GENERAL SURGERY PROFORMA

CURRICULUM DOCUMENT

Page	Section	Change	Reason
4	2.1	Addition of the words 'and Ireland'	Previous omission
4	2.2	Updated time period Change of text case Additional wording related to General Surgery of Childhood	Typographical Acknowledges GIRFT report on GSoC
11	3.2	Deletion of words 'in order'	Typographical
13/14	3.4	Asterisk and note added against supervision level required at the end of phase 3 for trainees following oncoplastic breast reconstruction surgery.	Trainees who are following the oncoplastic breast reconstruction surgery module who are not on an emergency on-call rota may remain at supervision level III for this CiP. However, they are required to achieve level IV for emergencies relating specifically to Breast and Oncoplastic Reconstruction Surgery.
14/15	3.5.1	Added paragraphs relating to Genomics, Clinical Informatics and Sustainability	These paragraphs have been included in surgical curricula to emphasise the importance of emerging areas in healthcare, ensuring that trainees remain adaptable and informed as surgical practice evolves.
33 35	5.3.5	Added range 'of' Added word 'into'	Typographical omission
37	5.4	In the Management and leadership section – addition of 'across relevant health services and the variations between nations.	recognised need to strengthen trainees' understanding of the structure and functioning of health systems across the UK. Knowledge limited to the trainee's immediate training jurisdiction may not sufficiently prepare them for the realities of working within or alongside other devolved health systems.
37	5.4	In Additional courses / qualifications section - added alignment with JAG requirements - 'Gastrointestinal trainees are expected to complete the relevant JAG Basic Skills Course in Gastroscopy or Colonoscopy or equivalent course'	To align the curriculum to JAG requirements. Reflects JAG accreditation requirements for competencies in endoscopy training for GI trainees. Equivalent evidence of competence can be provided as an alternative to JAG accreditation.
38	5.4	In the Clinical experience section – added wording – 'To ensure opportunities to acquire the breadth of curricular competencies in a variety of learning environments and cultures, trainees should, where geographically possible, complete a training	To ensure optimal exposure and learning from different training cultures and environments, as well as clarifying the need for full curricula coverage. This is consistent with other curricula, namely Urology, Plastic Surgery and Otolaryngology

		programme that includes rotation through multiple units or sites. This recognises the importance of an ability to constructively compare different approaches to delivering surgical patient care and work-based cultures'.	
46	Appendix 2	The words 'under direct supervision' were added to standard 2, bullet 2.	This is to clarify that, while trainees at this level can perform a straightforward procedure fluently, they must do so with continuous oversight from a supervisor to ensure patient safety and proper skill development. This addition also helps to better differentiate this level from others, particularly level 3, where trainees begin to work more independently.
47	Appendix 2	The words 'day-one' were added to standard 2, bullet 2.	This change is to further clarify the standard at completion of training.
78	Appendix 3: Critical Conditions	Additional Critical Condition 'Complication of bariatric surgery'	Due to increasing number of patients undergoing Bariatric surgery in the UK and abroad as part of health tourism there is a significant increase in number of patients attending the Emergency Department with complications both minor and major and is expected to be assessed and managed by the on call surgical team
79	Appendix 4: Index Procedures	Added: 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)[1,2]. Added footnotes to : 1. Gastroenterology 2022 curriculum FINAL v1.0.pdf (thefederation.uk) 2. JETS certification pathways.pdf (thejag.org.uk)	Following discussion with SAC sub-speciality members in UGI and colorectal surgery including AUGIS/ACPGBI contribution. Further meetings held with JAG committee, JCST, CoPSS and Head of Medical Education Development, Education and Standards Directorate of the GMC. President of Dukes' Club trainee representative group cited on issue. Also follows feedback from multiple stakeholders including the postgraduate medical dean Professor Bill Irish and JAG Chair Professor Matt Rutter.
81		Module 2B Decreased Implant reconstruction indicative numbers from 40 to 30. Decreased Lobal flaps from 25 to 15	Changes to required numbers made after report from Mammary Fold following collection of data from HES, national audit and trainee survey. Presented by SAC members with a sub-specialist interest in breast surgery. Changes to required numbers made after report from Mammary Fold following collection of data from HES, national audit and trainee survey.

			Presented by SAC members with a sub-specialist interest in breast surgery.
81		Colorectal phase 3 To Segmental colectomy (some colonic resections should be laparoscopic), removed 'laparoscopic' and replaced with 'minimally invasive surgery' Colonoscopy indicative number removed and replaced with 'JAG certification or equivalent evidence of competence'	Recognises delivery of both laparoscopic and robotic minimally invasive procedures as current standard of care. Reflects JAG accreditation requirements for competencies in endoscopy training for GI trainees.
81		Oesophagogastric phase 3 To Major OG procedures (includes anti-reflux, obesity and OG resection) (some trainees will focus primarily on benign and others on resectional) – changed to: (includes anti-reflux, obesity and OG <u>cancer</u> resection) (some trainees will focus primarily on benign and others on resectional <u>procedures)</u> <u>(at least 20 in chosen sub-specialty and remaining 15 of alternative sub-specialty)</u> Gastroscopy indicative number removed and replaced with 'JAG certification or equivalent evidence of competence'	Following discussion with SAC sub-specialty members in UGI surgery and AUGIS trainee representatives. Upper gastrointestinal training in the UK and Ireland: a Roux Group Study. Ann R Coll Surg Engl Reflects JAG accreditation requirements for competencies in endoscopy training for GI trainees.
81		Hepatopancreaticobiliary phase 3 Added against Major HPB procedures '(at least 35 in total to include liver resection (10), pancreatectomy (10) or other major HPB procedure (10))'	Following discussion with SAC sub-specialty members in HPB surgery and ASiT/AUGIS trainee representatives.
81		Gastrointestinal and GSoC phase 3	

		Gastroscopy and Colonoscopy no longer on separate lines – 'Gastroscopy <u>or</u> Colonoscopy Added depending on chosen sub-specialty)' Indicative number removed and replaced with 'JAG certification or equivalent evidence of competence'	**Reflects current UK practice to deliver either UGI endoscopy or LGI endoscopy and align with clinicians' sub-specialty practice** Reflects JAG accreditation requirements for competencies in endoscopy training for GI trainees.
82		Endocrine Phase 3 Re-operative thyroid surgery indicative number reduced from 10 to 5	Current number for certification is 10. This should be changed to 5 on recommendation of SAC sub-specialty members for Endocrine Surgery. This reflects recent trends in management of thyroid disease which have reduced the number of re-operative thyroidectomies across the nations. This makes achieving a number of 10 during the period of training unachievable in standard practice.
83		Updated time period from 2020 to current date for note on indicative numbers marked as **	Time period update
83		Oesophagogastric Phase 3 Added Roux-en-Y or One Anastomosis Level 4	New clarification on specific surgical procedures added at request of sub-speciality association BOMSS and Roux trainee group.
86	Appendix 5: Courses and other learning opportunities away from the workplace	Added JAG Basic Skills Course in Gastroscopy or Colonoscopy or equivalent course. Removed the sentence 'In General Surgery there is one mandated course'	To align endoscopy training with accreditation for independent practice with the Joint Advisory Group on GI Endoscopy (or recognised equivalent).
97	Appendix 8: Glossary	Added JAG and JETS to the glossary	Relates to aligning endoscopy training with accreditation for independent practice with the Joint Advisory Group on GI Endoscopy (or recognised equivalent).
Throughout the curriculum		• Amended cover page date and added authors related to this curriculum update • Health Education England (HEE) replaced with NHS England (update) • HEE local offices removed (update) • Corrected hyperlinks (updates) • Correction to the word 'Objective/s' throughout the syllabus in light of feedback	

SYLLABUS

Domain: O - Objective / K - Knowledge / CS - Clinical skills / TS - Technical skills

SYLLABUS TOPICS	Domain (O / K / CS / TS)	Describe the change	Reason for change
ELECTIVE GENERAL SURGERY			
SKIN AND SUBCUTANEOUS TISSUES			
ABDOMINAL WALL			
RETICULO-ENDOTHELIAL SYSTEM			
VENOUS THROMBOSIS AND EMBOLISM			
GENETIC ASPECTS OF SURGICAL DISEASE			
BARIATRIC SURGERY	**Topic title changed to 'Elective Surgery for patients with severe obesity'** **Knowledge**	**Insertion:** **Competency in the assessment and clinical management of patients with severe obesity in an open, stigma-free and fair manner** **Understanding of how to advocate for patients living with obesity** **Basic understanding of the peri-operative management of obesity and its complications/metabolic syndrome – including type II diabetes, obstructive sleep apnoea, hypertension** **Knowledge of Metabolic Bariatric operations and their potential complications**	**Change in terminology following sub-specialty association BOMSS request. Reflects obesity as a disease and competencies for the surgical treatment of it.** **New content added following feedback from BOMSS sub-specialty association and Roux training group study.** **Ann R Coll Surg Engl 2024; 000: 1–10** **doi 10.1308/rcsann.2023.0104** **The Health Survey for England 2019 estimates 28% of adults in England have obesity and a further 36.2% are overweight. The management of patients living with obesity is therefore of importance to all healthcare professionals.**

GENERIC ONCOLOGY FOR SURGEONS	**Knowledge**	**Insertion:** **Clinical informatics: Basic understanding of the relevance of risk stratification and application of surveillance protocols as they apply to cancer management**	**Addition of specific requirement in line with GMC recommendations 2024 for all other curricula.**
ELECTIVE HERNIA			
SURGICAL NUTRITION			
NECK SWELLINGS	**Knowledge**	**Neck Swellings case change**	**Typographical change**
BREAST CONDITIONS			
SURGICAL APPROACHES	**Topic / Knowledge**	**Topic added / Insertion:** **Understand the basic principles and techniques of minimally invasive surgery including laparoscopic and robotic assisted surgery**	**Reflects changes in current practice with wide implementation of robotic assisted surgery in the UK&NI.** **https://www.rcsed.ac.uk/news-public-affairs/news/2022/april/robotic-surgery-taskforce-release-guidance-report**
MULTIDISCIPLINARY TEAM WORKING			
EMERGENCY GENERAL SURGERY			
SUPERFICIAL SEPSIS INCLUDING NECROTISING INFECTIONS			
BREAST INFECTIONS			
ACUTE ABDOMEN			
EMERGENCY SURGICAL AMBULATORY CARE (ESAC)			
ACUTE APPENDICITIS			
OBSTRUCTED AND STRANGULATED HERNIA			
GASTROINTESTINAL BLEEDING			
SHOCK			
COMPLICATIONS OF ABDOMINAL SURGERY	**Knowledge**	**Insertion:**	**Addition following request from AUGIS and reviewed by SAC sub-**

		Competency in the recognition and management of post operative complications following bariatric surgery **Understand the risk of ketoacidosis with SGLT2 inhibitors in the starved or peri-operative patient**	**specialty members in UGI surgery. Recognises increase in delivery of elective bariatric surgery and associated risk of post-operative complications including those returning to the NHS from abroad with these complications ("medical tourism").** **New content added following request from sub-specialty group BOMSS supported by Roux training group due to issues highlighted in national patient safety and mortality reviews.**
ABDOMINAL PAIN IN CHILDHOOD			
INTUSSUSCEPTION			
ACUTE GROIN AND SCROTAL CONDITIONS IN CHILDHOOD	**Knowledge**	**Confirmation:** **Competency in the assessment and management of a child with incarcerated inguinal hernia or acute scrotal condition**	**Remains in place in line with GIRFT Children and Young People: Testicular torsion pathway February 2024.**
ACUTE DYSPHAGIA			
OESOPHAGEAL VARICES			
OESOPHAGEAL PERFORATION including BOERHAAVE'S			
ACUTE GASTRIC DILATION			
ACUTE PERFORATION			
ACUTE GASTRIC VOLVULUS			
GALLSTONE DISEASE			
ACUTE PANCREATITIS	**Knowledge**	**Insertion:** **Understand the risks of Obesity Management Medications (especially the link between GLP-1 agonists and acute pancreatitis)**	**New content added following request from sub-specialty group BOMSS supported by Roux training group due to issues highlighted in national patient safety and mortality reviews.**

CHRONIC PANCREATITIS			
PERI-ANAL SEPSIS			
ACUTE PAINFUL PERI-ANAL CONDITIONS			
ACUTE COLONIC DIVERTICULITIS			
COLONIC VOLVULUS			
ACUTE COLITIS			
EMERGENCY ANEURYSM DISEASE			
MESENTERIC VASCULAR DISEASE			
ACUTE LIMB ISCHAEMIA			
TRAUMA PRINCIPLES			
ABDOMEN AND THORAX TRAUMA			
HEAD AND NECK TRAUMA	**Technical skill**	**Deletion:** **Cricothyroidotomy**	**No longer performed in UK&NI by general surgeons as per SAC feedback**
EXTREMITY AND SOFT TISSUE TRAUMA			
VASCULAR TRAUMA			
COLON TRAUMA			
ANORECTAL TRAUMA			
PANCREATIC TRAUMA			
LIVER TRAUMA			
EMERGENCY GENERAL SURGERY p52	**Technical skills**	**Hartmann's procedure / Formation of feeding enterostomy (open / lap). Changed lap to laparoscopy** **Cholecystectomy – lap / open. Changed lap to laparoscopic** **Corrected spelling of Cricothyroidotomy**	**Typographical changes**
UPPER GI			
GASTRO-OESOPHAGEAL REFLUX DISEASE			
HIATUS HERNIA			

ACHALASIA AND OESOPHAGEAL MOTILITY DISORDERS			
OESOPHAGEAL PERFORATION INCLUDING BOERHAAVE'S (specialist)			
OESOPHAGEAL CANCER	**Technical skill**	**Deletion:** **Deletion of thoracoscopy as a technical skill**	**No longer performed by general surgeons in the UK&NI – undertaken by cardiothoracic surgeons as per SAC feedback**
PEPTIC ULCER (specialist)			
GASTRIC AND DUODENAL POLYPS			
ACUTE UPPER GI HAEMORRHAGE (specialist)			
ACUTE GASTRIC DILATION AND GASTRIC VOLVULUS (specialist)			
GASTRIC CARCINOMA			
GIST AND LYMPHOMA			
BARIATRICS p54	**Topic** **Knowledge**	**Title changed to 'Bariatric Surgery'** **Insertion of knowledge competencies** • **Competency in the management of complications following metabolic bariatric operations** • **Understand the current guidelines regarding indications and assessment of patients for metabolic bariatric surgery** • **Understand the surgical management of complications following metabolic bariatric operations – including aspiration of a gastric band port, unclipping of a gastric band and repair of an internal hernia after gastric bypass**	**Change in terminology following sub-specialty association BOMSS request. Reflects obesity as a disease and competencies for the surgical treatment of it.** **Insertion of laparoscopic gastric band has been removed as this is now a rarely performed procedure, especially in the NHS. Following request from sub-specialty association BOMSS and Roux trainee group.** **Insertions:** **New content added following feedback from BOMSS sub-specialty association and Roux training group study.** **Ann R Coll Surg Engl 2024; 000: 1–10**

		• Understand the mechanisms of action of metabolic bariatric surgery • Understand the current pharmacotherapy options for the management of obesity • Understand the need for long term clinical monitoring of post-operative metabolic bariatric surgery patients and how to assess those presenting with delayed or chronic complications • Understanding of the options for patients with suboptimal weight loss, recurrent weight gain or recurrent comorbidities following metabolic bariatric surgery	doi 10.1308/rcsann.2023.0104 The Health Survey for England 2019 estimates 28% of adults in England have obesity and a further 36.2% are overweight. The management of patients living with obesity is therefore of importance to all healthcare professionals.
GALLSTONE DISEASE			
ACUTE PANCREATITIS (specialist)			
CHRONIC PANCREATITIS (specialist)			
PANCREATIC CANCER / PERIAMPULLARY CANCER			
OTHER PANCREATIC TUMOURS			
PANCREATIC TRAUMA (specialist)			
LIVER METASTASES			
PRIMARY LIVER CANCER			
CHOLANGIOCARCINOMA AND GALLBLADDER CANCER			
BENIGN AND CYSTIC TUMOURS			
LIVER TRAUMA (specialist)			
ENDOSCOPY			
UPPER GI SECTION p56	**Technical skills**	**Change:**	**Typographical**

		Replaced *thoracosopy* with *thoracoscopy*	
		Laparoscopic access Replaced *in the morbidly obese* with *patients with severe obesity*	**Change in terminology from "morbid obesity" to "patients with severe obesity" following sub-specialty association BOMSS request.**
		Aspiration of Replaced *lap* with *laparoscopic* band port	**Typographical**
		Removal of Revisional gastric surgery for obesity	**This is now an obsolete term and most procedures would be considered to be a post CCT skill to develop. Following request from sub-specialty association BOMSS and Roux trainee group.**
		Removal of Insertion of lap band has been removed	**This is now a rarely performed procedure, especially in the NHS. Following request from sub-specialty association BOMSS and Roux trainee group.**
		Removal of Repair of internal hernia after gastric bypass	**removed at request of sub-specialty association BOMSS as not all training regions have access to training in the metabolic bariatric surgery specialty, the management of an internal hernia is now undertaken in regional centres. This has been moved to the Knowledge section.**

		Replaced *Bariatric* with *Metabolic bariatric* surgery – all options	**Change in terminology from "bariatric surgery" to "metabolic bariatric surgery" following sub-specialty association BOMSS request.**
		General Surgery for the super morbidly obese patient – changed to General Surgery for patient *with severe obesity*	**Change in terminology from "super morbidly obese patient" to "patients with severe obesity" following sub-specialty association BOMSS request.**
		Cholecystostomy removed	**Following discussion with SAC sub-specialty members in UGI surgery and discussion with AUGIS. Surgical cholecystostomy rarely performed in modern era and frequently an interventional radiology procedure.**
		Cholecystectomy Replaced *lap* with *laparoscopic* / open	**Typographical**
		Exploration of Replaced *CBD* with *common bile duct*	**Typographical**
		Pancreatic debridement & drainage - replaced *&* with *and*	**Typographical**
		Liver debridement and hepatectomy - replaced & with and, *Debridement* with *debridement*	**Typographical**
		Removal of 'Emergency release of lap band for slippage'	**At the request of sub-specialty association BOMSS as not all training regions have access to**

			training in the metabolic bariatric surgery specialty, the management of an gastric band slippage is now undertaken in regional centres. This has been moved to the Knowledge section
COLORECTAL			
PILONIDAL DISEASE			
BENIGN ANAL CONDITIONS			
BENIGN COLORECTAL CONDITIONS	**See technical skill p59**	**Hartmann's reversal – no change to competency level, remains at level 4**	**End of Phase 3 requirement discussion with SAC sub-specialty members in colorectal surgery. Reversal of Hartmann's procedure a decreasingly frequent operation due to changes in emergency general surgery practice. Now often a dual consultant procedure. However, following consultation and stakeholder feedback remains at level 4.**
RECTAL BLEEDING			
ANORECTAL TRAUMA (specialist)			
COLORECTAL NEOPLASIA			
RECTAL NEOPLASIA			
MISCELLANEOUS COLORECTAL MALIGNANT LESIONS			
ANAL NEOPLASIA			
PRESACRAL LESIONS			
FAECAL INCONTINENCE			
RECTAL PROLAPSE	**See technical skill p59**	**Deletion of STARR procedure**	**STARR procedure removed as no longer performed as a routine procedure in UK&NI due to significant patient safety concerns.**
CONSTIPATION			
IRRITABLE BOWEL SYNDROME			

INFLAMMATORY BOWEL DISEASE			
OTHER COLITIDES			
STOMAS			
ENDOSCOPY			
COLORECTAL SECTION	**Technical skills Pages 59 & 60**	**Typographical changes:** • **Pilonidal sinus-excision and suture** • **Haemorrhoides – outpatient treatment** • **Operations for fistula-in-ano including lay open, placement and choice of seton** • **Colectomy-total and ileostomy** • **Colectomy-total and ileorectal anastomosis** • **Rectum-panproctocolectomy and ileostomy** • **Ileoanal anastomosis and creation of pouch** • **Transanal microsurgery (TEMS)** • **Rectum - abdominoperineal excision (APER including ELAPE)** • **Anal tumour - abdominoperineal excision (APER)** • **Prolapse - rectopexy and sigmoid resection** • **Ventral mesh rectopexy (VMR)**	**Typographical only**
GASTROINTESTINAL AND GENERAL SURGERY OF CHILDHOOD			
GASTROINTESTINAL SURGERY			
GASTRO-OESOPHAGEAL REFLUX DISEASE			

HIATUS HERNIA			
ACHALASIA AND OESOPHAGEAL MOTILITY DISORDERS			
OESOPHAGEAL CANCER			
PEPTIC ULCER (specialist)			
GASTRIC AND DUODENAL POLYPS			
ACUTE UPPER GI HAEMORRHAGE (specialist)			
ACUTE GASTRIC DILATION AND GASTRIC VOLVULUS (specialist)			
GASTRIC CARCINOMA			
GIST AND LYMPHOMA			
BARIATRICS	**Topic** **Knowledge**	**Topic titled changed to Severe obesity** **Replaced 'morbid' obesity with 'severe' obesity**	**Change in terminology following sub-specialty association BOMSS request. Reflects obesity as a disease and competencies for the surgical treatment of it.**
GALLSTONE DISEASE			
ACUTE PANCREATITIS (specialist)			
CHRONIC PANCREATITIS (specialist)			
PILONIDAL DISEASE			
BENIGN ANAL CONDITIONS			
BENIGN COLORECTAL CONDITIONS			
RECTAL BLEEDING			
ANORECTAL TRAUMA (specialist)			
COLORECTAL NEOPLASIA			
RECTAL NEOPLASIA			
ANAL NEOPLASIA			
IRRITABLE BOWEL SYNDROME			
INFLAMMATORY BOWEL DISEASE			
OTHER COLITIDES			
STOMAS			
ENDOSCOPY	**Knowledge**	**Knowledge changed from 'Competency in upper and lower GI endoscopy' to upper or lower**	**Consultation with SAC members in GSoC and GI Surgeons, reflecting current UK practice to**

			deliver either UGI endoscopy or LGI endoscopy and align with clinicians' sub-specialty practice
GENERAL SURGERY OF CHILDHOOD			
CONSTIPATION			
ABDOMINAL WALL CONDITIONS			
CHILD WITH GROIN CONDITION			
UROLOGICAL CONDITIONS	**Objective**	**Deleted s in conditions**	**Typographical**
HEAD AND NECK SWELLINGS			
MISCELLANEOUS SKIN CONDITIONS			
GASTROINTESTINAL SURGERY	**Technical skills**	**Typograpical** • **Gastrotomy and non-resectional treatment - histology** • **Pilonidal sinus-excision and suture** • **Haemorrhoids-Outpatient treatment** • **Colectomy-total and ileostomy** • **Colectomy-total and ileorectal anastomosis** **Replaced words** **Deleted Cholecystostomy** **Hartmann's reversal – no change to competency level, remains at level 4.**	**Typographical only** **No longer performed as a routine procedure in UK&I due to significant patient safety concerns.** **End of Phase 3 requirement discussion with SAC sub-specialty members in colorectal surgery. Reversal of Hartmann's procedure a decreasingly frequent operation due to changes in emergency general surgery practice. Now often a dual consultant procedure. However, following**

		Changed 'morbidly obese' to 'severely' obese in 'Laparoscopic access in the morbidly obese' and 'General Surgery of the super morbidly obese patient'	**consultation and stakeholder feedback remains at level 4.** **following sub-specialty association BOMSS request**
GENERAL SURGERY OF CHILDHOOD	**Technical skills**	**Typographical** • **Repair of epigastric, supra-umbilical and abdominal wall hernia** • **In growing toenail operation**	**Typographical only**
BREAST			
BREAST AND AXILLARY ASSESSMENT			
BREAST INFECTIONS			
BREAST CANCER			
PRINCIPLES OF ONCOPLASTIC BREAST SURGERY			
IMPLANT BASED/ASSISTED RECONSTRUCTION	**Technical skill**	**Change:** **Reduction in number of implant reconstruction from 40 to 30**	**Changes to required numbers made after report from Mammary Fold following collection of data from HES, national audit and trainee survey. Presented by SAC members with a sub-specialist interest in breast surgery. Current required numbers not achievable across UK&NI.**
AUTOLOGOUS RECONSTRUCTION	**Technical skill**	**Change:** **Reduction in number of local flaps from 25 to 15**	**Changes to required numbers made after report from Mammary Fold following collection of data from HES, national audit and trainee survey. Presented by SAC members with a sub-specialist interest in breast surgery. Current required numbers not achievable across UK&NI.**

BENIGN SURGERY OF THE BREAST			
BREAST SECTION	**Technical skills**	**SLNB (any technique) In 'Planning, execution and closing incisions on the breast with reference to aesthetic principles and sub-units' wording changed to 'subunits'**	**Typographical only**
ENDOCRINE			
THYROID	**Technical skill**	**Change:** **Reduction in number of re operative thyroid surgery from 10 to 5**	**Current number for certification is 10. This should be changed to 5 on recommendation of SAC sub-specialty members for Endocrine Surgery.** **This reflects recent trends in management of thyroid disease which have reduced the number of re-operative thyroidectomies across the nations. This makes achieving a number of 10 during the period of training unachievable in standard practice.**
PARATHYROID			
ADRENAL			
PANCREATIC ENDOCRINE			
GENETIC SYNDROMES			
BREAST SECTION	**TECHNICAL SKILLS Page 68**	**Typographical** • **Thyroidectomy - total <u>and</u> cervical node dissection - central and lateral compartments** • **Laparoscopic/retroperitoneal <u>adrenalectomy</u>**	**Typographical only**
TRANSPLANT			
ACCESS FOR DIALYSIS			
KIDNEY TRANSPLANT	**Knowledge**	**Insertion:**	**New content added following consultation with SAC members in**

		Competency of management of renal vein thrombosis **Competency in the assessment and management of delayed renal graft function** **Competency in the assessment and management of ureteric stricture**	**transplant surgery and trainee representatives (Herrick Society)**
PAEDIATRIC KIDNEY TRANSPLANTATION			
PRINCIPLES OF TRANPLANTATION	**Knowledge**	**Insertion:** **Knowledge of acute cellular rejection, antibody mediated rejection and graft-versus-host disease** **Knowledge of post transplant viral infection and post transplant lymphoproliferative disorders (PTLD)**	**New content added following consultation with SAC members in transplant surgery and trainee representatives (Herrick Society)**
PANCREATIC TRANSPLANTATION	**Knowledge**	**Insertion:** **Competency in the assessment and management of post transplant graft pancreatitis**	**New content added following consultation with SAC members in transplant surgery and trainee representatives (Herrick Society)**
LIVER TRANSPLANTATION	**Knowledge**	**Insertion:** **Competency in the assessment and management of hepatic artery thrombosis** **Competency in the assessment and management of primary non-function (PNF) of the liver**	**New content added following consultation with SAC members in transplant surgery and trainee representatives (Herrick Society)**
ORGAN RETRIEVAL	**Technical skills**	**Typographical** • **Management of steal syndrome** • **Bench preparation of liver allograft for implantation** • **Recipient hepatectomy**	**Typographical only**

		• Deceased donor liver transplant (implantation) • Living donor liver transplant (implantation) • Re-do deceased liver transplant • Multiorgan retrieval after brain death (DBD)	
GENERAL SURGERY OF CHILDHOOD			
ABDOMINAL WALL CONDITIONS			
CHILD WITH GROIN CONDITION			
UROLOGICAL CONDITIONS	**Knowledge**	**The ability to assess and manage a child with a common condition of the foreskin, urinary tract infection and haematuria**	**Typographical only**
HEAD AND NECK SWELLINGS			
MISCELLANEOUS SKIN CONDITIONS			
GSoC SECTION	**TECHNICAL SKILLS p71**	**In growing toenail operation**	**Typographical only**
VASCULAR			
EXPOSURE AND CONTROL OF MAJOR PERIPHERAL ARTERIES			
REMOTE AND RURAL			
CRANIAL TRAUMA			
MANAGEMENT OF HEAD INJURED PATIENTS			
CRANIO MAXILLOFACIAL TRAUMA			
FACIAL FRACTURES			
OBSTETRICS AND GYNAECOLOGY			
OBSTETRICS			
GYNAECOLOGY			
OPTHALMOLOGY			
OTOLARYNGOLOGY			
PAEDIATRIC OTOLARYGOLOGY			
HEAD AND NECK			
OTOLOGY			
RHINOLOGY			

PLASTIC SURGERY			
TRAUMA AND ORTHOPAEDICS			
ORTHOPAEDICS			
UROLOGY			
URINARY TRACT OBSTRUCTION			
URINARY TRACT INFECTIONS			
UROLOGICAL ONCOLOGY			
ANDROLOGY			
EMERGENCY UROLOGY			
TRAUMA TO THE URINARY TRACT			
REMOTE AND RURAL SECTION	**Technical skills p73**	**In growing toenail operation**	**Typographical only**
TRAUMA			
GENERAL PRINCIPLES			
ABDOMEN AND THORAX			
HEAD AND NECK			
EXTREMITY AND SOFT TISSUE TRAUMA			
VASCULAR TRAUMA			
SYSTEM SPECIFIC TRAUMA			
ON GOING CARE OF INJURED PATIENTS			
TRAUMA SYSTEM MANAGEMENT			
TRAUMA SECTION	**Technical skills p75**	• **Closed and penetrating thoracic injury** • **Cricothyroidotomy corrected spelling**	**Typographical only**