Certification Guidelines for General Surgery

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

All trainees seeking certification 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:

<table>
<thead>
<tr>
<th>Guidelines for General Surgery</th>
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<tbody>
<tr>
<td><strong>Clinical experience</strong> - sufficient clinical experience in the different components of general surgery as defined in the curriculum</td>
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<tr>
<td>ST3/4: 1 year GI + 6 months vascular + 6 months breast/transplant/endocrine/GI</td>
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<td>ST5/6: 1 year Upper GI + 1 year colorectal</td>
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<tr>
<td>Or: 1 year GI + 1 year special interest</td>
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<td>ST7/8: 2 years special interest</td>
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<td>Emergency General Surgery throughout</td>
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<tr>
<td>Case based discussions showing at least satisfactory performance:</td>
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<tr>
<td>10 in different conditions from the range of emergency general surgery</td>
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<tr>
<td>10 in different aspects of the trainee’s special interest</td>
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<tr>
<td>10 in different conditions from other areas of general surgery</td>
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<tr>
<td><strong>Operative experience</strong> - consolidated logbook evidence of the breadth of operative experience as defined in the curriculum</td>
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<tr>
<td><strong>Operative competence</strong> - evidence of competence in indicative operative</td>
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</tbody>
</table>

¹ The 2013 curriculum applies to trainees whose certification 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 certification date is after 31/12/15 (unless their certification date is extended beyond this by 6 months or less - see the GMC website for details)

² This will include out of programme training

Last updated July 2015
<table>
<thead>
<tr>
<th>procedures</th>
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<tr>
<td><strong>Research</strong> - evidence of an understanding of, and participation in, research as defined in the curriculum</td>
<td>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.</td>
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<tr>
<td><strong>Quality Improvement</strong> - evidence of an understanding of, and participation in, audit or service improvement as defined in the curriculum</td>
<td>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.</td>
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<tr>
<td><strong>Medical Education and training</strong> - evidence of an understanding of, and participation in, medical education and training as defined in the curriculum</td>
<td>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</td>
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<tr>
<td><strong>Management and leadership</strong> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction</td>
<td>Trainees should have completed 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.</td>
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<tr>
<td><strong>Additional courses / qualifications</strong> - evidence of having attended specific courses/gained specific qualifications as defined in the curriculum</td>
<td>Trainees must have a valid ATLS® provider or instructor credential at the time of certification. Trainees should provide proof of having attended a course in a topic relevant to their special interest.</td>
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<tr>
<td><strong>Educational conferences</strong> - evidence of having attended appropriate educational conferences and meetings as defined in the curriculum</td>
<td>Trainees should provide evidence of having attended at least four national or international meetings during training.</td>
</tr>
</tbody>
</table>
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* 100 to include: Hartmann’s 5
(excl appendicectomy) Segmental colectomy 20
appendicectomy 80

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

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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
- Mammaplasty: 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

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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.