

Joint Committee on Surgical Training

Guidelines for the award of a CCT in General Surgery

These will be applied to all trainees following the 2013 curriculum¹ and applied flexibly to those following earlier curricula.

All trainees seeking a CCT in General 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 programme².
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

The following are required to help demonstrate the required competencies:

	Guidelines for General Surgery
Clinical experience - sufficient clinical experience in the different components of general surgery as defined in the curriculum	<p>The 2013 curriculum includes indicative placements:</p> <p>ST3/4: 1 year GI + 6 months vascular + 6 months breast/transplant/endocrine/GI</p> <p>ST5/6: 1 year Upper GI + 1 year colorectal Or: 1 year GI + 1 year special interest</p> <p>ST7/8: 2 years special interest</p> <p>Emergency General Surgery throughout</p> <p>Case based discussions showing at least satisfactory performance: 10 in different conditions from the range of emergency general surgery 10 in different aspects of the trainee's special interest 10 in different conditions from other areas of general surgery</p>
Operative experience - consolidated logbook evidence of the breadth of operative experience as defined in the curriculum	A minimum of 1600 cases in total in the logbook, excluding endoscopy. Minimum indicative numbers are listed in Appendix 1.
Operative competence - evidence of	Procedure based assessments must be presented as detailed in Appendix

¹ The 2013 curriculum applies to trainees whose CCT date is after 30/09/14 unless the JCST is informed to the contrary in writing by the relevant trainee, TPD and Head of School. It will apply to **all** trainees whose CCT date is after 31/12/15 (unless their CCT date is extended beyond this by 6 months or less - see the GMC website for details)

² This will include out of programme training

competence in indicative operative procedures	2.
Research - evidence of an understanding of, and participation in, research as defined in the curriculum	Trainees should have competence in research methodology and data interpretation. Trainees should have three peer reviewed papers (not case reports) published in an indexed journal and three first author presentations at a regional, national or international meeting during specialty training. The trainee's contribution to each of these pieces of work should have been significant.
Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined in the curriculum	Trainees should complete or supervise three audit or service improvement projects during specialty training. In at least one of these, the audit cycle should be completed.
Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined in the curriculum	Trainees should have attended a 'Training the Trainers' course, or equivalent, during training. Trainees should provide evidence of having been involved in teaching by presenting written structured feedback
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	Trainees should have attended a course on health service management during training and provide evidence of having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc.
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined in the curriculum	Trainees must have a valid ATLS® provider or instructor credential at the time of CCT. Trainees should provide proof of having attended a course in a topic relevant to their special interest.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined in the curriculum	Trainees should provide evidence of having attended at least four national or international meetings during training.

Appendix 1 – Indicative minimum operation numbers for General Surgery (P+ S-TS + S-TU + T)

General - All trainees

inguinal hernia	60		
cholecystectomy	50		
emergency laparotomy* (excl appendicectomy)	100 to include:	Hartmann's	5
appendicectomy	80	Segmental colectomy	20

Breast Special Interest

breast lump excision	40
mastectomy	50
sentinel node biopsy	70
axillary clearance	45

Colorectal Special Interest

anterior resection	30
fistula surgery	20
segmental colectomy	50
haemorrhoidectomy	15
prolapse surgery	4

(some colonic resections should be laparoscopic)

UGI Special Interest

Major UGI procedures	35 (includes anti-reflux, obesity and upper GI/HPB resection)
cholecystectomy	110

(some trainees will choose to focus primarily on benign and others on resectional)

Vascular Special Interest

AAA repair	15 (including 10 open - elective or emergency)
carotid endarterectomy	30
infra-inguinal bypass	60
varicose vein surgery	60

(some AAA repairs should be endovascular)

NB

These are intended as guideline numbers to show breadth of experience alongside evidence of competence from PBAs.

Changes in practice over time may require modification to some of the numbers.

Trainee experience will be monitored and this will also inform future modifications of the numbers.

To date, there is insufficient data to produce numbers for transplant or endocrine. These will be added in future modifications.

* This may include up to 20 multi-organ retrievals for trainees with a special interest in transplant surgery

Appendix 2 - PBAs required for General Surgery

At least 3 PBAs, by different assessors, have to be presented for each of the procedures under “General – All Trainees” and for each of the procedures under at least one Special Interest area

General – All Trainees

Hernia repair – all types	Level 4
Emergency laparotomy	Level 4
Cholecystectomy (both laparoscopic and open)	Level 4
Hartmann’s procedure	Level 4
Segmental colectomy	Level 4
Appendicectomy	Level 4

Breast Special Interest

Breast lump excision	Level 4
Image guided breast excision	Level 4
Mastectomy	Level 4
Sentinel lymph node biopsy	Level 4
Axillary clearance	Level 4
Duct and nipple surgery	Level 4
Implant reconstruction	Level 4
Pedicle flaps	Level 2
Mammoplasty: augmentation and reduction	Level 4

Colorectal Special Interest

Anterior resection (high)	Level 4
Segmental colectomy	Level 4
Fistula surgery	Level 4
Surgical treatment of haemorrhoids	Level 4
Colonoscopy - diagnostic	Level 4
Prolapse surgery	Level 4

Upper GI Special Interest (PBAs are required in HPB resection or major OG surgery)

Oesophago-gastro-duodenoscopy	Level 4
Cholecystectomy	Level 4
Liver resection	Level 3
Pancreatic resection	Level 3
Anti-reflux surgery (both laparoscopic and open)	Level 4
Oesophagectomy	Level 3
Gastrectomy	Level 3

Vascular Special Interest

Open aortic aneurysm repair	Level 4
Carotid endarterectomy	Level 4
Infra-inguinal bypass	Level 4
Varicose vein surgery	Level 4
Creation of AV fistula	Level 4

Transplant Special Interest

Cadaveric multi-organ retrieval	Level 4
Kidney transplant	Level 4
Insertion of PD catheter	Level 4
Creation of AV fistula	Level 4

Endocrine Special Interest

Thyroidectomy	Level 4
Parathyroidectomy	Level 4
Adrenal surgery	Level 3

General Surgery of Childhood Special Interest

Paediatric hernia repair / hydrocoele	Level 4
Paediatric circumcision	Level 4
Orchidopexy	Level 3

Advanced Trauma Special Interest

Trauma laparotomy	Level 4
Paediatric trauma laparotomy	Level 4
Trauma thoracotomy	Level 4
Severe peripheral trauma	Level 4
Surgical airway management	Level 4
Stabilisation of jaw	Level 4

Remote and Rural Surgery is not included as there are no specific index procedures listed in the curriculum. The skills required need to be determined according to the particular consultant post under consideration.