

# **INTERCOLLEGIATE MRCS EXAMINATION**

**Part A and Part B (OSCE)**

**Indicative**

# **SYLLABUS**

V6.  
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This syllabus relates to the MRCS examination offered in accordance with the Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain (From September 2008 - dated July 2008). It will not be held by the Royal College of Surgeons in Ireland

The Intercollegiate MRCS Examination of the Surgical Royal Colleges of Great Britain and Ireland (Regulations June 2006 revised June 2008) will continue to be offered in the UK to existing candidates only, until Oct/Nov 2010. After that, it will continue to be offered to existing and new candidates outside the UK only, until further notice.

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## **A. Introduction**

In 2008, the format of the Intercollegiate MRCS examination is due to change. Part A will consist of two MCQ papers each of two hours duration, undertaken on the same day. Paper 1 will be an MCQ paper on *Applied Basic Sciences* comprising Single Best Answer Questions. Paper 2 will be an MCQ paper comprising Extended Matching Questions, examining *Principles of Surgery-in-General*.

The Part B examination will be an Objective Structured Clinical Examination (OSCE) which will consist of stations examining the following areas of knowledge and skills:

1. Anatomy and surgical pathology
2. Surgical skills and patient safety
3. Communication skills
4. Applied surgical science and critical care
5. Clinical skills in history taking and physical examination

A new syllabus outlining the aims, objectives and content of the examination is currently in preparation. In the interim, this revised version of the MRCS syllabus will guide candidates as to the broad areas of knowledge required for the examination. Candidates should note that the syllabus for the revised examination will require similar breadth and depth of knowledge and covers the same content areas as the current MRCS examination, undertaken until 2008. These areas are outlined explicitly in the Intercollegiate Surgical Curriculum Project Syllabus which can be found at:

<http://www.iscp.ac.uk/Syllabus/Structure.aspx>

Reference to the current hardcopy version (2007) of the Intercollegiate MRCS Syllabus published by the four Royal Colleges of Surgeons will also, in the interim, continue to provide candidates with appropriate guidance concerning examination topics and knowledge levels required. Candidates should note that it is the mode of examination that will change with the introduction of the new MRCS in 2008 and that core content and knowledge levels required for the new examination will be broadly equivalent to those required for the old style examination.

The syllabus for the examination fully integrates basic science and clinical knowledge. It has been agreed by, and is common to, the Surgical Royal Colleges of Great Britain and Ireland.

The aim of the syllabus is to set out for candidates a comprehensive description of the breadth and depth of the knowledge, skills and attributes expected of them. The syllabus thus provides a framework around which a programme of preparation and revision can be structured. It also sets out the areas in which candidates will be examined.

It should be noted that a syllabus is not the same as a full curriculum, which would consist of a structured educational programme designed to prepare learners for a professional role or examination. Nor does it set out a test specification, which would define the frequency with which each element of the syllabus would appear in the examination and the weighting that it would carry.

The examination is set at the level appropriate for ST1/ST2 training in the generic principles of surgery.

The syllabus will be revised and updated periodically. The examination will not normally test areas that are not explicitly or implicitly included in the syllabus, but it should be noted that research and changes in the medical environment might sometimes lead to changes in scientific theory and clinical practice before the syllabus is updated to reflect them. Candidates will be expected to keep abreast of such developments by reading the appropriate literature. Topics set out in the syllabus will be widely sampled in every sitting of the examination, but each topic will not be tested on every occasion.

The syllabus reflects the division in the examination between basic science and clinical knowledge/skills, but the basic sciences and clinical knowledge should be seen as a continuum, with the basic sciences being used as a foundation for clinical knowledge. The syllabus adopts a systems-based approach. Knowledge required for Part A, the MCQ papers on *Applied Basic Sciences* and *Principles of Surgery-in General* will be required, where appropriate, and may be tested again in Part B, the OSCE examination. The syllabus provides guidance as to what knowledge is not required as well as what is needed.

Regional anatomical knowledge of the human body is considered an essential part of the knowledge base required for safe surgery. Lack of such knowledge can have serious consequences for patient safety. It provides the important spatial foundation for understanding pathological processes, for performing clinical examination, for interpreting radiological and other investigations and for performing all operative procedures, whether investigative or therapeutic. The anatomical knowledge required to pass this examination encompasses both basic regional anatomy of the whole body, typically learnt at undergraduate level, and general surgical anatomy of the whole body. Examples of the latter include the surgical anatomy of varicose veins or the thyroid gland. Specialist surgical anatomy of specific regions, such as the detailed anatomy of the temporal bone or the spatial anatomy of the knee joint relevant to arthroscopy, is examined during Higher Surgical Training.

The syllabus is based upon the Intercollegiate Surgical Curriculum but also draws upon the precepts contained in the General Medical Council's publications *Good Medical Practice* (2001) and *Duties of a Doctor* (1995), and the Royal College of Surgeons of England's publication *Good Surgical Practice* (2002). Candidates should be familiar with these publications.

### **Levels of Knowledge for Topics**

The content of the syllabus reflects the web-based syllabus of the Intercollegiate Surgical Curriculum Project (ISCP). Topics are provided as a list and the level of knowledge required for an individual topic is defined according to the 4 point scale for Knowledge given by the ISCP. The 4 point scale for Knowledge consists of the following:

1. Knows of
2. Knows basic concepts
3. Knows generally
4. Knows both specifically and broadly

Each individual topic in the current syllabus that can be assessed is listed within a grid that indicates in which part of the examination it can be tested and the level of knowledge that is expected. The aim of the grids is to provide assistance to candidates and examiners by:

- allowing candidates to gain an idea of the level of knowledge they require for each topic and hence its relative importance.
- allowing candidates to focus their revision by setting out clearly topics that will be covered. Candidates will also be able to see what areas do not need to be revised.
- providing examiners writing questions with the basis of a blueprint for question selection and guidance on which topics can be asked at what level.
- providing Quality Assurance bodies and the Postgraduate Medical Education and Training Board an authoritative guide to the standards at which questions will be asked.

The levels specified within the grids relate to knowledge and understanding and their application and thus provide an indication of the relative importance of the topics.

Candidates should note that topics to be examined may be listed in more than one part of the syllabus.

### **Knowledge Levels**

It should be noted by candidates that *Levels of Knowledge* described by the ISCP four point scale broadly correspond to the descriptions given below:

#### **Level 1 & 2 (“*Knows of; Knows basic concepts*”)**

A basic knowledge and understanding that does not go much beyond bookwork and general reading. At this level there is only an elementary linkage of cause and effects between basic sciences and clinical conditions.

#### **Level 3 (“*Knows generally*”)**

Deeper knowledge and understanding that allows links and cause and effect to be demonstrated. At this level there is an expectation of a basic ability to define conditions and outline principles of management and the process of diseases.

#### **Level 4 (“Knows both specifically and generally”)**

In-depth knowledge and understanding that can, where appropriate, be applied to clinical situations. At this level there is an expectation of an ability to synthesize information to draw appropriate conclusions, to explain complex conditions and processes, to make diagnoses and to discuss conclusions and management in detail. It is also expected that candidates' grasp of subject matter would be sufficient to enable them to justify their conclusions and suggest alternative approaches or explanations.

#### **B. IMRCS Communication Skills**

The practice of surgery requires more than just technical competence. Clinical practice involves the integration of surgical knowledge, history taking, physical examination and problem solving with appropriate communication skills.

The new MRCS acknowledges the essential role of skilled communication. Consequently, the assessment of communication skills will not be restricted to the specific “Communication Skills” stations but will also constitute an integral part of the “Anatomy and Surgical Pathology”, “Surgical Skills and Patient Safety” and “Clinical Skills” stations.

The standard of performance expected will be that of a confident ST2 surgical trainee about to progress to the ST3 level. Clinical scenarios will be based upon the MRCS syllabus, but candidates may need to indicate the limits of their knowledge, competence and authority.

Just as the clinical syllabus of the MRCS is based upon the Intercollegiate Surgical Curriculum, the communication skills syllabus draws on the GMC’s publication *Good Medical Practice* (2006).

In particular Section 22 entitled “Good Communication”.

“To communicate effectively you must:

- a) Listen to patients, ask for and respect their views about their health and respond to their concerns and preferences.
- b) Share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties.
- c) Respond to patients’ queries and keep them informed about the progress of their care
- d) Make sure that patients are informed about how information is shared within teams and among those who will be providing the care”.

*GMC Good Medical Practice (2006)*

Candidates may also wish to familiarise themselves with the Professional Skills and Behaviour Section of the Intercollegiate Surgical Curriculum, with specific reference to the Can MEDS framework for defining the different domains of surgical practice and particularly the “Communicator” role ([www.iscp.ac.uk](http://www.iscp.ac.uk)).

There will be three Communication Skills stations, which will involve the candidate being assessed by two examiners in one station (one of whom will be a professionally trained lay examiner), one examiner in a second station and a third unmanned station. The first two stations will involve observed behaviour during role-play in a variety of

simulated clinical situations. The unmanned station will be scored at the end of the examination.

*At each station, the candidate will be expected to exhibit sensitivity to the needs of the individual patient or relative\* in the consultation by:*

- Treating each patient with respect and courtesy.
- Establishing a suitable rapport by demonstrating clear, honest and empathetic communication.
- Taking into account ethnicity, cultural, age and disability factors.
- Responding appropriately to verbal and non-verbal cues given by the patient.
- Taking an holistic approach to the patient and/or relatives.
- Listening to the patient's account.

*The candidate will also be expected to exhibit a professional approach\*\* whilst being assessed. "Professional" in this context is taken to mean an approach that is calm, measured and is not judgemental, paternalistic or patronising. It does not seek to impose the doctor's own beliefs and values and encourages shared decision making. Typical situations might include:*

- Dealing with a variety of emotional responses by the patient and/or relatives.
- Dealing with a variety of pre-existing emotional states on the part of the patient and/or relatives.
- Dealing with patients/relatives from a wide variety of cultural/religious and ethnic backgrounds.
- Dealing appropriately with questions and situations that are beyond the level of competence of the candidate.
- Dealing with time constraints.
- Dealing with complaints appropriately.

**Specific stations may require the candidate to:**

*1. Demonstrate an ability to communicate accurate information in an appropriate manner to patients and/or relatives in typical clinical situations such as:*

- Obtaining informed consent.
- Conveying bad news such as an unfavourable outcome, unsatisfactory care or poor prognosis.
- Explaining the relevance, process, risks or benefits and possible impact of investigations in the context of a clinical situation.
- Explaining a diagnosis or differential diagnosis
- Explaining options available including the process, risks and benefits of each and the option not to treat.
- Explaining the uncertainties of diagnosis, outcome or prognosis.
- Explaining the opportunities available for further information including a second opinion.
- Involving the patient in decision making to a level that they wish.
- Checking for understanding and summarising at appropriate intervals.

- Using this feedback to regulate the pace and content of the consultation.
2. *Demonstrate an ability to obtain a focussed medical history with relevant key points, in a variety of clinical situations, appropriate to the clinical case. During such an exercise an ability to elicit the patient's concerns, ideas and expectations would be required. Such situations might include:*
    - Taking a brief history from a patient in the outpatient department or ward.
    - A consultation with a relative of the patient.
  3. *Demonstrate an ability to convey appropriate information to colleagues and other healthcare professionals in an appropriate manner, to a satisfactory standard and using a variety of methods. These might include:*
    - Verbal communication such as case presentations to colleagues
    - Written communications such as medical records or patient transfer letters.
    - Investigation request forms.
    - Clinical letters to medical colleagues.
    - Telephone communication.
  4. *Demonstrate the ability to use background information, together with information gathered during a consultation to formulate an appropriate response. This might include:*
    - Discussing a management plan with a patient, relative or colleague.
    - The ability to summarise information appropriately.

\*Relative is understood to include partners, carers and “significant others”.

\*\*Professional values are defined in the Intercollegiate Surgical Curriculum and *Good Medical Practice*.

## **C. Generic Knowledge**

Understanding of the following generic areas, based on the General Medical Council's publication *Good Medical Practice*, is expected and may be assessed in the examination.

### **1. Good clinical care**

- Elucidating and evaluating a patient's condition, based on information gathering (history and symptoms) and, when necessary, clinical examination (interpreting signs) and appropriate procedural skills and/or special tests.
- Demonstrating the ability to make competent clinical decisions (diagnoses) and selection of appropriate investigation and/or treatment and knowing when no investigation or treatment is indicated.

- Employing sound skill-based clinical judgement to assess the seriousness of an illness in order to prioritise care.
- Respecting the autonomy of patients as partners in medical decision-making.
- Recognising and working within the limits of one's professional competence, showing a willingness to consult with colleagues, and where appropriate delegating or referring care to those who are recognised as competent.
- Performing consistently well.
- Practising ethically.

## **2. Maintaining good medical practice**

### *Patient care*

- Treating the patient as an individual.
- Integrating information on physical, psychological and social factors that impact on patients. Demonstrating awareness of individual and family psychodynamics and their interaction with health and illness.
- Demonstrating an appropriately focussed assessment of a patient's condition based on the history, clinical signs and examination.

### *Clinical issues*

- Managing uncertainty, unpredictability and paradox by displaying an ability to evaluate undifferentiated and complex problems (at a level appropriate to ST1/ST2).
- Applying and being able to justify the practice of contextual evidence-based medicine.
- Demonstrating the appropriate use of equipment routinely used and a familiarity with the breadth of tests offered in secondary care.

### *Managing oneself and working with others*

- Recognising and working within the limits of one's professional competence.
- Possessing self-insight sufficient to identify one's own strengths and weaknesses
- Managing time and workload effectively and showing an ability to cope with pressure.
- Showing a flexibility of approach according to the different needs of a wide variety of patients, irrespective of their age, cultural, religious or ethnic background, their sexual orientation or any other special needs.
- Having an ability to work effectively in a team, either as a member or leader, accepting the principles of collective responsibility, and consulting colleagues when appropriate.
- Having knowledge of support systems.

## **3. Relationships with patients**

- Empowering patients to make informed choices.
- Respecting patients as competent and equal partners with different areas of expertise.

- Respecting the patients' perception of their experience of their illness (health beliefs).
- Acknowledging and integrating the patients' ideas, concerns and expectations, especially with regard to the nature of their complaint.
- Showing an interest in patients, being attentive to their problems, treating them politely and considerately and demonstrating listening skills.
- Establishing rapport with the patient. Effectively developing relationships with patients, especially by being empathic and sympathetic.
- Communicating and articulating with patients effectively, clearly, fluently and framing content at an appropriate level, including in written communications.
- Involving patients' significant others such as their next of kin or carer, when appropriate, in a consultation.
- Sensitively minimising any potentially humiliating physical or psychological exposure by respecting patients' dignity, privacy and modesty.

#### **4. Population, preventive and societal issues**

- Understanding the contemporary compact with patients and the rights and responsibilities of Government, the medical profession and the public.
- Demonstrating an understanding of demographic and epidemiological issues and the health needs of special groups.
- Demonstrating an awareness of socio-political dimensions of health, for example, health care systems, strategy and funding.
- Possessing knowledge of population-based preventive strategies including immunisation and population screening. Having knowledge of contemporary screening and recall systems.
- Understanding the acceptable criteria for screening for disease, and applying the concepts of prevention.

#### **5. Professional, ethical and legal obligations**

- Understanding the importance of and demonstrating possession of the appropriate professional values and attitudes, including consistency, accountability, and respect for the dignity, privacy and rights of patients and concern for their relatives.
- Showing knowledge of and adhering to contemporary ethical principles.
- Observing and keeping up to date with the laws and statutory codes governing otolaryngological practice.
- Respecting the principle of confidentiality; and, when passing on information without a patient's consent, being able to justify the decision.
- Understanding the importance of, and demonstrating a commitment to, maintaining professional integrity, standards and responsibility.
- Ensuring that, whenever possible, the patient has understood what treatment or investigation is proposed and what may result, and has given informed consent before it is carried out.

- Demonstrating knowledge of the guidelines for the treatment of patients under 16 years of age, with or without the consent of those with parental responsibility.
- Demonstrating knowledge of issues relating to clinical responsibility, e.g. with regard to drug treatment.
- Showing awareness of the ‘good Samaritan’ principle, i.e. offering to anyone at risk treatment that could reasonably be expected.
- Demonstrating knowledge of safe practice and methods in the working environment – relating to biological, chemical, physical or psychological hazards – which conform to health and safety legislation.
- Understanding and applying the main areas of relevant legislation, including human rights, equal opportunities, disability, employment, data protection, access to medical reports, consumer protection, health and safety, children and child protection, deaths, controlled drugs, driving motor vehicles.

## **6. Risk and resource management**

- Understanding of how to practise in such a way as to minimise the risk to patients of harm or error.
- Informing patients about their diagnosis, treatment and prognosis, including the effective communication of risk by exchanging information, preferences, beliefs and opinions with patients about those risks.
- Explaining why a treatment is being prescribed, or a management plan proposed, and the anticipated benefits and potential side effects.
- Providing clear explanations of the nature of clinical evidence and its interpretation.
- Ensuring appropriate follow-up arrangements are made.
- Understanding the role of critical event reporting, clinical audit, analysis of patients’ complaints and information provided by colleagues in improving patient safety.
- Responding to criticisms or complaints promptly and constructively, and demonstrating an ability to learn from them.
- Demonstrating knowledge of the obligations for notifying outside agencies, for example, regarding safety of medicines and devices to the Medicines Control Agency, and the procedures regarding notifiable diseases.
- Recognising and reporting concerns about underperformance by an organisation or an individual, ensuring that patient care is not compromised and that the appropriate action is taken to protect patients.

## **7. Appraisal, monitoring of quality of performance, audit and clinical governance**

- Demonstrating a commitment to professional audit and peer review.
- Understanding the need for appraisals and assessments of professional competence, including revalidation procedures.
- Applying critical appraisal skills, statistical interpretation and audit to evaluate care.

## **8. Information management and technology**

- Keeping clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients details of any drugs or other treatment prescribed and advice about follow-up arrangements.
- Employing written communication skills to make referrals, write reports and issue certification.
- Ensuring that colleagues are well informed when sharing the care of patients, especially to ensure adequate follow-up.
- Providing all relevant information about a patient's history and current condition when referring a patient to a colleague.

## **9. Teaching, training, appraising and assessing**

- Understanding the need for career-long commitment to CPD, learning, teaching and training.

## **10. Probity**

Understanding the importance of honesty:

- Ensuring that any research undertaken in practice is done to the highest standards, as approved by a research ethical committee, to ensure that the care and safety of patients is paramount.
- Protecting patients' rights, including confidentiality, and ensuring that patients are not selectively disadvantaged when involved in research.

## **11. Health and risk to patients**

Demonstrating an understanding and appreciation of these guidelines:

- If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, you must follow advice from a consultant in occupational health or another suitable qualified colleague on whether, and in what ways, you should modify your practice, without relying on your own assessment of the risk to patients.
- If you think that you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.

## **D. Generic Clinical Section**

### **1 Generic theoretical knowledge for clinical settings**

#### *Pre- and peri-operative care*

- Consent and the surgical patient
- Risk assessment and scoring systems for the surgical patient
- Principles of local general and regional anaesthesia
- Use of blood and its products in the surgical patient

#### *Post-operative management and critical care*

- Pain relief in the surgical patient
- Fluid balance and homeostasis
- Thrombo-embolic prevention and management in surgical illness
- Nutrition and the surgical patient
- Antibiotics and the surgical patient
- Critical care and the surgical patient
- Principles of organ failure and its management
- Management of severely injured patient
- Management of coexisting medical morbidity
- Care of the terminally ill patient
- Principles of organ donation

#### *Surgical techniques and technology*

- Safe surgery for the patient and the surgical team
- Sharps safety
- The use of diathermy, laser and other devices for haemostasis and tissue destruction
- Principles of day surgery
- Suturing in its various forms and the materials used
- Principles and indications for endoscopic surgery
- Radiation
- Communicable diseases

#### *Diagnostic techniques*

- Principles of diagnostic and interventional radiology
- Indications for imaging guided biopsy

#### *Managing oneself and others*

- Coping with crisis and mortality
- Time management
- Principles behind team working

#### *Management and legal issues*

- Ethics and medical negligence
- Understanding the certification of death and administrative arrangements
- Clinical governance and critical incidents

## 2 Generic clinical processes

- History
- Examination
- Investigation
  
- Working diagnosis and management planning
- Use and interpretation of evidence-based practice
  
- Instigation of initial management
- Review of surgical intervention/and management strategy/continuity of care
- In-patient management
- Communication with team and other colleagues
- Planning of operative care and ordering of operation lists
- Communication with patient and relatives in all aspects
- Verbal and written communication with GPs and other doctors at all levels
- Principles of multidisciplinary meetings
  
- Record keeping
- Data collection for audit

## 3 Generic technical/operative skills

- Expertise in the surgical discipline of that unit (i.e. understanding the indications for the operations performed by the team albeit not being required to be competent in them independently)
  
- Patient positioning and safe handling
- Draping the patient
  
- Familiarity with operating sets and diathermy
- Making incisions
- Methods of wound closure
  
- Various methods of biopsy including FNA, CORE, OPEN
  
- Wound management
  
- Ordering of operation lists
- Planning of post-operative care
  
- Writing/dictating operating notes and discharge letters

## **E. Outline Syllabus**

### **E1 BASIC SCIENCES**

#### **Applied Surgical Anatomy**

Development, organs and structures, surface and imaging anatomy of the:

- Thorax
- Abdomen, pelvis and perineum
- Upper limb and breast
- Lower limb
- Head, neck and spine
- Nervous system (central, peripheral and autonomic)

#### **Physiology**

##### **General Physiology**

- Homeostasis
- Thermoregulation
- Metabolic pathways
- Sepsis and septic shock
- Fluid balance and fluid replacement therapy
- Metabolic abnormalities
- Coagulation and bleeding

##### **System Specific Physiology**

- Respiratory system
- Cardiovascular system
- Gastrointestinal system
- Renal / Genito-urinary system, thyroid and parathyroid
- Endocrine system
- Nervous system
- Glucose homeostasis and diabetes

#### **Pathology**

##### **General Pathology**

- Inflammation
- Cellular injury other than by infection
- Wounds and wound healing
- Vascular disorders
- Disorders of growth, differentiation and morphogenesis
- Neoplasia
- Surgical immunology
- Surgical haematology
- Surgical microbiology
- Surgical biochemistry

## **System Specific Pathology**

- Respiratory system
- Cardiovascular system
- Gastrointestinal system
- Renal / Genito-urinary system
- Endocrine system
- Breast disorders
- Nervous system
- Musculoskeletal system
- Dermatological diseases
- Lymphoreticular system

## **E2 PRINCIPLES OF SURGERY-IN-GENERAL**

### **1. PERI-OPERATIVE CARE**

#### Assessment of Fitness for Surgery

- Pre-operative assessment and risk scoring systems
- Laboratory testing and imaging

#### Management of Associated Medical Conditions

- Organ specific diseases
- Issues related to medications
- General factors

#### Preparation for Surgery

- Informed consent
- Pre-medication
- Risk management

#### Principles of Anaesthesia

- General anaesthesia
- Local anaesthesia
- Regional anaesthesia

#### Monitoring of the Anaesthetised Patient

- Non-invasive monitoring
- Invasive monitoring

#### Care of the Patient Under Anaesthesia

- Positioning of the patient in surgery
- Avoidance of nerve injuries

## **2. POST-OPERATIVE MANAGEMENT AND CRITICAL CARE**

### Anaesthetic Management

- Post-operative monitoring
- Ventilatory support
- Pain control
- Intravenous drug delivery

### Metabolic and Nutritional Support

- Fluid and electrolyte management
- Nutrition in the surgical patient

### Post-operative Complications

- General surgical complications
- Respiratory failure
- Acute renal failure
- Systemic inflammatory response syndrome (SIRS)
- Multiple organ dysfunction syndrome (MODS)

## **3. SURGICAL TECHNIQUE AND TECHNOLOGY**

### Surgical Wounds

- Classification of surgical wounds
- Principles of wound management
- Pathophysiology of wound healing
- Scars and contractures

### Surgical Technique

- Principles of safe surgery
- Incisions and wound closure
- Diathermy, laser, principles of cryosurgery
- Sutures and ligature materials
- Basic surgical instruments

### Surgical Procedures

- Minor surgical procedures
- Day care surgery
- Principles of anastomosis
- Endoscopy and minimal access surgery

### Tourniquets in the Operating Theatre

- Indications for tourniquet use

- Tourniquet application
- Effects and complications of tourniquets

#### **4. MANAGEMENT AND LEGAL ISSUES IN SURGERY**

##### Evidence-based Surgical Practice

- Decision making in surgery
- Statistics
- Principles of research and clinical trials
- Critical evaluations of surgical innovations

##### Management Aspects of Surgical Practice

- Clinical audit
- Clinical governance
- Medico-legal aspects of surgery

##### Communication Skills

- Psychological effects of surgery
- Communication skills in medicine and surgery
- Working in teams
- Breaking bad news
- Dealing with conflict
- Management of crises

##### Medical Litigation

- Avoidance and management of errors
- Ethics and medical negligence

#### **5. CLINICAL MICROBIOLOGY**

##### Surgical Microbiology

- Sources of surgical infection
- Principles of asepsis and antisepsis

##### Modern Antibiotic Usage

- Antibacterial prophylaxis
- Commonly used antibiotics and side effects
- Selection of appropriate antibiotics
- Antibiotic resistance

##### Cutaneous Infection / Necrosis

- Cellulitis
- Necrotising fasciitis
- Gangrene

#### Surgery in Hepatitis and HIV Carriers

- Blood-borne viruses
- Universal precautions
- Surgical precautions
- Immunisation
- Management of sharps injuries

## **6. EMERGENCY MEDICINE AND MANAGEMENT OF TRAUMA**

#### Pathophysiology of Trauma

- Shock and cardiovascular physiology
- Metabolic response to injury
- Adult respiratory distress syndrome (ARDS)

#### Initial Assessment of the Trauma Patient

- Airway management and tracheostomy
- Principles of pre-hospital care
- Major incident triage
- Clinical assessment and scoring systems
- Resuscitation after trauma

#### Thoracic Trauma

- Pathophysiology of thoracic trauma
- Presentation, assessment and management
- Specific thoracic injuries
- Pneumothorax
- Chest drainage and pericardiocentesis
- Indications and preparation for thoracotomy

#### Neurological Trauma and Management of the Unconscious Patient

- Head injuries
- Intracranial haemorrhage
  - Subarachnoid
  - Intracerebral
  - Subdural
  - Extradural
  - Intraventricular
- Brain injuries
- Spinal cord injuries

- Assessment and resuscitation of the comatose patient
- Paralytic disorders
- Peripheral nerve injuries

#### Abdominal Trauma

- Penetrating abdominal trauma
- Blunt abdominal trauma
- Assessment and management of abdominal trauma
- Specific organ injuries

#### Urological Trauma

- Renal, ureteric, bladder, urethral, penile and scrotal trauma

#### Vascular Trauma

- Effects of blunt and penetrating injuries to arteries and veins
- Assessment of vascular injury
- Iatrogenic injuries
- Complications of intravascular drug abuse

#### Traumatic Wounds

- Principles of management
- Gunshot and blast injuries
- Stab wounds
- Human and animal bites

#### Skeletal Fractures

- Pathophysiology of fracture healing
- Classification of fractures
- Principles of management of fractures
- Complications of fractures
- Management of joint injuries
- Common fractures and joint injuries
  - Upper limb
  - Lower limb
  - Trunk, pelvis and vertebral column

#### Soft Tissue Injuries and Disorders

- Nature and mechanism of soft tissue injury
- Management of soft tissue injuries

#### Management of Skin Loss

- The wound
- Skin grafts

- Skin flaps

#### Traumatic Oedema and Compartment Syndrome

- Pathogenesis and physiology
- Diagnosis and treatment

#### Burns

- Classification and pathophysiology
- Initial assessment and management
- Treatment including secondary surgery
- Burns of special areas (i.e. face, eyes, hands, perineum)

#### Brain Stem Death

- Diagnosis and testing for brain stem death
- Principles of organ donation

### **7. PRINCIPLES OF SURGICAL ONCOLOGY**

#### Epidemiology of Common Cancers

- Epidemiology studies and cancer registration
- Common cancers

#### Screening Programmes

- Screening for cancer: breast, cervical, prostate, colorectal and skin

#### Clinico-Pathological Staging of Cancer

- Staging and grading cancer
- Clinical staging
- Pathological staging

#### Principles of Cancer Treatment

- The role of surgery – block dissections
- Radiotherapy
- Chemotherapy
- Hormone therapy
- Immunotherapy

#### Palliative Care

- The palliative care team
- Pain and other symptoms

This section lists the generic system-based topics which basic surgical trainees are expected to know at ST1/ST2 level. Trainees should know the principles of appropriate laboratory tests, imaging modalities and special investigations.

## **GENERAL SURGERY**

### **A.    *The Abdomen***

#### Common Abdominal Problems

- Abdominal pain
- Abdominal masses
- The acute abdomen

#### Abdominal Emergencies

- Intestinal obstruction
- Peritonitis and abdominal and pelvic abscess
- Gastrointestinal haemorrhage

#### Abdominal Hernia

- Inguinal hernia
- Femoral hernia
- Incisional hernia

#### Intestinal Fistulas

- Classification of intestinal fistulas
- Assessment and management

#### Gastrointestinal Stomas

- Formation and management
- Other stomas
- Gastrostomy
- Ileostomy
- Colostomy

#### Surgery of the Spleen

- Splenic disease and injury
- Treatment of splenic disease and injury
- Post-splenectomy sepsis

## ***B. Upper Gastrointestinal Surgery***

- Diagnosis of oesophageal disorders
- Specific oesophageal disorders (including gastro-oesophageal reflux disease, motility disorders, oesophageal carcinoma, oesophageal diverticulum and oesophageal foreign body)
- Peptic ulcer disease
- Carcinoma of the stomach

## ***C. Hepatobiliary and Pancreatic Surgery***

- Jaundice
- Gall stones and gall bladder disease
- Acute pancreatitis
- Chronic pancreatitis
- Carcinoma of the pancreas
- Benign and malignant biliary strictures
- Portal hypertension and ascites

## ***D. Colorectal Surgery***

- Clinical presentation of colorectal and anal disease
- Surgical disorders of the colon and rectum
  - Ulcerative colitis and Crohn's disease
  - Colorectal cancer
  - Diverticular disease
  - Faecal incontinence
  - Rectal prolapse
- Surgical disorders of the anal canal and perineum
  - Pruritus ani
  - Fissure-in-ano
  - Haemorrhoids
  - Fistula-in-ano
  - Anorectal abscess
  - Carcinoma of the anal canal
  - Pilonidal sinus and abscess

## ***E. Breast and Endocrine Surgery***

### Common Breast Disorders

- Breast abscess
- Breast lumps
- Breast pain
- Breast cysts
- Nipple discharge
- Gynaecomastia

### Breast Carcinoma

- Risk factors
- Pathology
- Diagnosis
- Treatment
- Breast reconstruction

### Surgery of the Thyroid Gland

- Indications for surgery in thyroid disease
- Thyroid cancer (types and management)
- Complications of thyroidectomy

### Parathyroid Disorders

- Calcium metabolism
- Clinical presentation of hypercalcaemia
- Investigation of hyperparathyroidism
- Management of hyperparathyroidism

### Adrenal Disorders and Secondary Hypertension

- Causes of hypertension
- Conn's and Cushing's syndromes
- Pheochromocytoma

### Endocrine Disorders of the Pancreas

- Insulinoma
- Gastrinoma
- Neuroendocrine tumours
- Other rare endocrine tumours

## ***F. Vascular Surgery***

### Arterial Surgery

- Peripheral vascular disease and limb ischaemia
- Arterial embolism and acute limb ischaemia
- Arterial aneurysms
- Carotid disease

- Renovascular disease

#### Venous Disorders of the Lower Limb

- Venous insufficiency and varicose veins
- Venous ulceration
- Deep venous thrombosis and pulmonary embolism

#### Lymphoedema

### **G. Urology**

#### Urinary Tract Infections and Calculi

#### Haematuria

- Classification, aetiology and assessment
- Tumours of the kidney, bladder, prostate and testis

#### Urinary Tract Obstruction

- Urinary retention
- Disorders of the prostate

#### Pain and Swelling in the Scrotum

- Scrotal skin conditions
- Non malignant testicular swellings
- Inflammatory conditions
- Testicular torsion
- Testicular tumours

#### Chronic Renal Failure

- Dialysis
- Principles of transplantation

#### Aspects of Pelvic Surgery

- Gynaecological causes of acute abdominal pain
- Pelvic inflammatory disease
- Disorders of urinary continence

### **H. Organ Transplantation**

- Basic principles of transplant immunology

- Clinical organ transplantation
- Organ donation and procurement
- Immunosuppression and prevention of rejection

## ***I. Head and Neck Surgery***

### Common Neck Swellings

- Congenital and rare swellings
- Inflammatory swellings
- Head and neck cancer

### Salivary Gland Disorders

- Infections and inflammation of the salivary glands
- Tumours of the salivary glands
- Stones of the salivary glands
- Miscellaneous conditions

## ***J. Skin Lesions***

- Benign skin lesions
- Malignant skin lesions
  - Basal cell carcinoma
  - Squamous cell carcinoma
  - Malignant melanoma

## ***K. Hand Disorders***

- Dupytren's disease
- Carpal tunnel syndrome

## ***L. Surgical Disorders of the Brain***

- Clinical presentation of the intracranial mass
- Tumours of the nervous system

## ***M. Differences Between the Paediatric and Adult Surgical Patient***

### Principles of Neo-natal and Paediatric Surgery

- History and physical examination of the neonate and child
- Maintenance of body temperature
- Assessment of respiratory and cardiovascular function
- Metabolic status
- Fluids, electrolytes and the metabolic response
- Vascular access

### Correctable Congenital Abnormalities

- Congenital abnormalities of the gastrointestinal tract
- Congenital heart disease
- Abdominal wall defects
- Diaphragmatic hernia
- Neural tube defects
- Urological abnormalities

### Common Paediatric Surgical Disorders

- Pyloric stenosis
- Intussusception
- Inguinal hernia and hydrocele
- Undescended testes
- Torsion of the testes

## **F. Main Syllabus**

### **F1 BASIC SCIENCES**

#### **Applied Surgical Anatomy**

In reviewing the anatomy of the whole body, as indicated below, candidates should aim to acquire a sound, three-dimensional knowledge of the anatomy of structures of special relevance to surgical practice. Particular emphasis should be placed on the anatomy underlying the diagnosis, investigation and management of common and important surgical conditions, such as those requiring emergency treatment, or those arising from acute trauma, e.g. common fractures, dislocations and nerve injuries. Detailed knowledge of anatomy relevant to surgical specialties will not be expected at this stage of training, but candidates should have adequate knowledge of anatomy and anatomical development, as appropriate for operations in which they may participate or assist at ST1 / ST2 level.

In addition candidates should:

- Possess a very good knowledge of surface anatomy and of the anatomy underlying the interpretation of major imaging methods, including x-rays, magnetic resonance imaging and computerised tomography.
- Have the ability to name, orientate and describe the bones of the skeleton, including the hand and foot, without the need to know details of ossification dates.
- Know the principal attachments, actions and nerve supply of important muscles.
- Know the course and distribution of major blood vessels and nerves, including dermatome patterns, and pathways of lymphatic drainage, particularly those of important structures, e.g. the breast.
- Have a basic understanding of the microscopic structure of tissues and organs of surgical relevance, e.g. skin, thyroid gland and appendix. This will assist with an understanding of function, including normal processes such as growth, and of pathological processes such as wound healing. Detailed knowledge of cellular structure will not be required.
- Have sufficient knowledge of applied surgical embryology to allow an appreciation of the developmental basis of common congenital abnormalities which can be surgically treated, e.g. congenital heart disease and malrotation of the gut.

# ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>THORAX</b>		
<b>Development</b>		
<ul style="list-style-type: none"> <li>• Heart and great vessels</li> <li>• Foetal circulation</li> <li>• Oesophagus</li> <li>• Diaphragm</li> </ul>	3 3 3 3	3 3 3 3
<b>Thorax</b>		
<ul style="list-style-type: none"> <li>• Thoracic wall</li> <li>• Mechanics of breathing</li> <li>• Thoracic cavity and viscera: superior and inferior mediastinum, heart and pericardium, lungs, pleurae</li> </ul>	4 4 4	4 4 4
<b>Surface and Imaging Anatomy</b>		
<ul style="list-style-type: none"> <li>• Heart, heart valves</li> <li>• Auscultation sites</li> <li>• Lungs and pleurae</li> <li>• Plane of sternal angle</li> <li>• Dermatomes</li> <li>• Chest drains, incisions</li> <li>• Chest x-ray</li> <li>• CT/MRI</li> </ul>	4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>ABDOMEN, PELVIS, PERINEUM</b>		
<b>Development</b>	3	3
• Foregut, midgut, hindgut	3	3
• Gut rotation	3	3
• Anal canal	3	3
• Kidneys and ureters	3	3
• Bladder and urethra	3	3
• Testis	3	3
<b>Abdomen and Pelvis</b>		
• Anterior abdominal wall	4	4
- Inguinal canal and spermatic cord	4	4
- Inguinal hernia	4	4
• Posterior abdominal wall	4	4
• Pelvic floor and wall	4	4
• Lumbar plexus, sacral plexus	4	4
• Peritoneal cavity	4	4
• Intra-abdominal spaces	4	4
<b>Abdominal Viscera</b>		
• Oesophagus, stomach	4	4
• Small and large intestine	4	4
• Appendix	4	4
• Liver, gall bladder, bile ducts	4	4
• Pancreas	4	4
• Spleen	4	4
• Kidney and ureter	4	4
• Adrenal gland	4	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## ANATOMY

<b>Pelvic Viscera</b> <ul style="list-style-type: none"> <li>• Rectum</li> <li>• Bladder</li> <li>• Prostate</li> <li>• Seminal vesicles</li> <li>• Uterus, uterine tubes, ovaries</li> <li>• Vagina</li> </ul>	4 4 4 4 4 4	4 4 4 4 4 4
<b>Perineum</b> <ul style="list-style-type: none"> <li>• Anal triangle               <ul style="list-style-type: none"> <li>- Anal canal and ischiorectal fossa</li> </ul> </li> <li>• Male urogenital triangle               <ul style="list-style-type: none"> <li>- Scrotum</li> <li>- Testis and epididymis</li> <li>- Penis and urethra</li> </ul> </li> <li>• Female urogenital triangle               <ul style="list-style-type: none"> <li>- Vulva</li> </ul> </li> </ul>	4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4
<b>Surface and Imaging Anatomy</b> <ul style="list-style-type: none"> <li>• Quadrants/nine regions</li> <li>• Planes: subcostal, transpyloric, transtubercular</li> <li>• Dermatomes</li> <li>• Abdominal incisions</li> <li>• Rectal and vaginal examinations</li> <li>• Imaging appearances of abdomen, gastrointestinal, biliary and urinary tracts</li> <li>• Arteriography</li> <li>• CT/MRI/Ultrasound</li> </ul>	4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4

## ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>UPPER LIMB AND BREAST</b>		
<ul style="list-style-type: none"> <li>• Pectoral girdle</li> <li>• Breast</li> <li>• Axilla</li> <li>• Brachial plexus</li> <li>• Scapular region</li> <li>• Arm</li> <li>• Cubital fossa</li> <li>• Forearm</li> <li>• Hand including carpal tunnel</li> <li>• Shoulder joint</li> <li>• Elbow joint</li> <li>• Radio-ulnar joints</li> <li>• Wrist joint</li> <li>• Hand joints</li> </ul>	4	4
<b>Surface and Imaging Anatomy</b>		
<ul style="list-style-type: none"> <li>• Cubital fossa</li> <li>• Wrist structures</li> <li>• Thumb movements</li> <li>• Arteries and pulses</li> <li>• Superficial veins and lymphatics</li> <li>• Nerves: axillary, radial, musculocutaneous, ulnar and median</li> <li>• Dermatomes and tendon reflexes</li> <li>• Arteriography/ venography</li> </ul>	4	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>LOWER LIMB</b>		
<ul style="list-style-type: none"> <li>• Gluteal region</li> <li>• Thigh, front, medial side, back               <ul style="list-style-type: none"> <li>- Femoral triangle</li> <li>- Femoral sheath and canal</li> <li>- Femoral hernia</li> <li>- Adductor canal</li> </ul> </li> <li>• Popliteal fossa</li> <li>• Leg, compartments</li> <li>• Foot, arches</li> <li>• Hip joint</li> <li>• Knee joint</li> <li>• Ankle joint</li> <li>• Foot joints</li> </ul>	4 4 4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4 4
<b>Surface and Imaging Anatomy</b>		
<ul style="list-style-type: none"> <li>• Femoral triangle</li> <li>• Popliteal fossa</li> <li>• Arteries and pulses</li> <li>• Superficial veins and lymphatics</li> <li>• Nerves: femoral, sciatic, tibial, common peroneal</li> <li>• Dermatomes and tendon reflexes</li> <li>• Arteriography/venography</li> </ul>	4 4 4 4 4 4 4	4 4 4 4 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>HEAD, NECK AND SPINE</b>		
<b>Development</b>		
<ul style="list-style-type: none"> <li>• Branchial arches</li> <li>• Face, palate</li> <li>• Thyroid and parathyroid glands</li> <li>• Spine</li> </ul>	3 3 3 3	3 3 3 3
<b>Head</b>		
<ul style="list-style-type: none"> <li>• Face, scalp</li> <li>• Cranial cavity, dural venous sinuses, pituitary gland</li> <li>• Orbit, eyeball</li> <li>• Ear</li> <li>• Parotid gland</li> <li>• Temporomandibular joint</li> <li>• Nose and paranasal air sinuses</li> <li>• Mouth, tongue</li> <li>• Submandibular and sublingual glands</li> </ul>	4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4
<b>Neck</b>		
<ul style="list-style-type: none"> <li>• Anterior triangle               <ul style="list-style-type: none"> <li>- Thyroid and parathyroid glands</li> <li>- Larynx and trachea</li> <li>- Pharynx and oesophagus</li> <li>- Carotid sheath</li> </ul> </li> <li>• Posterior triangle               <ul style="list-style-type: none"> <li>- Spinal accessory nerve</li> <li>- Cervical plexus</li> </ul> </li> </ul>	4 4 4 4 4 4 4	4 4 4 4 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

# ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<ul style="list-style-type: none"> <li>• Root of neck</li> <li>- Thoracic duct</li> </ul>	4	4
<b>Spine</b> <ul style="list-style-type: none"> <li>• Vertebral column</li> <li>• Vertebral canal</li> </ul>	4	4
<b>Surface and Imaging Anatomy</b> <ul style="list-style-type: none"> <li>• Middle meningeal artery</li> <li>• Neck blood vessels</li> <li>• Central venous catheterisation</li> <li>• Laryngeal structures</li> <li>• Airway access</li> <li>• Skull and cervical spine</li> <li>• Arteriography</li> <li>• CT/MRI</li> </ul>	4	4
<b>NERVOUS SYSTEM</b>		
<b>Central Nervous System</b> <ul style="list-style-type: none"> <li>• Cerebral hemispheres</li> <li>• Ventricles</li> <li>• Cerebellum, brain stem</li> <li>• Spinal cord</li> <li>• Meninges</li> </ul>	4	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

# ANATOMY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Peripheral Nervous System</b> <ul style="list-style-type: none"><li>• Cranial nerves</li><li>• Spinal nerves</li><li>• Peripheral nerves</li></ul>	4 4 4	4 4 4
<b>Autonomic Nervous System</b> <ul style="list-style-type: none"><li>• General organisation</li></ul>	4	4
<b>Surface and Imaging Anatomy</b> <ul style="list-style-type: none"><li>• Arteriography</li><li>• CT/MRI</li></ul>	4 4	4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## **Physiology**

Candidates should have a basic knowledge of the physiological principles that will help them to understand surgical pathology and disease processes. Appreciation of abnormal physiology and how to treat it will lead to better surgical outcomes both within and outside the operating theatre.

Candidates should have a working knowledge of general physiological principles that maintain homeostasis and should be able to describe them in the oral examination, e.g. maintenance of normal blood sugar, temperature or fluid balance.

The physiological principles of all types of shock (particularly haemorrhagic) and its treatment is essential knowledge. Candidates should understand the concept of perfusion of organs and the autoregulation of renal and cerebral blood flow. Relating the factors that influence cerebral blood flow to traumatic brain injury is expected.

The physiology of sepsis and the physiological changes accompanying this disease process is particularly important. Early recognition of sepsis by using the definitions of systemic inflammatory response syndrome, sepsis and septic shock will be expected.

Candidates should also have knowledge of the physiology of specific systems: respiratory, cardiovascular, gastrointestinal, renal, endocrine and nervous systems, the thyroid and parathyroid glands, and glucose homeostasis.

Applied clinical respiratory physiology of the peri-operative period is required knowledge. Candidates should be able to describe and explain factors that lead to inefficient respiration, such as opiate overdose, atelectasis, secretion retention, pulmonary embolus, post-operative pneumonia and other reasons. Detailed knowledge of ventilation and perfusion abnormalities is not expected. How intermittent positive pressure ventilation (IPPV), continuous positive airway pressure (CPAP) and positive end expiratory pressure (PEEP) improve oxygenation and their effects on the cardiovascular system should be known. Detailed knowledge of other different modes of ventilation is not expected.

Knowledge of the function that each part of the nephron performs (e.g. collecting duct concentrates the urine) is required, as is the endocrine function of the kidney.

Candidates should have knowledge of metabolic pathways to allow understanding of general concepts such as how cells produce energy, lactate production in states of shock, and mechanisms of blood sugar control. Detailed knowledge of metabolic pathways such as each component of the tri-carboxylic acid (Krebs) cycle is not expected.

## SYSTEM SPECIFIC PHYSIOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>General Physiological Principles</b> <ul style="list-style-type: none"> <li>• Homeostasis</li> <li>• Thermoregulation</li> <li>• Metabolic pathways</li> <li>• Sepsis and septic shock</li> <li>• Fluid balance and fluid replacement therapy</li> <li>• Causes of metabolic acidosis/ alkalosis</li> <li>• Colloid and crystalloid solutions</li> <li>• Bleeding and coagulation</li> </ul>	4 3 3 4 4 3 4 4	4 3 3 4 4 3 4 4
<b>Respiratory System</b> <ul style="list-style-type: none"> <li>• Central nervous control of ventilation</li> <li>• Normal ventilatory cycle</li> <li>• Intermittent positive pressure ventilation (IPPV)</li> <li>• Blood gases, normal and abnormal</li> <li>• Causes of post operative respiratory failure</li> <li>• Acute (adult) respiratory distress syndrome (ARDS)</li> </ul>	3 4 4 4 4 4	3 4 4 4 4 4
<b>Cardiovascular System</b> <ul style="list-style-type: none"> <li>• Cardiac pressure cycle</li> <li>• Control of cardiac output</li> <li>• Haemorrhagic shock</li> <li>• Blood pressure and its control mechanisms</li> </ul>	4 4 4 4	4 4 4 4
<b>Gastrointestinal System</b> <ul style="list-style-type: none"> <li>• Gastric emptying</li> <li>• Gut hormones</li> <li>• Pancreatic function</li> <li>• Peristalsis and ileus</li> </ul>	3 4 4 4	3 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## SYSTEM SPECIFIC PHYSIOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Renal System</b> <ul style="list-style-type: none"> <li>• Function of the nephron</li> <li>• Renal autoregulation</li> <li>• Renin-angiotensin system</li> <li>• Causes of a poor urine output</li> <li>• Types of renal failure</li> </ul>	3 3 3 4 4	3 3 3 4 4
<b>Endocrine System</b> <ul style="list-style-type: none"> <li>• Function of the pituitary gland</li> <li>• Function of the adrenal gland and effects of steroids</li> <li>• Calcium metabolism</li> <li>• Erythropoetin</li> </ul>	3 3 3 3	3 3 3 3
<b>Central Nervous System</b> <ul style="list-style-type: none"> <li>• Causes of post-operative confusion</li> <li>• Physiology of space-occupying lesions</li> <li>• Cerebral autoregulation</li> </ul>	3 4 4	3 4 4
<b>Thyroid and Parathyroid</b> <ul style="list-style-type: none"> <li>• Thyroid hormones</li> <li>• Hypothyroidism</li> <li>• Hyperthyroidism</li> <li>• Parathyroid hormones</li> <li>• Disorders of parathyroid hormones and calcium homeostasis</li> </ul>	3 3 3 3 3	4 4 4 4 4
<b>Glucose Homeostasis and Diabetes</b>	3	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## **Pathology**

An understanding of both general and systemic pathology is an integral part of surgical training. Candidates particularly need a sound foundation of knowledge of general pathology, including surgical microbiology and haematology, on which to base their practice.

A good working knowledge of the general pathological principles that underpin inflammation, repair, infection, neoplasia and immunity is expected and is examined thoroughly in the MCQ examinations. Frequently the definition of a common pathological entity such as granuloma, fistula or pathogen forms the start of the oral examination.

Candidates will be expected to have sufficient knowledge of applied histology to be able to interpret the microscopic features of common diseases and conditions when displayed optically at a hospital meeting or on a photograph in a surgical journal. An ability to identify basic cell types, e.g. epithelium, macrophage, plasma cell, is required, but detailed knowledge of the microscopic appearances is not necessary.

Candidates should be able to demonstrate their knowledge of the basic principles of surgical pathology and how to use the output of hospital laboratories in an intelligent and informed way. They should understand what common laboratory tests entail, practical details such as how long they take to perform and what questions should be asked and answered, e.g. frozen section, cross-matching of blood, staging of tumours. The laboratories involved include those devoted to histology, microbiology, haematology, immunology and clinical genetics. Precise details of laboratory techniques are not required.

The epidemiology of disease and the place of screening are increasingly important in day-to-day surgical practice, and an understanding of the principles of these areas is required.

## GENERAL PATHOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Inflammation</b>		
<ul style="list-style-type: none"> <li>• Classification</li> <li>• Acute inflammation with an infective organism as the primary agent; microscopic and macroscopic features including microscopic appearances</li> <li>• Chronic inflammation with an infective organism as the primary agent: non-specific and specific (classified by the infective organism or the host reaction); microscopic and macroscopic features, mechanisms and effects (local and systemic)</li> <li>• Abscess, sinus, fistula formation: definitions, complications</li> </ul>	4 4 4 4	4 4 4 4
<b>Cellular injury other than by infection:</b> chemical injury (chemical burns, poisoning, chemotherapy), physical injury (direct destructive trauma), radiation injury, injury as a consequence of genetic abnormalities	4	4
<b>Wounds and wound healing:</b> classification of wounds, ulcer and erosion (resolution and repair), first and second intention healing, scar formation, healing in the central nervous system, fractures and pathological fractures	4	4

## GENERAL PATHOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Vascular Disorders</b>		
• Thrombosis and clot formation, hypercoagulable states and tests	4	4
• Embolus formation: aetiology, complications	4	4
• Atheroma	4	4
• Ischaemia and infarction	4	4
• Aneurysms and varicosities	4	4
• Oedema, ascites, transudate, exudate	4	4
• Coagulation deficits: classification, tests, complications	4	4
<b>Disorders of Growth, Differentiation and Morphogenesis</b>		
• Failure of growth or maintenance of growth: agenesis, apalasia, hypoplasia, atrophy, apoptosis, necrosis	4	4
• Overgrowth with normal cell differentiation: hyperplasia, hypertrophy, metaplasia, hamartoma formation	4	4
• Growth and overgrowth with abnormal cell differentiation: giant cells, dysplasia	4	4
• Accumulations and depositions: amyloid (definition, causes, diagnosis, effects), haemosiderosis and haemochromatosis, calcification, calculi (definition, causes, complications)	4	4

## GENERAL PATHOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Neoplasia</b>		
• Classification of tumours, e.g. carcinoma, sarcoma, blastoma, teratoma	4	4
• Diagnosis: cytology, biopsy, frozen section	4	4
• Benign neoplasms: complications	4	4
• Carcinogenesis: normal and disordered cell replication, behaviour of cancer cells	4	4
• Typing, grading and staging staging of cancer	4	4
• Teratoma: definition, sites, behaviour	3	3
• Paraneoplastic syndromes	3	3
• Epidemiology of common cancers and cancer registration	3	3
• Principles of screening	4	4
• Molecular biology of cancer: cell cycle and human genome, mechanisms of tumour genesis, tumour markers (classification and uses), mechanisms of invasion and routes of metastasis	4	4
<b>Surgical Immunology</b>		
• Hypersensitivity reactions	3	3
• Complement cascade functions	3	3
• Immunoglobulins and their functions	3	3
• Chemotaxis and cytokines	3	3
• Diseases mediated by immunological mechanisms:	3	3
• Graves's disease, pernicious anaemia, rheumatoid arthritis	3	3
• Immunodeficiency	3	3
• Transplantation, graft-v-host reactions	3	3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## GENERAL PATHOLOGY

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Surgical Haematology</b> <ul style="list-style-type: none"> <li>• Anaemia: iron deficiency, B12 and folate deficiency, haemolytic, sickle cell disease, thalassaemia</li> <li>• Polycythaemia</li> <li>• Blood transfusion: components of stored blood, group-and-save and cross-matching, transfusion of large volumes, alternatives to blood transfusion</li> <li>• Bleeding disorders, DIC, platelets</li> <li>• Hypercoagulable states</li> </ul>	 3  3 3  3 3	 3  3 4  3 3
<b>Surgical Microbiology</b> <ul style="list-style-type: none"> <li>• Surgically important microorganisms</li> <li>• Exotoxins and endotoxins</li> <li>• Pathophysiology of sepsis</li> <li>• Disinfection and sterilisation</li> <li>• Immunisation</li> <li>• Commensals</li> <li>• Nosocomial infections</li> </ul>	 4 4 4 4 4 4 4	 4 4 4 4 4 4 4
<b>Surgical Biochemistry</b> <ul style="list-style-type: none"> <li>• Hypercalcaemia</li> <li>• Plasma proteins</li> <li>• Hepatic function and jaundice</li> <li>• Hyperuricaemia</li> </ul>	 4 4 4 4	 4 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

F2.	Part A	Part B
	Knowledge Level	Knowledge Level
<b>Nervous System</b> <ul style="list-style-type: none"> <li>• Head injuries including intracranial haemorrhage (extradural, subdural, subarachnoid, intracerebral, intraventricular)</li> <li>• Raised intracranial pressure</li> <li>• Neoplasms: classification</li> <li>• Spinal cord and peripheral nerve injuries</li> </ul>	 3  3 2 3	 3  3 2 3
<b>Musculo-skeletal System</b> <ul style="list-style-type: none"> <li>• Bone and joint infection</li> <li>• Osteomyelitis</li> <li>• Septic arthritis</li> <li>• Pathophysiology of fractures and healing</li> <li>• Complications of fractures: non-union, mal-union</li> <li>• Pathological fractures</li> <li>• Traumatic oedema and compartment syndromes</li> <li>• Osteoarthritis: causes, joints affected, effects</li> <li>• Tumours of the musculo-skeletal system (primary and secondary)</li> <li>• Metabolic bone diseases, including gout (classification, aetiology, effects)</li> <li>• Rheumatoid arthritis: joints affected, complications</li> </ul>	 3 3 3 3 3 3 3 2 2 2 2	 3 3 3 3 3 3 3 2 2 2 2
<b>Respiratory System</b> <ul style="list-style-type: none"> <li>• Carcinoma of the bronchus and lung</li> <li>• Pneumothorax</li> <li>• Lung conditions including pneumonia, empyema thoracis and bronchiectasis</li> </ul>	 3 4 3	 3 4 3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Breast Disorders</b> <ul style="list-style-type: none"> <li>• Benign and malignant tumours</li> <li>• Breast cancer: screening principles, assessment, classification, staging systems</li> <li>• Infections</li> <li>• Gynaecomastia: causes</li> </ul>	 4 4 4 3	 4 4 4 3
<b>Cardiovascular System</b> <ul style="list-style-type: none"> <li>• Atherosclerosis</li> <li>• Ischaemic heart disease</li> <li>• Aneurysms, including dissecting</li> <li>• Peripheral vascular disease</li> <li>• Varicose veins</li> <li>• Deep venous thrombosis</li> </ul>	 4 4 4 4 4 4	 4 4 4 4 4 4
<b>Endocrine System</b> <ul style="list-style-type: none"> <li>• Thyroid: causes of hyperthyroidism and hypothyroidism, classification of thyroid cancers</li> <li>• Parathyroids: classification of hyperparathyroidism, associations</li> <li>• Adrenals: causes and effects of Addison's disease, neoplasms of the cortex and medulla</li> <li>• Pituitary: Cushing's disease, acromegaly</li> <li>• Carcinoid syndrome</li> <li>• Multiple endocrine adenopathy</li> </ul>	 4 4 4 4 4 4	 4 4 4 4 4 4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Genito-urinary System</b>		
• Gynaecological causes of acute abdominal pain	3	3
• Pelvic inflammatory disease	3	3
• Ovarian disease, including cancer	3	3
• Ectopic pregnancy	2	2
• Endometriosis	2	2
• Urinary stone disease	4	4
• Tumours, including kidney, bladder, penis, testis and scrotum: classification and presentation	3	3
• Urinary tract infections	4	4
• Haematuria: causes, effects	4	4
<b>Gastrointestinal System</b>		
• Intestinal fistulas	3	3
• Colonic polyps: classification, aetiology, complications	4	4
• Colonic carcinoma: classification, aetiology, genetics, staging systems, complications	4	4
• Ulcerative colitis	4	4
• Small bowel disease: Crohn's disease, hamartomatous polyps	4	4
• Diverticula: definition, classifications, causes, complications	3	4
• Oesophageal carcinoma	3	3
• Peptic ulceration: sites, aetiology	3	3
• Gastric carcinoma: aetiology, complications, complications of gastrectomy	3	3
• Gall stones, obstructive jaundice	4	4
• Pancreatitis: causes and effects of acute and chronic pancreatitis	4	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Dermatological Diseases</b> <ul style="list-style-type: none"><li>• Burns: classification, assessment of depth and extent, complications</li><li>• Skin cancer in general: classification and aetiology</li><li>• Melanoma: classification, staging</li></ul>	3 3 3	3 3 3
<b>Lymphoreticular System</b> <ul style="list-style-type: none"><li>• Splenic function</li><li>• Splenectomy: indications, complications, precautions</li><li>• Lymphoma: classification, prognoses</li></ul>	3 3 3	3 3 3

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>1. PERI-OPERATIVE CARE</b>		
<b>Assessment of Fitness for Surgery</b>		
• Pre-operative assessment and risk scoring systems	3	4
• Laboratory testing and imaging	3	4
<b>Management of Associated Medical Conditions</b>		
• Organ specific diseases	2	3
• Issues related to medications	2	3
• General factors	2	3
<b>Preparation for Surgery</b>		
• Informed consent	2	4
• Pre-medication	2	3
• Risk management	2	3
• Thromboprophylaxis	2	4
<b>Principles of Anaesthesia</b>		
• General anaesthesia	3	3
• Local anaesthesia	3	4
• Regional anaesthesia	3	3
<b>Monitoring of the Anaesthetised Patient</b>		
• Non-invasive monitoring	3	3
• Invasive monitoring	3	3
<b>Care of the Patient Under Anaesthesia</b>		
• Positioning of the patient in surgery	3	4
• Avoidance of nerve injuries	3	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>2. POST-OPERATIVE MANAGEMENT AND CRITICAL CARE</b>		
<b>Anaesthetic Management</b>		
• Post-operative monitoring	3	4
• Ventilatory support	3	3
• Pain control	3	3
• Intravenous drug delivery	3	3
<b>Metabolic and Nutritional Support</b>		
• Fluid and electrolyte management	4	4
• Nutrition in the surgical patient	3	4
<b>Post-operative Complications</b>		
• General surgical complications	3	4
• Respiratory failure	3	4
• Acute renal failure	3	4
• Systemic inflammatory response syndrome (SIRS)	3	3
• Multiple organ dysfunction syndrome (MODS)	3	3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>3. SURGICAL TECHNIQUE AND TECHNOLOGY</b>		
<b>Surgical Wounds</b>		
• Classification of surgical wounds	3	4
• Principles of wound management	3	4
• Pathophysiology of wound healing	4	4
• Scars and contractures	3	4
<b>Surgical Technique</b>		
• Principles of safe surgery	2	4
• Incisions and wound closure	3	4
• Diathermy and laser	2	4
• Sutures and ligature materials	2	4
• Basic surgical instruments		4
<b>Surgical Procedures</b>		
• Minor surgical procedures	2	4
• Day care surgery	2	4
• Principles of anastomosis	2	3
• Endoscopy and minimal access surgery	2	3
<b>Tourniquets in the Operating Theatre</b>		
• Indications for tourniquet use	2	4
• Tourniquet application	2	4
• Effects and complications of tourniquets	2	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>4. MANAGEMENT AND LEGAL ISSUES IN SURGERY</b>		
<b>Evidence-based Surgical Practice</b>		
• Decision making in surgery		2
• Statistics	2	2
• Principles of research and clinical trials	2	2
• Critical evaluations of surgical innovations		2
<b>Management Aspects of Surgical Practice</b>		
• Clinical audit		3
• Clinical governance		3
• Medico-legal aspects of surgery		3
<b>Communication Skills</b>		
• Psychological effects of surgery		3
• Communication skills in medicine and surgery	2	4
• Working in teams	3	4
• Breaking bad news	2	3
• Dealing with conflict		3
• Management of crises		3
<b>Medical Litigation</b>		
• Avoidance and management of errors		4
• Ethics and medical negligence		3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

<b>Aspects of Surgery in Childhood</b>		
• Basic understanding of child protection law		4
• Understanding of Children's rights		4
• Working knowledge of types and categories of child maltreatment, presentations, signs and other features (primarily physical, emotional, sexual, neglect, professional)		4
• Understanding of personal role, responsibilities and appropriate referral patterns in child protection		4
• Understanding of the challenges of working in partnership with children and families		4

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>5. CLINICAL MICROBIOLOGY</b>		
<b>Surgical Microbiology</b>		
• Sources of surgical infection	4	4
<b>Prevention of Infection</b>		
• Principles of asepsis and antisepsis	4	4
<b>Modern Antibiotic Usage</b>		
• Commonly used antibiotics	3	4
• Selecting the appropriate antibiotic	3	4
• Antibiotic resistance	3	4
• Antibacterial prophylaxis	3	4
<b>Surgery in Hepatitis and HIV Carriers</b>		
• Blood-borne viruses	3	4
• Universal precautions	4	4
• Surgical precautions	4	4
• Immunisation	4	4
• Management of sharps injuries	4	4
<b>Cutaneous Infection / Necrosis</b>		
• Cellulitis	4	4
• Necrotising fasciitis	4	4
• Gangrene	4	4

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>6. EMERGENCY MEDICINE AND MANAGEMENT OF TRAUMA</b>		
<b>Pathophysiology of Trauma</b>		
• Shock and cardiovascular physiology	4	4
• Metabolic response to injury	3	4
• Adult respiratory distress syndrome (ARDS)	3	3
<b>Initial Assessment of the Trauma Patient</b>		
• Principles of pre-hospital care	3	4
• Major incident triage	3	4
• Clinical assessment and scoring systems	3	4
• Resuscitation after trauma	3	4
• Airway management and tracheostomy	4	4
<b>Thoracic Trauma</b>		
• Pathophysiology of thoracic trauma	4	4
• Presentation, assessment and management	3	4
• Specific thoracic injuries	3	4
• Pneumothorax	3	4
<b>Thoracotomy and Chest Drainage</b>		
• Assessment and Preparation	3	4
• Indications for thoracotomy	3	4
• Chest drainage and pericardiocentesis	3	4
<b>Neurological Trauma and Management of the Unconscious Patient</b>		
• Head injuries	2	3
• Intracranial Haemorrhage ( <i>subarachnoid, Intracerebral, Subdural, Extradural, Intraventricular</i> )	2	3
• Brain injuries	2	3
• Spinal cord injuries	2	3
• Assessment and resuscitation of the comatose patient	2	3
• Peripheral nerve injuries	2	3
• Paralytic disorders	2	3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Abdominal Trauma</b>	2	3
• Penetrating abdominal trauma	2	3
• Blunt abdominal trauma	2	3
• Assessment and management of abdominal trauma	2	3
• Specific organ injuries	2	3
<b>Urological Trauma</b>		
• Renal, ureteric, bladder, urethral, penile and scrotal injuries	2	3
<b>Vascular Trauma</b>		
• Effects of blunt and penetrating injuries to arteries and veins	2	3
• Assessment of vascular injury	2	3
• Iatrogenic injuries	2	3
• Complications of intravascular drug abuse	2	3
<b>Traumatic Wounds</b>		
• Principles of management	2	3
• Gunshot and blast injuries	2	3
• Stab wounds	2	3
• Human and animal bites	2	3
<b>Skeletal Fractures</b>		
• Pathophysiology of fracture healing	2	3
• Classification of fractures	2	3
• Principles of management of fractures	2	3
• Complications of fractures	2	3
• Management of joint injuries	2	3
• Common fractures and joint injuries	2	3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

## PRINCIPLES OF SURGERY IN GENERAL

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Soft Tissue Injuries and Disorders</b> <ul style="list-style-type: none"> <li>• Nature and mechanism of injury</li> <li>• Management of soft tissue injuries</li> </ul>	2 2	3 3
<b>Management of Skin Loss</b> <ul style="list-style-type: none"> <li>• The wound</li> <li>• Skin grafts</li> <li>• Skin flaps</li> </ul>	2 2 2	3 3 3
<b>Traumatic Oedema and Compartment Syndrome</b> <ul style="list-style-type: none"> <li>• Pathogenesis and physiology</li> <li>• Diagnosis and treatment</li> </ul>	2 2	3 3
<b>Burns</b> <ul style="list-style-type: none"> <li>• Classification and pathophysiology</li> <li>• Initial assessment and management</li> <li>• Treatment including secondary surgery</li> <li>• Burns of special areas (i.e. face, eyes, hands, perineum)</li> </ul>	2 2 2 2	3 3 3 3
<b>Brain Stem Death</b> <ul style="list-style-type: none"> <li>• Diagnosis and testing for brain stem death</li> <li>• Principles of organ donation</li> </ul>	2 2	3 3

## **PRINCIPLES OF SURGERY IN GENERAL**

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>7. PRINCIPLES OF SURGICAL ONCOLOGY</b>		
<b>Epidemiology of Common Cancers</b>		
• Epidemiology studies and cancer registration	2	3
• Common cancers	2	3
<b>Screening Programmes</b>		
• Screening for cancers: breast, cervical, prostate, colorectal	2	3
<b>Clinico-pathological Staging of Cancer</b>		
• Staging and grading cancer	3	4
• Clinical staging	3	4
• Pathological staging	3	4
<b>Principles of Cancer Treatment</b>		
• The role of surgery	2	3
• Radiotherapy	2	3
• Chemotherapy	2	3
• Hormone therapy	2	3
• Immunotherapy	2	3
<b>Palliative Care</b>		
• The palliative care team		3
• Pain and other symptoms	2	3

N.B. – The knowledge level prescribed for each item is cumulative, i.e. level 4 implies that knowledge levels 1–4 should be covered.

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>8. SURGERY-IN-GENERAL</b>		
<b>A. Abdomen</b>		
<b>Common Abdominal Problems</b>		
• Abdominal pain	2	3
• Abdominal masses	2	3
• The acute abdomen	2	3
<b>Abdominal Emergencies</b>		
• Intestinal obstruction	2	3
• Peritonitis and abdominal and pelvic abscess	3	4
• Gastrointestinal haemorrhage	3	4
<b>Abdominal Hernia</b>		
• Inguinal hernia	3	4
• Femoral hernia	3	4
• Incisional hernia	3	4
<b>Intestinal Fistulas</b>		
• Classification of intestinal fistulas	2	3
• Assessment and management	2	3
<b>Gastrointestinal Stomas</b>		
• Gastrostomy	2	3
• Ileostomy	2	3
• Colostomy	2	3
<b>Surgery of the Spleen</b>		
• Splenic disease and injury	2	3
• Treatment of splenic disease and injury	2	3
• Post-splenectomy sepsis	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<b><i>B. Upper Gastrointestinal Surgery</i></b>		
• Diagnosis of oesophageal disorders	2	3
• Specific oesophageal disorders (including gastro-oesophageal reflux disease, motility disorders, oesophageal carcinoma, oesophageal diverticulum and oesophageal foreign body)	2	3
• Peptic ulcer disease	2	3
• Carcinoma of the stomach	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<b><i>C. Hepatobiliary and Pancreatic Surgery</i></b>		
• Jaundice	2	3
• Gall stones and gall bladder disease	2	3
• Acute pancreatitis	2	3
• Chronic pancreatitis	2	3
• Carcinoma of the pancreas	2	3
• Benign and malignant biliary strictures	2	3
• Portal hypertension and ascites	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<i>D. Colorectal Surgery</i>		
<b>Clinical Presentation of Colorectal and Anal Disease</b>	2	3
<b>Surgical Disorders of the Colon and Rectum</b>		
• Ulcerative colitis and Crohn's disease	2	3
• Colorectal cancer	2	3
• Diverticular disease	2	3
• Faecal incontinence	2	3
• Rectal prolapse	2	3
<b>Surgical Disorders of the Anal Canal and Perineum</b>		
• Pruritus ani	2	3
• Fissure-in-ano	2	3
• Haemorrhoids	2	3
• Fistula-in-ano	2	3
• Anorectal abscess	2	3
• Carcinoma of the anal canal	2	3
• Pilonidal sinus and abscess	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<i>E. Breast and Endocrine Surgery</i>		
<b>Common Breast Disorders</b>		
• Breast lumps	2	3
• Breast pain	2	3
• Breast cysts	2	3
• Nipple discharge	2	3
• Gynaecomastia	2	3
• Breast abscess	2	3
<b>Breast Carcinoma</b>		
• Risk factors	2	3
• Pathology	2	3
• Diagnosis	2	3
• Treatment	2	3
• Breast reconstruction		2
<b>Surgery of the Thyroid Gland</b>		
• Indications for surgery in thyroid disease	2	3
• Thyroid cancer (types and management)	2	3
• Complications of thyroidectomy	2	3
<b>Parathyroid Disorders</b>		
• Calcium metabolism	3	4
• Clinical presentation of hypercalcaemia	3	4
• Investigation of hyperparathyroidism	3	4
• Management of hyperparathyroidism		3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>Adrenal Disorders and Secondary Hypertension</b>		
• Causes of hypertension	3	3
• Conn's and Cushing's syndromes	3	3
• Pheochromocytoma	3	3
<b>Endocrine Disorders of the Pancreas</b>		
• Insulinoma	2	3
• Gastrinoma	2	3
• Neuroendocrine tumours	2	3
• Other rare endocrine tumours	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<b><i>F. Vascular Surgery</i></b>		
<b>Arterial Surgery</b>		
• Peripheral vascular disease and limb ischaemia	3	4
• Arterial embolism and acute limb ischaemia	3	4
• Arterial aneurysms	3	4
• Carotid artery disease	2	3
• Renovascular disease	2	3
<b>Venous Disorders of the Lower Limb</b>		
• Venous insufficiency and varicose veins	3	4
• Venous ulceration	3	4
• Deep venous thrombosis and pulmonary embolism	3	4
<b>Lymphoedema</b>	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<i>G. Urology</i>		
<b>Urinary Tract Infections and Calculi</b>	3	4
<b>Haematuria</b>	3	3
<ul style="list-style-type: none"> <li>• Classification, aetiology and assessment</li> <li>• Tumours of the kidney, bladder, prostate and testis</li> </ul>	3	4
<b>Urinary Tract Obstruction</b>		
<ul style="list-style-type: none"> <li>• Urinary retention</li> <li>• Disorders of the prostate</li> </ul>	3 3	4 4
<b>Pain and Swelling in the Scrotum</b>		
<ul style="list-style-type: none"> <li>• Scrotal skin conditions</li> <li>• Non malignant testicular swellings</li> <li>• Inflammatory conditions</li> <li>• Testicular torsion</li> <li>• Testicular tumours</li> </ul>	2 2 2 2 3	4 4 4 4 4
<b>Chronic Renal Failure</b>		
<ul style="list-style-type: none"> <li>• Dialysis</li> <li>• Principles of transplantation</li> </ul>	2 2	3 3
<b>Aspects of Pelvic Surgery</b>		
<ul style="list-style-type: none"> <li>• Gynaecological causes of acute abdominal pain (e.g. ovarian cyst, ectopic pregnancy, carcinoma)</li> <li>• Pelvic inflammatory disease</li> <li>• Disorders of urinary continence</li> </ul>	2 2 2	3 2 2

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<b><i>H. Organ Transplantation</i></b>		
• Basic principles of transplant immunology	2	3
• Clinical organ transplantation	2	3
• Organ donation and procurement	2	3
• Immunosuppression and prevention of rejection	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<b><i>I. Head and Neck Surgery</i></b>		
<b>Common Neck Swellings</b>		
• Congenital and rare swellings	2	3
• Inflammatory swellings	2	3
• Head and neck cancer	2	3
<b>Salivary Gland Disorders</b>		
• Infections and inflammation of the salivary glands	2	3
• Tumours of the salivary glands	3	4
• Stones of the salivary glands	2	4

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b> <i>J. Skin Lesions</i>		
<b>Benign Skin Lesions</b>	3	4
<b>Malignant Skin Lesions</b>		
• Basal cell carcinoma	3	4
• Squamous cell carcinoma	3	4
• Malignant melanoma	3	4

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b> <i>K. Hand Disorders</i>		
• Dupytren's Disease	2	4
• Carpal Tunnel Syndrome	2	4

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b> <i>L. Surgical Disorders of the Brain</i>		
• Clinical presentation of the intracranial mass	2	3
• Tumours of the nervous system	2	3

	<b>Part A</b>	<b>Part B</b>
	<b>Knowledge Level</b>	<b>Knowledge Level</b>
<b>SURGERY-IN-GENERAL</b>		
<i>M. Differences Between the Paediatric and Adult Patient</i>		
<b>Principles of Neo-natal and Paediatric Surgery</b>		
• History and physical examination of the neonate and child	2	3
• Maintenance of body temperature	2	3
• Assessment of respiratory and cardiovascular function	2	3
• Metabolic status	2	3
• Fluids, electrolytes and the metabolic response	2	3
• Vascular access	2	3
<b>Correctable Congenital Abnormalities</b>		
• Congenital abnormalities of the gastrointestinal tract		2
• Congenital heart disease		2
• Abdominal wall defects		2
• Diaphragmatic hernia		2
• Neural tube defects		2
• Urological abnormalities		2
<b>Common Paediatric Surgical Disorders</b>		
• Pyloric stenosis	2	3
• Intussusception	2	3
• Inguinal hernia and hydrocele	2	3
• Undescended testes	2	3
• Torsion of the testes	2	3