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**ASiT input: RCS Response to GMC Undergraduate Curriculum Consultation**

ASiT is concerned about the declining representation of surgery in the undergraduate medical curriculum and welcomes the opportunity to feed into this important consultation. In the context of lower competition ratios for core surgical training in recent years, we feel a drive towards ensuring the basics of surgical care are taught in medical school will help foster interests in pursuing a career in surgery early, and equally as important allow tomorrow’s graduates to be prepared to care for surgical conditions regardless of destination, particularly in general practice and emergency care. To this effect, we recommend the following:

**Recommendation 1: Basic surgical skills**

Outcomes for Graduates currently lists skin suturing, wound care and basic wound dressing as essential practical procedures in Appendix 1. We note that in the draft update for Outcomes, the wording has changed and does not explicitly state that basic suturing skills should be attained as a practical procedure prior to graduation. To help further guide medical schools in their design and delivery of their curricula, we believe these procedures need to be further defined. Skin suturing should include basic wound closure with simple interrupted sutures, and additionally include use of steristrips and skin staples. We would recommend that medical schools consider assessing these skills formally as a ‘Direct Observation of Procedural Skills’ (DOPS) during placements in surgery, general practice, or emergency department. The popularity of ‘Basic Surgical Skills’ courses run by ASiT over the years demonstrates that medical students and junior doctors are interested in acquiring these skills. Furthermore, a recent survey conducted by ASiT (unpublished)[(1)](https://paperpile.com/c/15U12G/oFwB) highlighted that an enjoyment of the ‘hands-on’ and practical skills in surgery to be an important motivating factor for pursuing a surgical career. Allowing students to gain these skills during medical school may allow fostering of interest in surgical careers in addition to providing vital skills for foundation trainees.

**Recommendation 2: Anatomy**

The draft consultation for Outcomes for Graduates does not explicitly state the need for the medical graduate to have a good knowledge of preclinical science and anatomy (point 25). We note that this wording has changed from the current Outcomes document (point 8). There is significant differences in the quantity of teaching on anatomy[(2,3)](https://paperpile.com/c/15U12G/V75V+09Q9) across the UK. A good background in these areas is vital for several of the outcomes listed in Outcomes for Graduates, including Point 14. Diagnose and manage clinical presentations and Point 15. Communicate effectively with patients and colleagues in a medical context. Understanding anatomy in a clinical context is a vital part of being able to perform and interpret findings from physical examinations and interpret radiological investigations. As such it is critical knowledge for all doctors in all specialties.

**Recommendation 3: Basics of care for the surgical patient**

Almost one third of all hospital admissions are for surgical intervention, and between 2004 - 2014 there has been a 27% increase in number of admissions for surgical procedures[(4)](https://paperpile.com/c/15U12G/iA6i). As such, it is important that new graduates have a firm understanding of pre-operative and post-operative care, including fluid and analgesia prescribing in the post-operative setting, and infection control.

1. [Association of Surgeons in Training. Choosing a Career in Surgery Survey. 2017.](http://paperpile.com/b/15U12G/oFwB)

2. [Lee MJ, Drake TM, Malik TAM, O’Connor T, Chebbout R, Daoub A, et al. Has the Bachelor of Surgery Left Medical School?-A National Undergraduate Assessment. J Surg Educ. 2016 Jul;73(4):655–9.](http://paperpile.com/b/15U12G/V75V)

3. [Rufai SR, Holland LC, Dimovska EOF, Bing Chuo C, Tilley S, Ellis H. A National Survey of Undergraduate Suture and Local Anesthetic Training in the United Kingdom. J Surg Educ. 2016 Mar;73(2):181–4.](http://paperpile.com/b/15U12G/09Q9)

4. [Hospital Episode Statistics [Internet]. National Health Service; 2012 [cited 2018 Jan 5]. Available from:](http://paperpile.com/b/15U12G/iA6i) <http://content.digital.nhs.uk/hes>