

Certification Guidelines for Neurosurgery

All trainees seeking certification in Neurosurgery must:

- a) be fully registered with the GMC and have a licence to practise (UK trainees) or be registered with the IMC (Republic of Ireland trainees).
- b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland¹.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).
- e) be able to demonstrate the acquisition of the appropriate Generic Professional Capabilities (GPCs) as described in the GMC framework (UK trainees only).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

| | Guidelines for Neurosurgery |
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| Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus | <p>Trainees should have completed a training programme in the neurosciences, incorporating neurosurgery, together with exposure to neurology, intensive care, accident & emergency medicine and an allied surgical specialty².</p> <p>Trainees should have had a broad exposure to emergency and scheduled components of the subspecialties (current and potentially emerging) recognised in neurosurgery, including, but not necessarily limited to:</p> <ul style="list-style-type: none"> • Trauma (both brain and spine, including evidence of trauma competency e.g. an ATLS®/PALS course) • Spinal (including intradural tumours) • Paediatric (a minimum of 6 months) • Vascular • Functional • Skull base / pituitary • Neuro-oncology |
| Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus | <p>Trainees should be able to demonstrate an aggregate of no fewer than 1200 (including 70 paediatric) approved cases in the surgical skills section of the SAC Indicative Report consolidated logbook that have been performed in approved training posts with appropriate assessment, with a satisfactory spread of cases between assisting and operating as primary surgeon. The full range of neurosurgery should be represented, and</p> |

¹ This will include any out of programme training.

² Trainees will usually spend 8 years in the training programme with at least 6 years in neurosurgery training.

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| | <p>microsurgical operating should include the subcategory of index procedures, in which a subtotal of 50 cases performed as primary surgeon ('P, ST-S, ST-U') must be represented across the range, encompassing the base of the brain, the cerebello-pontine angle, vascular procedures, and pituitary and endoscopic neurosurgery. Experience will also be expected of spinal internal fixation.</p> |
| <p>Operative competence - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)</p> | <p>Primary surgeon experience as indicated in 'Operative experience' above.</p> |
| <p>Research - evidence of having met the relevant requirements for research and scholarship. For UK trainees, this can be found in the GMC's Generic Professional Capabilities framework. Broadly, this includes:</p> <ol style="list-style-type: none"> 1. The demonstration of evidence based practice. 2. Understanding how to critically appraise literature and conduct literature searches and reviews. 3. Understanding and applying basic research principles. 4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities. | <p>Trainees must be able to demonstrate during neurosurgical training the publication of at least one peer-reviewed paper as first author, excluding case reports.</p> <p>Trainees must also be able to demonstrate the following:</p> <ul style="list-style-type: none"> • A case series or systematic review that has either been published or accepted for publication in a peer reviewed journal • Two verbal presentations (on different topics) given to a national or international conference • Completion of a Good Clinical Practice course in Research Governance, which should be current at the point of certification • Evidence of understanding of research methodologies. <p>Trainees might also take part in other research activities, for example evidence confirming that they have recruited patients to clinical studies or evidence of other laboratory or clinical research activity.</p> |
| <p>Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty</p> | <p>Trainees should provide evidence of the completion of at least one full audit cycle as the principal auditor during training.</p> |
| <p>Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined by the specialty</p> | <p>Trainees should have completed a 'Training the Trainers' or equivalent course during training and fulfil the GMC's requirements of a named clinical supervisor.</p> |
| <p>Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction</p> | <p>Trainees should have completed a course on health service management during training.</p> |
| <p>Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty</p> | <p>Trainees should have completed an ATLS® or PALS course during training.</p> |
| <p>Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty</p> | <p>Trainees should have attended no fewer than four national or international neurosurgical conferences during training.</p> |