

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 completed a recognised higher surgical training programme in the UK or Republic of Ireland².
- 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 order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

| | 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 | <p>A minimum of 1600 cases in total in the logbook, excluding endoscopy. Minimum indicative numbers are listed in Appendix 1.</p> <p>Please consult the list of General Surgery critical conditions which can be found here.</p> |
| Operative competence - evidence of competence in indicative operative | <p>Procedure based assessments must be presented as detailed in Appendix 2.</p> |

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.

| | |
|--|---|
| procedures | |
| 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. In addition, trainees should have completed a Good Clinical Practice course in Research Governance. |
| 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 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. |
| 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 certification. 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.