

Appendix 1: Capabilities in Practice

In each of the CiPs the word 'manage' is defined as clinical assessment, diagnosis, investigation and treatment (both operative and non-operative) and recognising when referral to more specialised or experienced surgeons is required for definitive treatment. Trainees are expected to apply syllabus defined knowledge and skills in straightforward and unusual cases across the breadth of the specialty across all CiPs.

Shared Capability in Practice 1: Manages an out-patient clinic Good Medical Practice Domains 1,2,3,4	
Description	Manages all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as out-patients in the specialty are cared for safely and appropriately.
Example descriptors:	• Assesses and prioritises GP and inter-departmental referrals and deals correctly with inappropriate referrals • Assesses new and review patients using a structured history and a focused clinical examination to perform a full clinical assessment, and determines the appropriate plan of action, explains it to the patient and carries out the plan • Carries out syllabus defined practical investigations or procedures within the out-patient setting • Adapts approach to accommodate all channels of communication (e.g. interpreter, sign language), communicates using language understandable to the patient, and demonstrates communication skills with particular regard to breaking bad news. Appropriately involves relatives and friends • Takes co-morbidities into account • Requests appropriate investigations, does not investigate when not necessary, and interprets results of investigations in context • Selects patients with urgent conditions who should be admitted from clinic • Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints • Completes all required documentation • Makes good use of time • Uses consultation to emphasise health promotion
Specialty specific requirements:	See critical conditions (appendix 3 of the curriculum)
Supervision levels:	Level I: Able to observe only Level II: Able and trusted to act with direct supervision: a) Supervisor present throughout b) Supervisor present for part

Level III:	Able and trusted to act with indirect supervision
Level IV:	Able and trusted to act at the level expected of a day-one consultant
Level V:	Able and trusted to act at a level beyond that expected of a day-one consultant

Shared Capability in Practice 2: Manages the unselected emergency take Good Medical Practice Domains 1,2,3,4
Description Manages all patients with an emergency condition requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as emergencies in the specialty are cared for safely and appropriately.
Example descriptors: • Promptly assesses acutely unwell and deteriorating patients, delivers resuscitative treatment and initial management, and ensures sepsis is recognised and treated in compliance with protocol • Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis • Identifies, accounts for and manages co-morbidity in the context of the surgical presentation, referring for specialist advice when necessary • Selects patients for conservative and operative treatment plans as appropriate, explaining these to the patient, and carrying them out • Demonstrates effective communication with colleagues, patients and relatives • Makes appropriate peri- and post-operative management plans in conjunction with anaesthetic colleagues • Delivers ongoing post-operative surgical care in ward and critical care settings, recognising and appropriately managing medical and surgical complications, and referring for specialist care when necessary • Makes appropriate discharge and follow up arrangements • Carries out all operative procedures as described in the syllabus • Manages potentially difficult or challenging interpersonal situations • Gives and receives appropriate handover
Specialty specific requirements: • See critical conditions (appendix 3 of the curriculum) • APLS or equivalent
Supervision levels: Level I: Able to observe only Level II: Able and trusted to act with direct supervision:

	a) Supervisor present throughout b) Supervisor present for part
Level III:	Able and trusted to act with indirect supervision
Level IV:	Able and trusted to act at the level expected of a day-one consultant
Level V:	Able and trusted to act at a level beyond that expected of a day-one consultant

Shared Capability in Practice 3: Manages ward rounds and the on-going care of in-patients Good Medical Practice Domains 1,2,3,4	
Description	Manages all hospital in-patients with conditions requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all in-patients requiring care within the specialty are cared for safely and appropriately.
Example descriptors:	• Identifies at the start of a ward round if there are acutely unwell patients who require immediate attention • Ensures that all necessary members of the multi-disciplinary team are present, knows what is expected of them and what each other's roles and contributions will be, and contributes effectively to cross specialty working • Ensures that all documentation (including results of investigations) will be available when required and interprets them appropriately • Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis • Identifies when the clinical course is progressing as expected and when medical or surgical complications are developing, and recognises when operative intervention or re-intervention is required and ensures this is carried out • Identifies and initially manages co-morbidity and medical complications, referring on to other specialties as appropriate • Contributes effectively to level 2 and level 3 care • Makes good use of time, ensuring all necessary assessments are made and discussions held, while continuing to make progress with the overall workload of the ward round • Identifies when further therapeutic manoeuvres are not in the patient's best interests, initiates palliative care, refers for specialist advice as required, and discusses plans with the patient and their family • Summarises important points at the end of the ward rounds and ensures all members of the multi-disciplinary team understand the management plans and their roles within them • Gives appropriate advice for discharge documentation and follow-up

Specialty specific requirements:

See critical conditions (appendix 3 of the curriculum)

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

Level IV: Able and trusted to act at the level expected of a day-one consultant

Level V: Able and trusted to act at a level beyond that expected of a day-one consultant

Shared Capability in Practice 4:**Manages an operating list****Good Medical Practice Domains 1,2,3,4****Description**

Manages all patients with conditions requiring operative treatment within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients requiring operative treatment receive it safely and appropriately.

Example descriptors:

- Selects patients appropriately for surgery, taking the surgical condition, co-morbidities, medication and investigations into account, and adds the patient to the waiting list with appropriate priority
- Negotiates reasonable treatment options and shares decision-making with patients
- Takes informed consent in line with national legislation or applies national legislation for patients who are not competent to give consent
- Arranges anaesthetic assessment as required
- Undertakes the appropriate process to list the patient for surgery
- Prepares the operating list, accounting for case mix, skill mix, operating time, clinical priorities, and patient co-morbidity
- Leads the brief and debrief and ensures all relevant points are covered for all patients on the operating list
- Ensures the WHO checklist (or equivalent) is completed for each patient at both the beginning and end of each procedure
- Understands when prophylactic antibiotics should be prescribed and follows local protocol
- Synthesises the patient's surgical condition, the technical details of the operation, co-morbidities and medication into an appropriate operative plan for the patient
- Carries out the operative procedures to the required level for the phase of training as described in the specialty syllabus

- Uses good judgement to adapt operative strategy to take account of pathological findings and any changes in clinical condition
- Undertakes the operation in a technically safe manner, using time efficiently
- Demonstrates good application of knowledge and non-technical skills in the operating theatre, including situation awareness, decision-making, communication, leadership, and teamwork
- Writes a full operation note for each patient, ensuring inclusion of all post-operative instructions
- Reviews all patients post-operatively
- Manages complications safely, requesting help from colleagues where required

Specialty specific requirements:

Trainees should have at least the breadth of operative experience described in the index procedures (appendix 4 of the curriculum).

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

a) Supervisor present throughout

b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

Level IV: Able and trusted to act at the level expected of a day-one consultant

Level V: Able and trusted to act at a level beyond that expected of a day-one consultant

Shared Capability in Practice 5:

Manages multi-disciplinary working

Good Medical Practice Domains 1,2,3,4

Description

Manages all patients with conditions requiring inter-disciplinary management (or multi-consultant input as in trauma or fracture meetings in Trauma and Orthopaedic Surgery) including care within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that safe and appropriate multi-disciplinary decisions are made on all patients with such conditions requiring care within the specialty.

Example Descriptors:

Appropriately selects patients who require discussion at the multi-disciplinary team

Follows the appropriate administrative process

Deals correctly with inappropriate referrals for discussion (e.g. postpones discussion if information is incomplete or out-of-date)

Presents relevant case history, recognising important clinical features, co-morbidities and investigations

Identifies patients with unusual, serious or urgent conditions

Engages constructively with all members of the multi-disciplinary team in reaching an agreed management decision, taking co-morbidities into account, recognising when uncertainty exists, and being able to manage this

Effectively manages potentially challenging situations such as conflicting opinions

Develops a clear management plan and communicates discussion outcomes and subsequent plans by appropriate means to the patient, GP and administrative staff as appropriate

Manages time to ensure the case list is discussed in the time available

Arranges follow up investigations when appropriate and knows indications for follow up

Specialty specific requirements: None

Supervision levels:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

a) Supervisor present throughout

b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

Level IV: Able and trusted to act at the level expected of a day-one consultant

Level V: Able and trusted to act at a level beyond that expected of a day-one consultant

Specialty Specific Capability in Practice 6: Assesses and manages an infant or child in a NICU/PICU environment Good Medical Practice Domains 1,2,3,4	
Description	Able to assess infants and children on neonatal and intensive care units, recognise conditions that are best expectantly managed, and the indications and timing for surgical intervention. Discusses with neonatologists and intensivists to formulate appropriate plans, from medical management to surgical (including intervention on the unit itself), initiates/participates in discussions about palliative care if appropriate. Communicates the current situation, prognosis and plans to the parents and family in an accessible and understandable manner.
Example descriptors:	• Demonstrates knowledge of normal physiology in premature infant, term infant and child, and recognises ill infant and child and signs of recovery or deterioration • Demonstrates knowledge and experience of index neonatal conditions, and recognises indications and urgency for surgical intervention • Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination, and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis • Communicates with parents and families in a clear and understandable way, explaining the current situation and ongoing plans, including any surgical intervention • Recognises co-morbidity and medical complications, discussing their management with neonatologists/intensivists, and referring on to other specialties as appropriate • Identifies when further therapeutic manoeuvres are not in the patient's best interests, holds discussions about palliative care, refers for specialist advice as required, and discusses plans with their parents and neonatologists/intensivists • Ensures all members of the multi-disciplinary team understand the management plans and their roles within them. • Ensures the management plan is explicit and agreed with other members of the multi-disciplinary team, taking into account the sometimes conflicting needs of the child, which may happen at any time (for example out-of-hours) • Gives appropriate advice for discharge from the neonatal or intensive care unit, with appropriate documentation and follow-up
Supervision levels:	Level I: Able to observe only Level II: Able and trusted to act with direct supervision: a) Supervisor present throughout b) Supervisor present for part Level III: Able and trusted to act with indirect supervision Level IV: Able and trusted to act at the level expected of a day-one consultant Level V: Able and trusted to act at a level beyond that expected of a day-one consultant