Objectives of Training and Training Requirements in Paediatric Surgery

I. Definition

Paediatric Surgery is the field of medicine that encompasses a broad range of surgical diseases and congenital malformations, both operative and non-operative, from the foetal period until the late teenage years. In addition, Paediatric Surgery also deals with non-cardiac thoracic conditions and specific genito-urinary and gynaecological problems in children.

II. Objective of Training

1. Training shall be structured with a clear syllabus
2. Training shall be competence based with progression on completing objectives
3. The expected certification at the end of training period is the FAMS Paediatric Surgery
4. A ‘softer’ objective will also be reduction of the total period of training required to achieve specialisation
5. To follow changes in other specialities and notably to follow changes in the UK

II.1. Duration for Basic Specialty Training
Complete BST (General Surgery) training requirements

II.2. Duration for Advanced Specialty Training
Duration 4 years after obtaining MRCS or MMED Surgery

III. Advanced Specialty Training Requirements

III.1. Entry Requirements

Current entry
- MMED Surgery
- MRCS or equivalent

III.2. Syllabus / 4 Years Training Content

Year 1

1. Theoretical knowledge of general Paediatric Surgery
   a) In-depth knowledge of Paediatric resuscitation
   b) Evaluation and management of emergency admissions and general assessment of outpatient general Paediatric Surgery patients.

2. Courses / Accreditation
   a) Laser (this perhaps is a KKH work requirement rather than a Paeds surgical training requirement?)
   b) Basic Laparoscopy
   c) Endoscopy (adult accreditation) (this is remarkably difficult to achieve as the trainee will not be able to get the required number of cases by going
weekly or fortnightly because they have to compete with the adult general surgery trainees. Often it is difficult to go on your scheduled day because of post call work and index cases. I only managed OGD numbers after 2 years of SGH visits, including making my own time while on maternity. Colonoscopy numbers are even harder to achieve)

d) ATLS / APLS (Year 1 or Year 2)

NB: 6 months may be spent in another relevant surgical specialty

3. Is the CICU rotation a requirement – I found it very important for my training as I had not had any prior pediatric medicine experience. Alternatively, a Paediatric medicine posting before AST can substitute for this.

Year 2

1. In-depth knowledge
   a) Intensive care
   b) Neonatal care

2. Surgical management of all routine paediatric surgical procedures. Thorough familiarity with theory and surgical management of index conditions.
   a) Acute appendicitis
   b) Intussusception
   c) Neonatal hernia
   d) Undescended testis

3. Theory in-debt knowledge index neonatal surgical conditions
   a) Oe tof – oesophageal atresia
   b) Intestinal atresia
   c) Hirschprung’s Disease
   d) Anorectal Malformations
   e) Pyloric stenosis
   f) congenital diaphragmatic hernia

Courses: Advanced Laparoscopy

Year 3

1. The third year AST should be thoroughly familiar with all aspects of theory and surgery for Paediatric and Neonatal Surgical conditions. (??is there a need to mention at some point to mention Urology, hepatobiliary, head and neck, oncology and trauma ; which are not previously detailed)
   a) Should undertake a research project
   b) Should take an active part in all departmental activities including admin duties and junior supervision and teaching.
   c) Should present papers and studies locally and regionally and should write up projects for publication.

Year 4
This year may be spent at an overseas institution and serves to consolidate knowledge, develop subspecialty interest and knowledge. Ensure competence in clinical and experimental research.

The fourth year AST will be expected to take an active interest in overseas meetings, presenting own work and taking an active part in discussions.

**III.3. Other (this is the entire list again rather than “other”) requirements**

1. The AST will have to complete at least one original basic or clinical research project.

2. **Teaching**
   The AST will be expected to take an active part in teaching of Nurses, undergraduates and Medical Officers.

3. **Presentations**
   The AST will present posters and free paper publications of research projects at local, regional and international relevant meetings.

4. The AST should achieve accreditation for Laser surgery and Basic Laparoscopic Surgery and Endoscopy (adult accreditation).

5. The AST should aim to attend the following courses:
   a) Laser appreciation
   b) ATLS
   c) APLS
   d) Basic Laparoscopy (Hands-on)
   e) Advanced Laparoscopy (Hands-on)
   f) Microsurgery

6. The AST should attend all relevant CME activities and will have to achieve CMA accreditation status for 4 consecutive years of training.

7. The AST will take an active part in all audit activities.

8. The AST will take an interest in basic administrative activities such as doctors’ duty roster, committee work, undergrads’ and Medical Officers; tutorial schedules.

9. The AST will ensure IT competence, and if necessary attend courses on:
   a) presentation skills
   b) video editing
   c) statistical analysis

10. The AST will keep a log of all activities and summarise on a monthly basis.

**III.4. Institutional requirements**
1. The Paediatric Surgical department should see full range of neonatal and paediatric elective and emergency surgical cases.
2. There should be a 24-hour Emergency Department.
3. There should be Intensive care facilities for neonates and children.
4. There should be adequate paediatric radiology and pathology support.
5. There should be adequate trained anaesthesia staff who are full-time paediatric anaesthetists or have a special interest in paediatric anaesthesia.
6. The hospital must have library with a wide range of appropriate journals and medical texts.
7. On-line access should be provided.
8. There should be regular journal clubs, joint conferences and audit reviews.

III.5. Supervision

All AST trainees will be supervised by a designated consultant. Assessment of progress and log should take place at least 6 monthly.

III.6. Supervisors / Teachers

The AST will be given a dedicated supervisor but in general all the consultant staff will be duty bound to take an active part in teaching.

The teachers should be full-time and in full Clinical Paediatric Surgical Practice.

IV. Exit Examination

IV.1. Exit

When the AST is found competent in all aspects of Paediatric Surgery, he may apply to the AM for the specialists Accreditation Board PS to conduct an exit exam. This will usually take place at the end of 4 years.

The Specialist Accreditation Board PS shall examine the log book and all supervisor’s comments.

The Specialist Accreditation Board shall convene an exit exam with at least 3 examiners. Of all these, at least one (preferably) should be an “external” examiner. The exit exam shall consist of:

a) Clinical case discussion
b) Viva
c) Topic discussion (papers – research project)
d) Log assessment

IV.2. Existing Exit

a) FRACS (PS)
b) FRCSC (PGS)
c) Diploma, Am. Board

FAMS Paediatric Surgery

April 2003