Curriculum changes for August 2016 – PLEASE READ

The Specialty Advisory Committees (SACs) regularly review the Intercollegiate Surgical Curriculum Programme (ISCP) in order to keep curricula up to date and consistent with good and safe practice. The GMC has approved a number of changes and amendments to the following curricula:

- Core Surgery
- General Surgery
- Oral and Maxillofacial Surgery
- Otolaryngology
- Plastic Surgery
- Urology
- Vascular Surgery

These changes are outlined below and include links to further guidance:

Core Surgery (GMC approval pending)

Simulation
Documentation submitted to the GMC provides suggestions for how simulation training may be used to enhance induction in core surgical training by LETBs/Deaneries. Opportunities and facilities for simulation training currently exist in core training across the UK e.g. Technology Enhanced Learning (TEL) for technical skills and scenario and multi-professional training for clinical, non-technical and professional skills. Deaneries/LETBs are responsible for determining the appropriate combination of training methods to suit local circumstances and it is expected that simulation training will be one of the components used.

Further information will be available soon.

General Surgery

Oncoplastic Breast Surgery Training Interface syllabus
The OPBS syllabus has been revised to produce a single unified syllabus applicable to trainees in the parent specialties of General Surgery and Plastic Surgery to produce surgeons in both specialties who can work together to provide a comprehensive oncoplastic breast service.

Oncoplastic Breast Surgery education and training is included in both parent curricula, but each parent speciality has a different focus. General Surgery trainees focus on breast assessment, the management of benign and malignant breast conditions and the plastic surgery skills required to maintain the breast aesthetic after surgery. The focus for General Surgery trainees will be to develop a broader understanding and skill set for breast reconstruction and aesthetic breast surgery with emphasis on the therapeutic use of aesthetic techniques.

Further information will be available soon.

Oral and Maxillofacial Surgery

Head and Neck Training Interface syllabus
The advanced interface training fellowship syllabus has been revised to ensure better integration across the specialties of Plastic Surgery, Oral and Maxillofacial Surgery and Otolaryngology. The aim is to produce a single unified curriculum applicable to trainees in all three specialties, to ensure skills appropriate to multidisciplinary working are gained together with advanced skills in specific aspects of this special interest area. The revised syllabus provides advanced topics that should be tailored by agreement with the Assigned Educational Supervisor to the needs and requirements of the individual training doctor.

Further information will be available soon.

Otolaryngology

New Tracheostomy Care (Adult) topic
The topic Tracheostomy Care (Adult) has been added to the Head and Neck section of the syllabus to reflect the key role of ENT surgeons in this area of competence and the growing importance of ensuring Tracheostomy is well managed. The objectives of this new topic are for surgeons to be able to manage patients with short and long term tracheostomies in an emergency, elective and community setting and provide an expert resource to other health professionals in the management of tracheostomies.

Skill levels
Minor changes have been made to some skill levels in several syllabus topics. These occur mainly in the Final Stage and in the Technical Skills domain, with some changes in the Clinical Skills and Knowledge domains. These skill level changes better reflect the reality of current service delivery and what is achievable during the training programme. The skills levels which have been reduced have changed from a 4 to a 3 or 2, and some from a 3 or a 2 to a 1.

Head and Neck Training Interface syllabus
The advanced interface training fellowship syllabus has been revised to ensure better integration across the specialties of Plastic Surgery, Oral and Maxillofacial Surgery and Otolaryngology. The aim was to produce a single unified curriculum applicable to trainees in all three specialties, to ensure skills appropriate to multidisciplinary working are gained together with advanced skills in specific aspects of the special interest area. The intention is that there will be clear identification of key knowledge and skills that all training doctors, irrespective of their base specialty, will have access to, and obtain education in. The revised syllabus provides advanced topics that should be tailored by agreement with Assigned Educational Supervisor to the needs and requirements of the individual training doctor.

Further information will be available soon.

Plastic Surgery

Oncoplastic Breast Surgery Training Interface syllabus
The OPBS syllabus has been revised to produce a single unified syllabus applicable to trainees in the parent specialties of General Surgery and Plastic Surgery to produce surgeons in both specialties who can work together to provide a comprehensive oncoplastic breast service.

Oncoplastic Breast Surgery education and training is included in both parent curricula, but each parent speciality has a different focus. Plastic Surgery trainees focus on breast reconstructive skills and must develop knowledge and skills in breast assessment, beast disease and cancer diagnosis and management.

Head and Neck Training Interface syllabus: The advanced interface training fellowship syllabus has been revised to ensure better integration across the specialties of Plastic Surgery, Oral and Maxillofacial Surgery and Otolaryngology. The aim was to produce a single unified curriculum applicable to trainees in all three specialties, to ensure skills appropriate to multidisciplinary working are gained together with advanced skills in specific aspects of the special interest area. The intention is that there will be clear identification of key knowledge and skills that all training doctors, irrespective of their base specialty, will have access to, and obtain education in. The revised syllabus provides advanced topics that should be tailored by agreement with Assigned Educational Supervisor to the needs and requirements of the individual training doctor.

Further information will be available soon.

Urology Core Surgery (GMC approval pending)

There have been a number of changes to the Final Stage, special interest modular syllabus which fall into these categories:

- Skill Level changes
- Rearrangement of some Modules
- Content of new Module 9 (Urethral Reconstruction) rewritten and modernised
- Clarity over the place of the modules in the overall curriculum

Skill levels have changed in Modules 1-14, reflecting a change in the frequency and nature of techniques applicable to special interest training. The increase in some skill levels is balanced by the reduction of others.

Modules - the content of previous Modules 8, 9 and 11 are now combined in Module 8. Trainees selecting Module 8 will now be required to gain skills which were previously included in Modules 9 and 11. This addresses what was a potential deficit in training in this area whereby trainees may have selected an inappropriate mix of modules leading them to be poorly prepared for current practice.

Further information will be available soon.

Vascular Surgery Core Surgery (GMC approval pending)

Simulation
The role of specialty induction has been increased and will include simulation training in order to provide trainees with focussed training in basic skills to prepare them for clinical practice.

Changes to some syllabus skill levels
The levels of competency required at different levels of training have been adjusted slightly (some areas reduced and others increased) in order to produce more competent vascular surgeons at completion of training who are better able to deal with the demands of the service. Skill level reductions are in cross sectional imaging interpretation, skill level increases have a corresponding balancing effect in some of the technical endovascular procedures at ST6 and ST8 which have greater importance for vascular surgeons. These changes are consistent with the needs of service provision.

Further information will be available soon.