

Capabilities in Practice

In each of the CiPs the word 'manage' is defined as clinical assessment, diagnosis, investigation and treatment (both operative and non-operative) and recognising when referral to more specialised or experienced surgeons is required for definitive treatment. Trainees are expected to apply syllabus defined knowledge and skills in straightforward and unusual cases across the breadth of the specialty across all CiPs.

Shared Capability in Practice 1: Manages an out-patient clinic Good Medical Practice Domains 1,2,3,4
Description Manages all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as out-patients in the specialty are cared for safely and appropriately.
Example descriptors: <ul style="list-style-type: none">• Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals• Assesses new and review patients using a structured history and a focused clinical examination to perform a full clinical assessment, and determines the appropriate plan of action, explains it to the patient and carries out the plan• Carries out syllabus defined practical investigations or procedures within the out-patient setting• Adapts approach to accommodate all channels of communication (e.g. interpreter, sign language), communicates using language understandable to the patient, and demonstrates communication skills with particular regard to breaking bad news. Appropriately involves relatives and friends• Takes co-morbidities into account• Requests appropriate investigations, does not investigate when not necessary, and interprets results of investigations in context• Selects patients with urgent conditions who should be admitted from clinic• Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints• Completes all required documentation• Makes good use of time• Uses consultation to emphasise health promotion
Specialty specific requirements: See critical conditions (appendix 3 of the curriculum)
Supervision levels: Level I: Able to observe only Level II: Able and trusted to act with direct supervision: <ul style="list-style-type: none">a) Supervisor present throughout

b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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

Shared Capability in Practice 2:

Manages the unselected emergency take

Good Medical Practice Domains 1,2,3,4

Description

Manages all patients with an emergency condition requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as emergencies in the specialty are cared for safely and appropriately.

Example descriptors:

- Promptly assesses acutely unwell and deteriorating patients, delivers resuscitative treatment and initial management, and ensures sepsis is recognised and treated in compliance with protocol
- Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis
- Identifies, accounts for and manages co-morbidity in the context of the surgical presentation, referring for specialist advice when necessary
- Selects patients for conservative and operative treatment plans as appropriate, explaining these to the patient, and carrying them out
- Demonstrates effective communication with colleagues, patients and relatives
- Makes appropriate peri- and post-operative management plans in conjunction with anaesthetic colleagues
- Delivers ongoing post-operative surgical care in ward and critical care settings, recognising and appropriately managing medical and surgical complications, and referring for specialist care when necessary
- Makes appropriate discharge and follow up arrangements
- Carries out all operative procedures as described in the syllabus
- Manages potentially difficult or challenging interpersonal situations
- Gives and receives appropriate handover

Specialty specific requirements:

- See critical conditions (appendix 3 of the curriculum)
- Trauma course (ATLS or equivalent)

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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

Shared Capability in Practice 3:**Manages ward rounds and the on-going care of in-patients****Good Medical Practice Domains 1,2,3,4****Description**

Manages all hospital in-patients with conditions requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all in-patients requiring care within the specialty are cared for safely and appropriately.

Example descriptors:

- Identifies at the start of a ward round if there are acutely unwell patients who require immediate attention
- Ensures that all necessary members of the multi-disciplinary team are present, knows what is expected of them and what each other's roles and contributions will be, and contributes effectively to cross specialty working
- Ensures that all documentation (including results of investigations) will be available when required and interprets them appropriately
- Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis
- Identifies when the clinical course is progressing as expected and when medical or surgical complications are developing, and recognises when operative intervention or re-intervention is required and ensures this is carried out
- Identifies and initially manages co-morbidity and medical complications, referring on to other specialties as appropriate
- Contributes effectively to level 2 and level 3 care
- Makes good use of time, ensuring all necessary assessments are made and discussions held, while continuing to make progress with the overall workload of the ward round
- Identifies when further therapeutic manoeuvres are not in the patient's best interests, initiates palliative care, refers for specialist advice as required, and discusses plans with the patient and their family

- Summarises important points at the end of the ward rounds and ensures all members of the multi-disciplinary team understand the management plans and their roles within them
- Gives appropriate advice for discharge documentation and follow-up

Specialty specific requirements:

See critical conditions (appendix 3 of the curriculum)

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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

Shared Capability in Practice 4:

Manages an operating list

Good Medical Practice Domains 1,2,3,4

Description

Manages all patients with conditions requiring operative treatment within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients requiring operative treatment receive it safely and appropriately.

Example descriptors:

- Selects patients appropriately for surgery, taking the surgical condition, co-morbidities, medication and investigations into account, and adds the patient to the waiting list with appropriate priority
- Negotiates reasonable treatment options and shares decision-making with patients
- Takes informed consent in line with national legislation or applies national legislation for patients who are not competent to give consent
- Arranges anaesthetic assessment as required
- Undertakes the appropriate process to list the patient for surgery
- Prepares the operating list, accounting for case mix, skill mix, operating time, clinical priorities, and patient co-morbidity
- Leads the brief and debrief and ensures all relevant points are covered for all patients on the operating list
- Ensures the WHO checklist (or equivalent) is completed for each patient at both the beginning and end of each procedure
- Understands when prophylactic antibiotics should be prescribed and follows local protocol

- Synthesises the patient's surgical condition, the technical details of the operation, co-morbidities and medication into an appropriate operative plan for the patient
- Carries out the operative procedures to the required level for the phase of training as described in the specialty syllabus
- Uses good judgement to adapt operative strategy to take account of pathological findings and any changes in clinical condition
- Undertakes the operation in a technically safe manner, using time efficiently
- Demonstrates good application of knowledge and non-technical skills in the operating theatre, including situation awareness, decision-making, communication, leadership, and teamwork
- Writes a full operation note for each patient, ensuring inclusion of all post-operative instructions
- Reviews all patients post-operatively
- Manages complications safely, requesting help from colleagues where required

Specialty specific requirements:

- Trainees should have the operative experience described in the index procedures (appendix 4 of the curriculum) and the indicative number of 250 major cases with the majority in the area of special interest.
- Trainees with fewer numbers of operations may be considered for certification only if they have other evidence of operative competence e.g. multiple PBAs at level 4 for each of the operative groups listed in the index procedures.

Supervision levels:

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**Shared Capability in Practice 5:
Manages multi-disciplinary working
Good Medical Practice Domains 1,2,3,4**

Description

Manages all patients with conditions requiring inter-disciplinary management (or multi-consultant input) including care within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that safe and appropriate multi-disciplinary decisions are made on all patients with such conditions requiring care within the specialty.

Example Descriptors:

Appropriately selects patients who require discussion at the multi-disciplinary team

Follows the appropriate administrative process

Deals correctly with inappropriate referrals for discussion (e.g. postpones discussion if information is incomplete or out-of-date)

Presents relevant case history, recognising important clinical features, co-morbidities and investigations

Identifies patients with unusual, serious or urgent conditions

Engages constructively with all members of the multi-disciplinary team in reaching an agreed management decision, taking co-morbidities into account, recognising when uncertainty exists, and being able to manage this

Effectively manages potentially challenging situations such as conflicting opinions

Develops a clear management plan and communicates discussion outcomes and subsequent plans by appropriate means to the patient, GP and administrative staff as appropriate

Manages time to ensure the case list is discussed in the time available

Arranges follow up investigations when appropriate and knows indications for follow up

Specialty specific requirements: None

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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**Specialty-specific Capability in Practice 6:
Manages patients within the critical care area
Good Medical Practice Domains 1,2,3,4**

Description

Able to perform all administrative and clinical tasks required of a consultant surgeon for all patients within the intensive care and high dependency settings in both cardiac and thoracic surgery to ensure they receive safe and appropriate care.

Example Descriptors:

- Assesses referrals to ICU or HDU, and regularly reviews patients
- Arranges urgent investigations as necessary and reviews in a timely fashion
- Works with appropriate specialties in the management of critically ill patients, referring on to other specialties as appropriate
- Leads on surgical decisions for post-operative patients
- Supports nursing and anaesthetic staff in managing patients
- Plans discharges in a timely fashion to maintain patient flow
- Communicates appropriately with family and next of kin
- Communicates appropriately with consultant, nursing and anaesthetic colleagues
- Delegates and trains other staff members on appropriate cases
- Applies syllabus defined knowledge and clinical skills in all cases
- Carries out syllabus defined practical investigations or procedures within HDU and ICU
- Exercises good judgement in deciding on management plans and executes these within appropriate timescales
- Effectively manages potentially challenging situations in patients

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

a) Supervisor present throughout

b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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

Specialty-specific Capability in Practice 7:
Assesses surgical outcomes both at a personal and unit level
Good Medical Practice Domains 1,2,3,4

Description

Able to assess surgical outcomes in the specialty at a personal and unit level, and to respond to or adapt practice, where appropriate, without compromising patient care.

Example Descriptors:

- Assesses pre-operative investigations to collect risk factors
- Collects data at the time of surgery about patient demographics, procedure performed and risk factors
- Enters data into local and national datasets as appropriate
- Collects post-operative data of outcomes following surgery
- Analyses and presents surgical outcome data at local audit meetings
- Describes both personal and unit outcomes during a prescribed audit period
- Describes risk adjusted outcomes at personal and unit level
- Demonstrates ability to recognise acceptable variations in practice as well as excellent and poor performance in self and others
- Promotes excellence in meeting standards to improve the quality and outcomes of surgical practice
- Demonstrates ability to analyse reasons for poor performance and suggest means for adapting practice to improve patient care
- Demonstrates knowledge of risk factors, current risk models (such as EuroSCORE, Thoracscore etc.), and risk adjustment
- Demonstrates knowledge of national and local audits (SCTS, NICOR, cancer registries etc.)
- Demonstrates skills in using IT and databases

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
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Level III: Able and trusted to act with indirect supervision

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

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

Specialty Specific Capability in Practice 6:

Assesses and manages an infant or child in a NICU/PICU environment

Good Medical Practice Domains 1,2,3,4

Description

Able to assess infants and children on neonatal and intensive care units, recognise conditions that are best expectantly managed, and the indications and timing for surgical intervention. Discusses with neonatologists and intensivists to formulate appropriate plans, from medical management to surgical (including intervention on the unit itself), initiates/participates in discussions about palliative care if appropriate. Communicates the current situation, prognosis and plans to the parents and family in an accessible and understandable manner.

Example descriptors:

- Demonstrates knowledge of normal physiology in premature infant, term infant and child, and recognises ill infant and child and signs of recovery or deterioration
- Demonstrates knowledge and experience of index neonatal conditions, and recognises indications and urgency for surgical intervention
- Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis
- Communicates with parents and families in a clear and understandable way, explaining the current situation and ongoing plans, including any surgical intervention
- Recognises co-morbidity and medical complications, discussing their management with neonatologists/intensivists, and referring on to other specialties as appropriate
- Identifies when further therapeutic manoeuvres are not in the patient's best interests, holds discussions about palliative care, refers for specialist advice as required, and discusses plans with their parents and neonatologists/intensivists
- Ensures all members of the multi-disciplinary team understand the management plans and their roles within them.
- Ensures the management plan is explicit and agreed with other members of the multi-disciplinary team, taking into account the sometimes conflicting needs of the child, which may happen at any time (for example out-of-hours)
- Gives appropriate advice for discharge from the neonatal or intensive care unit, with appropriate documentation and follow-up

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

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

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

<p style="text-align: center;">Specialty-specific Capability in Practice 6: Safely assimilates new technologies and advancing techniques in the field of Plastic Surgery into practice Good Medical Practice Domains 1,2,3,4</p>
<p>Description</p> <p>Able to maintain familiarity with advances in techniques, and to assimilate these into practice as appropriate. Critically evaluates new techniques presented to them, and disseminates any advances that they have been able to achieve.</p>
<p>Example descriptors:</p> <ul style="list-style-type: none">• Critically appraises evidence and published literature• Demonstrates an open minded approach to new techniques• Attends and is interested in conferences and courses• Demonstrates awareness of the processes surrounding the safe introduction of new technologies or techniques• Demonstrates the ability to appraise the cost-effectiveness of particular techniques
<p>Supervision levels:</p> <p>Level I: Able to observe only</p> <p>Level II: Able and trusted to act with direct supervision:</p> <ul style="list-style-type: none">a) Supervisor present throughoutb) Supervisor present for part <p>Level III: Able and trusted to act with indirect supervision</p> <p>Level IV: Able and trusted to act at the level expected of a day-one consultant</p> <p>Level V: Able and trusted to act at a level beyond that expected of a day-one consultant</p>