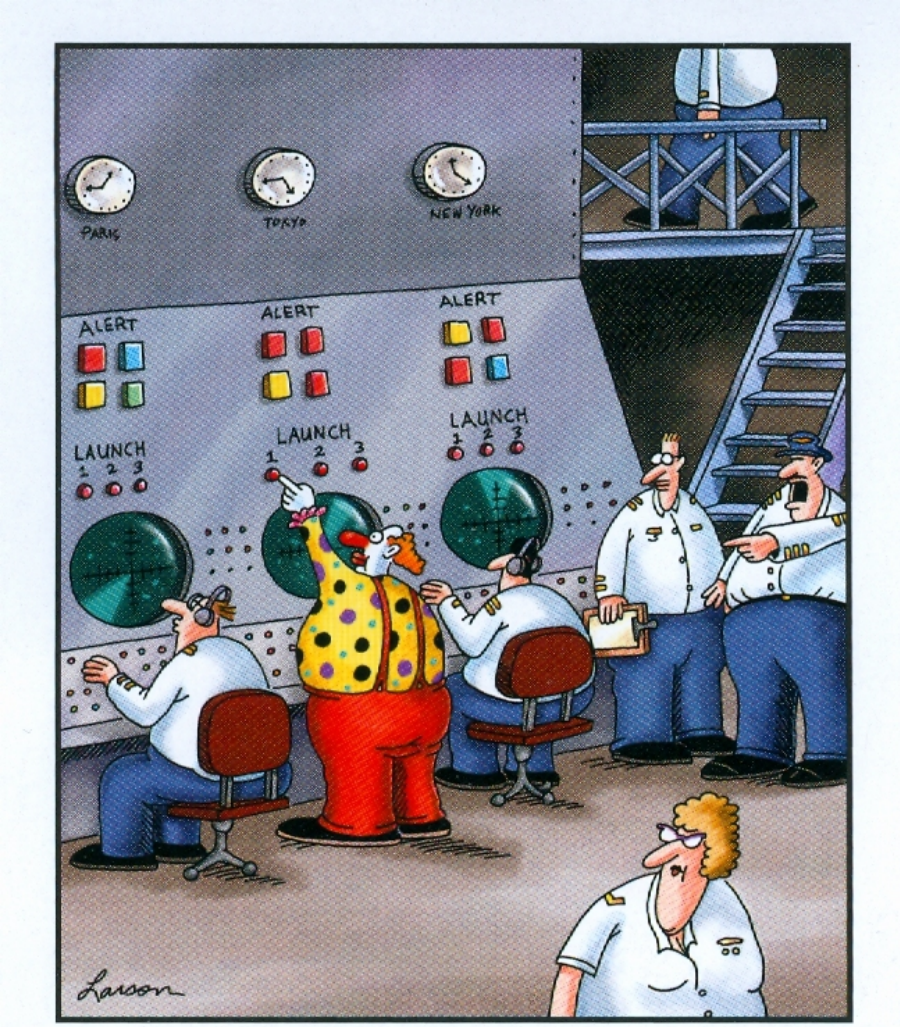
The School of Surgery

Neville Jamieson
Head of School of Surgery EoE
and Associate Dean

Addenbrookes today

What does the Head of School of Surgery actually do?



"Hey! What's that clown think he's doing?"

- Core Surgery is an introduction to the basic skills required for a career in surgery and to set you up for a successful ST3 application in your chosen specialty
- NB The requirements for ST3 entry in the various specialties are becoming increasingly demanding – hence the development of themed programmes

Yogi Berra
1925-

“Predicitions are very hard to make.”

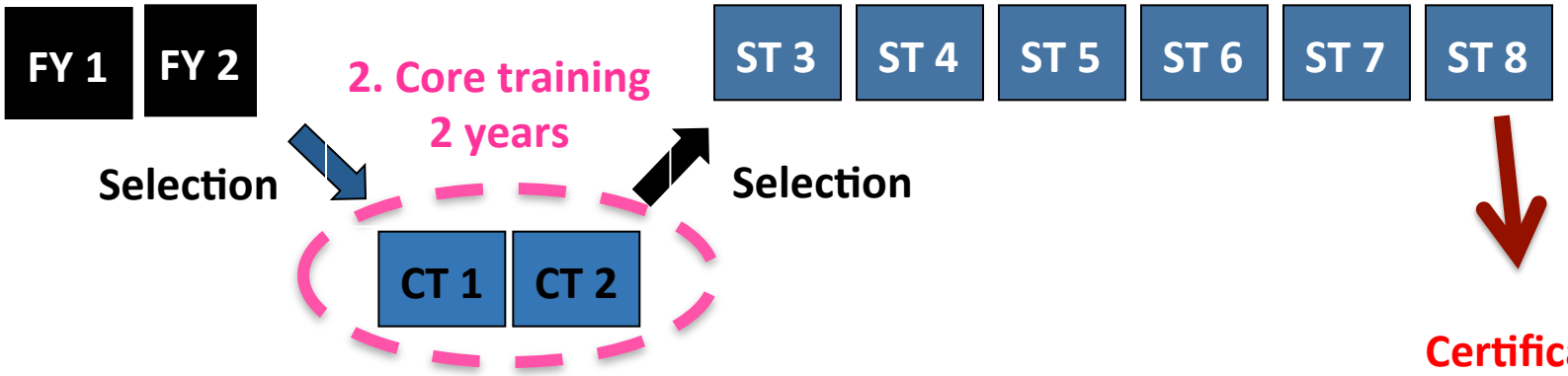
“Especially about the future.”

What is the structure of training?

Pathways in Surgical Training
Minimum time to complete – 10 years

1. Foundation Training
Common to all Specialties
2 Years

3. Higher Surgical Training
6 years
Assessed by
Workplace based assessments (40/year)
Annual Training Review
And Final FRCS Examination



Assessed by
Workplace based assessments (40/year)
Annual Training Review
MRCS Examination

Certificate of Completion of Training (CCT)

Surgical Training Pathway

Surgical Training Pathway

Can be more complicated!
Research PhD or MD
Exam Failure
ARCP failure

If you need more time for training you can have it but….
Three strikes and you are out

North

- North East
- Yorkshire and Humber
- North West

Midlands and East

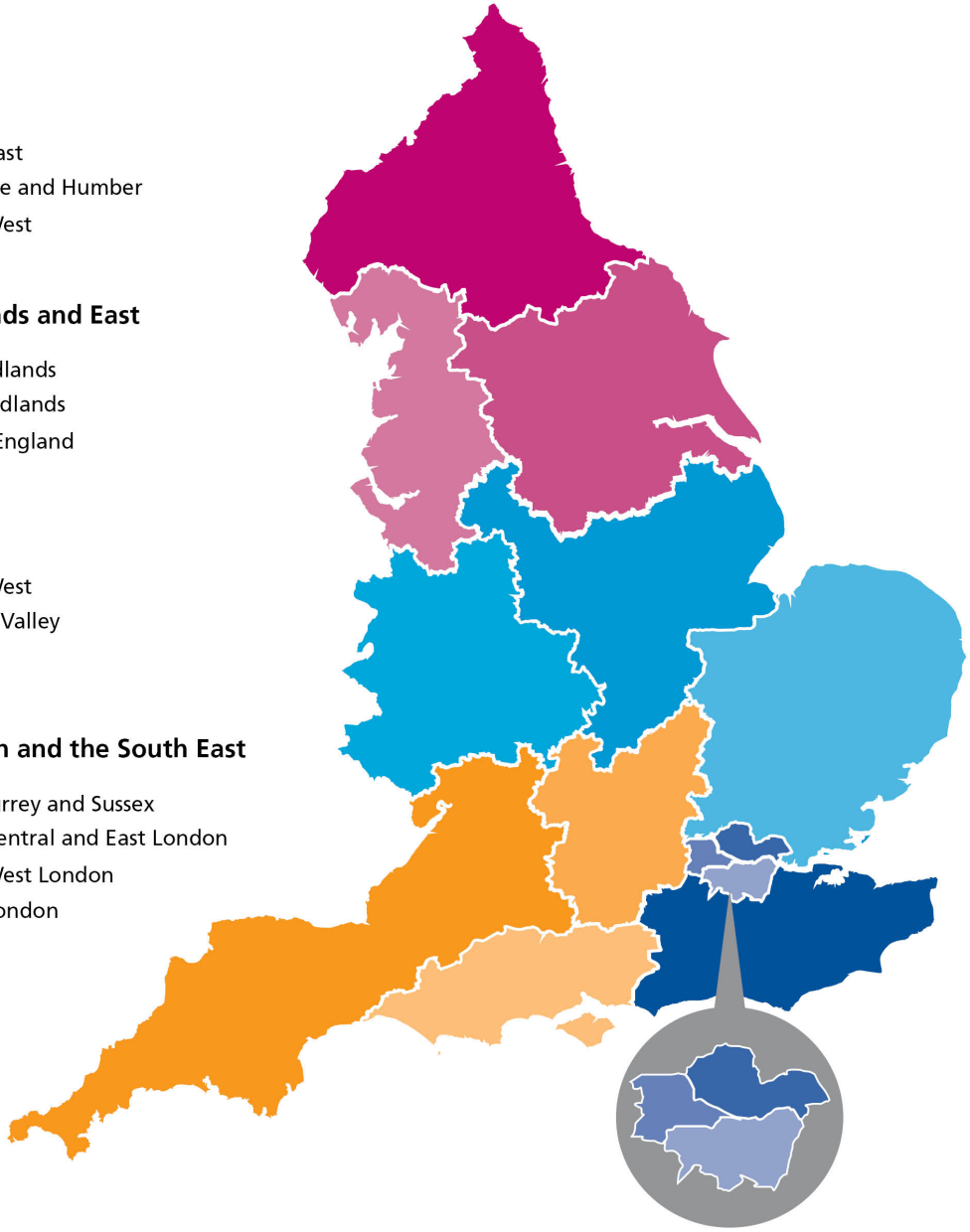
- East Midlands
- West Midlands
- East of England

South

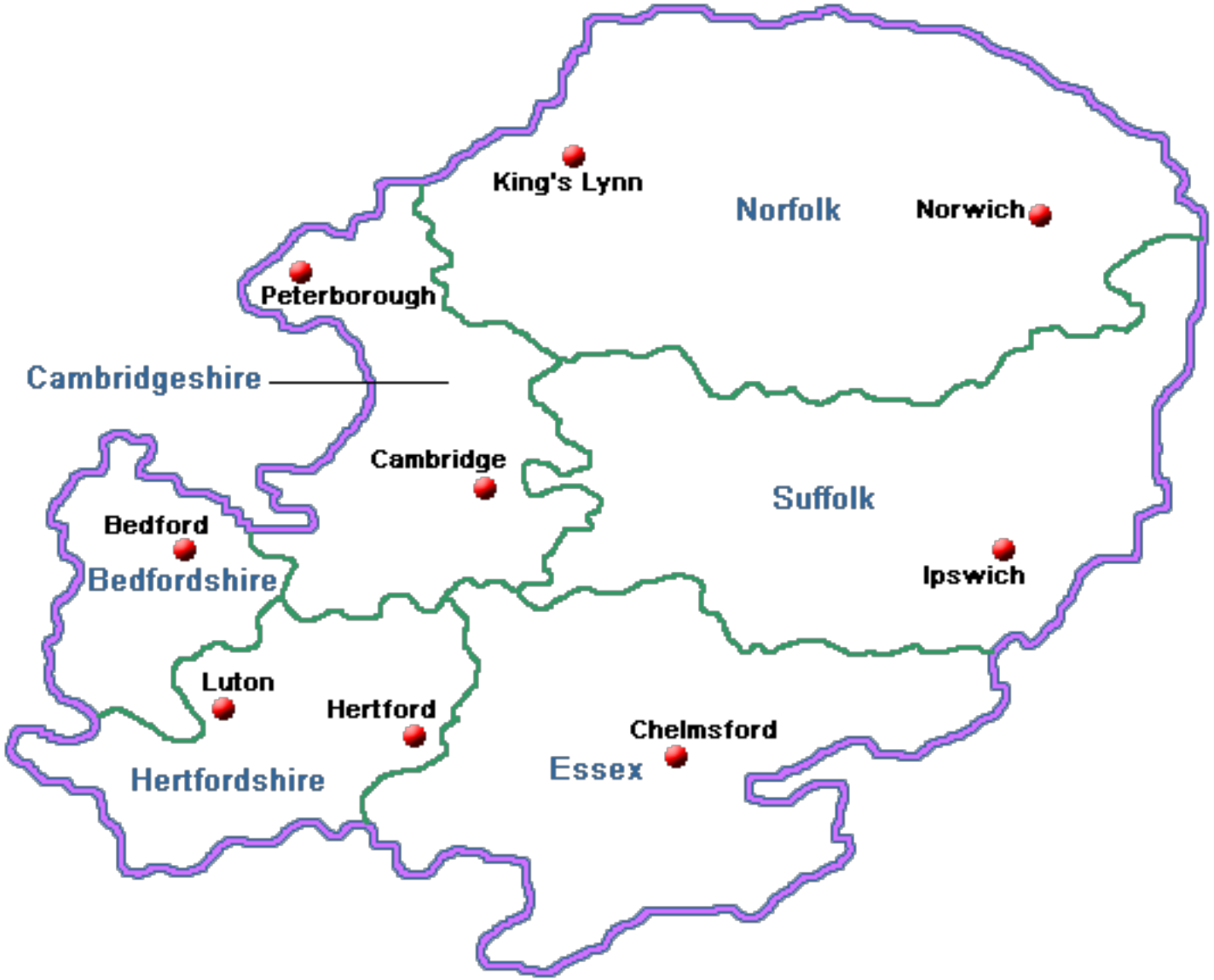
- South West
- Thames Valley
- Wessex

London and the South East

- Kent, Surrey and Sussex
- North Central and East London
- North West London
- South London



East of England



What is the School of Surgery?

- Responsible for Core and Higher Surgical trainees in East of England (HEE EoE)
- How many?
  - 50 core trainees per year (100 total)
  - 350 higher trainees
- Where?
  - Norfolk, Cambridgeshire, Suffolk, Essex, Hertfordshire, Bedfordshire.

Which Specialties

- All surgical specialties except Opthalmology (a separate School) and Paediatric Surgery which is covered by a larger area including London, Oxford and Wessex)
- Aren't they all different?
  - Yes very much so!
- What share of the country does HEE EoE represent?
  - On a weighted capitation basis 10%

Health Education England Mantra

- Each region in the UK should be training its own workforce to meet its own long term needs.

Specialty Numbers

Specialty	Number of Trainees
Cardiothoracic	11
General Surgery	83
Neurosurgery	10
ENT	23
Plastic Surgery	21
Trauma and Orthopaedics	60
Urology	18
OMFS	5

And 100 Core trainees spread across CT1 and CT2
+ Academic trainees − ACF's

Current Consultants

RCS Surgical Workforce report 2011

Specialty	England	Wales	Northern Ireland	TOTAL
Cardiothoracic Surgery	322	13	9	344
General Surgery	2052	133	88	2273
Neurosurgery	246	11	8	265
Oral and Maxillofacial Surgery	336	31	9	376
Otorhinolaryngology	583	44	31	658
Paediatric Surgery	146	6	6	158
Plastic Surgery	357	14	10	381
Trauma and Orthopaedic Surgery	2089	142	55	2286
Urology	733	44	22	799
All Specialties	6864	438	238	7540

Regional breakdown

RCS Surgical Workforce report 2011

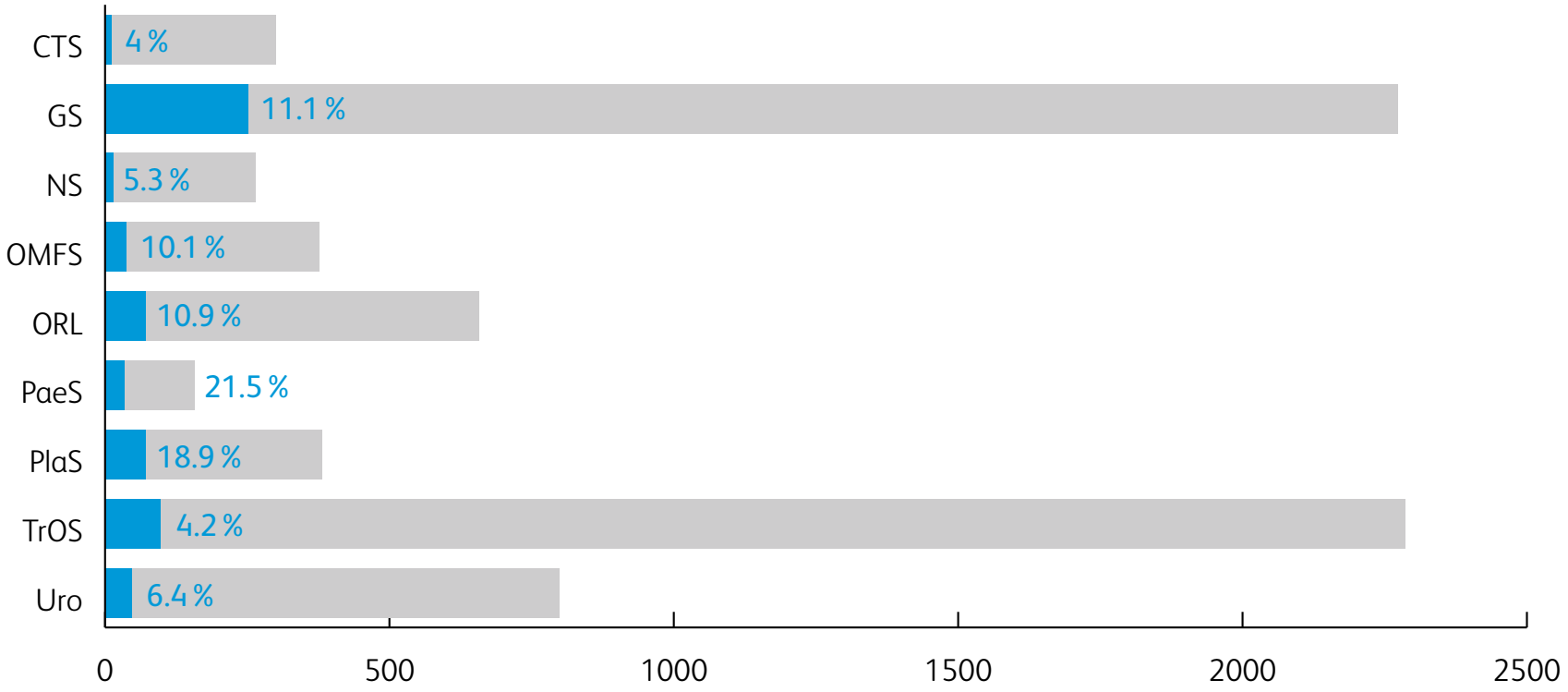
Specialty	North East	North West	Yorkshire & Humber	East Midlands	West Midlands	East of England	London	South East Coast	South Central	South West	TOTAL
Cardiothoracic Surgery	23	51	32	26	33	27	78	6	22	24	322
General Surgery	133	289	226	144	224	194	343	162	134	203	2052
Neurosurgery	18	33	24	13	27	13	70	6	20	22	246
Oral and Maxillofacial Surgery	18	42	36	28	32	26	61	37	24	32	336
Otorhinolaryngology	33	85	51	41	70	52	102	44	42	63	583
Paediatric Surgery	8	22	17	12	10	11	39	6	15	6	146
Plastic Surgery	26	37	38	19	43	38	86	15	22	33	357
Trauma and Orthopaedic Surgery	130	290	206	163	261	207	319	152	144	217	2089
Urology	40	105	77	45	65	86	136	59	48	72	733
Total	**429**	**954**	**707**	**491**	**765**	**654**	**1234**	**487**	**471**	**672**	**6864**

Medical School
the past

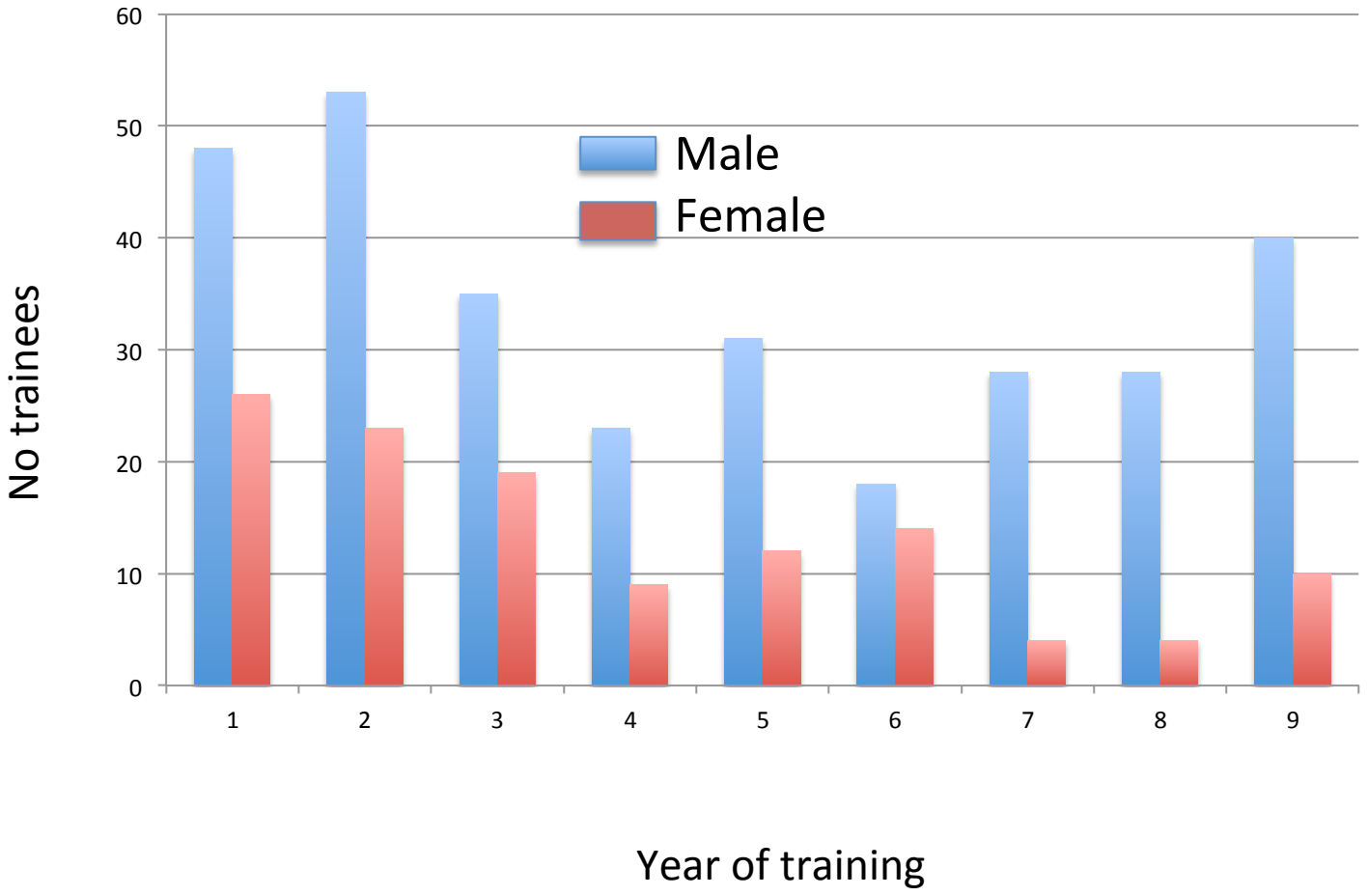
And now - Harvard

Gender breakdown

RCS Surgical Workforce report 2011



Trainees - gender



National Selection

- Now in place for all specialties – recruitment co-ordinated nationally usually with a host deanery which is different for each specialty
- Most specialties recruit after Core at ST3 level.
- Neurosurgery appoint at ST1 to run through.
- Cardiothoracic are running a trial of ST1 appointment to improve quality ENT and OMFS are alos planning pilots
- IST from 2018 General Surgery and 2019 for Urology and Vascular

2016 – ST3 Competition Ratios – Surgical Specialties

Specialty	Applications Received	Posts Available	Competition Ratio
Cardiothoracic Surgery	54	8	6.75
General Surgery	365	217	1.68
Neurosurgery	22	6	3.67
Ophthalmology	43	14	3.07
Oral and Maxillo Facial Surgery	21	16	1.31
Otolaryngology	103	63	1.63
Paediatric Surgery	53	13	4.08
Plastic Surgery	103	37	2.78
Trauma and Orthopaedic Surgery	370	138	2.68
Urology	151	70	2.16

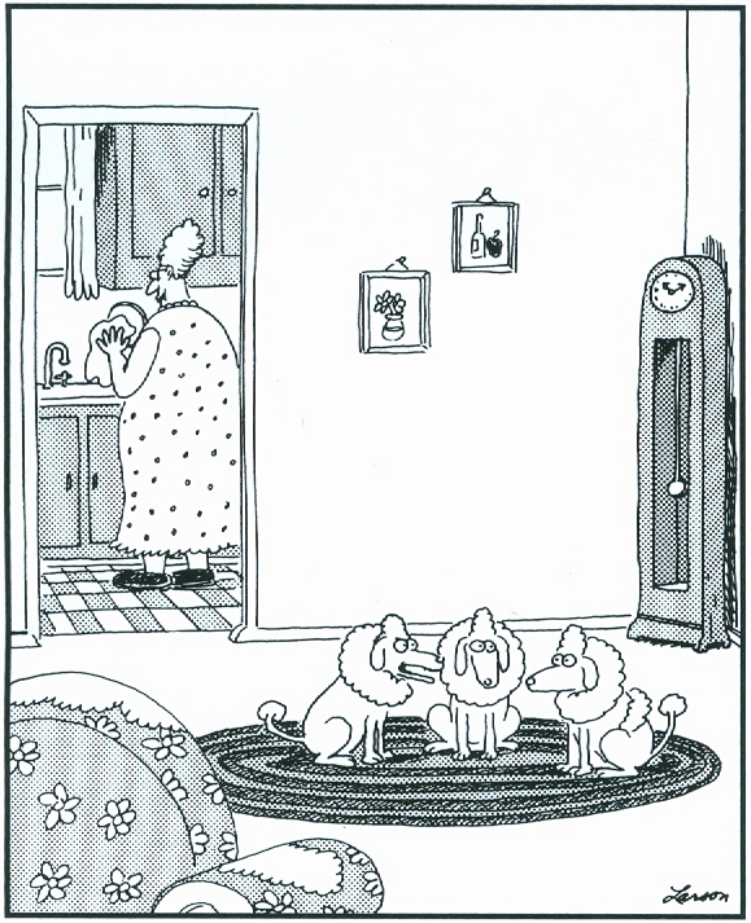
Number of applicants applying to only one specialty – 2016 – Surgical Specialties ST3

Specialty	No. of applicants only applying to this specialty	Total number of applications received for the specialty	% of total applicants to this specialty
Cardiothoracic Surgery	54	54	100.00%
General Surgery	336	365	92.05%
Neurosurgery	22	22	100.00%
Ophthalmology	42	43	97.67%
Oral and Maxillo Facial Surgery	21	21	100.00%
Otolaryngology	100	103	97.09%
Paediatric Surgery	46	53	86.79%
Plastic Surgery	98	103	95.14%
Trauma and Orthopaedic Surgery	300	370	81.08%
Urology	141	151	93.38%

Who is in Charge?

- Deaneries (LETB's)
- College/JCST
- Schools of Surgery
- HEE
- CFWI
- Trusts
- DOH/Minister
- National Clinical Director
- Commisioners/Specialist Commisioners

And our trainees love us



"Well, yes, there is a downside, Fluffy. …
When we kill her, the pampering will end."

Quality Indicator	
1.	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2.	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3.	Trainees in surgery should have the opportunity and study time to complete and present one audit project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
4.	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this.
5.	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6.	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year, with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7.	Trainees in surgery will be assigned an educational supervisor and will have negotiated a learning agreement within six weeks of commencing each post.
8.	Trainees in surgery should have the opportunity to participate in operative briefings with use of the WHO checklist or equivalent.
9.	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

Quality Indicators for Surgical Training – All Core Surgical Trainees

Quality Indicator	
10.	All trainees in Core Surgery should have the opportunity to attend five consultant supervised sessions of 4 hours each week: for variations in this QI for different specialties, see appendix 1.
11.	All trainees in Core Surgery should have the opportunity to attend at least one consultant ward round each week.
12.	All trainees in Core Surgery should have the opportunity to be involved with the management of patients presenting as an emergency at least once each week (on average), under supervision and appropriate to their level of training.
13.	All trainees in Core Surgery should have the opportunity to complete the following mix of WBAs per year to achieve QI 6 above: A minimum of 10 x CEX A minimum of 10 x CBD A minimum of 10 x DOPS / PBA 1 x MSF The remaining WBAs should be agreed between the AES and the trainee based on individual trainee need.
14.	All trainees in Core Surgery should have the opportunity to attend one MDT meeting, or equivalent, per week where appropriate.

Quality Indicators for Surgical Training – Core Surgical Trainees in Cardiothoracic Surgery Placements

Quality Indicator	
15.	Core trainees in Cardiothoracic Surgery should have the opportunity to perform the supervised taking of long saphenous veins to a safe standard and should be capable of opening the chest by sternotomy or thoracotomy by end of 6 months placement.
16.	Core Trainees on a six month Cardiothoracic Surgery placement should have the opportunity to either attend the annual meeting of the Society of Cardiothoracic Surgeons or the Core Skills Course in Cardiothoracic Surgery.

Quality Indicators for Surgical Training – Core Surgical Trainees in General Surgery Placements

Quality Indicator	
15.	Core trainees in General Surgery should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: Primary abdominal wall hernia; appendicectomy; laparoscopic port placement; abdominal incision/closure for laparotomy; removal of skin lesions; and cutaneous abscess drainage.
16.	Core trainees in General Surgery, when on call for emergencies, should be free of routine ward work.

Quality Indicators for Surgical Training – Core Surgical Trainees in Neurosurgery Placements

Quality Indicator	
15.	Core trainees in Neurosurgery should have the opportunity to develop clinical skills enabling them to assess and manage neurosurgical and neurological emergencies, urgent and elective cases.
16.	Core trainees in Neurosurgery should have the opportunity to develop practical competencies including ward and theatre based practical surgical skills.

Quality Indicators for Surgical Training – Core Surgical Trainees in Oral & Maxillofacial Surgery Placements

Quality Indicator	
15.	Core trainees in OMFS should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: Extraction of teeth; removal of retained roots; biopsy of intra-oral lesions; removal of impacted teeth; debridement of contaminated wound/infected wound/wound with skin loss; and primary closure of skin lacerations of the face and oral tissues where there is no tissue loss or nerve injury.
16.	Trainees in core OMFS placements should have the opportunity to undertake a basic fracture plating course.

Quality Indicators for Surgical Training – Core Surgical Trainees in Otolaryngology Placements

Quality Indicator	
15.	Core trainees in ENT should have the opportunity to perform all the procedures in the Early Years Curriculum to the specified level as defined in the curriculum. The basic minimum is: Insertion of grommets; reduction of nasal fracture; adult tonsillectomy; and paediatric adenotonsillectomy.
16.	Core trainees in ENT should have the opportunity to regularly attend ward rounds dealing with the management of emergency admissions.

Quality Indicators for Surgical Training – Core Surgical Trainees in Plastic Surgery Placements

Quality Indicator	
15.	Core trainees in Plastic Surgery should have the opportunity to perform at least three procedures from each list to the standard stipulated below by the end of Core Surgical Training: a) Performed operations - exploration, repair of extensor tendon; excision of basal cell carcinoma; split skin graft; full thickness skin graft; repair of full thickness lip or eyelid lacerations (any one); debridement of contaminated wound / infected wound / wound with skin loss (any one). b) Performed with assistance or Assisted operations / procedure – perform exploration, repair of flexor tendon with assistance; perform local flap to reconstruct a defect with assistance; burns resuscitation with assistance; perform microsurgical nerve repair with assistance; assist in free tissue transfer surgery; assist in fasciotomy for compartment syndrome.
16.	Core trainees in Plastic Surgery should have the opportunity to attend the Emergency Management of Severe Burns Course (EMSB).

Quality Indicators for Surgical Training – Core Surgical Trainees in Paediatric Surgery Placements

Quality Indicator	
15.	Core trainees in Paediatric Surgery should have the opportunity to perform procedures in the category General Surgery of Childhood (to include circumcision, non-neonatal inguinal herniotomy, ligation of PPV, umbilical hernia repair, appendicectomy) to a specified level as defined by the curriculum.
16.	Core trainees in Paediatric Surgery should have the opportunity to undertake a level 2 Safeguarding or Child Protection course and attend a Basic Paediatric Life Support course.

Quality Indicators for Surgical Training - Core Surgical Trainees in T&O Placements

Quality Indicator	
15.	Core trainees in T&O should have the opportunity to perform the following procedures to a specified level as defined by the curriculum: DHS; Hemiarthroplasty; ankle fracture fixation; and MUAs with application of plaster.
16.	Core trainees in T&O should be allocated to units that ensure supervised attendance at a minimum of 1 fracture/trauma based clinic per week.

Quality Indicators for Surgical Training - Core Surgical Trainees in Urology Placements

Quality Indicator	
15.	Core trainees in Urology should have the opportunity to perform routine cystoscopy with retrograde stent placement and basic inguinoscrotal surgery (hydrocele, epididymal cyst excision, and circumcision) both to level 2 standard as defined by the curriculum.
16.	Core trainees in Urology, trainees should have the opportunity and time to access web based urology educational media.

Quality Indicators for Surgical Training - Core Surgical Trainees in Vascular Surgery Placements

Quality Indicator	
15.	Core trainees in Vascular Surgery should have the opportunity to develop skills in vascular operations including vessel exposure, vascular suturing and control of bleeding. This should include direct access to common arterial and venous procedures.
16.	Core trainees in Vascular Surgery should have the opportunity to attend MDTs and interventional radiology sessions.

Appendix 1

Weekly consultant supervised sessions

Core trainees should have the opportunity to attend five consultant supervised sessions each week (only four of which may be named). These can be broken down as follows for each specialty:

Specialty	Specific requirements for QI 10
Cardiothoracic Surgery	Core trainees in Cardiothoracic Surgery should have the opportunity to attend three operating sessions and at least one outpatient clinic each week.
General Surgery	Core trainees in General Surgery should have the opportunity to undertake three supervised operating sessions (one of which should be an emergency session) and two supervised outpatient clinics each week.
Otolaryngology	Core trainees in ENT surgery should have the opportunity to attend three operating lists (at least one as the principle trainee) and three clinics (including emergency clinics) each week.
OMFS	Core trainees in OMFS should have the opportunity to attend three operating lists and three outpatient clinics each week. These should include emergency lists and clinics.
Neurosurgery	Core trainees in Neurosurgery should have the opportunity to attend at least one consultant led operating session and one outpatient clinic each week.
Paediatric Surgery	Core trainees in Paediatric Surgery should have the opportunity to attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week.
Plastic Surgery	Core trainees in Plastic Surgery should have the opportunity to attend three operating sessions (one of which should be an emergency session) and at least one outpatient clinic each week.
Trauma & Orthopaedics	Core trainees in Trauma & Orthopaedics should have the opportunity to attend three operating sessions (2 x trauma and 1 x elective) and at least one fracture clinic each week.
Urology	Core trainees in Urology should have the opportunity to attend at least three operating sessions, (including flexible cystoscopy, but at least two GA operating lists per week) and at least one outpatient clinic each week.
Vascular Surgery	Core trainees in Vascular Surgery should have the opportunity to attend two vascular lists per week, one of which may be an interventional

	radiology list. They should also have the opportunity to attend one vascular outpatient clinic and one MDT each week.

Future Prospects

The Old Man of Coniston