Paediatric Surgery Curriculum update October 2026
Summary of changes

The Paediatric Surgery curriculum was revised through extensive collaboration with trainers, trainees, SAC liaison leads, and key stakeholders. Following review by the BAPS President and JCST ISCP lead, the changes were approved by the SAC in March 2025. A wider stakeholder consultation was undertaken between October 2025 and February 2026.

Re-format

- The syllabus has been restructured under category headings, with topics consolidated across Objectives, Knowledge, and Clinical Skills to eliminate duplication and make it concise. Topic order is retained under Technical skills.
- Skill levels have been added to Objectives
- Skill levels have been moved into specific columns representing the three critical progression points in specialty training; ST4, ST6, ST8. ST3-4 and ST5-6 are in phase 2 of training and ST7-ST8 is in phase 3.
- Skill levels have been reviewed and made consistent across the syllabus. Knowledge levels are generally at level 4 by the end of ST6 when trainees are eligible to sit the specialty examination.

Index Procedures:

- Circumcisions: The numbers have decreased from 80 to 30. This is due to fewer circumcisions being performed because of restricted indications, confirmed against the latest logbook numbers of trainees.
- Thyroglossal Cysts/Branchial Remnants/Fistulas: Reassigned to level 2. Reason: These procedures are currently performed by ENT specialists. They remain part of the syllabus but have been reclassified to level 2.
- Procedures that were previously grouped together have been separated out to ensure competence in each of them

Syllabus Changes:

- Several sections in the syllabus were rephrased for enhanced clarity.
- Clear objectives were added where they were previously absent in the old syllabus.
- Anal stretch was removed as it was not deemed a technical skill.
- The procedure for choledochal cysts was revised, as it is currently only performed at HPB specialist centres similar to the Kasai procedure.
- Open nephrostomy was omitted, as it is now predominantly conducted by Interventional Radiology. Consequently, only percutaneous nephrostomy is to be performed, with surgeons assisting at level 2.
- The Mitrofanoff and heminephrectomy procedures were reclassified to level 3 instead of level 4, recognising them as highly specialised procedures, and level 4 competency is not required for a consultant paediatric surgeon on day one.
- The excision of ureterocele was removed as it is not currently performed, and it has been replaced by endoscopic incision.
- Urethral dilatation should reach level 4 by ST6 instead of ST8, given its simplicity.
- Competency for the operation for meconium ileus should be at level 4 instead of level 3. This is a neonatal emergency, and a consultant on day one should be capable of performing it independently, thus justifying level 4 competency by ST8.

- Technical skills for subcutaneous mastectomy were downgraded to level 2. This procedure is mainly undertaken by plastic surgeons, and exposure has significantly reduced since NHS funding ceased.

Critical Conditions:

- Essentially, the critical conditions required for a day 1 consultant in paediatric surgery remain unchanged. However, they have been reorganised to streamline the process for trainees and trainers and are now grouped according to clinical presentations, including a dedicated trauma section, into:

1. Neonatal and Congenital Conditions
2. Paediatric Gastrointestinal Emergencies
3. Paediatric Trauma and Acute Care Surgery
4. Paediatric Oncology Surgical Conditions
5. Paediatric Urology and Genitourinary Surgery
6. Paediatric Vascular Access
7. Paediatric Thoracic Surgery and Airway Emergencies
8. Head and neck lumps

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