

# **A Curriculum for the Early Years of Surgical Training**

A response to this draft document open for  
consultation by



July 2009

The Association of Surgeons in Training welcome the opportunity to comment on the draft document 'A curriculum for the early years of surgical training'. It has been circulated within ASiT council over the last couple of weeks and has been well received. Due to the short time span, however, we have not been able to look in depth at the full content of the curriculum and the syllabus therein.

ASiT are currently in the process of looking at surgical education as a whole and intend to publish our findings later in the year. When the document is published it should be considered to complement this short report on the draft curriculum. As such, we hope that the curriculum will remain a work in progress that will continue to be updated after it is officially published following this consultation. For example, we are looking at the role of workplace-based assessments and it would be inappropriate to comment on these in depth until we have completed our work. Also, the OSCE examination has been reviewed in depth in a separate document published by ASiT in May and we wait to see the outcome of current improvements that have been proposed by the OSCE committee.

The neurosurgical trainees are the one group that have specifically highlighted a few anomalies in the draft curriculum which they would like to see addressed, these are largely related to their unique career pathway that is slightly different to surgical trainees in other disciplines. Their comments make up the bulk of this report and are included with the more generic considerations below:

**Page    Comment**

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| P4   | Entry to 'entirely specialised training', which equates to specialist registrar training in the Calman system, starts at ST4 in neurosurgery. This anomaly within the training system makes many other comments in the draft curriculum irrelevant to neurosurgery. |
| P4   | Point number '2' should say 'one of the nine' rather than 'one on the nine'   |
| P6/7 | This is slightly out of context, but given that neurosurgeons have exclusively run through training which is quite specialised from the outset, how are they expected to gain the exposure to the core syllabus?  |
| P7/8 | The document makes it seem that CT 1-3 is the norm, although we would largely support this proposal and would welcome further discussion on this matter, currently most still progress from CT2 to ST1.   |
| P15  | The applied anatomy box should include knowledge of the spine along with thorax, abdomen, pelvis, perineum, limbs, head and neck  |
| P16  | Should antiepileptic and other neurological medications be included in the pharmacology section?  |
| P18  | Within the 'Trauma and Orthopaedic condition' spinal cord compression should be added alongside spinal nerve root entrapment.   |

- P18 Within the 'Neurology and neurosurgery signs and symptoms' 'coma' should be included.
- P37/40 Logbooks are listed as a component of the assessment system, we would suggest that this includes minimum numbers for certain procedures that are considered essential. We accept that this is a 'competence' based system, but it is difficult to prove competence in a procedure (which includes managing peri- and post-operative complications) without a critical mass of experience, this should work alongside PBAs, etc.
- P64 We understand that 'Neurology and Neurosurgery Illustrated' by Lindsay and Bone is a more appropriate text than 'Clinical Neurosurgery'.

Overall this document is encouraging and represents a big step forward in making the curriculum more accessible and user friendly. As a result it can be seen to have more of a purpose than previous versions. The reference to specific texts as sources of knowledge, really for the first time, will be invaluable to those studying towards their MRCS examinations by giving an idea of the depth of knowledge that is required of them. In the future we hope to see this curriculum published as part of the Intercollegiate Surgical Curriculum Programme website where it could also be made more interactive, perhaps with weblinks to relevant sites and learning resources.

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