



# Alternative ways of evidencing knowledge and skills for recommended courses with practical skills for SST GO

The recommended courses for GO SST and alternatives on how the knowledge and skills can be evidenced are outlined below:

## 1. CRISP course (for CiP 2)

- i. **Aims of course:** aims to provide instruction in the practical management of critically ill surgical patients of all types. The course emphasises a systematic approach to the assessment and management of these patients and their problems which if used in conjunction with clinical expertise and appropriate attention to clinical detail, should ultimately help prevent the development of serious complications and multiple organ failure.

- ii. **Alternative ways for SST to achieve this learning/skills:**

Critical care attachment including ward rounds, outreach team, ICU, HDU and anaesthetic pre-assessment clinic

One to one discussion with anaesthetists/intensivists

Ongoing clinical training throughout GO SST, working in supervised environment with senior team managing GO patients on a day-to-day basis

Online learning e.g. [Care of the Critically Ill Surgical Patient, 3rd Edition 3rd Edition PDF - surgerybook.net](#)

- iii. **Alternative ways to evidence learning/skills that would have been acquired from course:**

Reflective practice

Mini-CEX

CbD

Log of experience

Evidence of attendance

Including WBA completed by anaesthetists/intensivists

## 2. Advanced Connected communication skills course (for CiPs 1, 12, 17)

- i. **Aims of course:** Two-day course to practice and enhance communication skills.

Aims to Increase awareness of communication skills.

Explore strategies to improve quality of clinical communication.

Increase ability to deliver information effectively

Increase confidence in responding to difficult communication situations.

Enhance inter-personal communication.

- ii. **Alternative ways for SST to achieve this learning/skills:**



Communicating with patients and managing their care on a day-to-day basis

Working in supervised environment with senior team

Palliative care attachment as per CiP 12

Review of communication skills with senior team members including CNSs and palliative care team

Online learning e.g. [Advanced communication skills Online course | BMJ Learning](#)

**iii. Alternative ways to evidence learning/skills that would have been acquired from course:**

Reflective practice

Mini-CEX

CbD

Including WBA completed by CNSs and palliative care team

**3. Gestational Trophoblastic Disease course (for CiP 16)**

i. **Aims of course:** Knowledge based course on the presentation, treatment, follow up and pathology of GTD

**ii. Alternative ways for SST to achieve this learning/skills:**

BGCS webinars

Case discussion with senior medical staff

Medical oncology attachment as per CiP 9

Personal study

Online learning e.g. [Charing Cross Gestational Trophoblast Disease Service \(hmo-chorio.org.uk\)](#)

**iii. Alternative ways to evidence learning/skills that would have been acquired from course:**

Reflective practice

Mini-CEX

CbD

**4. Anastomosis course (for CiP 14)**

i. **Aims of course:** A knowledge and practical skills-based course to develop and perfect skills in both sutured and stapled GI anastomosis techniques.

**ii. Alternative ways for SST to achieve this learning/skills:**

Colorectal attachment as per CiP 14

Surgical training time throughout GO SST

Online learning e.g. Royal College of Surgeons:

[Basic surgical skill 2 by The Royal College of Surgeons of England](#)  
[The Intestinal Anastomosis](#)

**iii. Alternative ways to evidence learning/skills that would have been acquired from course:**



OSATS: CiP 14 requires OSATS with Section 2 of [GO Definitive Document.pdf](#) confirming these are to level 4 for:

Small bowel resection and anastomosis

Stoma formation – ileostomy /colostomy

Large bowel resection

and level 2 for:

Large bowel anastomosis

With all these asterixed “with assistance of surgical colleagues where necessary”

Surgical logbook

Log of experience

Mini-CEX

CbD

Including WBA completed by Consultant Colorectal Surgeons

#### 5. Evidence of attendance at a management/leadership course

[GO matrix for pre-CCT SST trainee on pre-2019 core curriculum 2yr programme Covid19.pdf \(rcog.org.uk\)](#)

Already derogated... “However, the requirement for relevant scientific meetings and a management and leadership course has been derogated meaning that attendance at these courses is not necessary for completion of subspecialty training at this current time”

#### 6. Relevant scientific meeting (BGCS/ESGO etc) per year

[GO matrix for pre-CCT SST trainee on pre-2019 core curriculum 2yr programme Covid19.pdf \(rcog.org.uk\)](#)

Already derogated... “However, the requirement for relevant scientific meetings and a Management and Leadership course has been derogated meaning that attendance at these courses is not necessary for completion of subspecialty training at this current time”

#### 7. Accreditation with BSCCP (for CiP 1)

**BSCCP accreditation requires:**

1. Attendance at BSCCP-recognised Basic Colposcopy Course
2. Electronic Colposcopy Logbook Minimum Requirements:
  - 50 cases performed under direct supervision:
    - 20 must be NEW cases, (10 of these must be HIGH GRADE)
    - 30 review cases
  - 100 cases performed under indirect supervision:
    - 30 must be NEW cases, (15 of these must be HIGH GRADE)
    - 70 review cases



3. WBA: 5 OSATS (a minimum of 3 formative + 2 summative) for diagnostic colposcopy and a minimum of 5 OSATS (a minimum of 3 formative + 2 summative) for each clinical technique
4. Attendance at Colposcopy MDM
5. One relevant audit
6. Laboratory attendance
7. Final structures assessment of training through the OSCE examination

[Covid-19 BSCCP Update | The British Society for Colposcopy and Cervical Pathology](#)

The BSCCP is currently looking at alternative new platforms for the OSCE Members who are in application for consultant/ senior nurse specialist postings in Colposcopy can request an "Intent to Sit the OSCE" confirmation

