Summary statement – General Surgery Curriculum Review for October 2026

General surgical practice in the United Kingdom and Republic of Ireland (UK and RoI) has evolved significantly since the last version of this curriculum was published in 2021. This iteration of the curriculum follows a process of engagement that started in July 2024 where a wide range of stakeholders contributed to a comprehensive review bringing expertise and knowledge of this evolution of practice. The changes proposed have been discussed in phased meetings including the general surgery Specialty Advisory Committee (SAC) and sub-specialty Education and Training committees (trainee forums) including the Roux Group, the Dukes' Club, the Mammary Fold and the Herrick Society. This clinical group has collaborated with the Chair of the Joint Committee on Surgical Training (JCST), the Lead Dean for Surgery, the Chair of the Confederation of Postgraduate Schools of Surgery (CoPSS) and representatives from the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). There has been meaningful lay member participation.

In making these updates, trainee logbooks have been interrogated to ensure that this improved curriculum is necessary for the enhancement of general surgical practice but that it is not to the detriment to other specialty curricula. There must be equitable access to training resources to achieve the curriculum requirements for all trainees throughout the UK and RoI and be deliverable in each region. The changes made are a refinement of the existing curriculum to allow continued alignment with the general surgical practice that is currently delivered.

Details of the changes are given in the edited version of the curriculum and the proforma statement attached. A summary of the changes in the specific sections of the curriculum is given below:

3.4 Critical Progression Points

The capability in practice 2 (CiP 2) has been altered for trainees following the breast and oncoplastic reconstruction surgery module who are not on the emergency on-call rota. They may remain at supervision level III. However, they are required to achieve level IV for emergencies relating specifically to breast and oncoplastic reconstruction surgery. This reflects current practice for those surgeons in breast and oncoplastic reconstruction surgery who do not contribute to the emergency general surgical on-call as a consultant in the UK and RoI.

3.5.1 Syllabus additions

New content relating to genomics, clinical informatics and sustainability has been added (as they have in all other surgical curricula) to emphasise the importance of these emerging areas in healthcare, ensuring that trainees remain adaptable and informed as surgical practice evolves.

5.4 Completion of training in general surgery

Gastrointestinal trainees are expected to complete the relevant JAG Basic Skills Course in Gastroscopy or Colonoscopy or equivalent course. This reflects JAG accreditation requirements. Corresponding indicative numbers for colonoscopy and gastroscopy are replaced by the requirement to achieve JAG certification or equivalent evidence of competence.

A change in Management and Leadership is aimed at strengthening trainees' understanding of the structure and functioning of health systems across the UK.

To ensure optimal exposure to clinical learning environments and learning from different training cultures, as well as clarifying the need for full curricula coverage, trainees should have completed a training programme rotating through multiple units or sites. This is consistent with other surgical curricula.

Appendix 3: Critical Conditions

Following consultation with the British Obesity and Metabolic Surgery Society (BOMSS) additions to the curriculum regarding the management of patients with severe obesity have been made to reflect the growing incidence and prevalence in both the elective and emergency setting. An increasing number of patients receive medical treatment for severe obesity and have bariatric surgery (many outside the UK and RoI). The additions acknowledge current practice where all

general surgeons must be able to assess and manage patients with severe obesity, the complications of bariatric surgery and appreciates the additional burden placed on national services for those who have had surgical intervention abroad.

Robotic surgery has now become the standard of care for certain patients managed by several sub-specialties in the UK and RoI. Additions to the curriculum regarding surgical approaches to procedures have been made as trainees should understand the basic principles and techniques of minimally invasive surgery (both laparoscopic and robotic assisted surgery) so that they are able to achieve competencies in this key aspect of technical surgical practice. This is also reflected in a change to the indicative numbers in colorectal surgery for segmental colectomy where some colonic resections should be by minimally invasive surgery (rather than just laparoscopic previously).

In transplant surgery, several additions for knowledge and competency regarding the assessment and management of complications arising from this type of intervention have been added. This reflects the complexity of the management of these patients to ensure adequate surgical outcomes.

Appendix 4: Index Procedures

In this curriculum review, particular attention has been placed on the requirements for competency in endoscopy. A wider stakeholder review process was undertaken to recognise the key issues in this area of clinical practice and associated training. The competency level in the 2021 curriculum no longer exists following a change to JAG accreditation requirements. The current Royal College of Physicians (RCP) curriculum for Gastroenterology states “Competencies in endoscopy (Colonoscopy – complex luminal including Level 2 polypectomy and Gastroscopy) are in line with current equivalent requirements for accreditation for independent practice with the Joint Advisory Group on GI Endoscopy (or recognised equivalent)”. The new change in this curriculum matches this curriculum requirement, allowing surgical trainees to access the training resources and opportunities they require to achieve competencies in endoscopy that are necessary to act as a day one consultant in the gastrointestinal sub-specialties. The continued delivery of Endoscopy Academies to support this focused training is needed and there will be significant transitional arrangements across Phases 2 and 3 of training to facilitate this curriculum change.

For breast surgery Module 2B, the indicative numbers for implant reconstruction and local flaps have been lowered following a report provided by the Mammary Fold after analysis of national audit, trainee survey and Hospital Episode Statistic (HES) data. This identified that the indicative numbers for the procedures in the 2021 curriculum were unachievable in all areas of the UK and RoI and did not reflect current practice.

After discussion with SAC sub-specialty members in oesophagogastric surgery and a report from the Roux Group, changes have been made to the type and number of indicative numbers for major oesophagogastric procedures. The requirement is now 35 for major oesphagogastric procedures where the sub-division of type of procedure may include anti-reflux, obesity and oesophagogastric cancer resection. It is acknowledged that some trainees will focus primarily on benign and others on cancer resectional procedures. Further, at least 20 procedures should be in the chosen sub-specialty and remaining 15 procedures in an alternative sub-specialty. This reflects the subspecialisation in oesophagogastric surgery between the management of benign and malignant disease in the UK and RoI.

After discussion with SAC sub-specialty members in hepatopancreatobailiary (HPB) surgery and trainee representatives from the Association of Upper Gastrointestinal Surgeons (AUGIS), there has been a change in the sub-division of indicative numbers for major HPB procedures. The total number sits at 35 but now include liver resection (10), pancreatectomy (10) or other major HPB procedure (10).

A number of procedures no longer performed in General Surgery, including cholecystostomy, stapled transanal resection of the rectum, and some laparoscopic band procedures have been removed.

After discussion with SAC sub-specialty members in General Surgery of Childhood (GSoC) a change has been made to the competencies in endoscopy to match current clinical practice in the

UK and RoI. Trainees in GSoC are now required to achieve current equivalent requirements for accreditation for independent practice with the Joint Advisory Group on GI Endoscopy in either gastroscopy or colonoscopy but not both.

After discussion with SAC sub-specialty members in endocrine surgery, the indicative numbers for thyroidectomy have reduced from 10 to 5. This reflects recent trends in management of thyroid disease which have reduced the number of re-operative thyroidectomies across the UK and RoI. This makes achieving the number of 10 during the period of training unachievable in standard practice.

After discussion with SAC sub-specialty members in upper gastrointestinal surgery, representatives from BOMSS and trainee representatives for the Roux Group, changes have been made to the type of procedure for bariatric surgery to reflect current practice in the UK and RoI. The procedures of Roux-en-Y or One Anastomosis gastric bypass and now included.

Appendix 5: Courses and other learning opportunities away from the workplace

As stated above, gastrointestinal trainees are now expected to complete the relevant JAG Basic Skills Course in Gastroscopy or Colonoscopy or equivalent. This reflects JAG accreditation requirements. Corresponding indicative numbers for colonoscopy and gastroscopy are replaced by the requirement to achieve JAG certification or equivalent evidence of competence.

Editorial

A range of administrative and typographical updates have been made such as corrected hyperlinks and referencing renamed organisations.

Transition of curriculum

The expected transition timetable has been outlined in the ‘Transition Plan’ document.