

Overview of changes to the new Plastic Surgery Curriculum

Phases of training

The Intermediate and Final Stages of training described in the previous curriculum have been replaced by two phases of training, phase 2 and phase 3. Phase 1 of surgical training is covered by the core surgery syllabus. The pathway for training has been defined more clearly.

Syllabus skill levels

In the in-depth syllabus, the definition of basic/intermediate/advanced skills have been retained, but from an assessment perspective they have been superseded by the CiPs. The knowledge required to achieve CCT remains the same.

There have been no changes to the skill levels required and high-level outcomes needed to CCT.

Operative experience levels are unchanged, and reflect the diversity of experience required to achieve CCT.

In the specified Critical Conditions, the level of competencies required for CCT is level 4 – a day one Plastic Surgeon should be capable of managing all of these conditions independently.

Updating the Syllabus

There have only been minor changes in Plastic Surgical practice, and the syllabus has not been changed. The balance across all topics within the syllabus remains one which delivers a consultant with a broad range of skills which may be deployed in a variety of special interest areas.

Critical Conditions

A list of critical conditions has been incorporated into the curriculum and all trainees will be expected to be competent in managing these conditions.

Training Pathway

All trainees will be expected to complete Phase 2 and phase 3 to achieve CCT.

Trainees will still be expected to take part in the general Plastic Surgery on call rota throughout their training. All trainees will be able to manage the unselected take up to the point of operation and all will be able to manage postoperative care.

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).

After engaging with trainees, AEs, CSs, lay representatives and TPDs, we have introduced a speciality specific CiP, defined as “Safely assimilate new technologies and advancing techniques in the field of Plastic Surgery into practice”. This signposts the fact that Plastic Surgery is primarily a speciality of techniques which are applied across a wide variety of clinical scenarios. Engagement with evolution within the speciality is a critical function of the day 1 consultant Plastic Surgeon.

Assessments

A new assessment tool (the Multiple Consultant Report – MCR) has been introduced,

alongside a reduced reliance on required numbers of other workplace-based assessments.