

Certification Guidelines for Plastic Surgery

All trainees seeking certification in Plastic 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 programme¹.
- 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 Plastic Surgery
<p>Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus</p>	<p>Trainees must have experienced six years of progressive training rotating through posts in a minimum of 2 centres, whose HST posts are compliant with the JCST/SAC QIs 1-9 and 10-16. Clinics must conform to Plastic Surgery UK guidelines.</p> <p>Trainees must be competent in the management of procedures allied to emergency care and demonstrate experience in the management of the spectrum of elective sub-specialty areas that currently define the curriculum of Plastic, Reconstructive and Aesthetic Surgery.</p> <p>Trainees must have been trained in subspecialty clinics across the range of Plastic Surgery (headings considered as fundamental or essential are in bold lettering):</p> <ol style="list-style-type: none"> 1. Cutaneous plastic surgery: skin cancer, benign lesions, vascular malformations, laser surgery. 2. Hand surgery: congenital, elective, trauma/emergency, rehabilitation. 3. Head and neck surgery: cancer, facial palsy, facial skeletal trauma* soft tissue reconstruction (*a basic working knowledge of this area is required). 4. Breast surgery: aesthetic, reconstruction. 5. Paediatric plastic surgery: general, cleft lip and palate, cranio-facial, hypospadias. 6. Burns: acute management / intensive care, reconstruction. 7. Sarcoma. 8. Oculoplastic: aesthetic, reconstructive. 9. Aesthetic/Cosmetic: Facial and other rejuvenation procedures, body contouring procedure, surgery for massive weight loss, non-surgical procedures. 10. Lower limb trauma: acute management, reconstruction, rehabilitation.

¹ This will include out of programme training

	<p>11. Genito-urinary reconstruction: BXO, penile cancer, gender re-assignment (and ancillary procedures), vulval/perineal reconstruction.</p> <p>12. Microsurgery e.g. revascularisation, replants, free tissue transfers.</p>
<p>Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus</p>	<p>Trainees must have undertaken, either as sole operator or with assistance, 2100 logbook operative procedures during the six years of training (as principal surgeon) in recognised training units.</p> <p>Trainees must be able to demonstrate areas of specialist interest by evidence of experience of advanced surgical procedures in their logbooks, especially in the latter years of training.</p>
<p>Operative competence - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)</p>	<p>Trainees should have been exposed to all the Technical Skills and Procedures in the curriculum specified for Intermediate Years (ST3-6 inclusive).</p> <p>Trainees should demonstrate competence in the range of emergency and elective procedures with indicative numbers as follows, where the operations are performed as the primary surgeon or performed with senior assistance:</p> <p>Elective competencies: Dupuytren's contracture surgery - 24 Free tissue transfer (may include raising flap) - 27 Aesthetic (all procedures) - 100 Breast reconstruction - 57 Excision skin lesion and flap/graft reconstruction - 300</p> <p>Trauma competencies: Zone 1-2 flexor tendon repair - 50 Hand fracture fixation - 75 Nerve repair (except brachial plexus) - 95 Burns resuscitation - 18 Burns - excisional or emergency operations - 63 Microvascular anastomosis - 22 Lower limb trauma (includes debridement) - 80</p>
<p>Research - evidence of an understanding of, and participation in, research as defined by the specialty</p>	<p>Trainees must provide evidence of the demonstration of critical appraisal and research skills as evidenced by regular publications, presentations, posters and/or higher degree. There is an expectation of at least one such piece of evidence per training year. Evidence of the completion of a Good Clinical Practice course in research governance within 3 years of the award of certification is desirable.</p>
<p>Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty</p>	<p>Trainees must provide evidence of the completion of one audit per year where the trainee is the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. During the course of the training programme, audit must include a review of personal outcomes.</p>
<p>Medical Education and training -</p>	<p>Trainees should provide evidence of the demonstration of</p>

evidence of an understanding of, and participation in, medical education and training as defined by the specialty	teaching/education skills. Evidence of this may include: teaching on a course; organising a course/conference; a diploma certificate or degree in education. The minimum standard is 'Training the Trainers'.
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	<p>Trainees must be able to demonstrate management skills and team working, e.g. running rotas; sitting on management committees; writing and implementing protocols; improving services.</p> <p>Trainees must provide evidence of leadership skills. Evidence of this may include: setting up and running a course; being a trainee representative regionally or nationally; obtaining a leadership qualification.</p>
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	Trainees must be able to provide evidence of having successfully completed an ATLS® or APLS course at some point during higher training, which must be CURRENT at the time of application for certification.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Training programmes require attendance at over 70% of the regional training days.