

Certification Guidelines for Neurosurgery

All trainees seeking certification in Neurosurgery must:

- a) be fully registered with the GMC and have a licence to practise.
- b) have undertaken an aggregate of 8 years of training, either UK run-through training or structured and equivalent training in Ireland¹.
- 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:

Guidelines for Neurosurgery	
Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus	<p>Trainees should have completed 8 years of approved training in the neurosciences, incorporating at least 6 years of neurosurgery, together with exposure to neurology, intensive care, accident & emergency medicine and an allied surgical specialty.</p> <p>Trainees should have had a broad exposure to emergency and scheduled components of the subspecialties (current and potentially emerging) recognised in neurosurgery, including, but not necessarily limited to:</p> <ul style="list-style-type: none"> • Trauma (both brain and spine, including evidence of trauma competency e.g. an ATLS®/PALS course) • Spinal • Paediatric • Vascular • Functional • Skull base / pituitary • Neuro-oncology
Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	<p>Trainees should be able to demonstrate an aggregate of no fewer than 1200 cases in the surgical logbook, with a satisfactory spread of cases between assisting and operating as primary surgeon. The full range of neurosurgery should be represented, and microsurgical operating should include the subcategory of critical areas, in which a subtotal of 40, but no fewer than 30, cases performed as primary surgeon must be represented across the range, encompassing the base of the brain, the cerebello-pontine angle, vascular procedures, pituitary and endoscopic neurosurgery. Experience will also be expected of spinal internal fixation and of spinal intradural tumours as primary surgeon.</p>
Operative competence - evidence of	Primary surgeon experience as indicated in 'Operative experience' above.

¹ This will include out of programme training

competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)	
Research - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees should be able to demonstrate, during neurosurgical training, publication of at least one peer-reviewed paper covering a laboratory experiment, a case series or systematic audit in addition to two verbal presentations (on different topics) given to a national or international conference.
Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees should provide evidence of the completion of at least one full audit cycle as the principal auditor during training.
Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should have completed a 'Training the Trainers' or equivalent course during training.
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	Trainees should have completed a course on health service management during training.
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	Trainees should have completed an ATLS® or PALS course during training.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should have attended no fewer than four national or international neurosurgical conferences during training.