

Dr Richard Tubman
Chair, GMC Small Specialty Review Panel

20 July 2016

Dear Dr Tubman,

Re GMC Small Specialty Review of Paediatric Surgery

Thank you for the opportunity to comment on the final report of the Paediatric Surgery review. The SAC in Paediatric Surgery and JCST have appreciated the opportunity to be involved in the process and we welcome the requirements and recommendations set out in the action plan.

Requirements:

Requirement 1 – The SAC and wider JCST strongly supports the incorporation of time for educational and training activities in the job plans of trainers and deanery/LETB-level support for the use of educational tools.

Requirement 2 – The JCST and Intercollegiate Surgical Curriculum Programme (ISCP) team will explore the most effective ways to reiterate guidance on Global Summary levels within WBAs to surgical trainers. Within Paediatric Surgery, the SAC Liaison Members plan to communicate the message to the individual training regions.

Requirement 3 – The SAC has already been involved in a cross-deanery/LETB meeting to discuss governance arrangements in one of the training consortiums and awaits GMC guidance on any requirements for standardised arrangements between the regional consortia.

Requirement 4 – Ensuring the provision of training in all areas of the specialty curricula in all training regions, or supporting regions in ensuring that all trainees receive access to the full scope of the relevant curriculum during their training, is supported by the JCST.

Recommendations:

Recommendation 1 – The JCST supports the development of robust guidance on the support and management of trainees returning to programme after an extended period of absence. The JCST is working on cross-specialty guidance for all surgical trainees which, when complete, will be published on the JCST website.

Recommendation 2 – The SAC and JCST note the recommendation to undertake a review of the indicative operative numbers set out in the Paediatric Surgery certification guidelines. Plans are underway to conduct a review of these over coming months. We should like to re-iterate that the indicative numbers published by the SAC are intended for guidance to trainees and training programmes only.

Recommendation 3 – The SAC and JCST supports the recommendation of trainees being given prior notice of their next training placement location.

Other topics raised in the report:

Paediatric Surgery & General Surgery – A number of surgical cases which were once addressed by General Surgeons specialising in the general surgery of childhood are now being referred to Paediatric Surgery departments. This area is outside of the control of the SAC and JCST, although there is a wider piece of work being undertaken by The General Surgery of Childhood Joint Training and Commissioning Group to consider how service provision might be best managed.

Access to liver procedures in Scotland – Hepatobiliary procedures are provided in three UK centres. Whilst liver procedures are a relatively minor aspect of the Paediatric Surgery curriculum, the SAC and JCST are supportive of arrangements being made locally to help ensure trainee exposure.

Large size of some training consortia – There have been instances of trainees travelling to maximise training opportunities, particularly in the South East consortium. Typically, trainees will move two to three times during their surgical training programme.

Curriculum – By way of a clarification, currently ST7 and ST8 trainees use the 2013 specialty curriculum, whilst all other specialty trainees in Paediatric Surgery use the 2015 curriculum.

Yours sincerely,



Mr Mark Powis
Chair, SAC in Paediatric Surgery



Mr William Allum
Chair, JCST