

Background information for new curriculum.

The 2015 revision of the paediatric surgery syllabus has been updated as appendix 1.

The main change has been the requirement from “Shape of Training” to produce a work-force that is capable of managing an unselected on-call in the specialty of paediatric surgery. This has been further clarified by the standard that a day-one consultant should be able to manage 90% of the admissions on an unselected on-call.

This led to the emergency skill-set audit of admissions: 1255 days (3 1/2 yrs) of continuous emergency admissions at Birmingham Children’s hospital were analysed, and ranked by incidence. The top 90% were included as the skill-set. This identified a number of conditions (e.g. Hirschsprungs’ Disease) where although an emergency safe day one consultant would not be expected to have necessarily performed the primary pull-through, they would be expected to recognise and manage the complications (e.g. Hirschsprungs’ associated enterocolitis, which can be rapidly lethal). This has led to the recognition of conditions and procedures where Trainee Experience is Required, Not Independent Practice (TERNIPS), appendix 2.

This work then informed a comparison with the current index cases and levels required in the future, which was tested with a survey of the BAPS membership (with a similar questionnaire of the BAPU membership), appendix 4 (i). The results were represented by medians for PBA levels. The membership were also polled on what components of paediatric surgery were essential to the practice of paediatric surgery. This confirmed that the core components of paediatric surgery are Paediatric General Surgery, Neonatal Surgery and GI Surgery, with some areas of practice such as e.g. Thoracic surgery, Oncology and Paediatric Urology, Hepatobiliary Surgery consisting of areas of critical knowledge, but with fewer essential skills for an emergency safe surgeon, and TERNIPS.

Procedure Based Assessment (PBA) levels in index procedures are not the only aspect of achieving competence in paediatric surgery that has importance: an experiential component of assessment is important too. Indicative numbers have been used previously, and work using e-logbook numbers from trainees who have recently completed training has been used to revise these. Appendix 4 ii includes PBA levels and indicative numbers for the revised index cases.

Appendix 5 is the list of essential and optional (or desirable) courses. Attendance at a Simulated trauma thoracotomy and laparotomy course is now included as an essential course.

These findings have been presented and discussed at:

BAPU, Cambridge 2018
BAPS winter meeting January 2019
BAPS, Nottingham July 2019
JCST Curriculum development day
BAPU Seville September 2019

JCST curriculum day September 2019
Workshop (consultants and trainees), BCH October 2019

Due to be presented BAPES November 2019

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