Mapping document – an overview of changes to the new core curriculum

Phases of training

The initial, intermediate and final stages of the previous version of the surgical curriculum have been replaced with three phases. The new Core Surgical Training is Phase 1 of surgical training, lasting an indicative 2 years. Phases 2 and 3 lie within specialty training.

The syllabus

Skill levels: The skill levels for Knowledge and Clinical Skills have been removed, retaining the broad high level outcome topic retained. The skill levels for technical skills are retained.

Syllabus structure: There is no change to the modular structure of the syllabus. The MRCS examination aligns to common content module.

Syllabus content changes: There is no change to the syllabus content other than the minor amendments outlined in the table below:

Area	Change
Basic Sciences / Pathology	Genetics including genomics (added)
Basic Sciences / Medical physics	Application of robotics and artificial intelligence to surgery (added)
Critical care / Trauma management / Clinical skills	Resuscitation and early management of the patient who has sustained thoracic, head, spinal, abdominal and/or limb injury according to ATLS®, APLS or European Trauma Course guidelines (added)
ST3 Preparation / Oral and Maxillofacial Surgery	Redundant text (removed)
ST3 Preparation / Oral and Maxillofacial Surgery/ Trauma management / Clinical skills	Interpretation of plain facial radiographs and CT scans (title formerly Interpretation of craniofacial randomised investigations)
ST3 Preparation	Exemplar texts (removed)

Critical skills

Basic critical skills have been identified which are of significant importance for patient safety and demonstration of safe practice. They are assessed individually by means of workplace-based assessments (WBA). These incorporate the mandatory list of DOPS assessments which was in appendix 1 of the previous curriculum.

Competency	Form to use	Number required	Level of performance required

Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	3	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)	3	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of local anaesthetic)	3	3
Preparation and maintenance of an aseptic field	DOPS (Preparation of aseptic field)	3	3
Incision of skin and subcutaneous tissue	DOPS (Incision)	3	3
Closure of skin and subcutaneous tissue	DOPS (Closure)	3	3
Completion of WHO check list (time out and sign out)	DOPS (WHO checklist completion)	3	3

Training Pathway

There is no change to the training pathway.

There will be options for those trainees who demonstrate exceptionally rapid progression and acquisition of capabilities to complete training more rapidly than the current indicative time of two years. There may also be a small number of trainees who develop more slowly and will require an extension of training in line with the Reference Guide for Postgraduate Specialty Training in the UK (the Gold Guide).

Trainees who enter higher specialty training in one specialty and subsequently transfer to another surgical specialty will stay on the CCT route to certification in their new specialty as they will have completed the requirements of the core curriculum.

High level outcomes

High level outcomes (Capabilities in Practice – CiPs) have been introduced alongside the nine Generic Professional Capabilities (GPCs). These are given equal weight in assessing trainees through Multiple Consultant Report (see below).

In phase 1 of training there is a finer gradation of supervision levels where the lowest two supervision levels are expanded to allow more scope for the demonstration of progress and excellence by trainees following the core curriculum. The supervision levels indicating consultant level practice and beyond, present in the 10 surgical specialty curricula, are not reproduced in the core curriculum to avoid unrealistic expectations of core trainees. The supervision levels are:

Level I: Able and trusted to observe only
> **a:** passive observation
> **b:** active observation

Level II: Able and trusted to act with direct supervision:
> **a:** elements of the capability conducted under direct supervision
> **b:** fluent sections of the capability conducted under direct supervision
> **c:** capability performed completely under direct supervision

Level III: Able and trusted to act with indirect supervision

Anchor statements and definitions to guide the supervision level are in the table below.

MCR Rating Scale	Anchor statements	Trainer input at each supervision level		
		Does the trainee perform part or all[a] of the task?	Is guidance required?	Is it necessary for a trainer to be present for the task?
Supervision Level Ia:	Able to observe passively only	no	n/a	throughout
Supervision Level Ib:	Able to observe actively: may engage in the activity to provide assistance or analyse and discuss what is observed	no	throughout	throughout
Supervision Level IIa:	Able and trusted to act with direct supervision: isolated elements of the activity are performed by the trainee	yes, elements only	all aspects	throughout
Supervision Level IIb:	Able and trusted to act with direct supervision: the trainee is able to string elements together into fluent parts of the task	yes, fluent parts	all aspects	present for most of the task and available to be present as soon as required throughout
Supervision Level IIc	Able and trusted to act with direct supervision: the trainee is able to complete the task	yes, all of the task	all aspects	present for part of the task and available to be present throughout
Supervision Level III:	Able and trusted to act with indirect supervision: the supervisor will want to provide guidance for, and oversight of most aspects of the activity. Guidance may be remote or	yes, all of the task	at least some aspects	available to attend in the event of particular challenge

	provided in advance of the activity			

The required supervision levels at the end of phase 1 are shown below.

Capability in practice (shared)	Supervision level (end of phase 1)
1. Manages an out-patient clinic	Level IIb
2. Manages the unselected emergency take	Level IIb
3. Manages ward rounds and the ongoing care of inpatients	Level IIc
4. Manages an operating list	Level IIb
5. Manages a multi-disciplinary meeting	Level IIa

Assessments

A new assessment tool (the Multiple Consultant Report – MCR) has been introduced. There will be a reduction on the reliance of required numbers of other workplace-based assessments.

Courses

The JCST and its Core Surgery Training Advisory Committee consider that some knowledge and capabilities are best gained in the formal setting of a taught course. These areas are listed below, and should be considered to complement, rather than replace or obviate, national, regional and local, enhanced induction (bootcamps) and in-course teaching events.

Core Surgery			
Mandated courses			
Syllabus area	**Course**	**Learning outcomes**	**Curriculum mapping**
Critical Care; Trauma Management	Trauma course Examples include: ATLS, APLS, European Trauma Course, BATLS	Principles of assessment and management priorities in a trauma situation Skills required for assessment and management of acute life-threatening conditions	GPC 2 - Professional skills GPC 3 - Professional knowledge GPC 5 - Leadership and teamworking

Syllabus area	Course	Learning outcomes	Curriculum mapping
			CiP 2 - Managing the unselected emergency take
Basic Surgical Skills	Basic Surgical Skills	Demonstrate core skills in open surgery, electrosurgery and endoscopic surgery It is usual for surgical trainees to have completed this before entering core surgery	GPC 2 - Professional skills CiP 2 - Managing the unselected emergency take CiP 4 - Manages the operating list
Optional courses			
Syllabus area	**Course**	**Learning outcomes**	**Curriculum mapping**
Critical Care	CCrISP – care of the critically ill surgical patient – or equivalent	Recognise and adopt a structured comprehensive approach to managing critically unwell surgical patients	GPC 2 - Professional skills GPC 3 - Professional knowledge GPC 5 - Leadership and teamworking CiP 2 - Managing an unselected emergency take CiP 3 - Manages ward rounds and inpatients
Research and Scholarship	National conference	Keep up to date with current research and best practice in the individual's specific area of practice	GPC 9 – Research and scholarship
General, vascular and paediatric surgery	Specialty skills in emergency surgery and trauma	Describe the principles of the initial management of general surgical emergencies and trauma Demonstrate core skills in emergency and trauma related general surgery	GPC 2 - Professional skills GPC 3 - Professional knowledge CiP 2 - Managing the unselected emergency take CiP 4 - Manages the operating list
General, vascular and paediatric surgery	Anastomosis course	Demonstrate core skills in bowel anastomosis in a simulation-based setting	CiP 4 - Manages the operating list

General, vascular and paediatric surgery and Urology	Laparoscopic skills course	Demonstrate core skills in laparoscopic surgery in a simulation-based setting	CiP 4 - Manages the operating list
Plastic surgery	Emergency management of severe burns course	Describe the principles of the initial management of severe burn injuries Demonstration of burn size assessment, fluid resuscitation, airway and wound management	GPC 2 - Professional skills GPC 3 - Professional knowledge CiP 2 - Managing the unselected emergency take
Cardiothoracic, OMFS, plastic and vascular surgery, and ENT	Microsurgery course	Demonstrate core skills in microsurgery in a simulation-based setting	CiP 4 - Manages the operating list
Cardiothoracic surgery	Essential skills in cardiothoracic surgery	Demonstrate core skills in cardiothoracic surgery in a simulation-based setting	CiP 4 - Manages the operating list
Plastic and trauma & orthopaedic surgery	Hand fracture management course	Describe the principles of the initial management of hand fractures Demonstrate core skills in surgical management of hand fractures in a simulation-based setting	GPC 2 - Professional skills GPC 3 - Professional knowledge CiP 2 - Managing the unselected emergency take CiP 4 - Manages the operating list
Trauma & orthopaedic surgery	Orthopaedic plastering course	Describe the principles of the application of casting to fracture management Demonstrate the application of casts to upper and lower limb fractures in a simulation-based setting	GPC 2 - Professional skills GPC 3 - Professional knowledge CiP 1 - Manages an outpatient clinic CiP 2 - Managing the unselected emergency take CiP 4 - Manages the operating list
Trauma & orthopaedic surgery	Basic fracture course	Apply a classification and management principles to long bone fractures Start to acquire the skills for open reduction and	GPC 2 - Professional skills GPC 3 - Professional knowledge

		internal fixation of fractures in a simulation-based setting	CiP 1 - Manages an outpatient clinic
			CiP 2 - Managing the unselected emergency take
			CiP 4 - Manages the operating list