Surgical Training in the UK

Professor Rowan W Parks
Vice-President, UEMS

ASGBI-UEMS Meeting
Belfast, May 2016
Current Structure of PGME in the UK

- **Medical School**: 5 - 6 years
- **Foundation Training**: F1-2, 2 years
- **Specialty Training**: ST 1 – 8 Run-through Training, CT 1-2 Core Training, ST 3 – 8 Specialty Training, 3 – 8 years +
- **Consultant**: GPST 1-3 GP Training, CCT, Revalidation
Surgical Specialties

- General Surgery
- Trauma & Orthopaedics
- Urology
- Plastics
- ENT
- Neurosurgery
- Cardiothoracic
- Paediatrics
- OMFS
- Vascular
General Surgery

- Broad umbrella
- No GMC approved subspecialty
- Areas of “Special Interest”
- Exit Exam (FRCS) – nominate a special interest
- CCT – ability to manage an unselected general surgical emergency ‘take’
- No regulated post-CCT accreditation in the UK
Areas of Special Interest

- Upper GI
- Colorectal
- Transplantation
- Breast
- Endocrine

Less Well Developed
- Military surgery
- General surgery of childhood
- Remote and rural surgery
- Academic surgery

OG
Bariatric
HPB
Hepatobiliary
Pancreatic
Requirements for CCT

- 6 years specialty training
- Pass the intercollegiate exam – FRCS (Gen Surg)
- Annual Review of Competency Progression (ARCP) x6
- 30 CBDs
  (10 emergency, 10 special interest, 10 other)
- 1600 cases in logbook
  eg Upper GI (35 major resections, 110 Lap Choles)
- 3 publications + 3 presentations
- 3 audit / service improvement projects
- “Training the Trainers” course / Teaching
- Management course / role eg rota design
Syllabus – Upper GI

• Oesophageal Cancer
  – Knowledge – level 4
  – Clinical skills – level 4
  – Technical skills
    • Level 4 for endoscopy
    • Level 2 for EMR
    • Level 3 for oesophageal resection
Syllabus – Upper GI

• Pancreatic Cancer
  – Knowledge – level 4
  – Clinical Skills – level 4
  – Technical skills
    • Level 3 for pancreaticoduodenectomy / DP
    • Level 4 for biliary bypass / gastroenterostomy
    • Level 2 for ERCP
Syllabus – Lower GI

• Colorectal Cancer
  – Knowledge – level 4
  – Clinical Skills – level 4
  – Technical skills
    • Level 4 for colon resection
    • Level 3 for colo-anal anastomosis
    • Level 3 for AP resection
    • Level 3 for pelvic clearance
    • Level 2 for re-operation pelvic malignancy
Syllabus – Breast

• Breast Cancer
  – Knowledge – level 4
  – Clinical Skills – level 4
  – Technical skills
    • Level 4 for WLE
    • Level 4 for Mastectomy
    • Level 4 for Axillary surgery
    • Level 4 for Latissimus dorsi flap + implant
    • Level 2 for TRAM flap
By the end of ST8:

- All trainees will have the knowledge, clinical and technical skills of Elective General Surgery and of Emergency General Surgery as defined in the syllabus for ST8.

- Trainees will have the knowledge, clinical and technical skills of their chosen special interest(s) as defined in the syllabus for ST8.

- CCT holders will be capable of working as a consultant within a multi-disciplinary team in Elective and Emergency General Surgery and in one of: Upper Gastrointestinal, Colorectal, Breast or Transplant Surgery.
## Current Supply & Demand (Annualised)

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<th>Consultant Adverts</th>
<th>CCT Graduates</th>
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<td>General</td>
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# Upper GI Demand

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Professor David Greenaway
Training Structure for the Future

- **Shorten** length of training
- **Most** doctors will work in the general area of their broad specialty
- Maintain and develop skills in their specialty area and their generic capabilities through **CPD**
- Enhanced subspecialty training (**Credentialing**)
Specialisation vs Generalism
Possible Shape of Future Training

- Undergraduate (4-6 years)
- Foundation years (2 years)
- General Surgical Training (3 years)
- 2 years
- 1 year

Registered Doctor

- Trained Doctor (CST)

Registration
Summary

• Current challenges for E&T
  – EWTR
  – Service workload
• Broad syllabus
• Not level 4 in everything at CCT
• Option for additional fellowship
• Enhanced mentoring within a MDT
• Education & professional development continues beyond CCT
• Likely shift to emphasis on generalism