

**Joint Committee on Surgical Training**

**Guidelines for the award of a CCT in Paediatric Surgery**

**All trainees seeking a CCT in Paediatric Surgery must:**

- a) be fully registered with the GMC and have a licence to practise.
- b) have undertaken 6 years of higher surgical training in a UK or Ireland training programme<sup>1</sup>.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In addition, trainees should be able to satisfy the following specialty specific guidelines:

	<b>Guidelines for Paediatric Surgery</b>
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus	Trainees must have experienced six years of progressive training rotating through posts in a minimum of two centres, whose HST posts are compliant with the JCST/SAC QIs. The trainees must be exposed to the six major areas of clinical work in the specialty: neonatal surgery; general surgery of childhood, GI surgery; urological surgery; oncological surgery; and thoracic surgery.
<b>Operative experience</b> - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	Trainees must satisfy the indicative operation totals specified by the SAC in all groupings in Appendix 1.
<b>Operative competence</b> - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)	Trainees must have submitted the necessary procedure based assessments in the last three years of training as defined by the list specified by the SAC in Appendix 2.
<b>Research</b> - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees should provide evidence of having published the results of research in peer-reviewed journals during training and of having competence in research methodology and data interpretation.
<b>Quality Improvement</b> - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees must provide evidence of participation in audit and clinical governance. Audit is to have been regularly undertaken, with a minimum of one audit per year of training, and one of these audits to have progressed through the full audit cycle.
<b>Medical Education and training</b> - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should have attended a 'Training the Trainers' course during training.

<sup>1</sup> This will include out of programme training

<p><b>Management and leadership</b> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction</p>	<p>Trainees should have attended a course on health service management during training.</p>
<p><b>Additional courses / qualifications</b> - evidence of having attended specific courses/gained specific qualifications as defined by the specialty</p>	<p>Trainees must have a valid APLS provider or instructor credential at the time of CCT.</p>
<p><b>Educational conferences</b> - evidence of having attended appropriate educational conferences and meetings as defined by the specialty</p>	<p>Trainees should provide evidence of attendance at, and participation in, relevant national and international scientific meetings e.g. British Association of Paediatric Surgeons, British Association of Paediatric Urologists, British Association of Paediatric Endoscopic Surgeons, EUPSA, IPEG, SIOP, APSA, CAPS, PAPS.</p>

## Appendix 1 – Indicative operation numbers for Paediatric Surgery

Operation group see list in Appendix 2 for different procedures included as “etc”	Total ops	Performed +/- Supervision or Teaching
<b>GI Surgery totals</b>	<b>105</b>	<b>60</b>
Upper GI endoscopy and biopsy etc	50	30
Fundoplication etc	10	8
Small bowel resection etc	10	6
Small/large bowel stoma formation etc	10	6
Laparotomy for adhesions etc	11	6
PSARP etc	8	2
Pull through for Hirschsprungs etc	6	2
<b>Laparoscopy totals</b>	<b>70</b>	<b>45</b>
Diagnostic laparoscopy	26	16
Laparoscopic appendicectomy	20	15
Laparoscopic other	24	14
<b>Oncology/endocrine totals</b>	<b>80</b>	<b>40</b>
Tumour nephrectomy	5	1
Resection of Neuroblastoma	4	0
Tumour Biopsy	8	4
Lymphnode biopsy	7	5
Excision of thyroglossal cyst etc	8	5
Central venous line placement etc	48	25
<b>Neonatal totals</b>	<b>100</b>	<b>70</b>
TOF etc	10	6
Repair of diaphragmatic hernia etc	10	6
Repair of abdominal wall defects etc	15	9
Correction of malrotation/duodenal atresia	10	6
Surgery for intestinal path NEC etc	20	14
Neonatal Colorectal surgery	20	14
Repair of neonatal Inguinal hernia	25	15
<b>General Surgery of Childhood totals</b>	<b>250</b>	<b>130</b>
Circ, inguinal hernia etc	200	100
Repair of epigastric/umbilical hernia etc	10	5
Pyloromyotomy (open/closed)	20	10
Appendicectomy (see laparoscopic group also)	20	15
<b>Thoracic totals</b>	<b>25</b>	<b>12</b>
Chest drain insertion	12	6
Pleural debridement for empyema (open or thoracoscopic)	8	4
Lung biopsy/resection etc (open or thoracoscopic)	5	2
<b>Urology totals</b>	<b>160</b>	<b>80</b>
Cystourethroscopy etc	26	15
Ureteric access – STING, stent	11	6

Hypospadias repair	20	6
Nephrectomy/partial nephrectomy (open or laparoscopic)	6	3
Nephrostomy (open/perc)	3	0
Pyeloplasty (open or laparoscopic)	8	3
Reimplantation of ureter	3	0
Bladder augmentation	4	0
ACE	5	0
Mitrofanoff	4	0
Orchidopexy	60	40
Surgery for impalpable UDT (open or laparoscopic)	10	7

## Appendix 2 - PBAs required for CCT in Paediatric Surgery (years ST 6 - 8)

### Gastrointestinal excl neonates

- a. Diagnostic upper GI endoscopy level 4
- b. Insertion of PEG tube level 4
- c. Fundoplication (open or laparoscopic) level 4
- d. Small bowel or colonic resection/anastomosis level 4
- e. Small/large bowel stoma formation, small/large bowel stoma closure level 4
- f. Laparotomy for adhesions level 4
- g. PSARP/pull through for anorectal anomaly level 3
- h. Pull through for Hirschsprungs Disease level 3

### Laparoscopy

- a. Diagnostic laparoscopy for abdominal pathology, undescended testis level 4
- b. Laparoscopic appendicectomy level 4

### Oncology/ Venous Access/Lumps and bumps

- a. Tumour biopsy (open/laparoscopic/thoracoscopic) level 4
- b. Lymphnode biopsy level 4
- c. Excision of thyroglossal cyst/branchial remnant/fistula level 4
- d. Central venous line insertion (open/percutaneous)/portacath insertion level 4

### Neonatal

- a. Repair of oesophageal atresia level 4
- b. Repair of diaphragmatic hernia/eventration level 4
- c. Repair of abdominal wall defects (gastroschisis, exomphalos) level 4
- d. Surgery to correct malrotation/duodenal atresia level 4
- e. Surgery for small intestinal pathology (NNEC, intestinal atresia, meconium ileus, creation and closure of ileostomy) level 4
- f. Neonatal colorectal surgery (NNEC, colonic atresia, creation and closure of colostomy)/anoplasty level 4
- g. Repair of neonatal inguinal hernia level 4

### General Surgery of Childhood

- a. Circumcision, inguinal herniotomy, ligation PPV, orchidopexy level 4
- b. Repair of epigastric hernia, repair of umbilical/supra-umbilical hernia level 4
- c. Pyloromyotomy (open or laparoscopic) level 4
- d. Open appendicectomy level 4

### Thoracic

- a. Chest drain insertion level 4
- b. Thoracotomy level 4
- c. Thoracoscopy level 3

### Urology

- a. Cystourethroscopy, suprapubic catheterization level 4
- b. Distal hypospadias repair level 4
- c. Nephrectomy level 4
- d. Pyeloplasty level 4
- e. Peritoneal dialysis catheter insertion/removal level 3