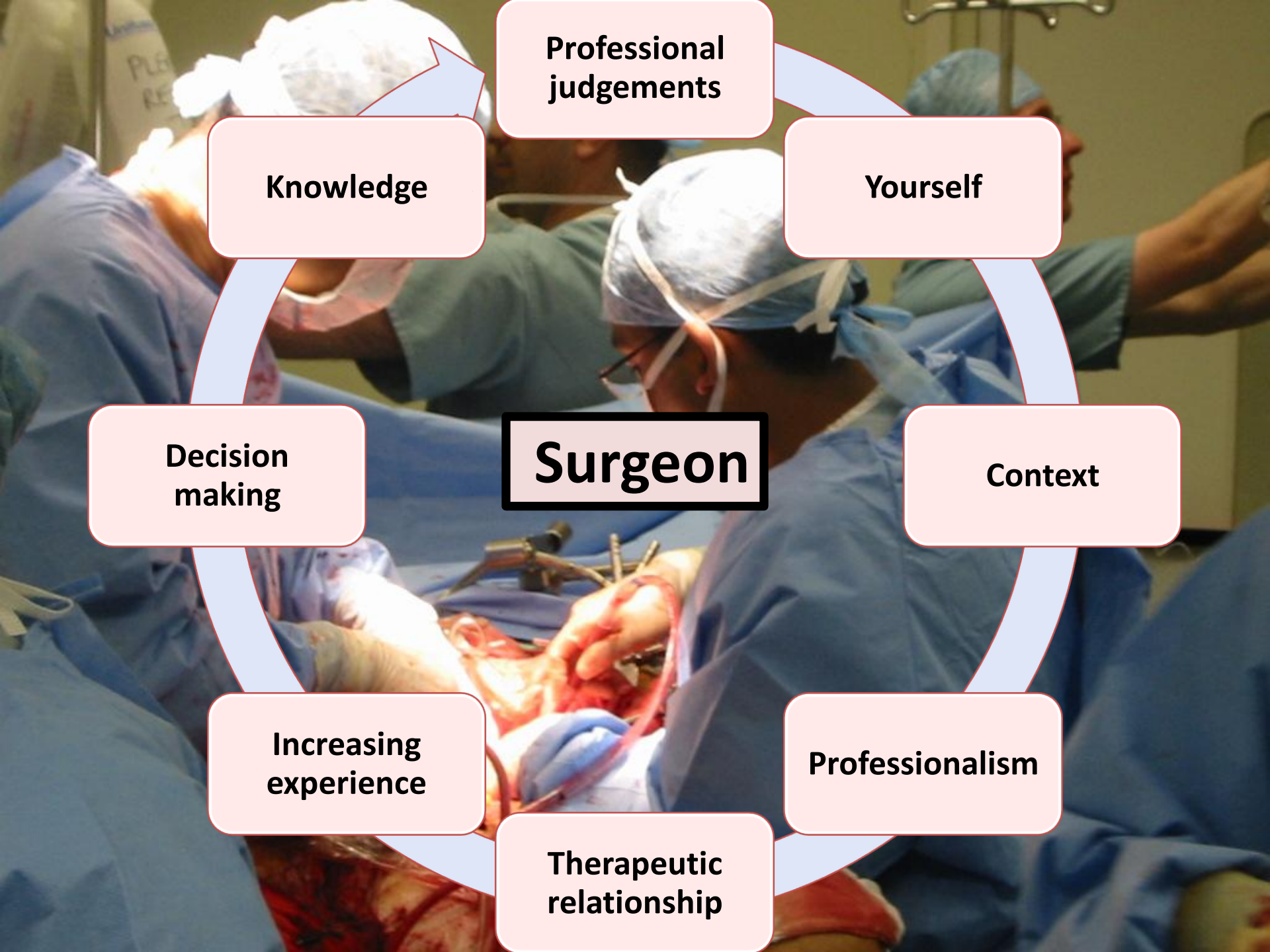


**'Training and Accreditation' for surgery
in a primary care setting**

Linda de Cossart
Vice President RCSE
Consultant Surgeon Chester

ASPC
Association of Surgeons in **Primary Care**
2009



Professional judgements

Yourself

Knowledge

Context

Surgeon

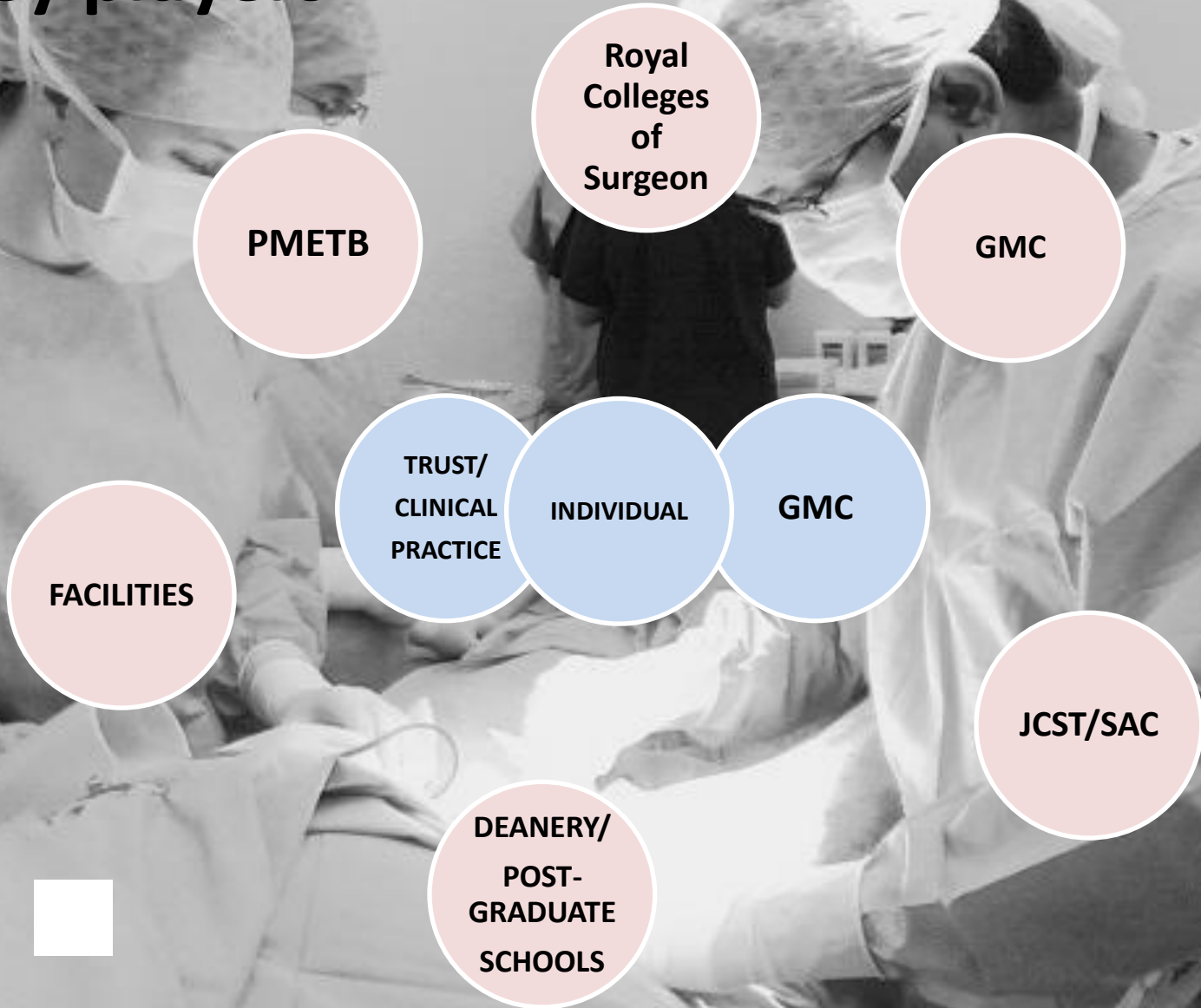
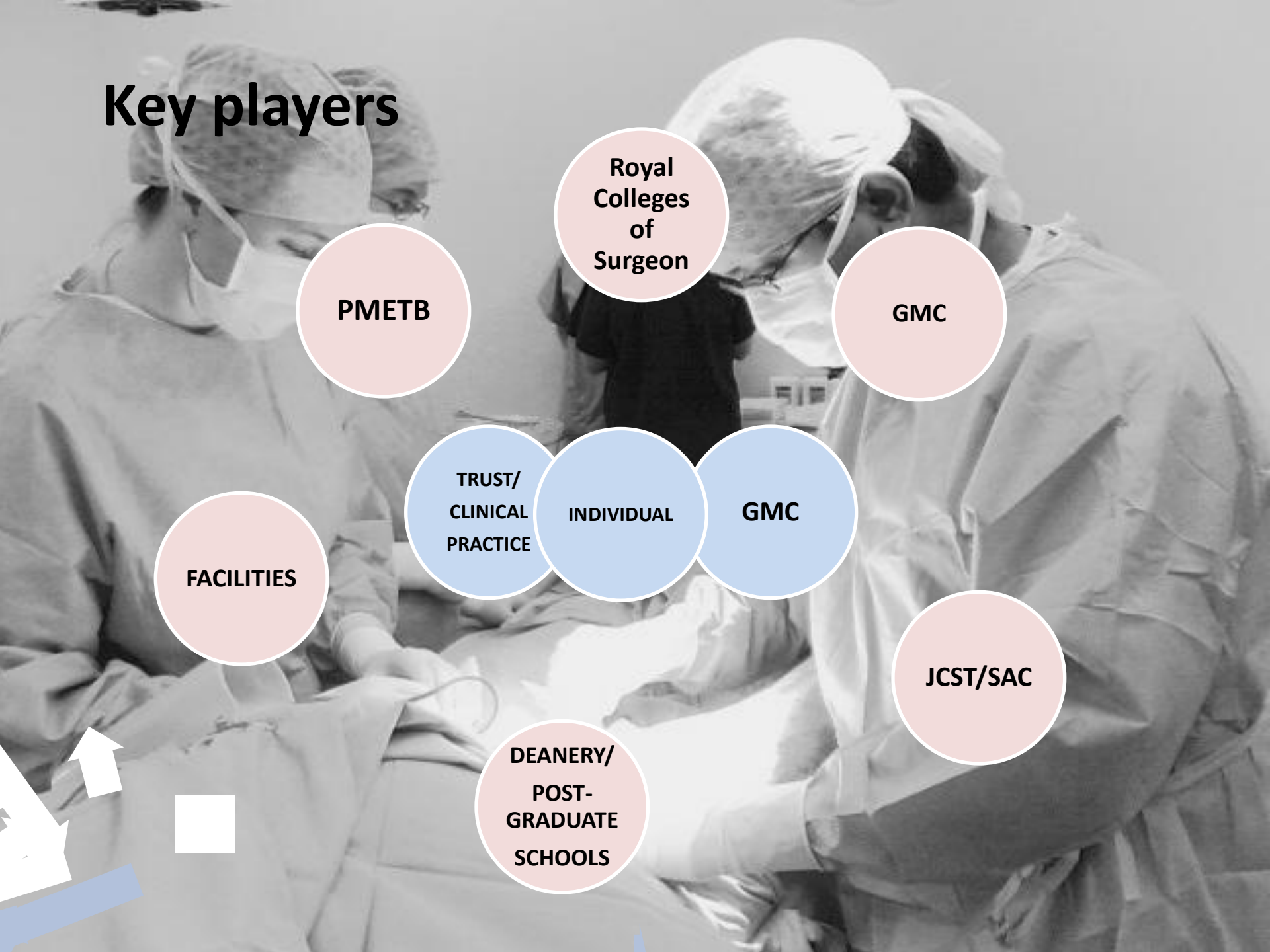
Decision making

Professionalism

Increasing experience

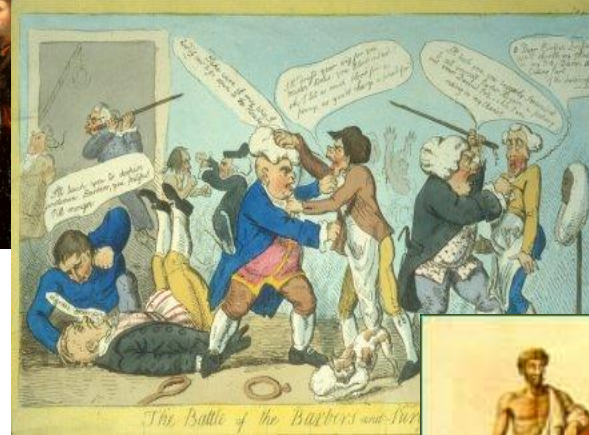
Therapeutic relationship

Key players



- **Surgical Standards**
- **Revalidation (relicensing and recertification)**
- **Education, training and assessing surgeons**
(curricula as distinct from syllabuses)
- **Surgical communities**
- **Continuing professional development**

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND 1800-2009



Pre 1450 Barbers

1540 Barber/Surgeons

1745 Surgeons

1800 RCS of London

1840 RCS of England



Curriculum design

- Values (professional and educational)
- Aims
- Intention of the clinical practice attachments
- Milestones
- Core and speciality syllabuses
- Principles of teaching and learning
(principles of procedure)
- Assessment
- Evaluation
- Regulation
- Quality assurance
- Resources

**Adapted from
Stenhouse (1975) *PROCESS* model**



ISCP

INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

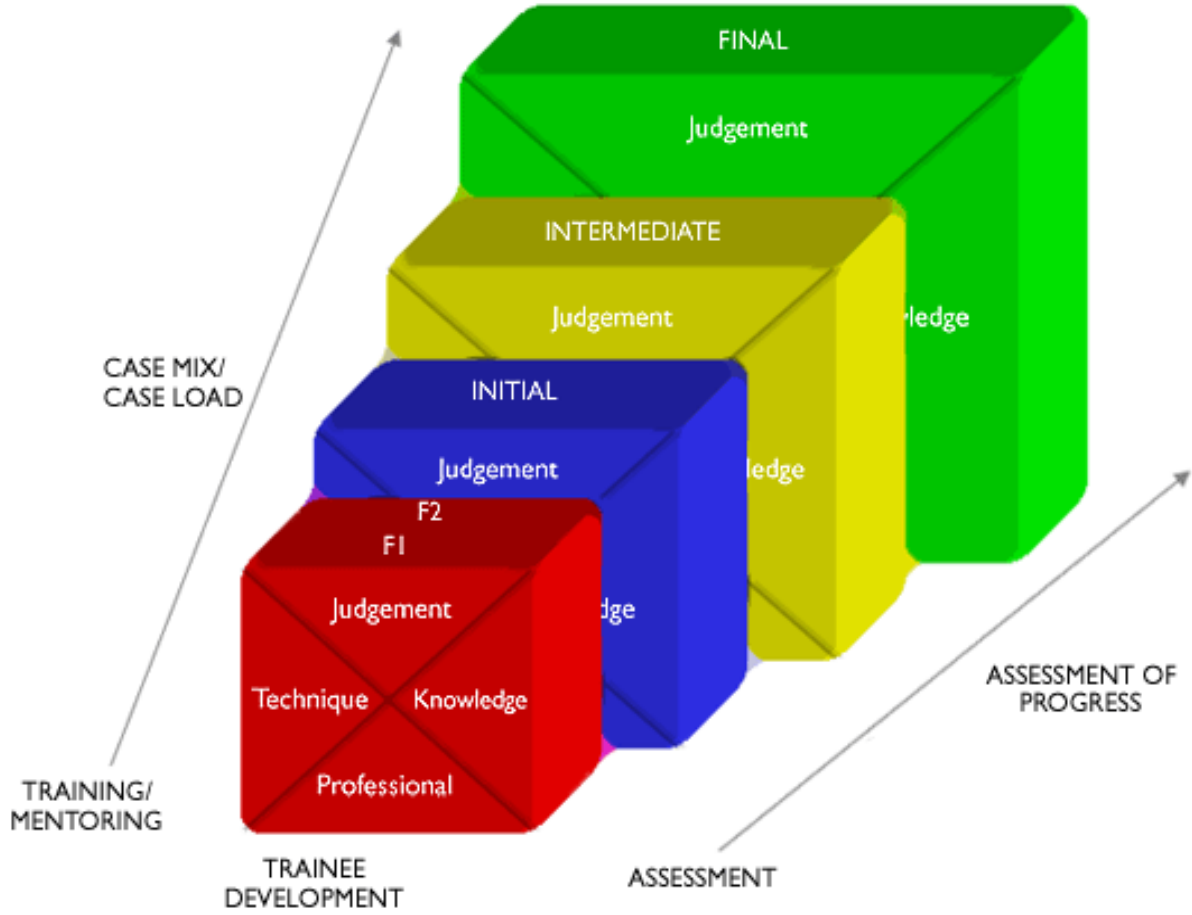


Figure 1

Self appraisal form

Period from:		to:		
	Knowledge level	Clinical skills levels	Technical skills levels	Professional skills levels
What have I achieved at this time?	1. Knows of 2. Knows basic concepts 3. Knows generally 4. Knows both specifically and broadly.	1. Has observed 2. Can do with assistance 3. Can do whole but may need assistance 4. Competent to do whole without assistance, including managing complications	1. Has observed 2. Can do with assistance 3. Can do whole but may need assistance 4. Competent to do whole without assistance, including managing complications	Syllabus / Generic and professional skills
1. Global objectives for your rotation				
2. Audit/Research/Project				
3. Academic				
4. Teaching				
5. Personal				

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Welcome to the ISCP site

Welcome to the Intercollegiate Surgical Curriculum Website. This site houses the curriculum for the nine surgical specialties and, in a secure area, trainees' electronic portfolios and the learning agreements which support training. Go to the [Start Here](#) section for more information on the website and how to use it.

All trainees using the new curriculum need to register. Consultants and other professionals who will be training, assessing and supervising training need to register. On receipt of the password you will be able to login. Go to [Register](#) to access the secure area. A password will be emailed to you immediately.

[Help](#) is available for the various parts of the website including [Step by Step Guides](#).

We appreciate your feedback on the site so if you have any comments about the ISCP website please [Contact Us](#).

ISCP Launch

Click here to view the ISCP launch film with Nick Ross



Already registered on ISCP?
Login here




New to ISCP?
Register here



Need some help?



There are [Step-by-Step Guides](#) within the Help section to get you started with the website.

Additional help is available wherever you see this button 

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Aims

The provision of excellent care for the surgical patient, delivered safely, is at the heart of the curriculum. The aims of the curriculum are to:

- ensure the highest standards of surgical practice in the UK by delivering first class surgical training
- provide a programme of training from foundation years through to the completion of specialist surgical training, culminating in the award of a CCT.

The curriculum is broad based, using the [CanMEDS](#) framework and Good Medical Practice to ensure that surgeons completing the training programme are more than just technical experts.

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Background

Early Influences for Change

The case for a major review of surgical training in this country had been steadily building since the late 1990s. The introduction of the Calman reforms during 1996 saw improvements to higher surgical training but left basic surgical training unreformed. Many aspiring surgeons spent years waiting to enter specialty training, going from job to job, often referred to as the 'lost tribe.'

Additionally other external factors were starting to impact on traditional surgical training as a whole and were increasing the pressure for change, for example:

- The European Working Time Directive (EWTD);
- Increasing public expectations for accountability and transparency; and
- New working practices and changes to service delivery.

In 2002, each surgical specialist advisory committee (SACs) started to review its curriculum under the auspices of the Joint Committee of Higher Surgical Training (JCHST).

Unfinished Business

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Components of the Curriculum

The surgical curriculum has been designed around four broad areas:

- Content/syllabus - what trainees are expected to know, and be able to do, at any point in their training;
- Teaching and learning - how the content is communicated and developed, how trainees are supervised;
- Assessment - how the attainment of outcomes are measured/judged, feedback to support learning; and
- Systems and resources - how the educational programme is organised, recorded and quality assured.

In order to promote high quality, safe care of surgical patients, the curriculum specifies the parameters of knowledge, clinical skills, technical skills, professional skills and behaviour that are considered necessary to ensure patient safety throughout the training process and specifically at the end of training. The curriculum therefore provides the framework for surgeons to develop their skills and judgement and a commitment to lifelong learning in line with the service they provide.

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Creating a Learning Agreement and Building a Portfolio

Learning Agreement

The assigned educational supervisor and trainee must agree the aims and learning outcomes for a placement at the beginning of each surgical placement. These will be based on the global objectives which the programme director sets for the trainee. These broad objectives, derived from the specialty and professional skills and behaviour syllabuses, are included in the learning agreement and highlight what the trainee should achieve during a period that may encompass several placements. They normally cover the period between the annual reviews.

The learning agreement is a written statement of the mutually agreed learning goals and strategies negotiated between a trainee (learner) and the trainee's assigned educational supervisor. It is agreed at the initial objective setting meeting and covers the period of the placement. The agreement is based on the learning needs of the individual trainee undertaking the learning as well as the formal requirements of the curriculum.

The content of the learning agreement will be influenced by the:

- requirements set by the surgical specialty in its syllabus for the stage of training;
- learner's previous experience;
- learner's knowledge and skills;
- local circumstances of the placement.

Although it is a statement of expected outcomes there is equal emphasis on learning opportunities and how the outcomes can be met. Trainees use it to keep track of which objectives have been completed and which have not; assigned educational supervisors use it to monitor progress and ensure the correct training is delivered and programme directors use

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Assessment and Feedback

The curriculum adopts the PMETB definition of assessment;

The process of measuring an individual's progress and accomplishments against defined standards and criteria, which often includes an attempt at measurement. The purpose of assessment in an educational context is to make a judgement about mastery of skills or knowledge; to measure improvement over time; to arrive at some definitions of strengths and weaknesses; to rank people for selection or exclusion, or perhaps to motivate them."

Overview of the Assessment System

The assessment system is designed to:

- Determine whether trainees are meeting the standards of competence and performance specified at various stages in the curriculum for surgical training.
- Provide systematic and comprehensive feedback as part of the learning cycle.
- Determine whether trainees have acquired the generic and specialty-based knowledge, clinical judgement, operative and technical skills, and professional skills and behaviour required to practice at the level of CCT in the designated surgical specialty.
- Address all the domains of Good Medical Practice and CanMEDS and conform to the principles laid down by the Postgraduate Medical Education and Training Board.

Insertion of chest drain

Port placement and management during VATS

Radial Artery Cannulation

General Surgery

Abscess-drainage through perineal region

Abscess drainage (not breast/anal/abdominal)

Benign skin or subcutaneous lesion-excision biopsy

Biopsy-FNA

Breast lump excision

Central Venous Line Insertion

Colonoscopy

ERCP

Formation of loop ileostomy

Gastroscopy

Haemorrhoids-OP treatment

Induction of pneumoperitoneum for laparoscopy

Ingrowing toenail-avulsion/wedge resection/phenolisation

Malignant skin lesion-excision biopsy

Open and close midline laparotomy incision

Radial Artery Cannulation

Sigmoidoscopy-rigid

Suprapubic catheter insertion

Neurosurgery

Burr hole drainage of CSDH

Rigid Bronchoscopy

<http://www.bbc.co.uk/radio3/charliegillett/pip/archive/>

General Surgery

Appendicectomy PBA

Hernia Repair - Inguinal PBA

BREAST - Axillary clearance (level 2+3) PBA

BREAST - Mastectomy-simple PBA

BREAST - Wide local excision of breast lesion PBA

COLORECTAL - Colectomy-right PBA

COLORECTAL - Fistula-in-ano-low-lay open PBA

COLORECTAL - Ileostomy-closure PBA

COLORECTAL - Rectum - Anterior resection PBA

ENDOCRINE - Parathyroidectomy PBA

ENDOCRINE - Thyroidectomy-total PBA

HPB - Laparoscopic cholecystectomy PBA

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TRANSPLANT - Kidney transplant - complete operation PBA

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TRANSPLANT - Liver Transplant - recipient hepatectomy PBA

TRANSPLANT - Peritoneal Dialysis Catheter - insert PBA

UPPER GI - Gastro/duodenum - Perforated PU closure PBA

UPPER GI - Gastrectomy-D2 total PBA

UPPER GI - Liver resection PBA

UPPER GI - Oesophagogastrectomy-2 phase Ivor Lewis PBA

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General surgery

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Overview

- As gauged by the number of surgeons in practice in the specialty, general surgery is one of the two largest in the UK with 31% of the consultant surgical workforce.
- During recent years and in common with many other disciplines there has been a trend towards further specialisation within the specialty. These are referred to as 'Areas of Special Interest' within general surgery as they do not have separate specialty advisory committees (SACs) within the Surgical Royal Colleges' structure.
- A shared syllabus and the ability at the completion of training to manage an unselected surgical emergency 'take', provide a common purpose across the

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ST3

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Overview of the Initial Stage

For most General Surgical trainees, the initial stage of training will follow the Foundation Years. At this stage the trainee will focus on emergency care of surgical patients and will therefore gain skills in the assessment of the patient with an acute abdomen and the traumatised patient. Having gained skills in caring for the acutely unwell patient in the Foundation Years, these will be built upon to achieve competency in the preoperative assessment, perioperative care and postoperative management of the general surgical patient. Trainees will complete a module 'Core Surgical Skills and Knowledge for All Specialties' which is common across all the surgical specialties. Basic surgical skills will be honed mainly in Day Case and Local Anaesthetic lists and basic urological skills are included as a necessary part of every general surgeon's armamentarium.

These competencies may be gained in some general surgical units where some urology is

Core Surgical Skills and Knowledge for All Specialties

Basic sciences

Basic surgical skills

The Assessment and Management of the Surgical Patient

Perioperative care

Assessment of multiple injured patients including children

Bleeding diathesis

Venous thrombosis + embolism

Nutrition

Academic activity





Management of the dying patient

Endocrine and Metabolic Disorders

Child Protection

ST1 Emergency Trauma

Assessment of patients with possible intra-abdominal injuries

Neurosurgery	<p>Recognise, investigate abdominal injuries and institute treatment.</p> <p>Knowledge </p> <ul style="list-style-type: none"> 3 Aetiology 3 Mechanisms of injury and possible consequences, eg GSW, stabbing, seat belt injuries 3 Clinical features 3 Pathophysiology of shock 3 Indications for use of uncrossmatched blood 3 Coagulopathy 3 Abdominal anatomy 3 Pathophysiology of peritonitis and sepsis <p>Clinical Skills </p> <ul style="list-style-type: none"> 4 Resuscitation 4 Investigation 2 Recognition of injuries requiring management by other specialities 2 Management of hollow organ injury <p>Technical Skills and Procedures </p> <ul style="list-style-type: none"> 4 Central venous line insertion 3 Diagnostic peritoneal lavage 2 Laparotomy- trauma 1 Liver trauma-debridement/packing 1 Pancreatotomy-distal 2 Splenectomy 1 Splenic repair <p>Professional Skills </p>
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Identify and manage the majority of abdominal injuries.

Knowledge

- 4 Aetiology
- 4 Mechanisms of injury and possible consequences, eg Gun Shot Wound, stabbing, seat belt injuries
- 4 Clinical features
- 4 Pathophysiology of shock
- 4 Indications for use of uncrossmatched blood
- 4 Coagulopathy
- 4 Abdominal anatomy
- 4 Pathophysiology of peritonitis and sepsis

Clinical Skills

- 4 Resuscitation
- 4 Investigation
- 4 Recognition of injuries requiring management by other specialities
- 3 Management of hollow organ injury

Technical Skills and Procedures

- 4 Central venous line insertion
- 4 Diagnostic peritoneal lavage
- 4 Laparotomy- trauma
- 4 Liver trauma-debridement/packing
- 3 Pancreatectomy-distal
- 4 Splenectomy
- 4 Splenic repair

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Professional Skills and Behaviour

"Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date. Establish and maintain good relationships with patients and colleagues are honest and trustworthy and act with integrity," Good Medical Practice 2006.

Surgeons require more than technical expertise. The surgical curriculum is based on the CanMEDS framework for defining the different domains of surgical practice, and Good Medical Practice which sets out the principles and values upon which good practice is founded.

This part of the syllabus concentrates on the professional skills and behaviour required of all surgeons and is common to all specialties. Most of the details relating to medical expert i.e. the detail of the knowledge, clinical skills and technical skills can be found in the relevant specialty syllabus.

The roles defined in CanMEDS are complementary and encompass the defining characteristics of a surgeon:

- **Medical (Surgical) Expert**

Medical (surgical) expert is the central role, integrating all the CanMEDS roles so that surgeons provide effective patient centred care by applying knowledge, clinical skills, technical skills and professional attitudes.

Depending on local circumstances different combinations of specialties might be more suitably combined but experience should be gained in each of the specialties above.

Click on [Workplace Based Assessments](#) to view the assessment forms including DOPS and PBAs

Injuries to the biliary tract

Acute pancreatitis

Liver metastases

Elective hepato-biliary and pancreatic disorders

Colorectal

Stomas

Inflammatory bowel disease

Functional disorders

Benign colon

Colorectal neoplasia

Vascular

Chronic lower limb ischaemia

Ruptured abdominal aortic aneurysm

Acute limb ischaemia

Breast

Acute breast infection

Endocrine

Neck swellings

Transplant

Renal transplantation

Access for dialysis



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Rate Others

My Current Trainees

List all validated trainees by:

LizS Hospital, LizS Ville

Trainee, LizS_1
Dem: Demo_1234
GS (ST3)
No Hospital
No AES

Action
Global
Objectives
required

Action
1
placements
required

Access
Rights

Portfolio

Annual
Review



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Assigned Educational Supervisor
Mrs LizS_1 Trainer

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AES Homepage

Trainee	Learning Agreement	Portfolio	MiniPAT
LizS_1 Trainee Dem: Demo_1234 GS (ST3) LizS Hospital, LizS Ville LizS_1 Trainer	Objective Setting	Portfolio	No MiniPAT

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Trainee, LizS_1 (Mr)

Learning Agreement

Click on a tab to go to that section of the Learning Agreement.

[OBJECTIVE SETTING](#)[INTERIM REVIEW](#)[FINAL REVIEW](#)**Mrs LizS_1 Trainer****13 November 2007 - 09 May 2008****LizS Hospital**

In this section of the Learning Agreement you can focus on the learning objectives for the current placement and how to achieve them.

Part 1 » Topics for this placement

Topics that also occur in your [Global Objective](#) are highlighted in **bold**.

[Manage Topics](#)**Part 2 » Actions required to meet Learning Objectives****Assessments**

Please state the workplace-based assessment methods to be used by the trainee e.g. CBD, Mini-CEX, Mini-PAT, Surgical DOPS, PBA plus any other instructions about how they should be used

Rigid Bronchoscopy

<http://www.bbc.co.uk/radio3/charliegillett/pip/archive/>

General Surgery

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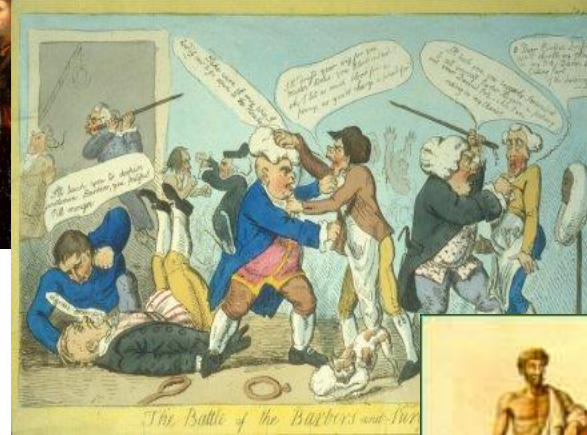
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- **Surgical Standards**
- **Education, training and assessing surgeons**
- **Surgical communities**
- **Continuing professional development**
- **Revalidation (relicensing and recertification)**

**What and where now for the
Association of Surgeons in **Primary Care****

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND 1800-2009



Pre 1450 Barbers

1540 Barber/Surgeons

1745 Surgeons

1800 RCS of London

Women

Anaesthetists

Dental Surgeons

General Dental Practitioners

A&E

SCPs

ASPC

