

# The new surgical curriculum for August 2021

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What you need to know about the new curriculum

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### What you need to know about the new curriculum

What you need to know about the new curriculum

Key changes

Training will be arranged in phases

Trainees will be assessed through the MCR

Generic Professional Capabilities will carry equal weight to CIPs

Capabilities in Practice will indicate the end-point of training

Supervision levels indicate when a trainee is ready to complete training

The learning agreement will focus training on outcomes

The role of WBAs will be re-balanced

New transition arrangements will apply

Summary



From August 2021, surgical training will become outcomes-based. Trainees will be assessed against the fundamental capabilities required of consultants. The end of training will be reached when supervisors agree that a trainee is performing at the level of a day-one consultant, successfully managing the unselected emergency take, clinics and ward care, operating lists and multi-disciplinary working while demonstrating the generic professional behaviours required of all doctors.

At the heart of these changes is the principle that the knowledge and skills essential for everyday practice should be reflected authentically in the assessment system. The existing curriculum had attracted criticism for relying too heavily on

# Competence/Outcomes based

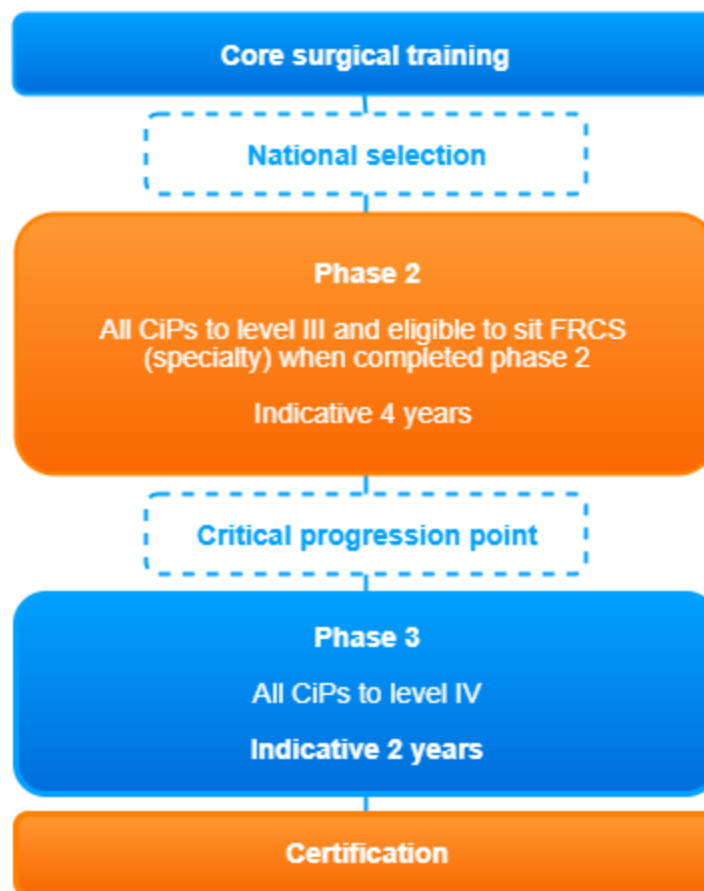
- Phases 1 ,2,3
- Generic Professional Capabilities
- Capabilities in Practice
- Multi Consultant Feedback
- New Research/QI/Training/Management
- New WBA :critical conditions
- Index Procedures ( PBA level 4 )and Numbers



curriculum. Once these capabilities have been achieved an ARCP 6 may be awarded and trainees can apply for CCT.

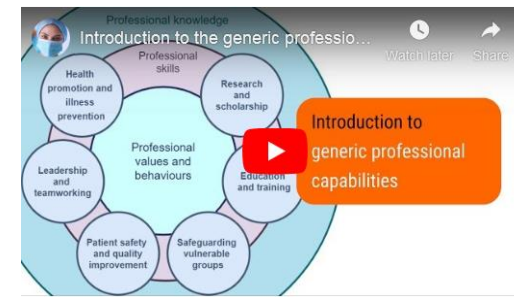
### Contents

1. **New curriculum standards**
2. **Key changes to the curriculum**
3. **Transition to the new curriculum**
4. **Try out the MCR**
5. **Further information**



**Figure 1: typical phases of a surgical training pathway. Please consult your own specialty curriculum for specific details.**

Capability at the level of a day 1 consultant will have to be reached in all areas of the job to



# Generic Professional Capabilities

- Domain 1 – Professional values and behaviours
- Domain 2 – Professional skills :  
practical/communication/complexity/uncertainty/clinical
- Domain 3- Professional knowledge :
- Domain 4 – Capabilities in health promotion and illness promotion
- Domain 5 – Capabilities in leadership and team working
- Domain 6 – Capabilities in patient safety and QI
- Domain 7 – Capabilities in safeguarding vulnerable groups
- Domain 8 – Capabilities in education and training
- Domain 9 – Capabilities in Research and Scholarship

# Capabilities in Practice



- 1 Manages an out-patient clinic
- 2 Manages the unselected emergency take
- 3 Manages ward rounds and the on-going care of in-patients
- 4 Manages an operating list
- 5 Manages multi-disciplinary working

Cardiothoracic Surgery	6) 7)	Manages patients within the critical care area Assesses surgical outcomes both at a personal and unit level
Paediatric Surgery	6)	Assesses and manages an infant or child in a NICU/PICU environment
Plastic Surgery	6)	Safely assimilates new technologies and advancing techniques in the field of Plastic Surgery into practice

# Capabilities in Practice – Supervision levels

**Supervision Level I:** Able to **observe only**: no execution.

**Supervision Level IIa:** Able and trusted to act with **direct supervision**: The supervisor needs to be physically **present throughout** the activity to provide direct supervision.

**Supervision Level IIb:** Able and trusted to act with **direct supervision**: The supervisor needs to be physically **present for part of the activity**.  
The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting.

**Supervision Level III:  
(FRCS exam level)** Able and trusted to act with **indirect supervision**: The supervisor may be required to be physically present on occasion.  
The supervisor does not need to guide all aspects of the activity. For those aspects which do need guidance, this may be given from another setting.

**Supervision Level IV:** **Able and trusted to act at the level of a day-one consultant.**

**Supervision Level V:** Able and trusted to act at a level beyond that expected of a day-one consultant.



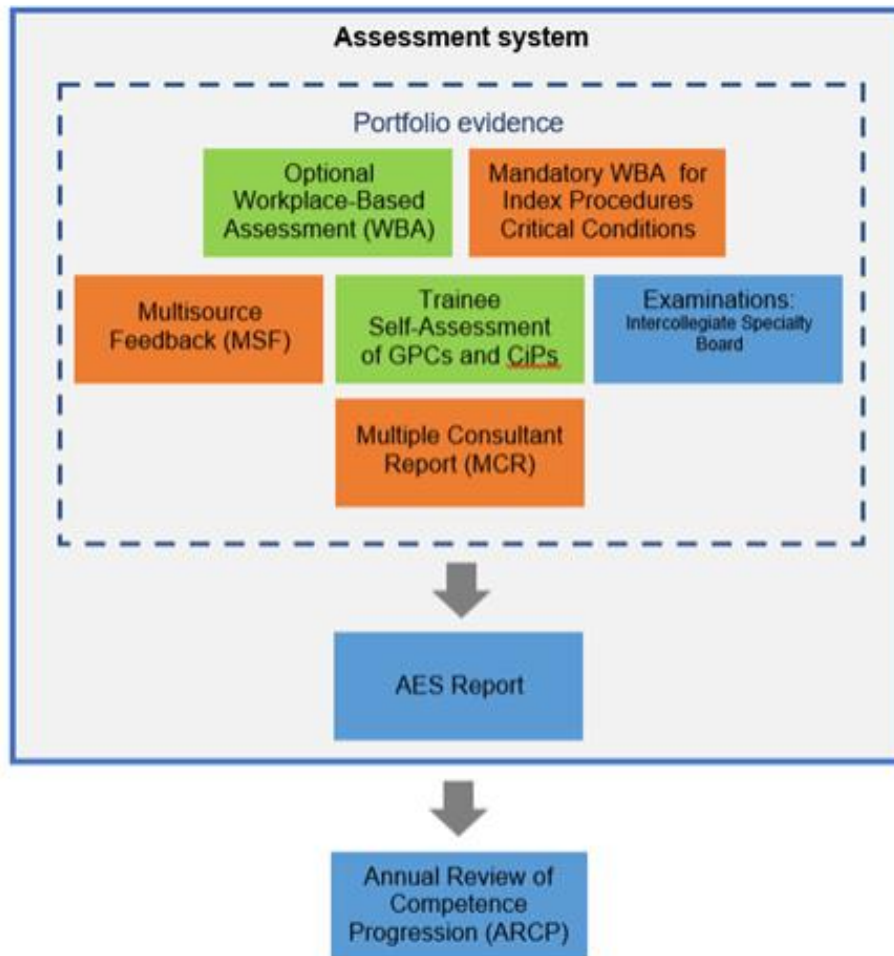


# Multi Consultant Feedback

**Capabilities in Practice**

**Generic professional capabilities**





**Key**

- Assessments providing formative feedback whilst contributing to summative feedback
- Formative assessments
- Summative assessments or mechanism with a feedback element

*Figure 2: The assessment system*

# Old Minimum ARCP Requirements

## First 10 months then annually

- 13 Cex-*Capabilities in Practice (CiP)* – *OPD, WR, ET, MDT, OT*
- 13 CBD – *Critical Conditions*
- 13 PBA's/DOPs (demonstrate: levels 2,3,4) – *Index procedures*
- 1 MSF
- 1 Audit / Research **(GPC)**
- 1 Piece of evidence of Reflection **(GPC)**
- 1 Observed Teaching**(GPC)**
- PDP **(GPC)**
- LA, interim review, final report, AES report every 6 months (twice in a year)
- GMC survey
- ( may vary slightly from specialty to speciality : see global objectives on ISCP )

# New changes from August 2021- CCT

- The following requirements are applied to all trainees completing the curriculum and applying for certification and entry to the specialist register.
- All seeking certification in General Surgery must:
  - a) be fully registered with **the GMC** and have a licence to practise (UK trainees) or be registered with the Medical Council in Ireland (Republic of Ireland trainees)
  - b) have successfully passed **the ISB examination**
  - c) have achieved **level IV or V in all the CiPs**
  - d) have achieved the competencies described in the **nine domains of the GPC framework**
  - e) have been awarded an **outcome 6** at a final ARCP (if applying for specialist registration through certification).
- In order to be awarded an outcome 6 at the final ARCP trainees must be able to satisfy the following specialty specific certification requirements:
  -

# Research (Generic)

For UK trainees, this can be found in the GMC's GPC framework.

- Trainees must provide evidence of having met the relevant requirements for research and scholarship. Broadly, this includes capabilities in 4 areas:
  1. The demonstration of evidence-based practice. (?paper/MSc/PhD)
  2. Understanding how to critically appraise literature and conduct literature searches and reviews. (?paper/MSc/PhD )
  3. Understanding and applying basic research principles.(?Presentations/Papers/Posters/PhD)
  4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities. (GCP, trials involvement/PhD)

# Quality Improvement (Generic)

Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined in the curriculum

Trainees must complete or supervise an indicative number of **three audit** or quality improvement projects during specialty training. In one or more of these, **the cycle should be completed.**

# Training and Management (Generic)

**Medical Education and training** - evidence of an understanding of, and participation in, medical education and training as defined in the curriculum

Trainees must provide evidence of being trained in the training of others and present written structured feedback on their teaching uploaded to the ISCP portfolio.

**Management and leadership** - evidence of an understanding of management structures and challenges of the health service in the training jurisdiction

Trainees must provide evidence of training in health service management and leadership and having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc. or of having shadowed a management role within the hospital.

# Courses and Conferences-

## General Surgery – different in each specialty

**Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined in the curriculum**

**The Advanced Trauma Life Support® (ATLS®), European Trauma Course, Definitive Surgical Trauma Skills course or equivalent locally provided course(s) meeting the outcomes described.**

**Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined in the curriculum**

Trainees should provide evidence of having attended an indicative number of four or more national or international meetings during training.



# General Surgery

**Clinical experience** - sufficient clinical experience in the different components of general surgery as defined in the curriculum

Completion of elective and EGS modules and upper and lower gastrointestinal modules in phase 2 together with completion of a further option module at that stage.  
Completion of the elective general surgery module and two special interest modules at phase 3 as defined by the syllabus.

**Critical conditions** - To ensure that trainees have the necessary skills to manage the defined critical conditions.

By certification there should be documented evidence of performance at the level of a day-one consultant by means of the CEX or CBD (as appropriate) to level 4 in all the critical conditions shown in appendix 3.  
In addition, trainees should complete an indicative number of 10 CBDs or CEXs in their special interest area showing satisfactory performance by certification.

**Operative experience** - consolidated logbook evidence of the breadth of operative experience as defined in the curriculum

A list of index procedures is given in appendix 4. These include indicative numbers of index cases necessary before certification as trainees would not normally be expected to have achieved sufficient experience to be able to manage the range of pathology they encounter unless these numbers were met.

**Operative competence** - evidence of competence in indicative operative procedures

By certification there should be documented evidence of performance in the index procedures at the level of a day-one consultant by means of at least three PBAs in each index procedure to the level shown in appendix 4.

# Critical conditions – Level 4- CBD or CEX

- **General**
- Assessment of the acute abdomen  
Include differential diagnosis,  
operative and conservative treatment  
in the discussion
- Strangulated / obstructed hernia
- Intestinal ischaemia
- Intestinal obstruction
- Include small and large bowel  
obstruction in the discussion
- Post-operative haemorrhage
- Include different operative sites (e.g.  
neck surgery) in the discussion
- Acute gastrointestinal haemorrhage
- Include both upper and lower GI  
bleeding in the discussion
- 10 CBDs or CEXs extra in their  
special interest area

# Index procedures ( CCT- level 4 ) and indicative numbers

- **Level 2a:** Guidance required for most/all of the procedure (or part performed)
- **Level 2b:** Guidance or intervention required for key steps only
- **Level 3a:** Procedure performed with minimal guidance or intervention (needed occasional help)
- **Level 3b:** Procedure performed competently without guidance or intervention but lacked fluency
- **Level 4a:** Procedure performed fluently without guidance or intervention
- **level 4b:** As 4a and was able to anticipate, avoid and/or deal with common problems/complications

Questions ???