

## Guidance to support applications to surgical training

Updated 31 January 2007

This document contains generic guidance to support applications to surgical training programmes and should be read in conjunction with the [Applicant's Guide to Recruitment & Selection into Specialty Registrar Training 2007](#) produced by Modernising Medical Careers. This document is accurate as of the above date, but further changes may be made.

### 1. Processes for selection and recruitment

The new approaches to selection and recruitment into surgical training have been developed from the Modernising Medical Careers (MMC) project. Further details of selection across all medical specialties can be obtained from their websites: [www.mmc.nhs.uk](http://www.mmc.nhs.uk); [www.mmcwales.org](http://www.mmcwales.org); [www.nimmdta.gov.uk](http://www.nimmdta.gov.uk); [www.mmc.scot.nhs.uk](http://www.mmc.scot.nhs.uk).

The Postgraduate Medical Deaneries are responsible for the recruitment of surgical trainees. Their websites (via [www.copmed.org.uk](http://www.copmed.org.uk)) will contain details of training programmes and deanery contacts. The statutory body with overall responsibility for postgraduate medical education and training is the Postgraduate Medical Education and Training Board (PMETB). Its Principles for Entry to Specialist Training and other policy documents can be found on its website ([www.pmetb.org.uk](http://www.pmetb.org.uk)).

### 2. The application form

The application form for entry into training programmes will be available on the website of the Medical Training Application Service (MTAS): [www.mtas.nhs.uk](http://www.mtas.nhs.uk) for first round submission from 22 January to 4 February 2007. The application form will be the opportunity for you to demonstrate how you best match the advertised person specifications across the levels of surgical training programmes. Guidance as to how you can do this is outlined in this document. Person specifications are available from: <http://www.mmc.nhs.uk/pages/specialties-personspecs>

### 3. The level of application (ST1/2/3) – person specifications

Each candidate may only apply to one level of training in surgery, which is determined by experience and evidence of competencies achieved. The following is a guide to help you decide which level you should apply for. It is based on the person specification headings. If you are applying for oral and maxillofacial surgery (OMFS) programmes, please ensure that you follow the dual registration and dual qualifications requirements as appropriate and note that in this recruitment round programme opportunities will only be available for ST1 and ST2 in this specialty. Also see PMETB's latest statement on OMFS training, available from their website ([www.pmetb.org.uk](http://www.pmetb.org.uk)).

Applicants into neurosurgery training programmes will need to refer to accompanying guidance from the SAC in Neurosurgery. In 2007, neurosurgery training programmes may be offered by deaneries or units of applications in:

**ST1** – Core Neuroscience Training Year

**ST2 & ST3** – Initial Neuroscience Training Year

(By August 2007: ST2 candidates will require at least 6 months of SHO-level experience in neurosurgery but less than 12 months; ST3 candidates at least 12 months of

experience in SHO-level neurosurgery + at least 4 months of experience in Emergency Medicine)

**ST4** – Intermediate Neurosurgical Training Year (Candidates must have the MRCS at this level)

**Full person specifications should be examined to determine eligibility for neurosurgery training.**

The person specifications can be found on the MMC web pages at:  
<http://www.mmc.nhs.uk/pages/specialties-personspecs>

### 3.1 Qualifications – the MRCS Exam

- Excluding neurosurgery, the **ST3** person specification requires successful completion of the MRCS by the **time of application**; therefore you **must** have the MRCS to apply for ST3 programmes.
- You do not need to have the MRCS to apply for ST2 (unless you are applying for an OMFS programme, where the MRCS is required for ST2), but having it will not prevent you from applying. Having it could help to demonstrate evidence of a commitment to surgery.
- If you have completed the current MRCS, you will not be required to complete any future MRCS or equivalent examination.

### 3.2 Eligibility for training programmes

#### Eligibility for ST1

**Evidence of achievement of Foundation competencies by August 2007 in line with GMC standards/Good Medical Practice – see [www.gmc-uk.org](http://www.gmc-uk.org) .**

A list of Foundation Programme competencies can be obtained from the curriculum from: [www.mmc.nhs.uk/pages/foundation/Curriculum](http://www.mmc.nhs.uk/pages/foundation/Curriculum). Those candidates who have not undertaken the Foundation Programme will need to demonstrate equivalent experience and the achievement of competencies – see the section below on evidence of achievement of competencies.

#### Eligibility for ST2

**Evidence of achievement of ST1 competencies in this specialty (surgery) by August 2007 plus evidence as per ST1.**

Detailed information on the syllabus for each surgical specialty can be found on the syllabus on the website of the Intercollegiate Surgical Curriculum Project (ISCP): [www.iscp.ac.uk](http://www.iscp.ac.uk). The Generic Surgical Skills and Knowledge – All Specialties section is common across all the specialties as are the Professional and Generic Skills.

The ST1 competencies for surgery are:

1. **Generic Surgical Skills and Knowledge- All Specialties**  
These are listed in Appendix 1 (12 categories).
2. **Professional and Generic Skills.** These are listed in Appendix 2.
3. **Surgical specialty ST1 competencies (for the chosen ST2 specialty)**  
These competencies are outlined in the OVERVIEW section of each surgical specialty syllabus and further details of the standards are given in the specialty syllabus. By the time of application, candidates should be able to demonstrate the extent to which they have achieved these competencies given their amount of surgical experience.

Candidates will need to have collated evidence in a portfolio (guidance follows) to demonstrate their achievement of these competencies.

### Eligibility for ST3

**Evidence of achievement of ST1 & ST2 competencies relevant to specialty (surgical subspecialty) by August 2007.** This assumes that you will be able to demonstrate that you have achieved the competencies required for entry at ST1 plus ST2 competencies in surgery in general by August 2007. If you have evidence of achievement relevant to the specialty, you will have achieved the competencies for surgery in general.

ST1 & ST2 competencies for surgical training are:

1. **Generic Surgical Skills and Knowledge- All Specialties**  
These are listed below (12 categories).
2. **Generic Professional Skills.** These are listed in Appendix 2
3. **Surgical specialty ST1 & ST2 competencies (for the chosen ST3 specialty)**

Candidates will need to have collated evidence in a portfolio (guidance follows) to demonstrate their achievement of these requirements.

### Notes on eligibility

- **Candidates with over 36 months experience (at SHO level) and who have not acquired the MRCS by August 2007** are only eligible to apply for ST2 level Fixed Term Specialty Training Appointments (FTSTA). If an FTSTA post at this level is not commensurate to your experience, please contact your relevant Royal College or Deanery for career advice.
- **Surgical competencies** acquired in **emergency medicine (A&E)** posts can be used to demonstrate eligibility.

### Evidence of achievement of competencies

The following table provides examples of how the competencies outlined in the curriculum sections of generic surgical skills and knowledge (details in Appendix 1) can be demonstrated. Competencies cannot be shown to be achieved from any workplace-based assessments as these are formative, not summative, assessments. However, these assessments should be included as part of your overall portfolio.

Generic surgical skill / knowledge	Description or example* of evidence to be demonstrated
1. Basic sciences	Completion of MRCS Part 1
2. Basic Surgical Skills	Successful completion of Basic Surgical Skills course
3. The Assessment and Management of the Surgical Patient	Experience from surgical placements in hospitals (from CV) and ability to give examples of what you did
4. Perioperative Care	Experience from surgical placements in hospitals (from CV) and ability to give examples of what you did
5. Assessment of multiple injured patients including children	Experience from surgical or A&E placements in hospitals (from CV) and ability to give examples of what you did; courses attended
6. Bleeding diathesis	Experience from surgical placements in hospitals (from CV) and ability to give examples of what you did; logbook data; courses attended
7. Venous thrombosis + embolism	Experience from surgical placements in hospitals (from CV) and ability to give examples of what you did; logbook data; courses attended
8. Nutrition	Experience from surgical or medical placements in hospitals (from CV) and ability to give examples of what you did; courses attended ; self-directed learning
9. Academic activity	Research; audit project; publications; presentations; teaching experiences.
10. Management of the dying patient	Experience from surgical or medical placements in hospitals (from CV) and ability to give an example of what you did
11. Endocrine and Metabolic Disorders	Experience from surgical or medical placements in hospitals (from CV) and ability to give examples of what you did
12. Child Protection	Experience from surgical or medical placements in hospitals (from CV) and ability to give examples of what you did; courses attended; self-directed learning

\* These are examples of evidence – proof of equivalent courses or self-directed learning should be provided where appropriate.

### Trainer reports

Trainer reports (either interim or end of post/placement) can be used as evidence of achievement of competencies.

## 3.3 Career Progression

**Ability to provide complete details of employment history.**

This means there should be **no unexplained gaps** in your career. You will need to account for all your time since completing your degree, including time spent outside stated postgraduate medical training - for example:

- Overseas travel – including any work experience
- Maternity leave
- Sick leave
- Academic qualifications

**3.4 Levels Of Experience – Time Restrictions**

The person specifications specify the levels of experience relevant for application to a particular level. Excluding neurosurgery and OMF, they are:

**ST1 and FTSTA ST1:** Less than 12 months experience (at SHO level) in this specialty (surgery), not including Foundation modules, by August 2007. **Note: we have recently been advised that this should be interpreted as no more than 12 months. The specific advice we have received from the MMC Specialty Training Project Manager is as follows:**

"Individuals who have completed 12 months within a specialty, but NOT MORE THAN 12 months, could apply to ST1. However, it is up to the individual to decide if they have already achieved the competences for that level.

This brings the meaning of 'less than 12 months' in the person specifications for ST1 to mean 'less than and not exceeding 12 months'.

This is of importance to SHOs currently within their first year of training, as they are then eligible to apply to ST1 even if their jobs have been in the specialty to which they are applying.

For example - a person having completed 6 months in General Surgery, 6 months in Paediatric Surgery, and 6 months of medical paediatrics, would be permitted to apply to ST1 as they have not exceeded 12 months in 'Surgery in General' specialties. However it would be up to the individual to assess their competences against those required for the level of entry."

**ST2:** At least 12 months' experience but less than 36 months' experience (at SHO level) in this specialty (surgery) (not including Foundation modules) by August 2007.

**FTSTA ST2:** At least 12 months' experience (at SHO level) in this specialty (surgery) (not including Foundation modules) by August 2007.

**ST3:** At least 24 months' experience (at SHO level) in surgery (not including Foundation modules) by August 2007

When considering your experience of surgery or a surgical specialty, it does not have to be from College-Deanery approved training posts. However, recording that you were part of a Basic Surgical Training (BST) rotation and specific training post numbers should be included in your portfolio.

**Emergency Medicine (A&E)**

A&E posts within deanery BST programmes or rotations can be counted in the calculation of surgical experience.

Stand alone A&E posts can be counted in the calculation of surgical experience.

Other non-surgical specialty experience eg. Anatomy demonstration can be used to provide evidence of competencies gained.

## 4. Collating a portfolio of evidence and experience

### Candidates who have undertaken Foundation Training

Those doctors who have undertaken the Foundation Training Programme should have been creating a learning portfolio as part of their programme. A portfolio should provide the evidence that you have acquired the competencies outlined in the surgical curriculum to the required level as well as evidence to support your career development.

### Candidates who have not undertaken Foundation Training

Those candidates without a portfolio should start to organise relevant career information and evidence into a ring-binder folder, or similar, with a contents page and index tabs. It is also a requirement under *Good Medical Practice* that 'you must...maintain a folder of information and evidence, drawn from your medical practice'.

#### A portfolio should include as a minimum:

- Personal details
- CV
- Evidence of understanding of *Good Medical Practice*, particularly with statements regarding Health and Probity (see Appendix 3)
- Logbook
- Statement to support competencies achieved/planned to achieve in line with application to a surgical training programme
- Examination certificates and other certified qualifications
- Evidence to support any information given in your application form

#### Therefore in addition it is advisable to include:

- Personal Development Plans
- Learning agreements/objective setting for current or previous positions or training programmes
- Trainer reports
- Courses attended, certificates of achievement or attendance
- Project work
- Statements on reflective practice
- Completed assessment forms
- Conference/seminar/event presentations or attendance
- Publications
- Journal clubs
- Association membership
- Self-directing learning
- Teaching/demonstrating
- Research
- Audit
- Electives at medical school or other projects
- Language certificates (IELTS) if qualified outside the UK
- Other professional development activities

## 5. Completing the Application Form

When answering generic or specialty-specific questions on the form, think of relevant examples which demonstrate how you meet the requirements. It is not sufficient to say that you have done something, can do something or repeat the question in your answer. Think about specific examples that you can support with evidence in your portfolio and which show that you have achieved the competency. For example, the fact that you have been in a specific unit does not demonstrate what competencies you have achieved. Draw out specific examples of what you personally have done and achieved and put the evidence in your portfolio. Demonstrating competencies is not the same as reproducing your CV.

Your ability to reflect upon clinical and academic experiences by example could provide your application with evidence of identifying your contribution to clinical or other professional activities. It is worth looking at examples of your personal contributions to difficult and challenging situations and your work within a team.

### **Other ways to support your application & show a commitment to surgery:**

- Ensure your logbook is up to date and you have paper copies from any electronic form such as [www.elogbook.org](http://www.elogbook.org) and <https://surgeonslog.iscp.ac.uk/>
- Have an awareness of the career pathway of surgical training programmes in your chosen surgical specialty

**During the local deanery selection process**, candidates should be prepared to provide evidence from their portfolio of their achievements and draw out examples of clinical activities and, from these activities, subsequent learning.

## 6. Using the curriculum website: [www.iscp.ac.uk](http://www.iscp.ac.uk)

Candidates should become familiar with the new on-line surgical curriculum. By looking through the specialty syllabuses candidates can familiarise themselves with the specialties and can therefore make an informed choice about the surgical specialty in which they wish to pursue a career.

- [Surgical specialty syllabus](#)

This describes the training required to achieve CCT. For application purposes, the syllabus can be examined in terms of the competencies that should have been achieved for a particular level of training.

- [Assessment framework](#)
  - Guidance documents
  - Assessment tools

Candidates should have an awareness of the workplace-based assessments that will be used in the surgical curriculum. Any opportunities to undertake these assessments prior to the completion of the application form and subsequent interview can be included in the portfolio as evidence of current practice.

## 7. Preparing for the selection process

Candidates should prepare for their interview(s) through the practising of interview techniques, refining their presentation and communications skills and developing their portfolio and being prepared to answer questions on it.

## 8. Further information and support

College Tutors and Programme Directors should be able to provide information regarding careers advice and the surgical curriculum, in addition to support services provided by Deaneries and Trusts. They may also be able to provide interim reports on competencies already achieved or likely to be achieved in the near future.

### **Regularly review the following websites for updates:**

[www.iscp.ac.uk](http://www.iscp.ac.uk)  
[www.jchst.org](http://www.jchst.org)

### **The Postgraduate Medical Education and Training Board:**

[www.pmetb.org.uk](http://www.pmetb.org.uk)

### **College websites:**

[www.rcseng.ac.uk/career/careersadvice](http://www.rcseng.ac.uk/career/careersadvice)  
[www.rcsed.ac.uk](http://www.rcsed.ac.uk)  
[www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)

### **Deanery websites via:**

[www.copmed.org.uk](http://www.copmed.org.uk)

### **Modernising Medical Careers:**

[www.mmc.nhs.uk](http://www.mmc.nhs.uk); [www.mmcwales.org](http://www.mmcwales.org); [www.nimdta.gov.uk](http://www.nimdta.gov.uk); [www.mmc.scot.nhs.uk](http://www.mmc.scot.nhs.uk)

### **Medical Training Application Service (MTAS):**

[www.mtas.nhs.uk](http://www.mtas.nhs.uk)

## APPENDIX 1

### Generic Surgical Skills and Knowledge- All Specialties Conditions common to all surgical specialties (initial stages)

What the 4 point scale means for Knowledge:

1. Knows of
2. Knows basic concepts
3. Knows generally
4. Knows both specifically and broadly

What the 4 point scale means for Clinical Skills:

1. Has observed
2. Can do with assistance
3. Can do whole but may need assistance
4. Competent to do whole without assistance, including managing complications

What the 4 point scale means for Technical Skills and Procedures:

1. Has observed
2. Can do with assistance
3. Can do whole but may need assistance
4. Competent to do whole without assistance, including managing complications

#### 1. Basic sciences

**Objective:** Underpinning basic science knowledge appropriate for the practice of surgery.

Area	Knowledge
Applied anatomy: Knowledge of anatomy appropriate for surgery	4 Development, organs and structures, surface and imaging anatomy of thorax, abdomen, pelvis, perineum, limbs, neck as appropriate for surgical operations
Physiology: Knowledge of physiology relevant to surgical practice	4 Haemostasis 3 Thermoregulation 3 Metabolic pathways 4 Blood loss 4 Sepsis 4 Fluid balance and fluid replacement therapy 3 Metabolic abnormalities
Pathology: Knowledge of pathological principles underlying system specific pathology	4 Inflammation 4 Wound healing 4 Cellular injury 4 Vascular disorders 4 Disorders of growth, differentiation and morphogenesis 4 Tumours 3 Surgical immunology 3 Surgical haematology

Microbiology: Knowledge of microbiology relevant to surgical practice	<ul style="list-style-type: none"> <li>4 Surgically important microorganisms</li> <li>4 Sources of infection</li> <li>4 Asepsis and antisepsis</li> <li>4 Sterilisation</li> <li>4 Antibiotics</li> <li>4 High risk patient management</li> </ul>
Radiology: Knowledge of diagnostic and interventional radiology:	3 Principles of diagnostic and interventional radiology

## 2. Basic Surgical Skills

**Objective:** Acquisition of basic surgical skills in instrument and tissue handling.

Technique	Knowledge	Clinical Skills
Incision of skin and subcutaneous tissue: Ability to incise superficial tissues accurately with suitable instruments.	<ul style="list-style-type: none"> <li>4 Langer's lines</li> <li>4 Healing mechanism</li> <li>4 Choice of instrument</li> <li>4 Safe practice</li> <li>4 Basic Surgical Skills course</li> </ul>	4 Ability to use scalpel, diathermy and scissors
Closure of skin and subcutaneous tissue: Ability to close superficial tissues accurately.	<ul style="list-style-type: none"> <li>4 Options for closure</li> <li>4 Suture and needle choice</li> <li>4 Safe practice</li> </ul>	4 Accurate and tension free apposition of wound edges
Knot tying: Ability to tie secure knots.	4 Choice of material	<ul style="list-style-type: none"> <li>4 Single handed</li> <li>4 Double handed</li> <li>4 Instrument</li> <li>4 Superficial</li> <li>4 Deep</li> </ul>
Haemostasis: Ability to achieve haemostasis of superficial vessels.	4 Techniques	<ul style="list-style-type: none"> <li>4 Control of bleeding vessel (superficial)</li> <li>4 Diathermy</li> <li>4 Suture ligation</li> <li>4 Tie ligation</li> <li>4 Clip application</li> </ul>
Tissue retraction: Use of suitable methods of retraction.	4 Choice of instruments	<ul style="list-style-type: none"> <li>4 Tissue forceps</li> <li>4 Placement of wound retractors</li> </ul>
Use of drains: Knowledge of when to use a drain and which to choose.	<ul style="list-style-type: none"> <li>4 Indications</li> <li>4 Types</li> <li>4 Management/removal</li> </ul>	<ul style="list-style-type: none"> <li>4 Insertion</li> <li>4 Fixation</li> <li>4 Removal</li> </ul>
Tissue handling: Ability to handle tissues gently with appropriate instruments.	4 Choice of instruments	4 Appropriate application of instruments and respect for tissues
Skill as assistant: Ability to assist helpfully, even when the operation is not familiar.		4 Anticipation of needs of surgeon when assisting

### 3. The Assessment and Management of the Surgical Patient

**Objective:** Ability to assess the patient and manage the patient, and propose surgical or non-surgical management.

Clinical Skills
3 Surgical history and examination (elective and emergency)
3 Construct a differential diagnosis
3 Plan investigations
3 Clinical decision making
3 Case work up and evaluation; risk management
3 Active participation in MDTs
3 Taking consent for intermediate level intervention; emergency and elective
3 Written clinical communication skills
3 Interactive clinical communication skills: patients
3 Interactive clinical communication skills: colleagues

#### 4. Perioperative Care

**Objective:** Ability to manage patient care in the perioperative period.

	Knowledge	Clinical Skills
Preoperative assessment and management: Ability to assess the patient adequately prior to operation and manage any preoperative problems appropriately.	4 Cardiorespiratory physiology 3 Diabetes mellitus 3 Renal failure 4 Pathophysiology of blood loss 4 Pathophysiology of sepsis 4 Risk factors for surgery and scoring systems 3 Principles of day surgery	4 History and examination 4 Interpretation of preop investigations 3 Management of comorbidity 4 Resuscitation
Intraoperative care: Ability to conduct safe surgery in the operating theatre environment.	4 Safety in theatre 4 Sharps safety 4 Diathermy, laser use 4 Infection risks 3 Radiation use and risks 4 Tourniquets 3 Principles of local, regional and general anaesthesia	4 Safe conduct of intraoperative care
Postoperative care: Ability to care for the patient in the postoperative period.	4 Cardiorespiratory physiology 3 Diabetes mellitus 3 Renal failure 4 Pathophysiology of blood loss 4 Pathophysiology of sepsis 4 Complications specific to particular operation 2 Critical care	4 Assessment of patient's condition 4 Postoperative analgesia 4 Fluid and electrolyte management 4 Monitoring of postoperative patient 4 Detection of impending organ failure 4 Initial management of organ failure 4 Use of MDT meetings
Blood Products: Appropriate use of blood products.	4 Components of blood 4 Alternatives to use of blood products	4 Appropriate use of blood products 4 Management of the complications of blood product transfusion
Antibiotics: Appropriate use of antibiotics.	4 Common pathogens in surgical patients 4 Antibiotic sensitivities 4 Antibiotic side-effects 4 Principles of prophylaxis and treatment	4 Appropriate prescription of antibiotics

## 5. Assessment of multiple injured patients including children

**Objective:** Safely assess the multiply injured patient.

Knowledge	Clinical Skills	Technical Skills
3 Anatomy 3 Pathogenesis of shock 1 Differences In Children	4 History and examination 3 Investigation 4 Resuscitation and early management according to ATLS and APLS guidelines 3 Referral to appropriate surgical subspecialties	3 Central venous line insertion 3 Chest drain insertion 2 Diagnostic peritoneal lavage

## 6. Bleeding diathesis

**Objective:** Understand, Recognise and Manage bleeding diathesis in the surgical patient.

	Knowledge	Clinical Skills
Bleeding diathesis	Diagnosis: Diagnose possible bleeding diathesis in the surgical patient.  3 Mechanism of haemostasis 3 Pathology of impaired haemostasis e.g. haemophilia, liver disease, massive haemorrhage  Treatment: Manage bleeding diathesis in the surgical patient.  3 Understands use of blood products	Diagnosis: Diagnose possible bleeding diathesis in the surgical patient.  4 Recognition of conditions likely to lead to the diathesis 3 Recognition of abnormal bleeding during surgery  Treatment: Manage bleeding diathesis in the surgical patient.  3 Avoidance by correct surgical techniques 3 Corrective measures, e.g. warming, packing

## 7. Venous thrombosis + embolism

**Objective:** Understanding of practice in the prevention and management of Venous thrombosis and Embolism.

	Knowledge	Clinical Skills
Coagulation: Understanding of the physiology and pathophysiology of coagulation.	<p>Coagulation:</p> <ul style="list-style-type: none"> <li>2 Clotting mechanism (Virchow Triad)</li> <li>2 Effect of surgery and trauma on coagulation</li> <li>2 Tests for thrombophilia and other disorders of coagulation</li> </ul> <p>Diagnosis:</p> <ul style="list-style-type: none"> <li>2 Methods of investigation for suspected thromboembolic disease</li> </ul> <p>Treatment:</p> <ul style="list-style-type: none"> <li>4 Anticoagulation, heparin and warfarin</li> <li>2 Role of V/Q scanning, CT angiography and thrombolysis</li> <li>2 Place of pulmonary embolectomy</li> </ul> <p>Prophylaxis:</p> <ul style="list-style-type: none"> <li>3 Knowledge of methods of prevention, mechanical and pharmacological</li> </ul>	<p>Coagulation:</p> <ul style="list-style-type: none"> <li>4 Recognition of patients at risk</li> </ul> <p>Diagnosis:</p> <ul style="list-style-type: none"> <li>3 Awareness of symptoms and signs associated with pulmonary embolism and DVT</li> <li>2 Role of duplex scanning, venography and d-dimer measurement</li> </ul> <p>Treatment:</p> <ul style="list-style-type: none"> <li>3 Initiate and monitor treatment</li> </ul> <p>Prophylaxis:</p> <ul style="list-style-type: none"> <li>4 Awareness at all times of the importance of prophylaxis</li> </ul>

## 8. Nutrition

**Objective:** Recognise the need for artificial nutritional support and arrange enteral nutrition.

Knowledge	Clinical Skills
<ul style="list-style-type: none"> <li>3 Effects of malnutrition, both excess and depletion</li> <li>3 Methods of screening and assessment</li> </ul>	<ul style="list-style-type: none"> <li>3 Arrange access to suitable artificial nutritional support, preferably via a nutrition team:               <ul style="list-style-type: none"> <li>Dietary supplements</li> </ul> </li> <li>2 Arrange access to suitable artificial nutritional support, preferably via a nutrition team:               <ul style="list-style-type: none"> <li>Enteral nutrition</li> </ul> </li> <li>1 Arrange access to suitable artificial nutritional support, preferably via a nutrition team:               <ul style="list-style-type: none"> <li>Parenteral nutrition</li> </ul> </li> </ul>

**9. Academic activity****Objective:** An introduction to research methodology and to teaching others.

Condition:	Knowledge	Clinical Skills
Research: Ability to perform a simple research study and present the results.	2 Research methodology	2 Ability to analyse published evidence
Teaching: Ability to teach small groups such as medical students.	2 Teaching methods	3 Ability to teach small groups

**10. Management of the dying patient****Objective:** Ability to manage the dying patient appropriately

	Knowledge	Clinical Skills
Palliative Care: Good management of the dying patient in consultation with the palliative care team.	3 Care of the terminally ill 4 Analgesia 3 Antiemetics 3 Laxatives	3 Symptom control in the terminally ill patient
Principles of organ donation: Knowledge of the principles of organ donation.	3 Circumstances in which consideration of organ donation is appropriate 3 Principles of brain death 3 Understanding the role of the coroner and the certification of death	

## 11. Endocrine and Metabolic Disorders

**Objective:** To identify, investigate and manage surgical patients with common metabolic disorders

Condition:	Knowledge	Clinical Skills
- To identify, investigate and manage surgical patients with Thyrotoxicosis	Thyrotoxicosis 4 Pathophysiology of thyroid hormone excess and associated risks from surgery	Thyrotoxicosis 4 History and examination 3 Investigation of thyrotoxicosis
To identify, investigate and manage surgical patients with Hypothyroidism	Hypothyroidism 4 Pathophysiology of thyroid hormone deficiency and associated risks from surgery	Hypothyroidism 4 History and examination 4 Investigation
To identify, investigate and manage surgical patients with Hypercalcaemia	Hypercalcaemia 3 Causes and effects of hypercalcaemia	Hypercalcaemia 3 Investigation of hypercalcaemia 3 Treatment of hypercalcaemia
Knowledge of the significance of corticosteroid therapy in patient care	Cortico-steroid therapy 4 Complications 4 Steroid insufficiency	Cortico-steroid therapy 4 Peri-operative management of patients on steroid therapy
To identify, investigate and manage surgical patients with diabetes mellitus	Diabetes Mellitus 4 Complications	Diabetes Mellitus 4 Peri-operative management of diabetic patients
To identify, investigate and manage surgical patients with Hyponatraemia	Hyponatraemia 4 Pathophysiology of fluid and electrolyte balance 4 Causes of hyponatraemia	Hyponatraemia 4 Treatment

## 12. Child Protection

Knowledge	Clinical Skills
4 Working knowledge of Trust and ACPC Child Protection Procedures	Ability to:
4 Basic understanding of child protection law	4 recognise the possibility of abuse or maltreatment
4 Understanding of Children's rights	4 recognise limitations of own knowledge and experience and seek appropriate expert advice
4 Working knowledge of types and categories of child maltreatment, presentations, signs and other features (primarily physical, emotional, sexual, neglect, professional)	4 urgently consult immediate senior in surgery to enable referral to paediatricians
4 Understanding of one personal role, responsibilities and appropriate referral patterns in child protection	4 keep appropriate written documentation relating to child

<p>4 Understanding of the challenges of working in partnership with children and families</p>	<p>protection matters</p> <p>4 Communicate effectively with those involved with child protection, including children and their families</p>
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## APPENDIX 2

### The generic professional skills expected to be acquired during the initial stage of surgical training.

#### *Medical expert*

- Elicit a history that is relevant, concise, accurate and appropriate to the patient's problem
- Demonstrate effective consultation skills in presenting well documented assessments and recommendations in written and/or verbal form in response to a request from another healthcare provider
- Demonstrate the attitudes and the skills necessary to retrieve and implement the information necessary to provide healthcare services to patients in meeting the needs and expectations of the community
- Demonstrate insight into his/her limitations by self assessment

#### *Communicator*

- Effective doctor/patient communication
- Establish a doctor/patient relationship characterised by understanding, trust, respect, empathy and confidentiality
- Gather information about patient's beliefs, concerns and expectations about the illness and considers the influence of factors such as patient's age, gender, ethnic, cultural and socio-economic background and spiritual values on that illness
- Deliver information to the patient and family in a humane manner and in a way that is understandable, encourages discussion and promotes patient's participation in decision making to the degree that they wish
- Understand and demonstrate the importance of co-operation with other healthcare professionals involved in the care, such that the roles of these professionals are delineated and consistent messages are delivered to the patient and their families.
- Demonstrate skills in working with others who present significant communication challenges such as anger or confusion, or an ethno-cultural background different from the patient's own

#### *Collaborator*

- Describe roles, expertise and limitations of all members of an interdisciplinary team required to achieve a goal related to patient care, a research problem, an educational activity or an administrative responsibility
- Develop a careplan for a patient they have assessed, including investigation, treatment and continuing care, in collaboration with members of an interdisciplinary team

#### *Manager*

- Be able to work effectively as a member of a team or a partnership and to accomplish tasks whether one is a team leader or a team member

#### *Health Advocate*

Demonstrate an understanding of determinants of health and public policy in relation to:

- Individual patients by identifying the patient's status with respect to one or more determinants of health (i.e. unemployment);
- adapting the assessment and management accordingly (i.e. the medical history to the patients social circumstances); and
- assessing the patient's ability to access various services in the health and social system

*Scholar*

**Clinical**

- a. Pose a clinical question
- b. Recognise and identify gaps in knowledge and expertise around a clinical question
- c. Formulate a plan to fill the gap:
  - i. conduct an appropriate literature search based upon a clinical question
  - ii. assimilate and appraise the literature
  - iii. develop a system to store and retrieve relevant literature
  - iv. consult others (physicians and other healthcare professionals) in a collegiate manner
- d. Propose a solution to the clinical question
- e. Implement the solution in practice. Evaluate the outcome and reassess the solution (re-enter the loop at c-i or c-ii)
- f. Identify practice areas for research

*Professional*

**Discipline-Based Objectives**

- a. Display attitudes commonly accepted as essential to professionalism
- b. Use appropriate strategies to maintain and advance professional competence
- c. Continually evaluate one's abilities, knowledge and skills and know one's limitations of professional competence

**Personal Professional Boundary Objectives**

- a. Adopt specific strategies to heighten personal and professional awareness and explore and resolve interpersonal difficulties in professional relationships
- b. Consciously strive to balance personal and professional roles and responsibilities and to demonstrate ways of attempting to resolve conflicts and role strain

**Objectives related to Ethics and Professional Bodies**

- a. Know and understand the professional, legal and ethical codes of the General Medical Council and any other codes to which the physician is bound
- b. Recognise, analyse and attempt to resolve in clinical practice ethical issues such as truth telling, consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation, research ethics etc
- c. Understand and be able to apply relevant legislation that relates to the health care system in order to guide one's clinical practice
- d. Recognise, analyse and know how to deal with unprofessional behaviours in clinical practice, taking into account local and national regulations

## APPENDIX 3

### **Portfolio statements on *Good Medical Practice***

(adapted from guidance provided by The Royal College of Ophthalmologists)

#### **Good clinical care:**

Evidence of competencies in this area would come from workplace based assessments (WBA) from those in the Foundation Programme or ISCP pilot programmes.

Ideally this section of the portfolio could contain assessments such as:

- Mini-CEX (mini-clinical evaluation exercise).
- DOPS (Direct observation of procedural skills)
- CbD (case based discussion)

Details for these assessments can be taken from the Principles of Assessment section of [www.iscp.ac.uk](http://www.iscp.ac.uk).

Evidence could also be drawn from:

- trainers reports
- logbooks
- critical incident reports
- personal audits
- examinations certificates.

#### **Maintaining Good Medical Practice:**

Evidence of maintaining GMP should include details of any formal or self-directed training activities including:

- training programme details
- attendance records at meetings or seminars
- personal development plans
- reflective practice.

#### **Teaching, training, appraising, assessing:**

Evidence of achievement in these areas could include:

- any teaching sessions undertaken and supporting materials such as presentations or handouts
- evaluation of your teaching for students or supervisors.

#### **Relationships with patients:**

Evidence of competence in this area and working with colleagues comes from the results of multi-source feedback (MSF) such as the Mini-PAT (peer assessment tool). Details of the Mini-PAT can be found on the surgical curriculum website [www.iscp.ac.uk](http://www.iscp.ac.uk).

Further evidence that could be provided:

- letters of thanks from patients
- patient surveys.

#### **Working with colleagues:**

MSF from assessments such as the Mini-PAT should provide evidence of feedback from colleagues.

## **Health and probity.**

This section of the portfolio should contain two statements:

Statement 1 (health):

*I declare that there are no problems with my health or that any problems that I have, have been discussed with my current employers (usually with occupational health and medical staffing) and with their agreement I can confirm that there are no concerns that could have a bearing upon patient care or my ability to carry out the agreed duties of the post.*

Statement 2 (probity)

*I declare that with regards to my professional practice as a doctor there are no issues of probity (convictions, issues of honesty and professional integrity or conflicts of interest) or that any such issues have been declared (usually to medical staffing).*

If a trainee is unable to make either statement they must discuss this with medical staffing/personnel department immediately.

## **Research and audit:**

Evidence to support achievement in these areas of GMP may include copies of research papers, abstracts, and reports.