

# Proposed curriculum changes for August 2015

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Following curriculum review, there are planned changes in Core Surgical Training; Trauma and Orthopaedics and Urology as outlined below. Pending GMC approval, these changes will be implemented from August 2015.

## 1. Core surgical training

[Proposed core syllabus August 2015](#)  
[Health promotion topics](#)

### Summary of changes

The Core Surgical Training Committee has incorporated a set of competencies supporting Health Promotion. The new content will require core surgical trainees to develop better awareness of the need not only to treat disease but also to promote health in their patients. These additions correspond with the wider changes needed to address issues of major public health. Relevant areas of recent government policy supporting this change include but are not restricted to obesity reduction, smoking cessation, dementia friendly care, promotion of physical activity, screening for surgical disease and the protection of children and vulnerable adults.

These areas are underpinned by associated behaviours as set out in the section on *Promoting good health* which is already contained within the Professional Behaviour and Leadership Skills syllabus, applicable to all stages of training in all the specialties.

In addition, an important syllabus gap has been identified in the subject of delirium and will be added to the Core Module 5; *Perioperative Care*.

These changes will apply within the two-year common core component of surgical training (CT1-2 / ST1-2) and will not represent deviations to the expected duration of training.

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## 2. Trauma and Orthopaedics

[Proposed curriculum August 2015](#)  
[Generic Operative Supervised Learning Event \(GOSLE\) Form and Guidance](#)

### Summary of changes

#### **Major change:**

The new Generic Operative Supervised Learning Event (GOSLE) has been piloted successfully and will be available within T&O only. It offers an additional more flexible formative assessment for a wider range of operative situations. It has been piloted extensively and will be used to record operative assessments where a PBA is not yet available. Trainees and trainers will be expected to trigger a GOSLE in the same way as they complete current assessments, for any procedure undertaken. GOSLEs can count towards 25% of the total workplace-based minimum, however trainers and trainees may feel that it is appropriate to complete larger numbers of these assessments to demonstrate engagement with feedback and reflection. GOSLE form and guidance

#### **Minor changes:**

- Replacement of the generic term “trainer” in line with General Medical Council (GMC) Recognition of Trainers requirements, with Assigned Educational Supervisor (AES) or Clinical Supervisor (CS);
- Clarification of the role of AES and CS, in line with the Gold Guide;
- Inclusion of JCST Quality Indicators;
- Recommendations about the appropriate mix of workplace-based assessments to ensure an appropriate balance of operative, non-operative and professional skills;
- Filling omissions from previous curriculum (a few skill levels that had been found to be blank);
- Correction of spelling and formatting errors;
- Adjusting PBA level definitions (*Unsatisfactory* amended to *Development Required* in line with other surgical specialties);
- Clarification of requirements for “Acting up” as a consultant (already approved by GMC);
- Bringing PBA assessor requirement in line with the other 9 surgical specialties;
- Removal of reference to RITAs (now replaced with ARCPs);
- The Level 5 Skill Level has been removed, replaced with level 4.

### 3. Urology

[Proposed curriculum August 2015](#)

[Changes map](#)

#### Summary of changes

- Minor updates outlining the specialty in the main overview section
- Amendments to some of the technical skill levels in the intermediate and final stages. These will be in line with index procedures as set out in updated CCT guidelines (available from August) and changes in practice that accord with the development of core urologists,

The Intermediate (ST3-ST6) and Final (ST7) stages of the Urology syllabus in the areas required for *all* trainees have been brought in line with the CCT guidelines and with general changes in practice. This increases the emphasis on training in the generality of urology and the specified emergency competencies that must be achieved. As the exposure to open surgery has decreased with the further development of laparoscopic and robotic procedures the change in competencies in some procedures has been made to reflect this.

Future planned change: A review of the modular special interest syllabus will take place shortly and any amendments will be implemented at a later date.