiple individual procedures.

Complex Major procedures entry
Some **Complex Major procedures** involve prolonged surgery with **many component parts**. The nature of this surgery is **reflected** in the designation **Complex Major** and there should only be **one entry** in your logbook for **each one of these procedures**: ➢ If you undertake **one of the component** procedures as the **primary operator**, then you may list that (part) procedure in your logbook and record yourself as the primary operator **("Supervised" or "Performed**"). ➢ Alternatively, you may list the **full procedure** in your logbook as **"assisted."** You **should not do both**; you must **choose between** the whole procedure as "assisted" or the part you performed as "supervised" or "performed". **You must not make multiple entries in the logbook for a single operating theatre visit regardless of Complexity**

Audit:

Logbooks are subject to **audit**. If you are **selected** for audit, you will be asked to demonstrate **objective evidence** that you participated in particular procedures as shown in the **theatre register** or **patient chart**. Failure to keep a contemporaneous, accurate and complete logbook will be viewed as a **serious breach of discipline** and are, potentially, grounds for **removal** from the training post or program and/or **reporting to the Medical Council**.

Summary of Rules:

- All operations must be recorded
- Operations must be entered within 7 Days
- Different parts of the same operation on the same patient may not be entered as multiple operations

Mandatory WBAs

- **WBAs are only mandatory** for the assessment of the **basic critical skills** in core surgical training and **specialty critical conditions and index procedures** in specialty training**.**
- **Other than that, WBAs are optional** and trainees, therefore, **do not** need to use **WBAs** to evidence their learning **against each syllabus topic**.
- **Aside from the mandatory WBAs, no minimum number of WBAs is specified by this curriculum**

Optional WBAs

- **Trainees may:**
  - **agree with their AES to complete WBAs in areas of interest or in targeted areas of training (areas of concern) in their action plans during the Learning Agreement Meetings.**

Mandatory WBAs For Critical Conditions/ Index Procedures

Critical Conditions	Index Procedures
• Case Based Discussion (CBD) - PDF	• Direct Observation of Procedural Skills (DOPS) - PDF
• Clinical Evaluation Exercise (CEX) - PDF	• Procedure Based Assessment (PBA) - PDF
• Clinical Evaluation Exercise for Consent (CEXC) - PDF	• Clinical Evaluation Exercise for Consent (CEXC) - PDF

Minimum number of WBAs per year **Number should be agreed between the trainee and the AES in each learning agreement meeting and should be based on individual trainee needs**	
• **Minimum 10 WBAs every 3 months (40 per year)** • **Ideally,** WBAs should be used **every time critical condition/index procedure** is carried out**, rather than the bare minimum**, this helps the **trainee to learn more quickly and improves the skills of the assessor.** • **The proportion of each WBA method will depend on the specialty and level of training.** **(One WBA a Week should be recommended at Induction)**	
Minimum Indicative Numbers of each WBA method **(For Critical Conditions and Index Procedures)**	
CBD	**Minimum 1 every two months (6 per year)**
CEX	**Minimum 1 every two months (6 per year)**
CEX-C	**Minimum 1 every two months (6 per year)**
DOPS or PBA	**Minimum 1 every month for each index procedure (12 per year)** **Ideally** competence in **at least three different index procedures within each year**

Basic Critical Skill

see appendix 3 of the core surgical training

(Highlighted in bold red in the Syllabus and Logbook)

- These critical skills are **assessed individually by** means of **WBA**. They provide **formative feedback** to the trainee and **collectively** contribute to the **summative assessment** of the trainee's performance and should inform the **AES repor**t and **ARCP.**
- Trainees should complete **an indicative number of 3 CEXs or DOPS** for **each Critical Skill**.

Index Procedures

see appendix 4 of the relevant surgical specialty curriculum

(Highlighted in bold red in the Syllabus and Logbook)

- **Index procedures operative competency:**

  For **CCT** an indicative **≥ 3 PBAs** to the **levels shown** at end of phases **2 & 3** are required for **each index procedure** (to be performed by different assessors).

- **Index procedures indicative numbers:**

  Summarize the number of cases (of supervision levels: (**S-TS, S-TU, P, or T**) you have **performed** for **each index procedure** (the indicative numbers for **CCT** are shown at end of phase **2 and 3**).

The learning agreement:

The learning agreement is a formal process of **goal setting and review meetings** that underpin training and is formulated through **discussion.** The process **ensures**

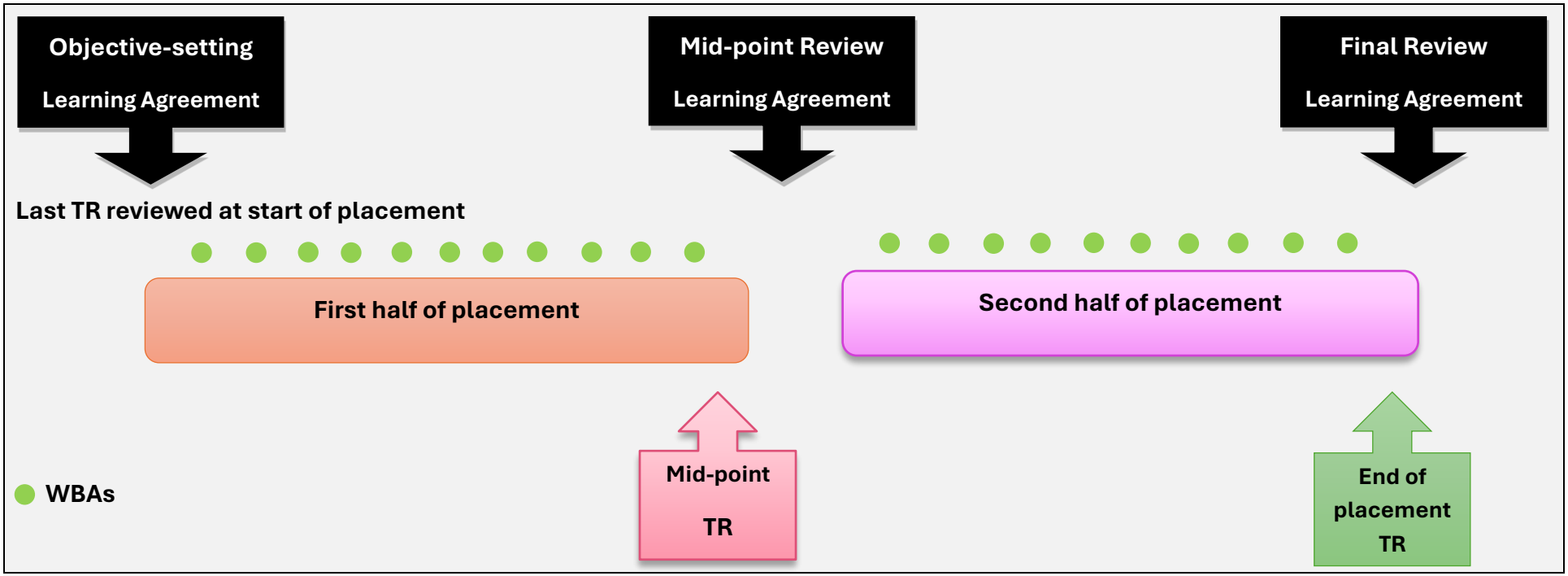
- **adequate supervision** during training,
- **provides continuity** between different placements and supervisors
- and is one of the **main ways of providing feedback to trainees**.

There are **three learning agreement meetings** in each placement between the trainee and Assigned Educational Supervisor **(AES)** and these are recorded in the trainee's **learning portfolio**.

The Learning Agreement (LA)
➢ **Trainee progress is monitored primarily by the trainee's AES through learning agreement meetings with the trainee**
➢ The **LA** must be reviewed, along with **other portfolio evidence** of training such as **WBAs**, the **logbook** and the **formative Trainer Report (TR)**, including the **trainee's self-assessment**.
➢ **The final TR,** together with **other portfolio evidence,** feeds into the **end-of-year AES report** which in turn feeds into the **ARCP**.
➢ The **ARCP** uses all presented evidence to make the **final decision** about whether a trainee can progress to the **next level or complete training** in each **12-month** training placement.
➢ At the end of each **training phase** there is a critical progression point **(CPP)** to make the **final decision** about whether a trainee can progress to the **next phase of training or complete training.**

Figure 6: ***the sequence of assessments through a 6-month placement:***

There are **three** learning agreement meetings **in each 6-month placement** (or every **three months within a 12-month placement**). Any **significant concerns** arising from the meetings should be **fed back to** the **Regional TPD** at **each point** in the learning agreement.



Annual Review of Competence Progression (ARCP):

The **ARCP** is a formal **SMSB** process overseen and **led by the Regional TPD**. It scrutinizes the trainee's **suitability to progress** through the training program. It bases its **decisions** on the evidence that has been gathered in the trainee's **learning portfolio** during the period between **ARCP** reviews, **particularly the AES report** in each training placement.

A trainee becomes eligible for certification of completion of training **(CCT)** when **supervision level V has been reached in all the** Capabilities in Practice **(CiPs)** as well as acquiring **all the skills described in the Generic Professional Capabilities (GPC) framework** (**as confirmed by an ARCP panel).**

The ARCP
➢ would **normally be undertaken on an annual basis** for all trainees. A panel may be convened **more frequently for** an interim review or to deal with progression issues (either accelerated or delayed) outside the normal schedule ➢ The **ARCP panel** makes the **final summative decision** that determines whether trainees are making appropriate competency progress to be able to move to the **next level** or **phase** of training or to achieve **certification at end of the specialty training.**

***The purpose and outcome of the ARCP*: *See Guidance for trainees on preparing for the ARCP* (17.4.1).**

The **ARCP system** will issue **one** of the following **outcome decisions** for each trainee, using evidence from the **Automated ARPC process**.

Outcome Grade	ARCP Outcome Decision The decision process uses a traffic-light system to provide a clear visual summary of progress		Light Indicator
1	**Achieving progress** each year	developing competencies **at the expected rate**	1
2	**Development required** for specific competencies	additional training time **is not required**	2
3	**Inadequate progress** by the trainee	additional training time **required**	3
4	**Gained all required competencies** for award of a CCT	**Completed the training program**	4

You will have a chance to respond and of course **participate** in the planning of the next stage of your program. **If the conclusion** is based around **descriptions 2 or 3** then this **should not** be seen as **entirely negative**. In an **outcomes-based curriculum** such as this we would **expect some** trainees to require **more training or time** than others and **some less**.

What is **most important** is having **clear evidence** that your rate of **progression** is leading to well-established and firmly grounded competencies. Clearly, **repeated failure** to progress cannot be allowed to continue and in those circumstances **you and your program director** must have a **realistic discussion** of where **your professional future best lies**.

The curriculum
It is **outcome-based rather than time-based,** though it is typically completed within an indicative period. Trainees who demonstrate **exceptionally rapid progression** and acquire the required capabilities more quickly may be eligible to complete the program **in less than the indicative period.** Conversely, a small number of trainees who **progress more slowly** may require an **extension of their training.**

Critical Progression Points (CPPs)

(Trainees must achieve all the high-level learning outcomes as shown at the end of each phase bellow)

- ✓ There are **three** critical progression points during the surgical training **at the end of each phase**, assessed **at the ARCP.**
- ✓ There is a CPP **at the end of phase 1** for phase 2 entry, and a CPP **at the end of phase 2** for phase 3 entry.
- ✓ **At the end of phase 3** CPP the trainees must demonstrate knowledge, clinical skills, technical skills and professional behaviors commensurate with certificate of completion of training **(CCT)** and, therefore, become eligible to sit the **final MD Exam**.

CPP at end of phase 1

To be eligible for CT Exam and proceed to phase 2, trainees should achieve the following high-level learning outcomes

Logbook learning outcomes	**Basic Critical Skills**	3 WBA Forms and competency level shown **in all** the basic critical skills (See appendix 4)
	Non-index Procedures of SST1 preparatory module	Supervision levels shown at end of phase 1 **in ≥80 %** (breadth of operative experience).
Logbook evidence	**WBAs**	≥ 40 per year
	Operative cases	≥ 120 case per year
TR outcomes	**Cips**	Supervision level **(2) in all** CiPs (Supervision Levels For CiPs - 17.5.9.1)
MSF Outcome	with a rating of at least satisfactory	

- ➢ Trainee should **repeat the shift** If he/she achieve an **ARCP outcome 3** in any of the above **learning outcomes**.
- ➢ Trainee is eligible to **sit for CT Exam** if he/ she achieve an **ARCP outcome 1** in all the above **learning outcomes; either**:
  - o at end of CST2,
  - o or at an earlier stage (i.e., end of the first shift of CST2) – **Interim ARCP**

CPP at end of phase 2

To proceed to phase 3, trainees should achieve the following high-level learning outcomes

Logbook learning outcomes	**Critical Conditions**	Competency **level 4 in all** critical conditions.
	Index Procedures	○ The competency levels shown at the end of phase 2 **in all** the index procedures. ○ The indicative numbers shown at the end of phase 2 **in all** the index procedures.
	Non-index Procedures	○ Supervision levels shown at end of phase 2 **in ≥ 80%** (breadth of operative experience).
Logbook evidence	**WBAs**	≥ 40 per year
	Operative cases	≥ 120 case per year
TR outcomes	**Cips**	Supervision level **(3) in all** CiPs (Supervision Levels For CiPs - 17.5.9.1)
MSF Outcome	with a rating of at least satisfactory	

- Trainee should **repeat the shift** If he/she achieve an **ARCP outcome 3** in any of the above **learning outcomes**.
- To **proceed to phase 3**, trainees should achieve an **ARCP outcome 1** in all the above **learning outcomes; either:**
  - at end of ST3,
  - or at an earlier stage (i.e., end of the first shift of ST3) – **Interim ARCP**

CPP at end of phase 3

To be eligible for CCT, trainees should achieve the following high-level learning outcomes

Logbook learning outcomes	**Critical Conditions**	○ The indicative number of **10 CEXs or CBDs** showing level 4 performance in the Special Interest Training (SIT).
	Index Procedures	○ Competency levels shown at end of phase 3 **in all** the mandatory Index Procedures in the Special Interest Training (SIT). ○ Indicative numbers shown at end of phase 3 **in all** the mandatory Index Procedures in the Special Interest Training (SIT).
	Non-index Procedures	○ Supervision levels shown at end of phase 3 **in ≥ 80 %** (breadth of operative experience) in the Special Interest Training (SIT).

Logbook evidence	**WBAs**	≥ 40 per year
	Operative cases	≥ 120 case per year
TR outcomes	**Cips**	**Supervision level (4)** has been reached **in all** CiPs (Supervision Levels For CiPs - 17.5.9.1)
MSF Outcome	with a rating of at least satisfactory	

- Trainee should **repeat the shift** If he/she achieve an **ARCP outcome 3** **in any** of the above **learning outcomes.**
- Trainee is **eligible for CCT and CMD Exam** if he/ she achieve an **ARCP outcome 4** in **all** the above **learning outcomes; either:**
  - at end of ST4
  - or at an earlier stage (i.e., end of the first shift of ST4) – **Interim ARCP**

See the Electronic Assessment System (17.2)