

The Structure of Core Surgical Training

Discussion Document by
The Association of Surgeons in Training

January 2008



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I Introduction

- I.1 The Association of Surgeons in Training (ASiT) represents UK trainees from all surgical specialties and is one of the largest specialty trainee organisations in the UK with over 2200 members.
- I.2 ASiT welcomes the opportunity to support the development of future Core Speciality Training within the surgical specialities.
- I.3 The publication of the MMC (Tooke) Inquiry report has re-opened the debate regarding the format of training that will replace Basic Surgical Training (BST) in the new core training pathway.
- I.4 The document represents the opinions gathered from current trainees and those who have recently passed through Basic Surgical Training. Views have also been sought from the relevant surgical specialty trainee organisations.
- I.5 The position statement represents the consensus opinion of these groups following discussion and ratification by ASiT Council members.
- I.6 Given the recent period of uncertainty regarding the format of Core Surgical Training, ASiT believes the rapid agreement and introduction of this new programme is important to restore the confidence of both surgical trainees and trainers.

2 Aims of Core Surgical Training

- 2.1 The aim of core surgical training is to provide the trainee with the knowledge, skills and attitudes that will allow them to embark on higher specialist training within any one of the nine surgical disciplines.
- 2.2 ASiT believes that all the surgical disciplines should provide training placements and contribute to Core Surgical Training.
- 2.3 ASiT accepts that some of the surgical disciplines have developed their own core speciality training such as Neurosurgery (Basic Neuroscience Training). ASiT feels that core surgical training should provide another way to enter higher surgical training within these specialities alongside those developed core training programmes.

3 Structure of Core Surgical Training

- 3.1 ASiT support a 3 year core speciality training programme in Surgery.
- 3.2 We strongly recommend 6 x 6 month attachments for the duration of Core Surgical Training. Trainees do not believe the current trend towards 4 month rotations gives adequate exposure to or involvement in specialist surgical teams .
- 3.3 ASiT do not wish to see rigid themed programmes throughout Core Surgical Training, but theming should be available for those with firmer career intentions.
- 3.4 Trainees entering core training can declare a preferred specialty; however this should not be a mandatory requirement of entering Core Surgical Training.
- 3.5 Recognising that many entering this training will change their speciality preference as they progress, those declaring a preference should be attached to this for one 6 month period during the first two years of Core Surgical Training in order that they gain adequate insight into this speciality.
- 3.6 Those not declaring a preferred specialty should be allocated attachments, with at least one of these being broad-based with an exposure to emergency care.
- 3.7 Although themed training programmes may be suitable for those expressing a speciality preference from the outset of Core Surgical Training, the existence of these should not prejudice or detract from the trainee wishing to pursue broad-based generic training without declaring a preference. Specifically, we would not wish to see

trainees who declare a speciality from the outset receiving preferential selection into Higher Surgical Training.

- 3.8 Regardless of speciality preference, all trainees should spend 6 months in an attachment with exposure to trauma during their Core Surgical Training. Examples may be General Surgery, Trauma and Orthopaedics or Emergency Medicine (dependent on the Deanery).
- 3.9 Regardless of speciality preference, all trainees should spend 6 months in an attachment with exposure to critical care during Core Surgical Training. Examples may be General Surgery (with specific HDU attachment), Anaesthetics, Intensive Care Medicine or Cardiothoracic surgery (dependent on the Deanery).
- 3.10 On completion of Year 1, trainees who have not declared a speciality will be encouraged to declare their preference and those who did so at the start of Year 1 can confirm this or change.
- 3.11 Year 2 would consist of speciality based attachments for those who have not declared a preferred speciality. For those that have, attachments would be related to this preference in Year 2 and/or Year 3.
- 3.12 At entry into Year 2 and Year 3 trainees should have the flexibility of temporarily stepping out of the programme to pursue other recognised training opportunities, such as a higher degree, anatomy demonstratorship or overseas placement.

- 3.13 At entry into Year 2 and Year 3 trainees from other speciality training programmes may join Core Surgical Training at a level commensurate with the core competencies achieved allied to the surgical curriculum.
- 3.14 On completion of Year 2, all trainees should have declared a preferred speciality.
- 3.15 Year 3 trainees should spend both 6 month attachments in their preferred speciality or one in their preferred specialty and the other in a closely related specialty, e.g. T&O and neurosurgery.
- 3.16 A schematic overview of our preferred Core Surgical Training pathway is given in Figure 1.

Figure 1: ASiT - Proposed structure of core training

