







Joint Committee on Intercollegiate Examinations

Intercollegiate Specialty Examination in

Plastic Surgery

Syllabus Blueprint 2016

The Royal College of Surgeons of Edinburgh Nicolson Street Edinburgh EH8 9DW Tel: 0131 662 9222 www.jcie.org.uk

Joint Committee on Intercollegiate Examinations v1.0 Date of last review: October 2016 Principles for Blueprinting Assessment to the Curriculum in Surgical Specialties

- Standard educational practice requires a curriculum to include an indication of how each aspect of the syllabus is to be assessed. This "blueprinting" process also shows how each aspect relates to Good Medical Practice.
- 2. Each specialty syllabus has been mapped to a range of assessments:
 - a. CEX
 - b. CBD
 - c. DOPS
 - d. PBA
 - e. MSF
 - f. Section 1 of the specialty FRCS (written section)
 - g. Section 2 of the specialty FRCS (clinical and oral section)
- 3. This does not imply that the indicated assessments must be used.
- 4. The indications are not exclusive, and it is possible that other types of assessment which have not been indicated may also be used to assess individual items.
- 5. In general:
 - a. Knowledge will be assessed by Section 1 and Section 2 FRCS and by CBD.
 - b. Clinical skills will be assessed by CEX and Section 2 FRCS
 - c. The use of scenarios within Section 2 FRCS allows a wide range of clinical skills to be assessed.
 - d. Technical skills will be assessed by DOPS and PBA
 - e. Professional skills will be assessed by MSF
- 6. The blueprinting indicates which assessments may be used for each item at any stage through training.
- 7. The Good Medical Practice domains are:
 - 1. Knowledge, skills and performance
 - 2. Safety and quality
 - 3. Communication, partnership and teamwork
 - 4. Maintaining trust

Austancie Surgery of the Broast Image Network		CEX	CBD	DOPS	РВА	MSF	FRCS Section 1	FRCS Section 2	GMP
Delective component in the sequence assessment or a public public group on a public p	Aesthetic Surgery of the Breast								
demines and conformations of the breast developmental and accuries, pair-backgring and and accurate properties of a special of the breast development of the breast development of the breast development of the breast development and accurate backgring development. If a backgring of the breast development and accurate backgring development accur									
Adduct based on the producting of a breast surgeryIII <thi< th="">II<</thi<>	deformities and conformations of the breast, developmental and acquired, pathological and								
NEWMEDSE Image	Acquire proficiency in all aspects of breast reconstruction and subsequent revisional procedures.								
ANUC Image: Im									
Should be also to dromovable only of bleast block more apply and functionIII <thi< th="">I<th< td=""><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thi<>		_							
applet and supplet and supplet and specified I X I X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
divelopment of the based and compandie difformity and viriations of breast from and associates is the students. International the breast and is participantly, when deranged International the breast and is participantly of the breast International the breast and is participantly of the breast International the breast and is participantly of the breast International the breast and is participant programs and management pathways International the breast and international the breast and internation International the breast and internation of the breast International the breast and internation of the breast International the breast and internation	5		x				x	x	1
Standard N<									
nonset projectory in pregnancy we identify an analysis of the breastNN </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
sensing hologies of the breakNN<									_
reservation, dimon features of breast cancer, its staging, prognosis and management pathways effect of incing radiation on the breast and implants and properties and another another another another and properties in another									_
and of ordinary radiation on the breast and implants in X <									
planning notions on the breast includes of the set of t									
ciscure and management of breast workingImage and the second dimension of proportion of any second dimension dimens			Х				X		
self-procession and self-consistances in relation to breast conformation and proportion including. Be social and examples of derringed and meage of the self implicits of the self and examples of									
the accid and sexual dimensions of the second secon									
INTERMEDIATE Image	the social and sexual dimensions								
Should be able to demonstrate involving of the start implants Image: Constraint, strucking, projectian of breast implants Image: Constraint, strucking, projectiants Image: Constraint, strucking, struckin				<u> </u>				Х	1
content, shructure, physical and biological progeneties of breast implantsNNNNNNNNNNN1design, principies and applications of tissue expandersNN <td></td> <td></td> <td> </td> <td><u> </u></td> <td> </td> <td></td> <td></td> <td></td> <td>┝──┨</td>				<u> </u>					┝──┨
spectrumImageXImageXX <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>Y</td> <td><u> </u></td> <td> </td> <td></td> <td>Y</td> <td>Y</td> <td>1</td>	· · · · · · · · · · · · · · · · · · ·		Y	<u> </u>			Y	Y	1
design, propies and applications of issue expandersXVXXX				<u> </u>					_
nature, physiology and behaviour of implicit capsules namement of capsule contractures namement of capsule contractures X V X <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td>									
management of capsular contracturesXXX			Х				Х		1
various design: and approaches to breast augmentation and their applications X I X I X I complications of breast augmentation and their management X I X I X I complications of breast augmentation and their management X I <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>Х</td> <td>1</td>			Х				Х	Х	1
the issues surrounding breast size and its assessment 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	biology, implications, avoidance of and management of implant infection		Х				Х	Х	1
complications of breast augmentation and their managementxxx <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
various designs and patterns of breast reduction and matopervy and out setsigns and patterns of breast reduction modelling acquired acquired AVANCED A	· · · · · · · · · · · · · · · · · · ·								
complications and management of breast reduction/remodelingImage and the second se			Х						
presentation, management and complications of gynaeconastia AVVANCED Should be able to demonstrate knowledge of: assessment of reversive and volume in fields in to breast asymmetry, both developmental and acquired Acqui		_							
ADVANCED Image: Construction in classion to breast asymmetry. both developmental anc Image: Construction closes on symmetry. Image: Construction closes on									
Should be able to demonstrate knowledge off. acquired Image: Constraint of the set asymmetry. both developmental anc acquired X Image: Constraint of the set asymmetry acquired between the set of the set of the set of the set asymmetry of the table too breast asymmetry X Image: Constraint of the set of the s								~ ~	· ·
acquiredXXXX1Idessification and management pathways of the tuberous breastIXIXXX1management pathways and choices in breast asymmetryXIXIX1impact of breast reconstruction choices on symmetry correctionXIXIX1various techniques of breast reconstructionXIXIX1various techniques of breast reconstructionXIXIX1techniques for breast reconstructionIIIXIX1techniques for breast reconstructionIIIIXIIIXIIIIIXII <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
arduned and management pathways of the tuberous breast (assification and management pathways of the tuberous breast (assification and management pathways and choices in breast asymmetry (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			x					x	1
management pathways and choices in breast asymmetry X X X X X 1 impact of breast reconstruction, on breast asymmetry correction X X X X 1 various techniques of breast reconstruction, their applications, design and planning X X X X 1 various techniques of breast reconstruction, their applications of sequence and timing X X X 1 techniques for salvage of failed breast surgery I I X 1 X 1 techniques for salvage of failed breast surgery I I X 1 X 1 psychosexual dimension in aesthetic breast surgery I I X 1 1 DANDER I I I X I 1	· · ·						N.		
Impact of breast reconstruction choices on symmetryImpact of breast reconstruction, their applications, design and planningXImpact of the symmetry consists and planningXImpact of the symmetry consists and planningXImpact of XImpact of X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td>							X		
effect of time, ageing and pregnancy on breast asymmetry correction X X X X X X X X 1 various techniques of breast reconstruction, their applications, design and planning X X X X 1 techniques for salvage of failed breast surgery X X 1 X 1 techniques for nable toos breast reconstruction, including considerations of sequence and timing X 1 X 1 psychosexual dimension in aesthetic breast surgery X 1 X 1 psychosexual dimension in aesthetic breast surgery X 1 X 1 Should demonstrate ability to: X 1 X 1 assess and undertake non-operative of the management of the acute surgical patient X X 1 Attex a targeted breast history X X 1 X 1 Perform patient examination including breast examination with reference to aesthetic considerations X X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this section X X X X X 1									
various techniques of breast reconstruction, their applications, design and planningXXXXX1complications of breast reconstructionIIIIIX1techniques for nipple reconstruction, including considerations of sequence and timingIIIIX1techniques for nipple reconstruction, including considerations of sequence and timingIIIIX1techniques for nipple reconstruction, including considerations of sequence and timingIIIIX1psychosecula dimension in aesthetic breast surgeryIII <tdi< td="">IIII<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tdi<>									
techniques for salvage of failed breast surgery X 1 techniques for nipple reconstruction, including considerations of sequence and timing X 1 features of Xysnophophobia X 1 psychosexual dimension in aesthetic breast surgery X 1 CLINICAL SKILLS X 1 BASIC X 1 Should demonstrate ability to: X X 1 assess and undertake non-operative of the management of the acute surgical patient X X 1 perform patient examination including breast examination with reference to aesthetic considerations X X 1 INTERMEDIATE X X X X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this sector X X X X 1 Should be able to: X X X X X 1 demonstrate skills of analyse and diagnostic synthesis, judgement, surgical planning X X X 1 assess and accurately record aesthetic breast surgery X X X 1 assees and accurately record aesthetic breast			Х					Х	1
techniques for nipple reconstruction, including considerations of sequence and timing X 1 features of dysmorphophola X 1 psychosexual dimension in aesthetic breast surgery X 1 CLINICAL SKILLS X 1 BASIC X 1 BASIC X 1 BASIC X 1 BASIC X 1 Basess and undertake non-operative of the management of the acute surgical patient X X perform patient examination including breast examination with reference to aesthetic considerations X X 1 perform patient examination including breast examination with reference to aesthetic considerations X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this section including investigations X X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this section including investigations X X X 1 ADVANCED X X X X 1 1 Should be able to: X X X X 1 1 Gean	complications of breast reconstruction							Х	1
reatures of dysmorphophobia X 1 psychosexual dimension in aesthetic breast surgery X 1 CLINICAL SKILLS X 1 BASIC X 1 Should demonstrate ability to: X 1 assess and undertake non-operative of the management of the acute surgical patient X X 1 perform patient examination including breast examination with reference to aesthetic considerations X X 1 perform patient examination including breast examination with reference to aesthetic considerations X X X 1 Demonstrate Knowledge of the management algorithms for the procedures covered in this sector including investigations X X X X 1 ADVANCED X X X X X 1 Should be able to: X X X X 1 demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning X X X 1 assess and accurately record aesthetic concerns about the breast X X 1 1 deal with disappointment and potophrately ofter for exper X X 1		_							
psychosexual dimension in aesthetic breast surgery Image: transmission of the sector surgery Image: transmission of transmission surgery Image: transmission surgery I									
CLINICAL SKILLS Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management of the acute surgical patient Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the management algorithms for the procedures covered in this sector Image: Content of the ma									
BASIC Image: Constraint of the source surgical patient Image: Con								^	-
Should demonstrate ability to: 1 assess and undertake non-operative of the management of the acute surgical patient X X X 1 take a targeted breast history X X X 1 perform patient examination including breast examination with reference to aesthetic considerations X X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this sector X X X X 1 INTERMEDIATE X X X X X X 1 Demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning X X 1 1 assess and accurately record aesthetic interventions X X 1 1 demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning X X 1 1 dearing typical advice as necesary X 1 1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
take a targeted breast historyXXXIperform patient examination including breast examination with reference to aesthetic considerationsXXIINTERMEDIATEIIIIDemonstrate knowledge of the management algorithms for the procedures covered in this sectorXXIIncluding investigationsXXIIADVANCEDIIIIShould be able to:IIIIdemonstrate skills of analysis and diagnostic synthesis, judgement, surgical planningXIXIassess and accurately record aesthetic concerns about the breastXIIIIformulate management plans in relation to aesthetic interventionsXIXIIclearly explain, consent and counsel potential patients for aesthetic breast surgeryXIXIIassess the psychological advice as necessaryXIXIIIIundertake risk benefit analysis of non-pathological based surgeryXIXIIIBASICIIIIIIIIIBASICIIIIIIIIIInternation and colosing incisions on the breast with reference to aesthetic principles and su unitsXIXIIInternation and colosing incisions of the breastXIIIIII									
perform patient examination including breast examination with reference to aesthetic considerations X X I INTERMEDIATE Image: Constraint of the procedures covered in this sector including investigations X X X X I Demonstrate knowledge of the management algorithms for the procedures covered in this sector including investigations X X X X I ADVANCED Image: Constraint of the procedures covered in this sector including investigations X Image: Constraint of the procedures covered in this sector including investigations X X X Image: Constraint of the procedures covered in this sector including investigations X Image: Constraint of the procedures covered in this sector including investigations X Image: Constraint of the procedures covered in this sector including investigations X Image: Constraint of the procedures covered in this sector including investigation including investigation of analysis and diagnostic synthesis, judgement, surgical planning X Image: Constraint of the procedures coveres coveres coveres in the procedures and counsel potential patients for aesthetic breast surgery X Image: Constraint of the procedures coveres	assess and undertake non-operative of the management of the acute surgical patient		Х					Х	1
perform patient examination mutuality treat examination with reference to assure considerations Image: Constraint a constraint constraint constraint a constraint constra	take a targeted breast history	Х	Х					Х	1
INTERMEDIATE X X X X 1 Demonstrate knowledge of the management algorithms for the procedures covered in this section including investigations X X X X 1 ADVANCED Image: Comparison of the procedures covered in this section including investigations X X X X 1 Should be able to: Image: Comparison of the procedures covered in this section including investigations X Image: Comparison of the procedures covered in this section including investigations X Image: Comparison of the procedures covered in this section including investigations X Image: Comparison of the procedures covered in this section including investigations X Image: Comparison of the procedures covered in this section including investigations X Image: Comparison of the procedures covered in this section including inclis intereston including including inclis interventions	nerform patient examination including breast examination with reference to sesthetic considerations	х	х					х	1
Demonstrate knowledge of the management algorithms for the procedures covered in this section including investigationsXXX1ADVANCEDIIIIIIShould be able to: demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planningXIIIassess and accurately record aesthetic concerns about the breastXIXIIformulate management plans in relation to aesthetic interventionsXIXIIclearly explain, consent and counsel potential platents for aesthetic breast surgeryXIXIassess the psychological suitability for aesthetic breast surgery and appropriately refer for exper psychological advice as necessaryXIXIundertake risk benefit analysis of non-pathological based surgeryXIXIIteal with disappointment and postoperative dissatisfactionXIXIIteal with disappointment and postoperative dissatisfactionXIIIIteal with disappointment and postoperative dissatisfactionXIIIIteal with disappointment and postoperative dissatisfactionXIIIIteal with disappointment and cosing incisions on the breast with reference to aesthetic principles and su unitsXIIIshould be able to perform: planning, execution and cosing incisions of the breastXIXIIteal with disappointment and post									
Including investigationsImage of the set	Demonstrate knowledge of the management algorithms for the procedures covered in this sectior		v				~	~	4
Should be able to:Image: Constraint of the sector of the breast surgeryXImage: Constraint of the breast surgerydemonstrate skills of analysis and diagnostic synthesis, judgement, surgical planningXImage: Constraint of the breast surgeryXassess and accurately record aesthetic concerns about the breastXImage: Constraint of the breast surgeryXImage: Constraint of the breast surgeryXformulate management plans in relation to aesthetic interventionsXImage: Constraint of the breast surgeryXImage: Constraint of the breast surgeryImage: Constraint of the breast surgeryXImage: Constraint of the brea			~				Χ	~	1
demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planningXXXX1assess and accurately record aesthetic concerns about the breastXXXX1formulate management plans in relation to aesthetic interventionsXXXX1clearly explain, consent and counsel potential patients for aesthetic breast surgeryXXXX1assess the psychological suitability for aesthetic breast surgery and appropriately refer for exper psychological advice as necessaryXXX1undertake risk benefit analysis of non-pathological based surgeryXXXX1deal with disappointment and postoperative dissatisfactionXXXX1TECHNICAL SKILLS AND PROCEDURESXXXXX1BASICXXXXX1In planning, execution and closing incisions on the breast with reference to aesthetic principles and su unitsXXX1designing and conduction of excision of skin lesions of the breastXXX1undertaking an aesthetic approach to removal of benign lesions of the breastXXX1scar revision in aesthetic breast surgeryXXX1NTERMEDIATEXXXX1									⊢−∣
assess and accurately record aesthetic concerns about the breast X X 1 formulate management plans in relation to aesthetic interventions X X 1 clearly explain, consent and counsel potential patients for aesthetic breast surgery X X 1 assess the psychological suitability for aesthetic breast surgery and appropriately refer for exper X 1 1 psychological advice as necessary X X X 1 undertake risk benefit analysis of non-pathological based surgery X X 1 deal with disappointment and postoperative dissatisfaction X X 1 TECHNICAL SKILLS AND PROCEDURES X X X 1 BASIC X X X 1 X 1 Initiation of excision of skin lesions of the breast X X 1 X 1 Initiation of excision of skin lesions of the breast X X X 1 1 deal with reference to aesthetic principles and su X X 1 1 1 designing and conduction of excision of skin lesions of the breast X X 1 1 <td></td> <td></td> <td>~</td> <td> </td> <td> </td> <td></td> <td></td> <td>~</td> <td>1</td>			~					~	1
formulate management plans in relation to aesthetic interventionsXIXIclearly explain, consent and counsel potential patients for aesthetic breast surgeryXXX1assess the psychological suitability for aesthetic breast surgery and appropriately refer for experXIX1psychological advice as necessaryXIX11undertake risk benefit analysis of non-pathological based surgeryXIX1undertake risk benefit analysis of non-pathological based surgeryXIX1TECHNICAL SKILLS AND PROCEDURESIIIIBASICIIIIIShould be able to perform:XIXIIplanning, execution and closing incisions on the breast with reference to aesthetic principles and surgeryXIIundertaking an aesthetic approach to removal of benign lesions of the breastXIXIundertaking an aesthetic breast surgeryXIXIINTERMEDIATEIIIIII									
clearly explain, consent and counsel potential patients for aesthetic breast surgery X I X 1 assess the psychological suitability for aesthetic breast surgery and appropriately refer for exper X I X 1 undertake risk benefit analysis of non-pathological based surgery X I X I 1 undertake risk benefit analysis of non-pathological based surgery X I X I 1 teal with disappointment and postoperative dissatisfaction X I X I 3,1 TECHNICAL SKILLS AND PROCEDURES I I I I I I BASIC I I I I II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									
assess the psychological suitability for aesthetic breast surgery and appropriately refer for exper X X 1 undertake risk benefit analysis of non-pathological based surgery X X X 1 deal with disappointment and postoperative dissatisfaction X X X 3,1 TECHNICAL SKILLS AND PROCEDURES X X X 3,1 BASIC X X X X 1 In planning, execution and closing incisions on the breast with reference to aesthetic principles and su units X X 1 designing and conduction of excision of skin lesions of the breast X X 1 1 undertaking an aesthetic breast surgery X X X 1 NTERMEDIATE X X X 1	clearly explain, consent and counsel potential patients for aesthetic breast surgery			L					
psychological advice as necessary X X X X 1 undertake risk benefit analysis of non-pathological based surgery X X X X 1 deal with disappointment and postoperative dissatisfaction X X X X 3,1 TECHNICAL SKILLS AND PROCEDURES X X X X X X 1 BASIC X X X X X 1 1 Should be able to perform: X X X X 1 planning, execution and closing incisions on the breast with reference to aesthetic principles and su units X X X 1 designing and conduction of excision of skin lesions of the breast X X X 1 undertaking an aesthetic approach to removal of benign lesions of the breast X X X 1 scar revision in aesthetic breast surgery X X X X 1 NTERMEDIATE X X X X X 1			х					×	1
deal with disappointment and postoperative dissatisfaction X X X 3,1 TECHNICAL SKILLS AND PROCEDURES X X X X X BASIC X X X X X 1 Should be able to perform: X X X 1 X 1 planning, execution and closing incisions on the breast with reference to aesthetic principles and suu units X X X 1 designing and conduction of excision of skin lesions of the breast X X X 1 undertaking an aesthetic approach to removal of benign lesions of the breast X X X 1 scar revision in aesthetic breast surgery X X X X 1 NTERMEDIATE X X X X 1									
TECHNICAL SKILLS AND PROCEDURES Image: Constraint of the state of the stateo				<u> </u>					
BASIC X X X X 1 Should be able to perform: X X X 1 planning, execution and closing incisions on the breast with reference to aesthetic principles and su units X X X 1 designing and conduction of excision of skin lesions of the breast X X X 1 undertaking an aesthetic approach to removal of benign lesions of the breast X X X 1 scar revision in aesthetic breast surgery X X X 1 NTERMEDIATE X X X 1			~					~	5,1
Should be able to perform: X X X 1 planning, execution and closing incisions on the breast with reference to aesthetic principles and su units X X 1 designing and conduction of excision of skin lesions of the breast X X 1 undertaking an aesthetic approach to removal of benign lesions of the breast X X 1 scar revision in aesthetic breast surgery X X 1 INTERMEDIATE X X X 1									
unitsXXX1designing and conduction of excision of skin lesions of the breastXXX1undertaking an aesthetic approach to removal of benign lesions of the breastXXX1scar revision in aesthetic breast surgeryXXX1INTERMEDIATEIIII	Should be able to perform:		Х	L				X	1
undersking and conduction of excision of skin lesions of the breast X X X X 1 undertaking an aesthetic approach to removal of benign lesions of the breast X X X 1 scar revision in aesthetic breast surgery X X X X 1 INTERMEDIATE X X X X X 1			х					x	1
undertaking an aesthetic approach to removal of benign lesions of the breast X X 1 scar revision in aesthetic breast surgery X X 1 INTERMEDIATE X 1				<u> </u>					
scar revision in aesthetic breast surgery X 1 INTERMEDIATE X 1									
INTERMEDIATE				<u> </u>					
						-			

correction of the inverted nipple (various techniques)				Х			Х	1
bilateral breast augmentation by various routes, in various planes				Х			Х	1
Wise pattern bilateral breast reduction				Х			Х	1
vertical pattern bilateral breast reduction				Х			Х	1
bilateral mastopexy of periareolar, vertical and Wise patterns				Х			Х	1
excision of gynaecomastia, incorporating various forms of liposuction as appropriate				Х			Х	1
ADVANCED				Х				
Should be able to perform				Х			Х	1
correction of the spectrum of nipple deformities				Х			Х	1
unilateral or differential breast augmentation to attain symmetry				Х			Х	1
unilateral or asymmetric breast reduction in pattern or volume to attain symmetry				X			X	1
synchronous mastopexy and breast augmentation in several patterns				Х			X	1
correction of tuberous breast by combinations of mastopexy, augmentation or tissue expansion				х			х	1
unilateral or differential mastopexy in pattern or extent to attain symmetry				Х			Х	1
revision procedures following previous aesthetic surgery of the breast				Х			Х	1
aesthetic surgery of the breast as above in patients with previous breast cancer or irradiation				Х			Х	1
fat grafting for minor deformities of the breast				Х			Х	1
		ļ						
Aesthetic Surgery of Face, Orbit & Neck Rejuvenation								
OBJECTIVE		1					1	
Acquires competence in the diagnosis, aesthetic assessment and sale management or all patients				-	-			
presenting for consideration of avoidance or reversal of the features of physiological aging of the								
face, brow, neck and orbits.								
KNOWLEDGE								
BASIC								
Should be able to demonstrate knowledge of:		1						
psychology of the desire for anti-aging interventions		Х	1 1				Х	1
features denoting high-risk groups of patients that may present for surgical rejuvenation		Х				Х	Х	1
normal facial anatomy and its common variants, including clear understanding of the blood supply								
sensory and motor innervation		х				Х	х	1
facial musculature and the course and distribution of the facial nerve		Х				Х	Х	1
the fascial planes of the face and the brow and the pattern of fascial compartments of the brow, fac		v				v	v	4
and neck		Х				Х	Х	1
anatomy of the eyelids		Х				Х	Х	1
cosmetic units of the face		Х				Х	Х	1
the effect of sun exposure on the texture and elasticity of the skin and the patterns of aging		Х				Х	Х	1
effect of various laser/light treatments on the dermis		Х				Х	Х	1
mechanisms of healing of partial thickness injury in facial skin		Х				Х	Х	1
formulation and application of chemical peeling agents		Х				Х	Х	1
INTERMEDIATE								
Should be able to demonstrate knowledge of:								
accurate assessment and analysis of the pattern of face aging		х				Х	х	1
injectable fillers available, their uses, contraindications and interactions		X				X	X	1
pharmacology of paralytic agents, the different formulations and the muscle groups to which the								
may be applied		Х				Х	Х	1
role of fillers and paralytics in the overall patient management plan		Х				Х	Х	1
indications for, and design of, endoscopic and open browlift and foreheadplasty		Х				Х	Х	1
fixation methods in brow lift		Х				Х	Х	1
indications and contraindications for facelift		Х				Х	Х	1
anatomy of the SMAS layer and how it may be modified		Х				Х	Х	1
facial fat pads and how they change with time		X				X	X	1
variation of designs for facelift incisions		X				X	X	1
different methods of facelifting		X				X	X	1
different methods of necklifting		X				X	X	1
designs and variations of blepharoplasty, upper and lower		X	<u>├</u>			× ×	X	1
role of submental lipectomy and liposuction		X				× X	X	1
management of complications of rejuvenation surgery		X	├			× X	X	1
ADVANCED	<u> </u>	^	\vdash			^	^	1
			┝──┤					+
Should be able to demonstrate knowledge of: applications, indications, limitations and complications of blepharoplasty alone and in combination			┝──┤					+
with other techniques.		Х				Х	х	1
CLINICAL SKILLS								
BASIC								
		х	┥				х	1
assess and deliver non-operative management of the acute surgical patient take history to include features relevant to the assessment and management of the aesthetic		^	┝──┤				^	
features of the head and neck	Х							1
				\rightarrow			х	1
examine the patient to include relevant aesthetic features of the head and neck	x		1				^	<u> </u>
examine the patient to include relevant aesthetic features of the head and neck	Х							1
INTERMEDIATE							×	1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid	X X						Х	1
INTERMEDIATE		x					x x	1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations		x						
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the							х	1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED		Х					X X	1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning		X X					x x x	1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED		X X X					X X X X	1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient		X X					x x x	1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary		X X X					X X X X	1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic		X X X X					X X X X X	1 1 1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary undertake risk benefit analysis of non-pathological based surgery		X X X X X					X X X X X X	1 1 1 1 1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary undertake risk benefit analysis of non-pathological based surgery counsel and consent a patient for rejuvenation intervention define the subgroup of patients that can be managed by nonsurgical intervention		X X X X X X					X X X X X X X	1 1 1 1 1 1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary undertake risk benefit analysis of non-pathological based surgery counsel and consent a patient for rejuvenation intervention	×	X X X X X X X X					X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary undertake risk benefit analysis of non-pathological based surgery counsel and consent a patient for rejuvenation intervention define the subgroup of patients that can be managed by nonsurgical intervention	×	X X X X X X X X					X X X X X X X X X	1 1 1 1 1 1 1 1 1
INTERMEDIATE assessment and analysis of all the features of the aging eyelid demonstrate knowledge of the management algorithms, combinations and permutations of the rejuvenation procedures covered in this section including appropriate investigations record accurate assessment of the pattern of symptoms and physical features ADVANCED demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning prepare an overall management plan for a given patient assess the psychological suitability for rejuvenation surgery and appropriately refer for expert advic as necessary undertake risk benefit analysis of non-pathological based surgery counsel and consent a patient for rejuvenation intervention define the subgroup of patients that can be managed by nonsurgical intervention recognise and counsel the unrealistic patient	×	X X X X X X X X					X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1

TECHNICAL SKILLS AND PROCEDURES				2	
BASIC					
planning, designing and performing excision of facial skin lesions for aesthetic indications		Х		Х	1
selecting and using injectables for fine rhytids		Х		Х	1
using paralytics to weaken aging muscle groups		Х		Х	1
upper lid blepharoplasty		Х		Х	1
INTERMEDIATE					
facelift with plication of the SMAS		Х		Х	1
MACS lift		Х		Х	1
submental lipectomy		Х		Х	1
liposuction for the face and neck areas.		Х		Х	1
pan or regional facial rejuvenation by laser / chemical peel / dermabrasion		Х		Х	1
ADVANCED					
lower lid blepharoplasty by external or transconjunctival approaches		Х		Х	1

Rhinoplasty and Otoplasty								
OBJECTIVE	1							
Competence in the diagnosis, planning and management of all aspects of aesthetic nasal and								
aesthetic ear surgery								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:								
Rhinoplasty								
anatomy of the nose including detailed description of the bone, cartilage, soft tissue structures		х				х	х	1
aesthetic units blood supply of the nose including ophthalmic artery, facial artery and angular artery as well as	-							
nerve supply		х				х	х	1
physiological functions of the nose and how these may be affected by nasal surgery		Х				Х	Х	1
facial aesthetics including the psychological implications of rhinoplasty surgery		Х				Х	Х	1
dysmorphophobia and recognises clinical features of condition		Х				Х	Х	1
local anaesthesia and the use of topical agents such as cocaine		Х				Х	Х	1
Otoplasty								
anatomy of the ear including embryology and growth (including nomenclature of different elements		х				х	х	1
of the ear)		~				~	~	- ·
blood supply of the ear including branches from external carotid artery, posterior auricular artery an superficial temporal artery	10	х				х	х	1
nerve supply of the ear including auriculotemporal nerve, great auricular nerve, branches of the								
vagus nerve and lesser occipital nerve		х				х	х	1
INTERMEDIATE								
Should demonstrate knowledge of:								
Rhinoplasty								
techniques to manage the nasal dorsum including dorsal hump reduction and dorsal augmentation		х				х	х	1
different osteotomy techniques including placement of osteotomies		Х				Х	Х	1
techniques of endonasal and open approaches, including appropriate selection of surgica		х				х	х	1
technique, management of the alar cartilages and septum including resection, dome suturing and cartilage	-							
grafting techniques		х				х	х	1
endonasal and open approaches to rhinoplasty		Х				Х	Х	1
techniques for nasal tip adjustment including resection, suturing, control of projection		Х				Х	Х	1
management of septal trauma		Х				Х	Х	1
Otoplasty								
appropriate age-related considerations in respect of timing of otoplasty. cartilage maturation		Х				Х	Х	1
non-surgical management including neonatal moulding techniques		Х				Х	Х	1
anaesthesia including use of local anaesthesia and appropriate infiltration/blocks		Х				Х	Х	1
classification of prominent ears and definitions of cup ear, lop ear and Stahl's deformity		Х				Х	Х	1
surgical techniques for prominent ear correction including cartilage scoring e.g. Chongchet and		х				х	х	1
suture-only techniques e.g. modified Mustarde								
various dressing techniques with their relative merits		Х				Х	Х	1
potential complications of prominent ear correction with risk factors for the same, including infectior and necrosis of cartilage and skin		Х				х	х	1
ADVANCED								
Should demonstrate knowledge of:								
Rhinoplasty								
complications of rhinoplasty surgery including functional complications		Х				х	Х	1
secondary rhinoplasty techniques with indications for same		Х					Х	1
Otoplasty		1						
the reconstructive techniques available for treatment of significant necrosis or deformity following		v					N/	
prominent ear correction		Х					Х	1
CLINICAL SKILLS								
BASIC								
Should demonstrate ability to:								
Rhinoplasty								
arrange appropriate views for clinical photographic record		Х					Х	1
elicit focussed history in respect of the rhinoplasty patient	Х						Х	3,1
examine patient with reference to the nose including preoperative analysis of appearance and	х						х	1
function		<u> </u>						
recognise the need for psychological assessment and identifies dysmorphophobia	Х	<u> </u>					Х	1
Otoplasty	1	<u> </u>						
clinically assess the patient with reference to the external ear and demonstrates appropriate		1	1				х	1
	Х							
communication when dealing with the paediatric patient	Х	x					x	1
communication when dealing with the paediatric patient arrange appropriate views for clinical photographic record	X	X					X	1
communication when dealing with the paediatric patient	×	x x		x			X X	1 3,1
communication when dealing with the paediatric patient arrange appropriate views for clinical photographic record	X			x				

monoposition monoposition model model <th>Should demonstrate ability to:</th> <th></th> <th>1</th> <th></th> <th></th> <th></th> <th></th> <th>T</th>	Should demonstrate ability to:		1					T
analyse near anyse near adnet should any and protectXXX <thx< th="">XXX<th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thx<>								
make a surgial prior by three yr houses yr angenes of a point of any and yr angenes of any ange		×	×				×	1
consist and consist plane into the money of the strength of planet I		~						
nonpose and counsel fue averalise patientXX								_
argen to path when minimipals on in base markers of pathers and page on the set of permistry and page of permistry and page and permistry and per		х						-
and contract particle and expression of control of any set of particle of control control of c								
mate A source and consering being relating analysis and judgementNN	Otoplasty							
constrained constraint prived for shorts of galaxie N <	clinically assess and analyse ear deformities including issues of symmetry and proportion	Х	Х				Х	1
exception plasmin during barrent in basis intervals of platint X <td>make a surgical plan for primary otoplasty using skills of analysis and judgement</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>1</td>	make a surgical plan for primary otoplasty using skills of analysis and judgement		Х				Х	1
again to patient when chapters or in best interests of patient in the set of the set interests of patient interest	counsel and consent patient for otoplasty surgery		Х				Х	3,1
ADVANCED Image: Solution of the section of the section of appendix on any set of app	· ·	Х						-
Should convertee a biny to:			Х				Х	3,1
Rinkogsky Image								_
convince final pathet with reference to the none including processarily and papersance and the papersanc								
Instan A A A A <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>								_
deal with disappointment and postgenetine disantificationNNN <td></td> <td>х</td> <td>х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>1</td>		х	х				Х	1
make a surgeray plan for eacondary introgates and judgement. X X I X X I secogrise and course the unrealistic planet X X I X X I secogrise and course the unrealistic planet X X I X I X X I X X I X X I X X I X X I X X I X X I X X I X X I X I X I X I X I X I X I X I X I X I X I X I I X I I X I I X I I X I I X I I X I <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>Х</td><td>3,1</td></t<>			Х				Х	3,1
secopties and counsel for surveys of patient X <td></td> <td>Х</td> <td>Х</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td>		Х	Х				Х	
engine to patient when minoplasty and in best interests of patient Image 2	counsel and consent patient needing secondary rhinoplasty surgery		Х				Х	3,1
Oppose /	recognise and counsel the unrealistic patient	Х	Х				Х	3,1
deal with polsporative complexition X I X I X I make a surgical plan for secondary objeatly using suffie of analysis and judgement X I X I X X I X X I X X I X X I X X I X X X I X X X I X X X I X X X I X X X I X X I X X I X X I X X I X X I I X I I I X I	explain to patient when rhinoplasty not in best interests of patient		Х				Х	3,1
deal with polsporative complexition X I X I X I make a surgical plan for secondary objeatly using suffie of analysis and judgement X I X I X X I X X I X X I X X I X X I X X X I X X X I X X X I X X X I X X X I X X I X X I X X I X X I X X I I X I I I X I		L	L			 <u> </u>		1
make a supplical plan for secondary doplastly using or analysis and plagment X I X I X I X X 1 counsel and counsel the unrealistic patient X			Х				Х	1
counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient or secondary departs using any counsel and contern patient topical agents using any counsel and content topical agents using any counsel and content topical agents using any counsel and content topical agents uncluar nerve blocksImage counsel and			Х				Х	3,1
connel and consert patient or secondary doplarly surgery X	make a surgical plan for secondary otoplasty using skills of analysis and judgement		Х				Х	1
TECHNICAL SINUE AND PROCEDURES ASIC ASIC ASIC ASIC ASIC ASIC ASIC ASI			Х			 	X	3,1
BASIC Image: Control of the section	recognise and counsel the unrealistic patient	Х	Х				X	3,1
Should be aple to perform: Image of the solution of internal and external nasal splints Image of the solution of internal and external nasal splints Image of the solution of internal and external nasal splints Image of the solution of internal and external nasal splints Image of the solution the solution the solution of the solution of the solution of	TECHNICAL SKILLS AND PROCEDURES							
RinkopskyImage	BASIC							
application of internal and actemal neads ignines Image of equilable means and costachondral junction Image and the amend of the a	Should be able to perform:							
dramage of septial haematomaImage of septial haematomaImage park from a and costochondral junctionImage park from a and costochondral junction<	Rhinoplasty							
harvesting cartilage graft from ear and costondral junction individual process with local anaesthesic and administer topical agents such as cocaine individual poses with local anaesthesic and administer topical agents such as cocaine individual poses with local anaesthesic and administer topical agents such as cocaine individual poses with local anaesthesia including greater auticular nerve blocks providual poses with local anaesthesia including greater auticular nerve blocks providual poses with local anaesthesia including greater auticular nerve blocks providual poses with local anaesthesia including greater auticular nerve blocks providual poses with local anaesthesia including greater auticular nerve blocks providual poses based dressing dr	application of internal and external nasal splints				Х		Х	1
nesal packing for bleeding	drainage of septal haematoma				Х		Х	1
Initiating orea with local anaesthesia and administer topical agents such as cocaine steatomics of nasal bones (various patterns) 1 Otopiasy 1	harvesting cartilage graft from ear and costochondral junction						Х	1
order of mask bones (various patterns) N	nasal packing for bleeding				Х		Х	1
Oropsay Image: Second	infiltrating nose with local anaesthestic and administer topical agents such as cocaine				Х		Х	1
initiation of araw with local anaesthesial notuding greater auricular nerve blocks I X I X I X I application of prominent ear head dressing I X I X I MITERNEDUATE I I I I I I Should be able to perform: I I I I I I Should be able to perform: I X I X I X I approach to the septum with or without concomitant thinoplasty I X I X I X I	osteotomies of nasal bones (various patterns)				Х		Х	1
application of prominent ear head dressing X X X 1 INTERMEDIATE X X X 1 Should be able to perform: X X X 1 Rhinoplashy X X X X 1 approach to the septum with or without concomitant rhinoplasty X X X X 1 approach to the septum ding open rhinoplasty X X X X 1 enlargement of septal perforation to reduce symptoms X X X X 1 cattlage graft harvest from nasal septum X X X X X 1 dipustment of nasal dorsum including dorsal hump, reduction and dorsal augmentation X X X X 1 dipustment of nasal dorsum including dorsal hump, reduction and necrosis of skin and cartilage X X X 1 Drinary otoplasty with axtilage-scoring techniques X X X 1 primary otoplasty with axtilage grafting X X X 1 Phanoplasty X X X X 1	· ·							
INTERNET Image: Second Sec	infiltration of ears with local anaesthesia including greater auricular nerve blocks							
Should be able to perform: Image: Should					Х		Х	1
RhinoplastyImage <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
closed apprach to the septum with or without concomitant rhinoplasty X X X X X 1 submucous resection of spurs X X X X X 1 apprach to the septum during open rhinoplasty X X X X X 1 enlargement of septal perforation to reduce symptoms X X X X X 1 adjustment of nasal dorsal hump, reduction and dorsal augmentation X X X X 1 primary obplasty with cartilage-scoring techniques X X X X 1 primary obplasty with suture-only techniques X X X X 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X X 1 MoVANCED X X X X 1 septoplasty with ortific scoring and SMR techniques X X X X 1 septoplasty surgery including scoring and SMR techniques X X X X 1 septoplasty with or without cartilage grafting X X<								
submodult reserved in of spurs X X X X 1 approach to the septum during open thinoplasty X X X X 1 antilage graft harvest from nasal septum X X X X 1 autilage graft harvest from nasal septum X X X X 1 digustment of nasal dorsum including dorsal hump, reduction and dorsal augmentation X X X 1 Dipasty X X X X X 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X X 1 ADVANCED X X X X X 1 Batpografit X X X X 1 ADVANCED X X X X 1 Batpografit X X X X 1 anagement of complications including haemorrhage X X X 1 Batpolasty surgery including scoring and SMR techniques X X X 1 respond								
approach to the septum during open rhinoplasty X X X X 1 enlargement of septal perforation to reduce symptoms X X X 1 adjustment of nasal dorsal hump, reduction and dorsal augmentation X X X X 1 diputsment of nasal dorsal hump, reduction and dorsal augmentation X X X X 1 diputsment of nasal dorsal hump, reduction and dorsal augmentation X X X X 1 diputsment of nasal dorsal hump, reduction and necrosis of skin and cartilage X X X X 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X X 1 MOVANCED X X X X X 1 Abroxing calvarial bone graft X X X X 1 septoplasty with or without cartilage grafting X X X X 1 septoplasty with or without cartilage grafting X X X X 1 septoplasty with or without cartilage grafting X X X X<								
enlargement of septal perforation to reduce symptoms cardiage graft harvest from nasal septum cardiage graft harvest from h								
cartilage graft harvest from nasal septum X X X X 1 adjustment of nasal dorsum including dorsal hump, reduction and dorsal augmentation X X X 1 orbitasty X X X X 1 primary obplasty with autire-only techniques X X X X 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X X X 1 MoveMCED Imagement of complications including haemorrhage, infection and necrosis of skin and cartilage X X Imagement of complications including haemorrhage, infection and necrosis of skin and cartilage X Imagement of complications including haemorrhage Imagement of complications including participations Imagement of complications including participations Imagement of complications including haemorrhage Imagement of complications								
adjustment of nasal dorsum including dorsal hump, reduction and dorsal augmentation X X X X 1 Oroplasty X X X X 1 primary otoplasty with cartilage-scoring techniques X X X X 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X X 1 ADVANCED X X X X X 1 Should be able to perform X X X X 1 Rhinoplasty X X X X 1 septoplasty surgery including scoring and SMR techniques X X X X 1 septoplasty surgery including scoring and SMR techniques X X X X 1 secondary procedures to correct unsatisfactory results X X X 1 closure of septal perforation X X X X 1 reconstruction of septum for nasal support X X X X 1 closure of septal perforation X X								
Opplasty Image: Society of the second se								
primary otoplasty with cartilage-scoring techniques primary otoplasty with cartilage-scoring techniques primary otoplasty with suture-only techniques primary otoplasty with or without cartilage grafting primary otoplasty with or without cartilage and management or all aspects or otop with many primary with without without with without cartilage and management or all aspects or otop without primary with with without without without cartilage and primary deformity primary or all subculfs primary or all subculfs primary or all aspects or other with whole body primary primary primary with without without body without without body withor without body without body primary primary pr					~		~	1
primary otoplasty with suture-only techniques 1 1 X 1 X 1 X 1 1 management of complications including haemorrhage, infection and necrosis of skin and cartilage X X 1 1 ADVANCED X 1 1 Should be able to perform X 1 X 1 X 1 X 1 1 Parvesting calvarial bone graft X 1 X 1 X 1 X 1 1 septoplasty with or without cartilage grafting X 1 X 1 X 1 1 septoplasty with or without cartilage grafting X 1 X 1 1 septoplasty with or without cartilage grafting X 1 X 1 1 septoplasty with or without cartilage grafting X 1 X 1 1 sectorally procedures to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction of septum for nasal support X 1 1 techniques to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction for the trunk, body contouring, liposuction & fat grafting X 1 1 techniques to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction of the trunk, body contouring, liposuction & fat grafting X 1 1 reconstruction of setture assessment, planning correction and management or all aspects or bood Require completence in the assessment, planning correction and management or all aspects or bood Require Completence of the trunk, body contouring, liposuction & fat grafting CBJECTIVE Require Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the assessment, planning correction and management or all aspects or bood RAGUIE Completence in the blood and nerve supply of the					v		v	1
management of complications including haemorrhage, infection and necrosis of skin and cartilage X X 1 ADVANCED Imagement of complications including haemorrhage, infection and necrosis of skin and cartilage X Imagement of complications including haemorrhage, infection and necrosis of skin and cartilage X Imagement of complications including haemorrhage Imagement of complications including scoring and SMR techniques X Imagement of complications including haemorrhage X Imagement of complications including haemorrhage X Imagement of complications including haemorrhage Imagement of compl								
The final agent of the complexitor including method marge, intection and recruss of skin and carriage in the cost of skin and the cost of skin and carriage in the cost of the trunk, body contouring, liposuction & fat grafting in the cost of the cost of the trunk, body contouring, liposuction & fat grafting induces of skin and carriage in the skin and skin and carriage in the cost of the skin and carriage in the skin and skin and carriage in the skin and skin and carriage in the skin and skin and skin and carriage in the skin and skin and skin and carriage in the skin and skin	איזייטיא איזיא איזיין איזיין איזיין איזיין איזיא איז							
ADVANCED Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the skin and subcutis Relivenstrate knowledge of: Image: Construction of the biood and nerve supply of the relevant regions of the skin and subcutis Image: Construction of the biood and nerve supply of the relevant regions of the skin and subcutis	management of complications including haemorrhage, infection and necrosis of skin and cartilage				Х		х	1
Should be able to perform Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction fat			1					1
Rhinoplasty Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE X X X X X X Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE X X X X X Image: Construction of the trunk, body contouring, liposuction & fat grafting Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting X X X X Image: Construction of the trunk, body contouring, liposuction & fat grafting OBJECTIVE X X X X X X Image: Construction of the trunk, body contouring, liposuction & fat grafting KNOWLEDGE Image: Construction of the blood and nerve supply of the relevant regions of the skin and subcutis X X X X Image: Construction of the blood and nerve supply of the relevant regions of the skin ension lines over the whole body X Image: Construction for the blood and nerve supply of the relevant regions of the skin X X X X X Image: Construction for the blood and nerve supply of the relevant regions of the skin X X X X <			1					1
septoplasty surgery including scoring and SMR techniques X X X X 1 septoplasty with or without cartilage grafting X X X X 1 management of complications including haemorrhage X X X X 1 secondary procedures to correct unsatisfactory results X X X X 1 closure of septal perforation X X X X 1 reconstruction of septum for nasal support X X X X 1 Otoplasty Secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see X X X 1 secondary procedures to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X X 1 Reconstruction for the trunk, body contouring, liposuction & fat grafting OBJECTIVE Reconstruction and management or all aspects or boot lifting and contouring X X X X X X 1 Reconstruction of the trunk, body contouring, liposuction & fat grafting X X								
septoplasty surgery including scoring and SMR techniques X X X X 1 septoplasty with or without cartilage grafting X X X X 1 management of complications including haemorrhage X X X X 1 secondary procedures to correct unsatisfactory results X X X X 1 closure of septal perforation X X X X 1 reconstruction of septum for nasal support X X X X 1 Otoplasty Secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see X X X 1 secondary procedures to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X X 1 Reconstruction for the trunk, body contouring, liposuction & fat grafting OBJECTIVE Reconstruction and management or all aspects or boot lifting and contouring X X X X X X 1 Reconstruction of the trunk, body contouring, liposuction & fat grafting X X	harvesting calvarial bone graft				Х		Х	1
septoplasty with or without cartilage graftingXXX1management of complications including haemorrhageXXX1secondary procedures to correct unsatisfactory resultsXXX1closure of septial perforationXXX1reconstruction of septum for nasal supportXXX1OtoplastyXXXX1Secondary procedures to correct unsatisfactory results including ear reconstruction techniques (seeXXX1Ear Reconstruction Module), techniques to correct other deformities such as cup ear, lop ear and Stahl's deformityXXX1Rejuvenation/restoration of the trunk, body contouring, liposuction & fat graftingOBJECTIVE Require competence in the assessment, planning correction and management or all aspects or bod lifting and contouringIIIIRAGUIE Completence in the assessment, planning correction and management or all aspects or bod lifting and contouringIIIIRAGUIE Completence in the assessment, planning correction and management or all aspects or bod lifting and contouringIIIIRAGUIE Completence in the assessment, planning correction and management or all aspects or bod lifting and contouringIIIIRAGUIE Completence in the assessment, planning correction and management or all aspects or bod lifting and contouringIIIIRAGUIE Completence in the skin and subcutisXII <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td>1</td>					Х		Х	1
secondary procedures to correct unsatisfactory results X X X X 1 closure of septal perforation X X X X 1 reconstruction of septum for nasal support X X X X 1 Otoplasty X X X X X 1 Secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction Module), X X X X 1 techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X 1 Rejurcention/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE X X X 1 Acquire competence in the assessment, planning correction and management or all aspects or boot X X X X 1 KNOWLEDGE Image: Construction of the skin and subcutis X X X X X 1 patterns and organisation of the blood and nerve supply of the relevant regions of the skin X X X X X X X X X X X	septoplasty with or without cartilage grafting				Х		X	1
closure of septal perforation X X X 1 reconstruction of septum for nasal support X X X 1 Otoplasty X X X X 1 secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see X X X 1 Ear Reconstruction Module), X X X X 1 techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire competence in the assessment, planning correction and management or all aspects or bood I I I KNOWLEDGE I I I I I BASIC I I I I I Should demonstrate knowledge of: X X X X X I anatomy of the skin and subcutis X X X X X X X X X X X X X	management of complications including haemorrhage				Х		X	1
reconstruction of septum for nasal support X 1 Otoplasty secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction Module), techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X 2 X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire competence in the assessment, planning correction and management or all aspects or bood lifting and contouring KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the skin and subcutis patterns and organisation of the blood and nerve supply of the relevant regions of the skin pattern of relaxed skin tension lines over the whole body A course of the skin t	secondary procedures to correct unsatisfactory results				Х		X	1
Otoplasty Image: Construction of the construction results including ear reconstruction techniques (see Ear Reconstruction Module), X X X 1 techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire compretence in the assessment, planning correction and management or all aspects or bood lifting and contouring If it is a contract with the set of the skin and subcutis X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire compretence in the assessment, planning correction and management or all aspects or bood lifting and contouring KNOWLEDGE BASIC Image: Contract knowledge of: Image: Cont	closure of septal perforation				Х		X	1
secondary procedures to correct unsatisfactory results including ear reconstruction techniques (see Ear Reconstruction Module), techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire competence in the assessment, planning correction and management or all aspects or bood lifting and contouring KNOWLEDGE Image: Colspan="2">Image: Colspan="2">Colspan="2"	reconstruction of septum for nasal support				Х		X	1
Ear Reconstruction Module), X X X X 1 techniques to correct other deformities such as cup ear, lop ear and Stahl's deformity X X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire compretence in the assessment, pranning correction and management or all aspects or bool Image: Control of the trunk is the co								
Ear Reconstruction Module), X X X X X 1 Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire competence in the assessment, planning correction and management or all aspects or bood lifting and contouring I I I I KNOWLEDGE I I I I I I I I BASIC I </td <td></td> <td></td> <td></td> <td></td> <td>х</td> <td> </td> <td>x</td> <td>1</td>					х		x	1
Rejuvenation/restoration of the trunk, body contouring, liposuction & fat grafting OBJECTIVE Acquire competence in the assessment, planning correction and management or all aspects of body Image: Control of the system of the blood and nerve supply of the relevant regions of the skin X								
OBJECTIVE Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the aspect in the aspect or bod Image: C	reconniques to correct other deformities such as cup ear, top ear and Stani's deformity	I	I	1	٨	I	Å	1
OBJECTIVE Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the assessment, planning correction and management or all aspects or bod Image: Competence in the aspect in the aspect or bod Image: C	Deinverstion/restantion of the trunk hady centerving lineauction 9 fot grafting							
Acquire competence in the assessment, planning correction and management of all aspects or bod Image: Constraint or bod								
lifting and contouringImage: Section of the skin and subcutisImage: Section of the skin and		-						
KNOWLEDGE Image: Constraint of the skin and subcutis Image: Constraint		1						
BASIC Image: Constraint of the skin and subcutis Image: Constraint of the skin and subcut								
Should demonstrate knowledge of: Image: Constraint of the skin and subcutis X Image: Constraint of the skin and subcutis X X X X 1 patterns and organisation of the blood and nerve supply of the relevant regions of the skin X Image: Constraint of the skin and subcutis Image: Constraint of the skin and subcutis X Image: Constraint of the skin and subcutis Image: Constraint of the skin and subcutis X Image: Constraint of the skin and subcutis X Image: Constraint of the skin and subcutis Image: Constraint of the skin and subcut								
anatomy of the skin and subcutisXXX1patterns and organisation of the blood and nerve supply of the relevant regions of the skinXXX1pattern of relaxed skin tension lines over the whole bodyXXX1	BASIC		<u> </u>					-
patterns and organisation of the blood and nerve supply of the relevant regions of the skin X X X X 1 pattern of relaxed skin tension lines over the whole body X X X X 1						1	1	+
pattern of relaxed skin tension lines over the whole body X X X 1	Should demonstrate knowledge of:		x			Х	Х	1
	Should demonstrate knowledge of: anatomy of the skin and subcutis							
pathogenesis or thromboembolic disease, and the prophylaxis and management of these disorders X X X 1	Should demonstrate knowledge of: anatomy of the skin and subcutis patterns and organisation of the blood and nerve supply of the relevant regions of the skin		Х			Х	Х	1
	Should demonstrate knowledge of: anatomy of the skin and subcutis patterns and organisation of the blood and nerve supply of the relevant regions of the skin pattern of relaxed skin tension lines over the whole body		X X			X X	X X	1

			1					
selection of appropriate prophylactic antibiotics INTERMEDIATE	<u> </u>	Х				Х	Х	1
Should demonstrate knowledge of:								-
principles of bariatric surgery		х				Х	х	1
metabolic consequences of bariatric surgery		X				X	X	1
pathogenesis, effects and management of tissue necrosis		X				X	x	1
appropriate placement of incisions for best aesthetic outcome		X				Λ	x	1
complications of skin-tailoring surgery		X					x	1
principles of liposuction and know of the different devices and their relative risks and benefits		X					X	1
effects of postoperative changes in body weight and pregnancy in this group of patients		X					X	1
pathology and principles of fat grafting		X					X	1
ADVANCED		~					~~~~	- · ·
Should demonstrate knowledge of:								-
psychological condition of dysmorphophobia		х				Х	х	1
condition of monosymptomatic hyperchondriacal psychosis		X				Λ	X	1
psychosexual impacts of body image disorder		X					x	1
patterns of acquired skin excess		X					x	1
syndromic abnormalities of skin laxity		X				Х	X	1
forms of lipodystrophy, its patterns and presentations		X				Λ	x	1
specific complications of the various techniques of liposuction		X				Х	x	1
	<u> </u>	X				^	X	1
techniques, donor sites and morbidity of fat grafting	<u> </u>					X		
the developing research into trophic/non-volumetric effects of fat grafts		Х				Х	Х	1
CLINICAL SKILLS								
BASIC	┣—	ļ					ł	
Should demonstrate ability to:								
assess and deliver non-operative management of the acute surgical patient	 	Х	ļ				Х	1
take history to include features relevant to the assessment and management of body contour	х	х					х	1
problems examine the patient with reference to patterns of skin excess and laxity to include assessment and								
examine the patient with reference to patterns of skin excess and laxity to include assessment and documentation of symptomatically unpleasing body contour:	х	х					х	1
INTERMEDIATE								
Should demonstrate ability to:	I	1	<u> </u>					+
undertake clinical assessment for the perceived deformities covered in this module	х	х					х	1
	<u> </u>	x			-		X	1
translate presenting complaints into an appropriate plan for potential intervention	<u> </u>	X			-		X	1
recognise the patient seeking treatment of obesity by body contouring	<u> </u>	^					^	
	<u> </u>							
Should demonstrate ability to: make a surgical plan for the individual patient in respect of conditions covered in this module using	<u> </u>							
skills of analysis and judgemen		Х					х	1
assess the psychological suitability for body contouring surgery and appropriately refers fo								
psychological advice as necessary		х					х	3,1
perform risk-benefit analysis of non-pathological based surgery		Х					Х	1
counsel and consent a patient for an episode of body contouring surgery		Х					Х	3,1
communicate the range of secondary effects of a given operation and suggest adjuvant procedures		v					V	24
or alternative techniques		Х					х	3,1
accurately assess local volume excess and translate that into a plan for liposuction	Х	Х					Х	1
recognise lipodystrophies	Х	Х					Х	1
recognise local fat deficiencies which will benefit from fat grafting	Х	Х					Х	1
recognise and counsel the unrealistic patient	Х	Х					Х	3,1
explain to patient when body contouring surgery not in best interests of patient		Х					Х	3,1
deal with disappointment and postoperative dissatisfaction		Х					Х	3,1
TECHNICAL SKILLS AND PROCEDURES								
BASIC		1						
Should be able to undertake:								_
wound management and dressing care				Х			Х	1
management of the necrotic wound and its defect				Х			Х	1
range of wound closure techniques		1		X			X	1
application of closed suction drainage				X			X	1
INTERMEDIATE							~	
Should be able to perform:								
various patterns of abdominoplasty				х			х	1
correction of lax abdominal musculature	<u> </u>				-			
correction of lax abdominal musculature regional liposuction	├──	<u> </u>		X X			X	1
0	┝──							
scar revision including management of the 'dogear'	├──	+		X			X	1
fat graft harvest and preparation of fat grafts	┝──	<u> </u>		X			X	1
undertakes local lipofilling with fat graft	┝──	<u> </u>		Х			Х	1
ADVANCED	┣──	<u> </u>					┟─────	
Should be able to perform:	┝──	ļ						<u> </u>
modified abdominoplasty in the presence of unfavourable abdominal scarring	┣──	<u> </u>		X			X	1
brachioplasty	┣—		<u> </u>	Х			X	1
BELT/body lift	┣	<u> </u>	ļ	Х	1		Х	1
buttock lift	<u> </u>	<u> </u>	L	Х			X	1
thigh lift	<u> </u>	Ì	L	Х			Х	1
liposuction of the arms or distal to the mid thigh, major circumferential liposuction	<u> </u>	L		Х			Х	1
complex combination procedures	<u> </u>	Ì	ļ	Х			х	1
major staged fat graft for general contour restoration				Х			х	1
secondary contouring procedures to correct unsatisfactory results				Х			Х	1
Non-Surgical rejuvenation								
OBJECTIVE								
Acquire competence in the management of the aesthetic patient using non-surgical enhancemen								

OBJECTIVE				
Acquire competence in the management of the aesthetic patient using non-surgical enhancemen				
techniques				
KNOWLEDGE				
BASIC				

Should demonstrate knowledge of:					L	
anatomy and physiology of skin including classification of skin types		Х		Х	Х	1
normal ageing changes of skin including changes related to sun exposure		X		X	X	1
range of products and non-surgical techniques available for non-surgical rejuvenation		Х		Х	Х	1
the role of these techniques, the indications for use as sole techniques and as adjuncts to othe surgical procedures		Х		х	х	1
INTERMEDIATE					1	
Should demonstrate knowledge of:						
specific patterns of ageing in different parts of the body with emphasis on face, neck and hands		х		х	х	1
biology of scarring, pigmentation changes, and their modulation		Х		Х	Х	1
factors and conditions that may cause premature ageing including smoking and substance abuse		Х		х	Х	1
mechanism of action, effects and duration of action of the products and techniques used for non- surgical rejuvenation. Specifically, the range of preparations of botulinum toxin, dose schedules an how to achieve complete and partial temporary paralysis of selected muscle groups	0	x		х	x	1
the various filler injection preparations on the market and the literature regarding outcomes of the		x		x	x	1
same (permanent, semi-permanent and temporary fillers different types of lasers available for aesthetic enhancement, their potential applications						
mechanism of action, treatment schedules and useage		Х		х	Х	1
ADVANCED						
Should demonstrate knowledge of:						
racial differences in skin type and the differences in response by skin type to the intervention		х		х	х	1
described in this module complications of use of non-surgical techniques including use of hydoxyquinones, botulinum toxi						-
		Х		х	х	1
overuse, scarring from chemical peel, laser regulatory tramework for supply of relevant products on named patient basis. Know about the regulation of non-surgical rejuvenation including the legislation and safety requirements on the use of lasers.		x		х	х	1
CLINICAL SKILLS						
BASIC						
Should demonstrate ability to:				 		
elicit relevant features in patient history including the specific concerns of the patient	Х	Х			Х	1
identify and enumerate the features of facial ageing and examines the skin and underlying tissues t	x	х			х	1
demonstrate those features INTERMEDIATE						
Should demonstrate ability to:					╂─────	-
identify evidence of previous treatments including active botulinum toxin, stigmata of lase					+	
resurfacing / dermabrasion / microdermabrasior		х			Х	1
formulate management plan for the optimal enhancement of the facial aesthetic patient by nor		х			х	1
surgical techniques						
optimize the sequencing of the recommended treatments		X			X	1
undertake basic functional and psychological assessment of patient's needs show ability to take clinical photographs and catalogue within the legislative framework of the Dat:		Х			Х	1
Protection Act, and offer appropriate explanation to patient regarding the safeguarding and use of their images		х			х	1
					<u> </u>	_
Should demonstrate ability to record the patient's pretreatment status and progress using charts	х	х				1
		^			+	
formulates management plan for use of techniques in the patient who has previously undergone facial rejuvenation surgery including amelioration of the unsatisfactory result by non-surgical means demonstrate planning and prescription of dermatological formulations in the form of skin care		х			x	1
regimen for skin stimulation and skin lightening (tretinoin based / glycolic acid based		Х			Х	1
modify the original prescription of dermatological formulations based on patient response		х			Х	1
TECHNICAL SKILLS AND PROCEDURES		~			~	
BASIC						
Should be able to perform:	1	1			1	
injection techniques to the facial area	1	1	Х		х	1
steroid injection for hypertrophic or keloidal scar			Х		Х	1
filler injections for facial rhytids or small depressed scars			Х		Х	1
INTERMEDIATE				 		
Should be able to administer:						
botulinum toxin injections to glabella, forehead, periorbital, perioral and cervical areas for targeter			х	 	х	1
muscle paralysis ADVANCED					+	_
					 	_
Should be able to perform laser resurfacing treatment for skin resurfacing including fractionated CO2, erbium, NdYAG (hair					 	
removal)			х		х	1
chemical peel for facial rejuvenation using trichoroacetic acid / glycolic acid			Х	 	Х	1
micropigmentation techniques for aesthetic enhancement			Х		Х	1
microneedling for refinement of mature scar			Х		Х	1
	_					
Burns classification, primary management and transfer						
OBJECTIVE						
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency departmen	-					1
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre.						
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE						
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC						
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency departmen and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses:						
OBJECTIVE Acquire competence in the initial management or patients with burns in the emergency departmen- and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS		X		X	X	1
OBJECTIVE Acquire competence in the initial management of patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS EMSB or ABLS		Х		Х	Х	1
OBJECTIVE Acquire competence in the initial management of patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS EMSB or ABLS PALS/APLS		X X		X X	X X	1
OBJECTIVE Acquire competence in the initial management of patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS EMSB or ABLS PALS/APLS Should demonstrate knowledge of:		X X X		X X X	X X X	1 1 1
OBJECTIVE Acquire competence in the initial management of patients with burns in the emergency departmen and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS EMSB or ABLS PALS/APLS Should demonstrate knowledge of: anatomy of the body surface, physiology, pathophysiology of burn injury		X X X X		X X X X	X X X X	1 1 1 1
OBJECTIVE Acquire competence in the initial management of patients with burns in the emergency department and their transfer to an appropriate burns facility/unit/centre. KNOWLEDGE BASIC Should be able to describe in detail the knowledge set contained in the courses: ATLS EMSB or ABLS PALS/APLS Should demonstrate knowledge of:		X X X		X X X	X X X	1 1 1

							<u> </u>
the timing and rationale for antibiotic use		X	┝──┼		X	X	1
timing of initial surgery appropriate pre-operative investigations		X X	├		X	X X	1
appropriate pre-operative investigations classification of burn injury		X	├	+	X	X	1
resuscitation options		x			× ×	X	1
importance of specialist centres, MDT and interdisciplinary communication, especially with		x			~~~~	x	1
anaesthetic and paediatric colleagues the role of other members of team including microbiologists, physiotherapy, occupational therapy		x				х	1
paediatric fluid regimes		x			x	x	1
features and management of toxic shock syndrome		X			X	x	1
an overview of non-accidental injury		X			X	X	1
INTERMEDIATE							
Should demonstrate knowledge of:							
differing roles of burn facilities, units and centres and		Х				Х	1
integration with Major Trauma Centres		Х				Х	1
pathophysiology of burns and their classification		Х			Х	Х	1
management of specific injuries e.g. inhalation, chemical and electrical burns non-accidental injury		X X			X	X X	1
various transfer options available for the burn patient		Х				Х	1
ADVANCED						Х	1
Should demonstrate knowledge of:							
management of the multiply-injured burn patient		Х			Х	Х	1
controversies and issues arising as a result of a decision not to resuscitate	-	Х				Х	1
other protection issues the impact of disfigurement, the consequences of an altered appearance, what it involves		Х	┝──┼			Х	1
the impact of disfigurement, the consequences of an altered appearance, what it involves psychologically and socially, and the impact of an individual's body image on their life and that of		х				х	1
their family. the process by which an individual can successfully adjust to disfigurement and explain how the		├──	├				
multidisciplinary team can assist with that process		х				Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
elicit burn-related history	Х	Х				Х	1
assess and plan the non-operative management of burn injury	Х	Х				Х	1
recognise life-threatening injuries	Х	Х				Х	1
perform examination to including assessment of severity (extent and depth) of injury	Х	Х				X	1
assess vascular status of limb	X	X		_		X	1
assess the presence of compartment syndrome INTERMEDIATE	Х	Х				Х	1
Should demonstrate ability to:					-	-	-
prepare a range of management options for the conditions covered in this module		х				х	1
work with other agencies in non-accidental injury		X				x	3,1
ADVANCED						~	0,1
Should demonstrate skills of analysis and diagnostic synthesis, judgement, surgical planning		х				х	1
relevant to the subjects specified in this module		^				^	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC					-		
Should be able to perform:	х	х		х		v	1
assessment of burn area and depth adjunctive techniques for depth assessment	^	X		X	х	X X	1
escharotomy and fasciotomy		^		X	X	x	1
application and change of burn dressings				X	~~~~~	X	1
INTERMEDIATE				~		~	<u> </u>
Should be able to perform:							
Demonstrate ability to use epidermal substitutes				Х		Х	1
ADVANCED							
Should be able to perform:						ļ	
airway management including performing tracheostomy			$ \vdash $	Х		X	1
stabilising associated injuries and bleeding				Х		Х	1
							_
Burns resuscitation and critical care				_	-	1	-
OBJECTIVE Acquire competence in the initial resuscitation of a burn patient and ongoing critical care.							
Acquire competence in the initial resuscitation of a burn patient and ongoing critical care.							
BASIC						-	
Should demonstrate knowledge of:			<u>├</u>				
options for airway management		х			х	x	1
pathophysiology of burn shock		X			X	X	1
resuscitation regimes		Х			Х	Х	1
wound dressings		Х			Х	Х	1
pathophysiology of inhalation injury		Х			Х	Х	1
INTERMEDIATE							<u> </u>
Should demonstrate knowledge of:			$ \vdash $				+ _
principles of early burn debridement		Х	<u>├</u>		X	Х	1
principles and management of burns and the relevance to subsequent soft tissue reconstruction							1
relevance of pharmacological interventions including antibiotics and inotropes		х			Х	Х	1
management of inhalation injury including bronchoscopy		Х			Х	Х	1,3
metabolic response to the burn injury		Х			Х	Х	1
palliative care in respect of the burn patient		Х			Х	Х	1,3
PHDU practices		Х			Х	Х	1,3
ADVANCED							
Should demonstrate knowledge of:							

microbiology of burns		Х				Х	Х	1
principles of ventilation		Х				Х	Х	1
nutritional support		Х				Х	Х	1
PICU practices		Х				Х	Х	1,3
CLINICAL SKILLS								
BASIC								
Should demonstrate ability to:								
assess burn injury	Х						Х	1
manage large burn wounds	Х						Х	1
apply temporary dressings e.g. negative pressure	Х						Х	1
INTERMEDIATE								
Should demonstrate ability to:								
manage more complex burns	Х						Х	1
resuscitate burns with TBSA <40%	Х						Х	1
explain the problems associated with the extremes of age and of polytrauma	Х						Х	1
prescribe appropriate antibiotics (antibiotic stewardship)	Х					Х	Х	1
undertake nutritional management of burns patients	Х				Х	Х	Х	1,3
provide detailed advice on the treatment pathway within the context of the relevant MDT	Х				Х		Х	1,3
ADVANCED								
Should demonstrate ability to								
recognise injuries that would benefit from primary amputation	Х						Х	1
manage the metabolic response	Х					Х	Х	1
resuscitate burns with TBSA >40%	Х						Х	1
TECHNICAL SKILLS AND PROCEDURES			1					
BASIC								
Should be able to perform:								
endotracheal intubation				Х			Х	1
appropriate pre-washing and prepping burn during dressing change				Х			Х	1
escharotomy and fasciotomy				Х			Х	1
application of a range of burns dressings e.g. Biobrane, Flamazine				Х			Х	1
INTERMEDIATE								
Should be able to perform:								
elective tracheostomy				Х			Х	1
adequate debridement of injured soft tissues to achieve a stable wound approaching elective				х			х	
conditions (including fascial excision)								'
planning of future soft tissue reconstruction				Х			Х	1
ADVANCED								<u> </u>
Should be able to perform:								
endotracheal intubation				Х			Х	1
bronchoscopy				Х			х	1
basic ventilator management,				Х			х	1
amputation of non-salvageable limbs	1			Х			Х	1

Burns early surgery							
OBJECTIVE				-			
Acquires competence in the planning and execution of appropriate early surgery in burns							
KNOWLEDGE							
BASIC							_
Should demonstrate knowledge of:							_
anatomy of skin		Х			Х	Х	1
classification of burn injury by zones		Х			Х	Х	1
benefits and disadvantages of both early excision and conservative management		Х			Х	Х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
options available for early surgery		Х			Х	Х	1
requirements of special sites		Х			Х	Х	1
principles of management of more complex injuries, including polytrauma		Х		Х	Х	Х	1,3
planning and prioritising treatment within an MDT setting		Х		Х	Х	Х	1,3
ADVANCED							
Should demonstrate knowledge of:							
management of more complex injuries, and polytrauma		Х		Х	Х	Х	1.3
surgical management of the burn		Х			Х	Х	1
principles and use of dermal and epidermal substitutes		Х			Х	Х	1
principles of cell culture		Х			Х	Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
clinically assesses burn injuries and demonstrates recognition of injury patterns	Х	Х				Х	1
use simple management techniques including use of appropriate dressings	Х	Х				Х	1
prescribe appropriate antibiotics,	Х	Х				Х	1
plan burn excision and grafting	Х	Х				Х	1
use of epidermal substitutes such as Biobrane	Х	Х				Х	1
INTERMEDIATE							
Should demonstrate ability to:							
formulate management algorithms for the common patterns of burn injury	Х	Х				Х	1
plan total and staged burn excision and grafting	Х	Х				Х	1
apply psychological assessment tools for evaluation of psychological needs (patient questionnaire	s)	х				х	1
ADVANCED							
Should demonstrate ability to							
formulate management algorithms for complex burn injuries,	Х	Х				Х	1

and guiding patient decision-making regarding choices available and timing of those treatments, the set of the	X X X X X X X X X X X X X X X X X X X
and guiding patient decision-making regarding choices available and timing of those treatments, the set of the set of the set of those treatments, the set of the set	x
be able to arrange the care pathway that supports an individual to successfully adjust to X disfigurement through giving the individual and family specific life-skills. These include the patient X being provided with information about their condition and its treatment, developing a positive X outlook/belief system, learning to cope with their feelings, exchanging experiences with others X who'we 'been there' and social skills training to manage other people's reactions X TECHNICAL SKILLS AND PROCEDURES X BASIC X Should be able to perform: X dressings care X skin grafts of small to moderate areas X INTERMEDIATE X skin grafts of large areas X glan and raise flaps where grafts are not appropriate X early excision of paediatric burns to prevent systemic upset X ADVANCED X X Should be able to perform: X X resurfacing ups distitutes X X imb amputations X X Should be able to perform: X X feaund raise flaps where grafts are not appropriate X X	x
be able to arrange the care pathway that supports an individual to successfully adjust to X disfigurement through giving the individual and family specific life-skills. These include the patient X being provided with information about their condition and its treatment, developing a positive X outlook/belief system, learning to cope with their feelings, exchanging experiences with others X who'we 'been there' and social skills training to manage other people's reactions X TECHNICAL SKILLS AND PROCEDURES X BASIC X Should be able to perform: X dressings care X skin grafts of small to moderate areas X INTERMEDIATE X skin grafts of large areas X glan and raise flaps where grafts are not appropriate X early excision of paediatric burns to prevent systemic upset X ADVANCED X X Should be able to perform: X X resurfacing ups distitutes X X imb amputations X X Should be able to perform: X X feaund raise flaps where grafts are not appropriate X X	x
disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who'w-'been there' and social skills training to manage other people's reactions: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: dressings care skin grafts of small to moderate areas lintERMEDIATE Should be able to perform: dressing scare skin grafts of large areas plan and raise flaps where grafts are not appropriate early excision of paediatric burns to prevent systemic upset ADVANCED Should be able to perform: skin grafts of using temporary skin cover resurfacing procedures using temporary skin cover resurfacing suing skin substitutes im amputations Burns late surgery OBJECTIVE KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of skin and soft tissues, pathophysology of hypertrophic scars and keloids, X i X i X i X i X Should denoty of hypertrophic scars and keloids, X i X i X i X i X Should denoty of hypertrophic scars and keloids, X i X i X i X i X Should denoty of hypertrophic scars and keloids, X i X i X i X i X Should denoty of hypertrophic scars and keloids, X i X i X i X i X i X i X i X i X i X i	x x x x x x x x x x
outlock/belief system, learning to cope with their feelings, exchanging experiences with others Image: Comparison of the complex sections who've "been three" and social skills training to manage other people's reactions Image: Comparison of the complex sections BASIC Image: Comparison of the complex sections Image: Comparison of the complex sections Should be able to perform: Image: Comparison of the complex sections Image: Comparison of the complex sections Skin grafts of small to moderate areas Image: Comparison of the complex sections Image: Comparison of the complex sections Should be able to perform: Image: Comparison of the complex sections Image: Comparison of the complex sections Should be able to perform: Image: Comparison of the complex section of the	x x x x x x x x x x
who've "meen there" and social skills training to manage other people's reactions Image: Constraint of the second sec	X X X X X X X X X X X X X X X X X X X
TECHNICAL SKILLS AND PROCEDURES Image: Constraint of the state	X X X X X X X X X X X X X X X X X X X
BASIC Should be able to perform: X X dressings care X X X skin grafts of small to moderate areas X X X INTERMEDIATE X X X Should be able to perform: X X X skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: resurfacing using skin substitutes X X X Imb amputations X X X X X OBJECTIVE X X X X X Acquire competence in tater ourn management including the planning and execution o X X X reconstructive surgery X X X X X NOWLEDGE X X X X X X BASIC X X X X <td>X X X X X X X X X X X X X X X X X X X</td>	X X X X X X X X X X X X X X X X X X X
Should be able to perform: Image: Should be able to perform: Image: Should be able to moderate areas Image: Should be able to moderate areas <td< td=""><td>X X X X X X X X X X X X X X X X X X X</td></td<>	X X X X X X X X X X X X X X X X X X X
dressings care X X X skin grafts of small to moderate areas X X X INTERMEDIATE X X X Should be able to perform: X X X Skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X resurfacing procedures using temporary skin cover X X X X resurfacing procedures using temporary skin cover X X X X resurfacing using skin substitutes X X X X X X limb amputations X	X X X X X X X X X X X X X X X X X X X
skin grafts of small to moderate areas X X X INTERMEDIATE X X X Should be able to perform: X X X skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X resurfacing procedures using temporary skin cover X X X X resurfacing using skin substitutes X X X X X limb amputations X X X X X X Substitutes X<	X X X X X X X X X X X X X X X X X X X
INTERMEDIATE X X X Should be able to perform: X X X skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X resurfacing procedures using temporary skin cover X X X X resurfacing using skin substitutes X X X X X limb amputations X X X X X X OBJECTIVE X X X X X X X KNOWLEDGE X X X X X X X BASIC X X X X X X X X pathophysiology of hypertrophic scars and keloids, X X X X X X X X X <td>X X X X X X X X X X X X X X X X X X X</td>	X X X X X X X X X X X X X X X X X X X
INTERMEDIATE X X X Should be able to perform: X X X skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X resurfacing procedures using temporary skin cover X X X X resurfacing using skin substitutes X X X X X limb amputations X X X X X X OBJECTIVE X X X X X X X KNOWLEDGE X X X X X X X BASIC X X X X X X X X pathophysiology of hypertrophic scars and keloids, X X X X X X X X X <td>x x x x x x x x x x x x x x x x x x x</td>	x x x x x x x x x x x x x x x x x x x
Should be able to perform: Image: Should be able to perform: Image: X Image: Should be able to perform: Image: X Image: Should be able to perform: Image: X Image: Should be able to perform:	x x x x x x x x x x x x x x x x x x x
skin grafts of large areas X X X plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X resurfacing procedures using temporary skin cover X X X X resurfacing using skin substitutes X X X X X limb amputations X X X X X X Burns late surgery X X X X X X OBJECTIVE X X X X X X X KNOWLEDGE X X X X X X X X X Should demonstrate knowledge of: X <td< td=""><td>X X</td></td<>	X X
plan and raise flaps where grafts are not appropriate X X X early excision of paediatric burns to prevent systemic upset X X X ADVANCED X X X X Should be able to perform: X X X X X resurfacing procedures using temporary skin cover X X X X X resurfacing using skin substitutes X	X X
early excision of paediatric burns to prevent systemic upset X X X ADVANCED Image: Construction of paediatric burns to prevent systemic upset X X X Should be able to perform: X X X X X resurfacing procedures using temporary skin cover X X X X X resurfacing using skin substitutes X </td <td>x x x</td>	x x x
ADVANCED Image: Construction of the second of the seco	x x
Should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of the surgery should be able to perform: Image: Constraint of th	x
resurfacing procedures using temporary skin cover x x x x x x x x x x x x x x x x x x x	x
resurfacing using skin substitutes X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	x
Burns late surgery X X OBJECTIVE Acquire competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o KNOWLEDGE Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o KNOWLEDGE Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o Should demonstrate knowledge of: Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o Should demonstrate knowledge of: Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o Should demonstrate knowledge of: Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o Should demonstrate knowledge of: Image: Competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o gathophysiology of hypertrophic scars and keloids, Image: Competence in later burn management including the planning and execution o	
Burns late surgery OBJECTIVE Image: Colspan="2">Colspan="2"Colsp	×
OBJECTIVE	
OBJECTIVE	
OBJECTIVE	
Acquire competence in later burn management including the planning and execution o Image: Competence in later burn management including the planning and execution o reconstructive surgery Image: Competence in later burn management including the planning and execution o KNOWLEDGE Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o BASIC Image: Competence in later burn management including the planning and execution o Should demonstrate knowledge of: Image: Competence in later burn management including the planning and execution of the planning	
reconstructive surgery Image: Constructive surgery KNOWLEDGE Image: Constructive surgery BASIC Image: Constructive surgery Should demonstrate knowledge of: Image: Constructive surgery anatomy of skin and soft tissues, X pathophysiology of hypertrophic scars and keloids, X	
BASIC Image: Constraint of the second seco	
BASIC Image: Constraint of the second seco	
Should demonstrate knowledge of: Image: Constraint of the second secon	
anatomy of skin and soft tissues, X X X X Z <thz< th=""> Z Z <</thz<>	
pathophysiology of hypertrophic scars and keloids, X X X	
principles of scar management.	
	x
	X
use of grafts and local flaps. X X X	Х
INTERMEDIATE	
Should demonstrate knowledge of:	
indications for use of skin substitutes, distant flaps and free flaps, X X X	х
stages of bereavement associated with loss of body image and the clinical and psychologica	x
supports that can be put in place to assist the patient cope with that loss X X X	<
ADVANCED	
Should demonstrate knowledge of:	
principles of management of more complex injuries X X X	Х
surgical options for late reconstruction X X X	Х
	x
	-
BASIC	
Should demonstrate ability to:	
	x
	X
	X
INTERMEDIATE	
Should demonstrate ability to:	
formulate management algorithms for the common patterns of burn scarring X X X	х
plan for the use of skin substitutes, distant flaps and free flaps X X X	x
ADVANCED	
Should demonstrate ability to	
	x
show understanding of the complexities of hum injury reconstruction in patients with polytrauma and	
significant co-morbidities	x
TECHNICAL SKILLS AND PROCEDURES	
BASIC	
Should be able to perform burn scar grafting and local flaps including the Z-plasty and its	~
variations	x
	Х
Should be able to use skin substitutes and distant flaps of small and medium areas X	Х
ADVANCED	
Should be able to perform	
	x
	x
	I
Burns infection and other complications	
OBJECTIVE	
Acquire competence in the diagnosis and management of hum infestions and other complications	
Acquire competence in the diagnosis and management of burn infections and other complications	
KNOWLEDGE	
KNOWLEDGE Image: Constraint of the second	
KNOWLEDGE Image: Constraint of the microbiology of burns Image: Constraint of the microbiology of burns Should demonstrate knowledge of the microbiology of burns X Image: X	x
KNOWLEDGE Image: Constraint of the microbiology of burns Image: Constraint of the microbiology of burns Image: Constraint of the microbiology of burns Should demonstrate knowledge of the microbiology of burns X X X INTERMEDIATE Image: Constraint of the microbiology of burns Image: Constraint of the microbiology of burns X Image: Constraint of the microbiology of burns	ζ
KNOWLEDGE Image: Constraint of the microbiology of burns Image: Constraint of the m	
KNOWLEDGE Image: Constraint of the microbiology of burns Image: Constraint of the m	x

ADVANCED						
Should demonstrate knowledge of						
antibiotic and antiseptic regimens and their rationale		Х		Х	Х	1
controversies regarding metabolic management		Х		Х	Х	1
multi-organ effects and systemic disturbance caused by burns		Х		Х	Х	1
CLINICAL SKILLS						
BASIC						
Should demonstrate ability to undertake wound assessment	Х				Х	1
INTERMEDIATE						
Should demonstrate ability for the clinical assessment and management algorithms for the	х				х	1
infections and other burn complications ADVANCED						
Should demonstrate ability to						
clinically assess the unstable complex burn patient	х				x	1
	X				X	1
make decisions on appropriate management issues interpret the range of investigations in the unstable complex burn patient to formulate management						1
plans	Х				х	1
manage the iatrogenic injury	Х				Х	1
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to undertake surgical management of wound infection			Х		х	1
INTERMEDIATE						
Should be able to perform radical excision of burn wound for infection.			Х		Х	1
ADVANCED						
Should be able to perform amputation and other life-saving surgery in the case of infection and other						
complications			х		х	1
Paediatric burns						
OBJECTIVE						
Acquire competence in the diagnosis and management of paediatric burns and the recognition o						
the need for multidisciplinary management						
KNOWLEDGE						
BASIC						
The knowledge requirements are as per modules 1-5, in the context of the paediatric patient						
Should demonstrate knowledge as defined by PALS/APLS		Х		Х	Х	1
paediatric fluid regimens		Х		Х	Х	1
toxic shock syndrome		Х		Х	Х	1
non-accidental injury						
INTERMEDIATE.						
As per modules 1-5, in the context of the paediatric patient		Х		Х	Х	1
Demonstrates knowledge of PHDU practices		Х		Х	Х	1
ADVANCED						
As per modules 1-5, in the context of the paediatric patient.		Х		Х	Х	1
Should demonstrate knowledge		Х		Х	Х	1
other child protection issues		Х		Х	Х	1
PICU practices		Х		Х	Х	1
CLINICAL SKILLS						
BASIC						
BASIC As per modules 1-5, in the context of the paediatric patient	X	х			X	1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury	X X	X X			X X	1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE	Х	Х			Х	1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient	X X	X X			X X	1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE	Х	Х			Х	1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT	X X	X X			X X	1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties	X X X	X X X			X X X	1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED	X X X X	X X X X			X X X X	1 1 1 1,3
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient	X X X	X X X			X X X	1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES	X X X X	X X X X			X X X X	1 1 1 1,3
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC	X X X X	X X X X			X X X X X	1 1 1,3 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X			X X X X X	1 1 1,3 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings	X X X X	X X X X			X X X X X	1 1 1,3 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE	X X X X	X X X X	Х		X X X X X X X	1 1 1,3 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X	X X		X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X	Х		X X X X X X X	1 1 1,3 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X	X X		X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Chest wall reconstruction OBJECTIVE Acquire competence in the diagnosis and management of congenital and acquired defects of the	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Chest wall reconstruction OBJECTIVE Acquire competence in the diagnosis and management of congenital and acquired defects of the chest wall.	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Chest wall reconstruction OBJECTIVE Acquire competence in the diagnosis and management of congenital and acquired defects of the chest wall.	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be competence in the diagnosis and management of congenital and acquired defects of the chest wall. KNOWLEDGE	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Chest wall reconstruction OBJECTIVE Acquire competence in the diagn	X X X X	X X X X	X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Chest wall reconstruction OBJECTIVE Acequire competence in the diag			X X X		X X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED BASIC ICLES INTERMEDIATE ICLES INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED ICLES INTERMEDIATE			X X X		X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED BASIC IC ICLUE ICL			X X X	х	X X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED OBJECTIVE Acquire competence in the diagnosis and management of congenital and acquired detects of the chest wall. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy and physiology of the chest wall and respiratory mechanics common cardiothoracic procedures, their access (e.g. median sternotomy, lateral thoracotomy) and potential complications (e.g. mediastinitis, empyema, bronchopleural fistula) indications for skeletal reconstruction in chest wall defects			X X X		X X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1 1 1 1
BASIC As per modules 1-5, in the context of the paediatric patient Works with other agencies in the event of non-accidental injury INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Works with the paediatric elements of the MDT Applies the law in respect of non-accidental injury and communicates with appropriate parties ADVANCED As per modules 1-5, in the context of the paediatric patient TECHNICAL SKILLS AND PROCEDURES BASIC As per modules 1-5, in the context of the paediatric patient Should be able to apply Biobrane and similar dressings INTERMEDIATE As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED As per modules 1-5, in the context of the paediatric patient Should be able to perform early excision of burns to prevent systemic upset ADVANCED BASIC IC ICLUE ICL			X X X	х	X X X X X X X X X X X	1 1 1,3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

х

Х

х

Х

х

Х

1

1

congenital chest wall deformities e.g. Poland's syndrome, pectus carinatum and pectus excavatum

local and regional flaps utilised in chest wall reconstruction and their anatomy

pathophysiology of median sternotomy breakdown and a classification for median sternotomy wounds ADVANCED: Should demonstrate knowledge of: potential impact of chest wall defects on respiratory physiology strategies for management of noncollapsible chest cavity dead space and bronchopleural fistula	1		1 1	-	[1
Should demonstrate knowledge of: potential impact of chest wall defects on respiratory physiology		х			х	х	1
potential impact of chest wall defects on respiratory physiology							
						N	<u> </u>
strategies for management of noncollapsible chest cavity dead space and bronchopleural fistula		Х			Х	Х	1
		Х			Х	Х	1
prosthetic materials used in chest wall reconstruction		Х			Х	Х	1
the effects of radiation on the chest wall and the pathophysiology of osteoradionecrosis		X			X	X	1
omental flap in chest wall reconstruction free tissue transfer in chest wall reconstruction		X			X	X X	1
techniques for repair of congenital pectus deformities		X			X	X	1
techniques for salvage of failed chest reconstruction		х			Х	х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to: communicate and plan with other specialties to organise patient care	х	х				X	1
undertake clinical assessment of a median sternotomy wound	X	x				X	1
undertake clinical assessment of a chest wall soft tissue tumour	X	X				X	1
INTERMEDIATE							
Should demonstrate ability to:							
formulate a holistic management plan for an individual with a chest wall defect	X	X				X	1
undertake clinical assessment of a congenital chest wall deformity consent a patient for chest wall reconstruction, discussing advantages and disadvantages of	Х					Х	1
reconstructive options and detailing possible complication	Х	Х				х	1
manage complications of chest wall reconstructive surgery appropriately	Х	Х				х	1
ADVANCED: Should demonstrate ability to:							-
clinically assess complex reconstructive cases, including salvage reconstruction, and formulate ar	~	~				~	-
appropriate multi-disciplinary management plar romulate a care patriway for an individual with a congenital crest wall deformity, including provision	Х	х				Х	1
of psycho-social care as well as a holistic management plan that considers the aesthetic as well as	х	х				х	1,3
functional consequences of the condition and subsequent treatment							
TECHNICAL SKILLS AND PROCEDURES BASIC							
Should be able to:							
apply a negative pressure dressing to a chest wall defect				х		х	1
perform skin grafting to a chest wall defect				Х		Х	1
perform a range of local skin flaps for a chest wall defect				Х		Х	1
INTERMEDIATE Should be able to perform:							
Should be able to perform: primary debridement of a chest wall wound				х		х	1
				~		~	· ·
pectoralis major and rectus abdominis pedicled muscle flaps for median sternotomy coverage							
ADVANCED Should be able to perform:							
1. fasciocutaneous / musculocutaneous / muscle-only flap reconstruction for thoracic defects (e.g.				х		х	1
serratus anterior, trapezius, latissimus dorsi or parascapular flaps)							
2. reconstruction of defect with omental flap (in concert with general surgery colleague)				Х		Х	1,3
Primary management of cleft lip and nose							
OBJECTIVE		1					1
Acquire competence in the management of the unrepaired cleft lip and nose deformity							
KNOWLEDGE							
BASIC							
Should be able to demonstrate knowledge of: surgical anatomy, pathological anatomy, embryology and basic genetics of facial clefting and							
associated anomalies		Х			X	х	1
past and current and protocols for repair of cleft lip and palate content of the Paediatric Intermediate Life Support Course or equivalent course as currently		Х			Х	Х	1
approved by the Resuscitation council of the UK, and ability to resuscitate a child		х			х	х	1
criteria that would constitute grounds for admission to Intensive Care Unit		Х			Х	Х	
issues of non-accidental injury and child protection. Know the referral pathways for protection of the 'at-risk' child							
INTERMEDIATE							-
···· = · ··· = = ··· •							
Should demonstrate knowledge of:		Х			Х	Х	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair		Х			Х	х	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures							
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED							
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures		~			v	~	4
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair		x			 Х	x	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency		x x			X X	X X	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹					Х	х	
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹ alternatives for timing of different sequences and operations for repair of the cleft lip and nose		х					
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹ alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS		х			Х	х	
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹ alternatives for timing of different sequences and operations for repair of the cleft lip and nose		х			Х	х	
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹ alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS BASIC		X X			Х	x	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall ¹ alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS BASIC Should demonstrate ability to		х			Х	х	
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair, and the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall' alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS BASIC Should demonstrate ability to take care of the pre and post-operative patient/child undergoing cleft surgery including assessment for anaesthetic risk factors, postoperative fluid management, antibiotic prescribing,	x	X X X			Х	x x x	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair. characteristic anatomical elements of the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall' alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS BASIC Should demonstrate ability to take care of the pre and post-operative patient/child undergoing cleft surgery including assessment for anaesthetic risk factors, postoperative fluid management, antibiotic prescribing, manage a naso-pharyngeal airway both in the peri-operative environment, and post-operatively,	x	x x x x x x			Х	x x x x x x	1
Should demonstrate knowledge of: the different techniques for cleft lip and nose repair timelines and sequence of operative procedures ADVANCED Should demonstrate knowledge of: history of cleft lip and nose repair, and the outcomes as well as the means of measurement of outcomes for cleft lip and nose repair, and the neonatal airway, and basis for tracheostomy in emergency circumstances where airway cannot be maintained mechanicall' alternatives for timing of different sequences and operations for repair of the cleft lip and nose CLINICAL SKILLS BASIC Should demonstrate ability to take care of the pre and post-operative patient/child undergoing cleft surgery including assessment for anaesthetic risk factors, postoperative fluid management, antibiotic prescribing,	x	X X X			Х	x x x	1

						-	
Should demonstrate ability to: counsel parents of new patients including those following ante-natal scan diagnosis,	x	х				X	1
plan appropriate treatment schedule within the context of the cleft MDT.	X	x				× ×	1,3
ADVANCED	~	~				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1,0
Should demonstrate ability to:							
formulate a management plan within the MDT as a fully integrated member of the team,	Х	Х				Х	1,3
communicate with patients/families,	Х	Х				Х	1
maintain and demonstrate the skills articulated in APLS/PALS,	Х	Х				Х	1
recognise signs of non-accidental injury, risk factors, and family pathology	Х	Х				Х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to mark up a cleft lip repair according to one of the currently accepted techniques				Х		Х	1
INTERMEDIATE							
Should be able to mark a cleft lip and nose repair. Should be able to perform some of the muscle dissection and elevation of a vomerine flap ADVANCED				х		X	1
Should be able to repair the cleft lip and nose according to one of the currently accepted techniqu vary a standard marking plan for subtle differences in the types of cleft lip or palate, perform (in order) nasal dissection, repair of mucosa and muscle, repair of ala base, placement of sutures for nasal suspension, lip closure, use of lengthening flaps, vermilion flap and mucosal balancing.				x		x	1
Secondary repair of cleft lip and nose							
OBJECTIVE							
	1	1					
Acquire competence in the management of the previously repaired cleft lip and nose deformity.							
KNOWLEDGE					 		
BASIC			\square				
Should be able to demonstrate knowledge of:			┝──┤				<u> </u>
surgical anatomy, pathological anatomy and physiology of the cleft nose	-	X			X	X	1
rhinoplasty techniques for reconstruction of cleft nasal deformity INTERMEDIATE		Х			Х	Х	1
Should demonstrate knowledge of:							
facial morphology and aesthetics		х			х	x	1
basic cephalometric planning techniques		X			X	X	1
surgical approaches to the nose		X			X	X	1
rhinoplasty techniques relevant to cleft nose deformity		Х			Х	Х	1
ADVANCED							
Should be able to demonstrate:							
detailed knowledge of soft tissue flap and composite graft techniques for contour and sca	ar	х			х	х	1
modification. understanding of muscle dissection methods and transposition to correct functional and aesthet	ic						
abnormalities,	C	Х			х	х	1
Knowledge of cleft nasal defect to include familiarity with current literature on the same, and		Х			Х	Х	1
detailed knowledge of elements of aesthetic rhinoplasty where applicable to cleft rhinoplasty.		х			х	х	1
		~			~	~	· ·
CLINICAL SKILLS							
BASIC Should demonstrate ability to correctly elicit patients' concerns and their perceptions of the							
conditions.	Х	Х				Х	1
INTERMEDIATE							
Should demonstrate ability to:							
assessment lip and nose disability including alveolar fistula.	Х	Х				Х	1
Should demonstrate ability to:							
determine the optimum timing of surgery and decide on priorities for treatment	Х	Х				Х	1
communicate with the MDT,	Х	Х				X	1,3
know when to recruit help of a clinical psychologist.	Х	Х				Х	1,3
ADVANCED							_
Should be able to demonstrate skill in formulating plan for surgical correction of secondar deformities of the cleft lip and nose within the context of the integrated (MDT) care of the patient.	у х	x				x	1,3
TECHNICAL SKILLS AND PROCEDURES							
BASIC Should be able perform:	+	<u> </u>	<u> </u>		l	-	_
should be able perform: formulation of a design for correction of secondary deformities of the lip and nose	+	<u> </u>	├	х		X	1
skin markings	+	<u> </u>		X		× ×	1
dissection of the lip	+	1		X		× ×	1
closure of rhinoplasty incisions		1		X		X	1
management of the cleft airway	1	1		Х		X	1
INTERMEDIATE							j
Should be able to perform:					 		
formulation of designs for correction of secondary deformities of the lip and nose				Х	 	Х	1
dissection and suture of lip, degloving of nose, and ala reduction	_	<u> </u>		Х		Х	1
ADVANCED	+	1			 		
ADVANCED Should be able to perform:							
Should be able to perform:	d			Х		Х	1
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years							1.
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with rasp				x		Y	1
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with ras management of the septum, infracture, application of splin				x		X	1
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with rasp				x x		X X	1
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with rasp management of the septum, infracture, application of splin full cleft rhinoplasty							
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with ras management of the septum, infracture, application of splin full cleft rhinoplasty Primary repair of cleft palate							
Should be able to perform: design and execute complete revision of complex cleft deformity, including total lip revision ar more subtle deformities in later years (in order) the previous elements specified and proceeding to hump reduction with rasp management of the septum, infracture, application of splin full cleft rhinoplasty							

KNOWLEDGE							
BASIC							
Should demonstrate knowledge of:							
anatomy, embryology and basic genetic of facial clefting and associated anomalies (as for Module							
1)		х			Х	х	1
knowledge of sequencing of procedures for cleft palate repair		Х			Х	Х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
anatomical basis for surgical correction of palatal abnormalities		Х			Х	Х	1
ADVANCED							
Should be able to explain:							
detailed mechanisms of speech production, along with implications of various genetic conditions on		х			х	х	1
speech (including Stickler's, 22g11 deletion, and other common disorders		^			^	~	'
surgical procedures for correction cleft palalte with historic and common internationally-performed		х			х	х	1
variations CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:						-	_
take informed consent for the procedures specified in this module	Х					х	1
care skilfully for the pre and post-operative cleft palate patient/child	X					X	1
use the operating microscope	X					X	1
manage a naso-pharyngeal airway	X					X	1
INTERMEDIATE	~					~	
Should be able to demonstrate proficiency in managing the child undergoing cleft palate repair o						-	_
average complexity	Х					х	1
ADVANCED							
Should be able to demonstrate proficiency to manage a child undergoing complex cleft palate repair							
including cases with associated disorders (syndromic cases), and cases with wide defects which	х					х	1,3
generate significant postoperative potential airway and wound healing problems.	~					~	1,0
							_
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:			V			N/	-
marking up a cleft palate repair			X			X	1
(in order) closure of oral layer, elevation of the oral layer in patients with isolated cleft palate			Х			Х	1
							_
Should be able to perform: (in order) elevation of the oral layer in patients with unilateral and bilateral cleft lip and palate							_
closure of the nasal layer			Х			х	1
suturing of the oral layer in patients with cleft lip and palate.			Х			х	1
ADVANCED							-
Should be able to perform							
			v			N/	
repair of the palate and associated involved structures according to one of the currently accepted			Х				
repair of the palate and associated involved structures according to one of the currently accepted techniques (complete within timely manner						х	1
			Х			X	1
techniques (complete within timely manner			X X				
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and				_		Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cient palate and related disorders						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cient palate and related disorders KNOWLEDGE BASIC						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE						Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of:						X	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cient palate and related disorders KNOWLEDGE BASIC		x				Х	1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI)						x x 	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cient palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities		× × ×			x x	X	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cient palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development		x			х	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management of speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompletence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient		x x			X X	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompletence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development		x x x			x x x	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder		x x			X X	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with clert palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder INTERMEDIATE		x x x			x x x	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder		x x x			x x x	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with clert palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder INTERMEDIATE		x x x			x x x	x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompletence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder INTERMEDIATE Should be able to describe: the range of normal speech development mechanisms and how these are at risk in cleft disorders		X X X X X			X X X X X	x x x x x x x x x x x x	1 1 1 1 1 1 1 1 1 1 1 1 1 1
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop competence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompetence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder INTERMEDIATE Should be able to describe: the range of normal speech development mechanisms and how these are at risk in cleft disorders the impact of chronic otitis media on speech skills at school entry		X X X X X X X			X X X X X X	x x x x x x x x x x x x x x x x	
techniques (complete within timely manner muscle dissection, and demonstrate the vascular pedicle in repeated fashion adaptations of the standard procedure for anatomical variation Secondary speech surgery OBJECTIVE To develop completence in the management or speech disorders associated with cleft palate and related disorders KNOWLEDGE BASIC Should be able to demonstrate knowledge of: the surgical anatomy, pathological anatomy and physiology of palatal function and abnormalities after cleft closure, including the pathophysiology of velopharyngeal incompletence (VPI) the feeding mechanisms and relationship of infant feeding patterns to later speech development the physiology of the middle ear, Eustachian tube and causes of deafness in the cleft patient the clinical and investigative tools for examining speech development the place of surgical and orthodontic assistance to treatment of speech disorder INTERMEDIATE Should be able to describe: the range of normal speech development mechanisms and how these are at risk in cleft disorders		X X X X X			X X X X X	x x x x x x x x x x x x	1 1 1 1 1 1 1 1 1 1 1 1 1 1

Х

Х

х

X X

X X

Х

Х

Х

х

X X

Х

Х

Х

Х

Х

х

1

1

1

1 1,3

> 1 1

1

ADVANCED

CLINICAL SKILLS BASIC

Should have ability to:

elicit speech disorders

liaise with Speech Therapists INTERMEDIATE Should have ability to: interpret findings of nasendoscopy,

Should be able to describe:

the indications for investigation of speech disorder, methods and limitations

adult communication problems related to previous cleft palate repair and previous surgery for VPI

the radiation protection protocols linked to such investigations

assess likelihood of patient co-operation with nasendoscopy,

formulate a treatment plan based on the nasendoscopy findings

ADVANCED								
Should demonstrate ability to:								
interpret an audiogram and tympanometry study	Х						Х	1
describe the principles of brain stem evoked response audiometry	Х				-		Х	1
formulate an appropriate referral based on clinical history and audiogram	Х						Х	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC					-			
Not applicable					-			
INTERMEDIATE								
Should be able to perform:								
nasendoscopy in the diagnosis of speech disorder				Х	-		Х	1
ADVANCED								
Should be able to perform:								
skilful dissection of a previously repaired cleft palate as part of a correction for speech disorder				х			х	1
pharyngoplasty (various techniques)				Х			Х	1
Dento-alveolar defect including alveolar bone grafting								
OBJECTIVE								
	_							-
To develop competence in the management of alveolar defects associated with cleft lip and palate.								
KNOWLEDGE								
BASIC:								
Should be able to demonstrate knowledge of:		1						+
the evolution of secondary dentition		х				Х	х	1
the clinical and investigative tools available to the orthodontist		X				X	X	1
the related investigations and the basis for treatment of the secondary dentition	1	X						1
the anatomy of various potential sites for cancellous bone graft harvesting		X				Х	х	1
INTERMEDIATE								+
Should be able to describe:								-
options for orthodontic treatment		Х				Х	х	1
indications for pre-surgical orthodontic treatment		X				X	X	1
the role of Paediatric Dentists including the basics of oral and dental hygiene		X				X	X	1,3
the use of synthetic substitutes in dento-alveolar surgical practice		Х				Х	х	1
the methods of assessment of success of bone grafting		Х				Х	Х	1
ADVANCED:								
Should be able to describe:								-
overview of surgical aspects of stomatological practice		Х				Х	х	1
principles of restorative dentistry, and role of such care within the holistic management of patients		Х				Х	Х	1,3
CLINICAL SKILLS								
BASIC								
Should be able to make clinical assessment of the secondary dentition	Х						Х	
	х				х		х	1,3
Should demonstrate ability to function and communicate within the framework of the Cleft MDT	~				~			.,0
INTERMEDIATE								
Should be able to:	.,							_
liaise appropriately with Orthodontic colleagues	Х				Х		X	1,3
liaise with and refer to Paediatric and Restorative Dental colleagues	Х				Х		Х	1,3
ADVANCED								_
Should be able to devise complete management plan for the preoperative and postoperative care of the patient undergoing alveolar bone grafting	Х						х	1
TECHNICAL SKILLS AND PROCEDURES								_
BASIC								_
Should be able to perform harvest of iliac bone graft.				х			x	1
INTERMEDIATE		<u> </u>					~	+
Should be able to perform low scar access when harvesting iliac bone graft		<u> </u>		х			x	1
ADVANCED				^			^	+
Should be able to perform closure of an alveolar fistula with appropriate technique.		<u> </u>		х			х	1
onorio oc able to perform closure of an alveolar instala with appropriate technique.	I	I	1	^			^	
Orthognathic surgery / Working with the Cleft MDT								
OBJECTIVE								
OBJECTIVE To acquire knowledge of the management of residual cleft deformity in adults including principles o								
							l	
orthognathics and related assessment / investigation				1				+
member and team leader.							<u> </u>	
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:								
the range of residual deformities that pertain at the cessation of facial growth		Х				Х	Х	1
the nasal septal deformities associated with clefting		Х				Х	Х	1
the self-image problems extending into adult life		Х				Х	Х	1
National guidelines for the diagnosis, treatment and follow up of cleft patients		Х				Х	Х	1
INTERMEDIATE								
Should demonstrate understanding of:								
Principals of orthognathics including distraction osteogenesis		Х				Х	Х	1
the role of the orthodontist in cleft care		Х		Ľ		Х	Х	1
the surgical principles of orthognathic appliances and their use in practice, and		Х				Х	Х	1
NICE Improving Outcomes guidenes and Beer review	-			r	-			

Х

X X

Х

X X

Х

X X

1

1

NICE Improving Outcomes guidance and Peer review.

Should demonstrate knowledge of: the surgical anatomy and pathological anatomy of the residual deformities of facial growth, the principal methods of use in orthognathics including distraction osteogenesis,

ADVANCED

methodology for research and audit with respect to cleft practice in local, national and international		х			х	х	1
settings.		^			^	^	1
Should demonstrate knowledge of:							
impact of disfigurement and altered appearance, what it involves psychologically and socially, and		х			х	х	1
the impact of an individuals' body image on their life and that of their family		^			~	~	'
the processes by which an individual can successfully adjust to disfigurement and explain how the		х			х	х	1.3
multidisciplinary team can assist with that process							.,.
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
assemble appropriate professionals to solve adults, concerns	Х					Х	1
communicate and refer within the specialist MDT	Х			Х		Х	1,3
INTERMEDIATE							
Should demonstrate ability to:							
undertake orthodontic measurement of mid-facial growth	Х					Х	1
develop and record management plan for the patient and discuss rationale for management of	х					х	1,3
common scenarios with patients and colleagues	^					^	1,3
analyse and develop diagnostic and surgical planning within the context of an MDT	Х			Х		Х	1,3
lead clinical discussion of cleft-related disorders for neonate, infant, pre-school, and later ages	х					х	1
following consultations	~					~	
ADVANCED							
Should demonstrate ability to:							
undertake appropriate referral and liaison with Orthodontists	Х			Х		Х	1,3
to plan a program of orthognathic surgery including distraction osteogenesis	Х					Х	1,3
to discuss complex treatment scenarios with patients including discussion of all options, advantages	х					х	1.3
and disadvantages and take informed consent	~						,-
to lead whole clinic process for an entire MDT session	Х			Х		Х	1,3
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Not applicable							
INTERMEDIATE							
Not applicable							
ADVANCED							
Not applicable							

Complex wound							
OBJECTIVE							
Overall competence in the diagnosis and management of the complex wound excluding burn injury							
KNOWLEDGE							
BASIC							
Should be able to describe:							
the principles of management of non-burn conditions managed by the burn team (including colu		х			х	х	1,3
injuries, TENS and purpura fulminans		^			^	^	1,3
INTERMEDIATE							
Should demonstrate knowledge of detailed management of non-burn conditions managed by the		х			х	х	1,3
burn team (including cold injuries, TENS and purpura fulminans ADVANCED							
ADVANCED Should be able to discuss the controversies regarding the management of non-burn conditions							_
managed by the burn team		Х			Х	Х	1,3
CLINICAL SKILLS							
BASIC							
Should demonstrate proficiency in:							
clinical assessment of the non-burn injury	х				Х	Х	1
liaison with other specialities	X				× X	X	
	X				X	× ×	1,3
working and communicating within the relevant multidisciplinary team (MDT) INTERMEDIATE	~				X	X	1,3
Should be able to:							_
devise management plans and treatment algorithms for the conditions covered in this module	Х				Х	Х	1
apply psychological assessment tools for evaluation of psychological needs (patient questionnaires	. Х				Х	Х	1
ADVANCED							
Should be able to							
deploy skills of analysis and diagnostic synthesis, judgement, and surgical planning to the complex wound patient	х				х	х	1
advise regarding timing of reconstruction and effect of growth on reconstructive surgery in paediatric							
cases,	х				Х	х	1
provide detailed advice on the treatment pathway, including interpretation of special investigations,	х				х	х	1,3
within the context of the relevant MDT	^				^	Χ	1,5
demonstrate skills needed to arrange patient-centered care with patient as partner in the process,	v				v	V	
providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments.	х				х	Х	1
manage and lead the multi-disciplinary teams in respect of provision of psycho-social care, to							
arrange the care pathway that supports an individual to successfully adjust to disfigurement through							
giving the individual and family specific life-skills. These include the patient being provided with	х				х	х	1.2
information about their condition and its treatment, developing a positive outlook/belief system,	~				X	X	1,3
learning to cope with their feelings, exchanging experiences with others who've "been there" and							
social skills training to manage other people's reactions							_
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to stabilise the complex wound patient for safe transfer to specialist centre				Х		X	1,3
Should be able to apply negative pressure dressing				Х		Х	1
INTERMEDIATE							
Should be able to perform primary debridement and application of temporary wound dressings in				х		х	1,3
theatre ADVANCED							,-
ADVANCED Should be able to							
	L	L	<u> </u>				

debride complex wound				Х			х	1
Craniofacial General Principles OBJECTIVE	_				_			_
Principles of the MDT and the 'Craniofacial Assessment'								
e.g. Psychology of facial difference and speech and language assessment								
Anatomy & Embryology of the craniofacial complex								
Cephalometrics and facial analysis Trauma								
Emergency procedures								
Surgical approaches to the craniofacial complex								
KNOWLEDGE								
BASIC Should demonstrate knowledge of:								
embryology of the pharyngeal arch development and syndromes arising from developmental								
pathology, and should be to demonstrate proficiency in the descriptive anatomy of head and neck		Х				Х	х	1
multidisciplinary assessment of 'The Craniofacial Patient' (parameters including visual, audiological airway, speech, feeding, psychological and neurological content of the Paediatric Intermediate Life Support Course or equivalent course as currently		х			Х	Х	Х	1,3
approved by the Resuscitation council of the UK. Know how to resuscitate a child		Х			Х	Х	Х	1,3
criteria that would constitute grounds for admission to Intensive Care Unit		Х				Х	Х	1
issues of non-accidental injury and child protection, and the referral pathways for protection of the 'at-risk' child		х			х	х	Х	1,3
emergency diagnosis of elevated intracranial pressure (ICP) and/or intracranial haemorrhage		Х				Х	Х	1
Should be able to describe the management of extravasation injuries		Х				Х	Х	1
INTERMEDIATE Should be able to demonstrate knowledge of:								
technique of intermaxillary fixation	-	х				х	Х	1
cephalometrics: skeletal and dental occlusal relationships, SNA angle, SNB angle, facial reference		х				х	Х	1
points		+					~	+
cephalometric characteristics of craniofacial syndromes e.g. Crouzon syndrome, Treacher Collins syndrome (TCS) and hemifacial microsomia (HFM), definition of anterior open bite, cross bites etc.		х				х	х	1
distraction osteogenesis: history and application: mandible, alveolus, midface, orbit and cranium		х				х	х	1
ADVANCED								
Should be able to demonstrate knowledge of: anatomy of surgical approaches to craniofacial skeleton and relevant local flaps (temporalis, superficial temporal etc)		х				х	х	1
facial analysis: choice of camera systems,CT, MRI and software analysis in surgical planning		х				х	х	1
Craniofacial Radiology – recognition of tumour and threats to neurological function		X				X	X	1
the multidisciplinary assessment of 'The Craniofacial Patient': specific tests – VEPs, sleep studies								
and psychological assessment scales impact of disfigurement, the consequences of an altered appearance, what it involves		Х				Х	Х	1,3
psychologically and socially, and the impact of an individual's body image on their life and that of their family		х				Х	Х	1,3
the processes by which an individual can successfully adjust to disfigurement, and how the multidisciplinary team can assist with that process CLINICAL SKILLS		х				Х	х	1,3
BASIC								
Should demonstrate ability to:								
care for the pre and post-operative patient/child undergoing craniofacial surgery including assessment for anaesthetic risk factors, postoperative fluid management, antibiotic prescribing.	х	х					х	1
manage the airway both in the peri-operative environment, and post-operatively.	х	х					Х	1
take informed consent for the procedures covered in this module,	X	X					X	1
present cases within the Craniofacial MDT	Х	Х			Х		Х	1,3
INTERMEDIATE Should demonstrate ability to:								
counsel parents of new patients including those following antenatal scan diagnosis for relevan	v	v					×	
syndromes.	Х	Х					Х	1
apply psychological assessment tools for evaluation of psychological needs (patient questionnaires	, X	х					х	1
plan appropriate treatment schedule within the context of the craniofacial MDT	Х	Х					Х	1,3
ADVANCED								
Should demonstrate ability to: formulate a management plan within the MDT as a fully integrated member/leader of the team and								+
be able to communicate with patients/families	Х	Х			Х		Х	1,3
manage and lead the multi-disciplinary teams in respect of provision of psycho-social care arrange the care pathway that supports a child and his/her family to successfully adjust to	Х	Х			Х		Х	1,3
disfigurement through giving the individual and family specific life-skills. These include, where								
appropriate, the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging	х	х			х		х	1,3
experiences with others who've "been there" and social skills training to manage other people's								
reactions		~					v	
maintain and demonstrate the skills articulated in APLS/PALS recognise signs of non-accidental injury, risk factors, family pathology	X X	X X					X X	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Trauma: Should be able perform tracheostomy (emergency and percutaneous) and nasal packing fo								
epistaxis				Х			Х	1
INTERMEDIATE								
Should be able to perform intermaxillary fixation				х			х	1
emergency management of retrobulbar haemorrhage		1		X			X	1
	L	I	1	~	Ì	i	~	

emergency management of elevated ICP and/or intracranial haemorrhage,				Х			Х	1
various surgical approaches to the craniofacial skeleton: coronal and upper and lower buccal sulcus				х			х	1
incisions. ADVANCED								
Should be able to perform								
Orthognathic surgery relating to craniofacial syndromes.				Х			х	1
How to perform a Le Fort I +/- distraction osteogenesis, the sagittal split osteotomy, bimaxillary								
surgery, segmental orthognathic surgery, palatal expansion and segmental alveolar transport.				Х			х	1
				v			× ×	4
Distraction osteogenesis of the craniofacial skeleton. Indications compared to traditional techniques.				X			X	1
Device selection and application of chosen distraction device at all levels of the craniofacial			-					1
skeleton. Knowledge of outcome studies				Х			х	1
Implants and prostheses.								
Choice of alloplast for inlays and onlays. Osseointegrated implant choice, sites and design in				х			х	1
conjunction with maxillofacial prosthetist				~			~	
Surgical approaches to the craniofacial skeleton: McCord lid swing, transconjunctival, transbleph				х			х	1
transcaruncular, Weber-Ferguson and open rhinoplasty, transbuccal. Levels of Craniofacial access								-
Craniofacial aesthetic surgery.				Х			Х	1
Endoscopic techniques, subperiosteal surgery, genioplasty, advanced rhinoplasty.				Х			X1	1
Craniosynostosis		-					-	
OBJECTIVE								
Management of single suture and syndromic craniosynostosis								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:		.						<u> </u>
surgical anatomy, pathological anatomy and pathophysiology of craniosynostosis		Х				Х	Х	1
common phenotypes and head shapes		X				X	X	1
positional vs synostotic plagiocephaly: torticollis		Х				Х	Х	1
			-					
Should demonstrate knowledge of:		v				V	Y	1
basic clinical genetics of craniosynostosis syndromes		X				X	X X	1
recognition of different syndromic craniosynostoses (Apert, Crouzon)		X X				X	X	1
strategies for the management of intracranial hypertension and its multifactorial influences ADVANCED		^				~	^	1
Should demonstrate detailed knowledge of:			-					_
protocols of surgical management (Multidisciplinary: ENT, Ophthalmology, Neurosurgery etc)		Х				Х	х	1
indications for intervention: crisis, urgent, elective, aesthetic – both functional and psychological		х				х	х	1
								_
indications and applications of distraction osteogenesis indications for FUK/LE Fort III, Monobioc and bipartition osteotomies, distraction vs bone graf		Х				Х	Х	1
techniques		х				х	х	1
CLINICAL SKILLS								
BASIC								
Should be able to:								
explain to parents the challenges of these conditions at different stages of life from birth to	v						V	4
adolescence	Х						Х	1
describe the impact on the family of the birth of a child with a craniofacial anomaly and provide o	х						х	1
arrange support INTERMEDIATE								
Should have ability to			-					-
manage globe subluxation	х						х	1
manage the compromised airway	X						x	1
recognise elevated ICP	X						X	1
recognise complications of transcranial surgery	X						X	1
				1		-		
apply psychological assessment tools for evaluation of psychological needs (patient questionnaires	Х						Х	1
ADVANCED								
Should demonstrate ability to								
formulate plan for surgical correction of problems arising in patients with craniosynostosis	Х						Х	
deploy the skills of the MDT appropriately	Х				Х		Х	1,3
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Should be able to:								
close a coronal incision				Х			Х	1
INTERMEDIATE			<u> </u>					
Should be able to perform: harvesting techniques for autologous grafte including iliac crest hope, rib, costochondral and cranial								
harvesting techniques for autologous grafts including iliac crest bone, rib, costochondral and cranial bone.				х			х	1
canthopexies, canthoplasties and eyelid balance, and	l	1	1	х			х	1
coronal flaps	1	1	1	Х			Х	1
ADVANCED	l	<u> </u>		1				1
Should be able to perform:								
major segmental osteotomies and advancements of the craniofacial complex,				Х			Х	1
distraction osteogenesi,				Х			Х	1
cranioplasties,				Х			Х	1
fronto-orbital surgery,				Х			Х	1
frontofacial surgery				Х			Х	1
Craniofacial tumours in adults and children								

OBJECTIVE				
Acquire competence in the management of adults with transcranial tumours (orbital, nasal				
frontofacial, skull base) including SCC, BCC, melanoma.				

	<u>т</u>							
Acquire competence in the basic principles of management of children with transcranial tumours								
Acquire competence in the management of adults with transcranial tumours (orbital, nasal frontofacial, skull base) including SCC, BCC, melanoma and olfactory neuroblastoma. Acquire competence in the management or crimiter with uranscramat cumours (anatar), nasar	1							
frontofacial, skull base) including orbitofacial NF, fibrous dysplasia / Cherubism /McCune Albright,								
teratomas, vascular lesions and anomalies , juvenile nasopharyngeal angiofibroma, haemangioma								
vascular malformations, dermoid cysts, nasal gliomas, ossifying fibromas, sarcomas including nerv and nerve sheath tumours	e							
KNOWLEDGE								
BASIC	-							
Should be able to describe common adult tumours eg BCC, SCC, melanoma, and their pathology	-	v				X		
natural history and treatment protocols		Х				Х		1
INTERMEDIATE								
Should demonstrate knowledge of: other adult tumours – eg neurofibromatosis, neuroblastoma with their pathology, natural history and								-
treatment protocols,		х				Х	Х	1
common paediatric tumours eg neurofibromatosis, fibrous dysplasia, teratomas and their pathology	1	х				х	х	1
natural history and treatment protocols differences in clinical behaviours between adult and paediatric tumours		х				х	х	1
adjunctive techniques eg interventional radiology and IMRT and chemo-irradiation,		X				X	X	1
complex craniofacial vascular anomalies and malformations		Х				Х	Х	1
role of the surgeon in the MDT		Х			Х	Х	Х	1,3
role of palliation in adults and children		Х				X	X	1
management of end of life ADVANCED		Х				Х	Х	1
Should demonstrate knowledge of:								_
applied surgical anatomy, segmental resection and reconstruction (alloplastic, autologous	,	v		-+		v	v	1
microsurgical), functional preservation, aesthetic techniques	⊢	Х				X	X	1
rare transcranial tumours and related contemporary literature	╂	Х	\vdash			Х	Х	1
management of the facial nerve in adult and paediatric tumours with indications for facial nerve sacrifice and rehabilitation	1	х				х	Х	1
CLINICAL SKILLS								
BASIC								
Should be able to present cases to the MDT	Х	Х					Х	1,3
Should demonstrate ability to diagnose, investigate the conditions covered in this module Should demonstrate ability to counsel patients and deliver bad news concerning adult and paediati	X	Х					Х	1
patients	Х	х					х	1
ADVANCED								
Should demonstrate ability to:								
formulate treatment plans for the conditions covered in this module	Х	Х					X	1
lead decision making in the MDT	X	X					X X	1,3
co-ordinate the patient treatment pathway TECHNICAL SKILLS AND PROCEDURES	<u> </u>	^					^	1,3
BASIC	-							
Should be able to perform reconstructive techniques including grafts and local flaps				Х			Х	1
INTERMEDIATE								
Should be able to perform elevation 'workhorse' free flaps including latissimus dorsi and radial forearm flap (includes these								
exercises performed as surgical simulation)				х			х	1
manage Le Fort I down-fracture for skull base access				х			Х	1
ADVANCED								
Should be able to perform:								
accessing craniofacial skeleton via various approaches (see module 1)				Х				1
							Х	
planning and resecting of craniofacial vascular lesions	-			Х			Х	1
various approaches to the orbit (tumours)	┢			Х			X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer				X X			X X X	1
various approaches to the orbit (tumours)				Х			X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer				X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team				X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency	E			X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease				X X		_	X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia				X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE				X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocceles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC				X X			X X X X	
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE		x		X X			X X X	1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's diseases morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM)		х		X X		Х	X X X X	
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS)		X X		X X		X X	X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease		X X X		X X		X X X	X X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea		X X X X		X X		X X X X X	X X X X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocceles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts		X X X X X		X X		X X X X X X	X X X X X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles		X X X X		X X		X X X X X	X X X X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts		X X X X X		X X		X X X X X X	X X X X X X X X X X X X X	1 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of		X X X X X		X X		X X X X X X	X X X X X X X X X X X X X	1 1,3 1,3
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of		X X X X X		X X		X X X X X X X	X X X X X X X X X X X X X X	1 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,1 1,1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of principles of intervention (crisis, urgent, elective and aesthetic) treatment protocols for mandibular deficiencies - Pierre Robin		X X X X X X X		X X		X X X X X X X	X X X X X X X X X X X X X X X X X	1 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,3 1,
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of principles of intervention (crisis, urgent, elective and aesthetic)		X X X X X X X X		X X		X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	1 1,3 1,3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of principles of intervention (crisis, urgent, elective and aesthetic) treatment protocols for mandibular deficiencies - Pierre Robin impact of the tissue deficiency syndromes on the child and the family at different stages of maturity		X X X X X X X X X X		X X		X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	1 1,3 1,3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
various approaches to the orbit (tumours) reconstruction with free perforator flaps or composite free tissue transfer operating within a multidisciplinary team Craniofacial syndromes of tissue deficiency OBJECTIVE Acquire competence in the recognition and principles of management of hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies - Pierre Robin, Romberg's disease morphoea, craniofacial clefts & encephalocoeles, Binder's syndrome, holoprosencephaly, arrhinia KNOWLEDGE BASIC Should demonstrate knowledge of (with their aetiology, developmental pathology & embryology natural history) hemifacial microsomia (HFM) Treacher Collins syndrome (TCS) Romberg's disease Morphoea Tessier's classification of craniofacial clefts classification of encephalocoeles INTERMEDIATE Should demonstrate knowledge of principles of intervention (crisis, urgent, elective and aesthetic) treatment protocols for mandibular deficiencies - Pierre Robin impact of the tissue deficiency syndromes on the child and the family at different stages of maturity use of the MDT in the 'craniofacial assessment'		X X X X X X X X X X		X X		X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	1 1,3 1,3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Binder's syndrome		Х			Х	Х	1
holoprosencephaly	ļ	Х			Х	Х	1
arrhinia		Х			Х	Х	1
CLINICAL SKILLS							
BASIC			 				
Not applicable			 				
Should have ability to						<u> </u>	
manage the compromised airway	Х	Х				Х	1
undertake 'defensive' surgical treatment planning (allowing for effect of growth on surgical results in children)	х	Х				х	1
ADVANCED						-	
Should have ability to formulate treatment plans for secondary procedures for the conditions						-	
covered in this module	х	Х				х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform excision of accessory auricles			х			Х	1
INTERMEDIATE							
Should be able to perform:							
tissue expansion in the head and neck			Х			Х	1
tarsorrhaphy techniques			Х			Х	1
fat transfer			х			Х	1
Le Fort I or Le Fort II advancements of maxilla			х			х	1
ADVANCED							
Should be able to perform							
evelid rebalancing and reconstruction.	İ –		х			х	1
mandibular distraction and reconstruction	1		X			X	1
ear reconstruction – autologous and osseointegrated implant	İ –		X			X	1
nasal reconstruction and rhinoplasty	1		X			x	1
orbital translocation	1		X			x	1
soft tissue free flaps eq adipofascial flaps	1		X			x	1
accel and of an polyona indpo			~			^	1
Craniofacial overgrowth syndromes							
OBJECTIVE	1	1	-			1	
Acquire competence in the management of hemitacial hypertrophy, facial inflitrating lipomatosis				-			
tissue overgrowth secondary to vascular malformations (Beckwith Wiedemann Syndrome,							
proboscis)							
KNOWLEDGE							
BASIC							
Should demonstrate knowledge of:							
hamartomas, teratomas, and dysplasias		Х			Х	Х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
planes of facial resuspension		Х			Х	Х	1
differential diagnosis of overgrowth asymmetries		Х			Х	Х	1
radiological diagnosis		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of							
techniques for facial nerve preservation		Х			Х	Х	1
indications for surgery within the MDT setting		Х			Х	Х	1,3
Chauld demonstrate knowledge of the starter of facial second of the		Х			Х	Х	1
Should demonstrate knowledge of the planes of facial resuspension.							
Should demonstrate knowledge of the planes of facial resuspension. CLINICAL SKILLS		~					·
CLINICAL SKILLS							
CLINICAL SKILLS BASIC							
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to:	x						
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc	XXX	x		+		X	1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters	X X						
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc	Х	X X				X X X	1 1 1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module.		x				X	1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered	Х	X X				X X X	1 1 1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module.	Х	X X				X X X	1 1 1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module.	Х	X X				X X X	1 1 1
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to	X X	X X X				x x x	
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module.	X X	X X X				x x x	
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES	X X	X X X				x x x	
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC	X X	X X X				x x x	
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable	X X	X X X	X			x x x	
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE	X X	X X X					
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform	X X X X	X X X	X				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and		X X X					
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation		X X X					
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation		X X X					
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental ostectomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery Orbital surgery		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function CBJECTIVE Acquire competence in the principles or management or hyperteionsm, microprintalmos, mononase dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia,		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE Acquire competence in the principles or management or nyperteionsm, microprinalmos, montomasa dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia.		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE Acquire competence on the principles of management of nyperteionsm, microprintaimos, montonasa dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia. KNOWLEDGE		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE Acquire competence in the principles of management of myperteionsm, microprintalmos, montonase dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia. KNOWLEDGE BASIC		X X X	x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE Acquire competence in the principles or management or nyperteionsm, microprintalmos, montonase dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia. KNOWLEDGE BASIC Should demonstrate knowledge of:			x				
CLINICAL SKILLS BASIC Should demonstrate ability to manage patients with reference to: maintenance of vital functions including airway, feeding etc preservation of oral, nasal, palpebral sphincters INTERMEDIATE Should demonstrate ability to undertake a clinical assessment of the craniofacial conditions covered in this module. ADVANCED Should demonstrate ability to formulate a treatment plan for the conditions covered in this module. TECHNICAL SKILLS AND PROCEDURES BASIC Not applicable INTERMEDIATE Should be able to perform emergency procedures (see module 1) ADVANCED Should be able to perform resectional surgery in the absence of malignancy including segmental osteotomies of maxilla and mandible, functional wedge resection of tongue, tarsorrhaphy, eyelid rebalancing with preservation of balanced facial function and aesthetics tissue reduction with preservation of neuromuscular function Orbital surgery OBJECTIVE Acquire competence in the principles of management of myperteionsm, microprintalmos, montonase dysplasia, craniofrontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia. KNOWLEDGE BASIC		X X X	x				

eyelid anatomy and eyelid malposition	I	Х		ļ		Х	Х	1
growth of the orbit	L	Х		ļ		Х	Х	1
definition of terms eg hypertelorism, dystopia, telecanthus		Х				Х	Х	1
differential diagnosis/genetics of hypertelorism syndromes		Х				Х	Х	1
MDT assessment of hypertelorism syndromes		Х				Х	Х	1,3
INTERMEDIATE								
Should demonstrate knowledge of:								
visual physiology, squint & principles of strabismus surgery		Х				Х	Х	1
medial and lateral canthal fixation methods		Х				Х	Х	1
orbital Prostheses – types, indications		Х				Х	Х	1
superior orbital fissure syndrome		Х				Х	Х	1
orbital apex syndrome		Х				Х	Х	1
relative afferent papillary defect		Х			-	Х	Х	1
retrobulbar haemorrhage		Х			-	Х	Х	1
reasons and timing for orbital translocation		Х				Х	Х	1
ADVANCED								
Should demonstrate knowledge of								
orbital osteotomies		Х				Х	Х	1
microphthalmos – orbital expansion (expanders & osteomies)		Х				Х	Х	1
impact on orbital translocation on vision		Х				Х	Х	1
use of Box, Bipartition and advancement osteotomies of the orbit		Х				Х	Х	1
CLINICAL SKILLS								
BASIC								
Emergencies – see module 1	Х						Х	1
INTERMEDIATE								
Should demonstrate ability to								
plan orbital osteotomies	Х						Х	1
formulate a management plan with respect to both techniques and timing	Х						Х	1
ADVANCED								
Should demonstrate ability to								
formulate management plans with Ophthalmology and Neurosurgery in the context of the MDT	х						х	1
plan minimal access and endoscopic approaches	х						Х	1
TECHNICAL SKILLS AND PROCEDURES	~						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
BASIC								
Not applicable							-	
INTERMEDIATE						-		-
Should be able to perform split calvarial bone graft harvest and fixation of bone graft				х			х	1
ADVANCED				~			X	
Should be able to perform								_
minimal access incisions				х			х	1
box osteotomies				X			X	1
facial bipartition				X			X	1
vertical orbital dystopia correction				X			x	1
orbital reconstruction – autologous or alloplastic				X			X	1
transcranial and subcranial orbital expansion				X			x	1
Mommaerts osteotomies				X			X	1
orbital access approaches (tumours)				X			X	1
				^			^	1
Craniomaxillofacial trauma	_	_		_	_			
OBJECTIVE	-							
OBJECTIVE Acquire competence in the assessment of a patient who has sustained injury and or fractures of the			-					
Craniomaxillofacial region.	1				1			
	1	1		1				+
Develop ability to assess an injured patient presenting either acutely or in the outpatient clinic.								
Be alert for the potential for this class of injuries to occur and impact on the patient's airway, and								
vision.	I	ļ		ļ				
Awareness of consequences of change in orbital volume.								
Understand fracture patterns of the mandible, middle third of the face and orbits including multiple fractures								
fractures.								
To be able to formulate a differential diagnosis and an investigation and management plan.	I							+
		1	1	1	1			1

Be alert for the potential for this class of injuries to occur and impact on the patient's airway, and	1 1					
vision.						
Awareness of consequences of change in orbital volume.						
Understand fracture patterns of the mandible, middle third of the face and orbits including multiple						
fractures.						
To be able to formulate a differential diagnosis and an investigation and management plan.						
To be able to treat the patient appropriately up to and including operative intervention if appropriate						
Understand the principles of surgical management of these injuries.						
Understand the principles of intermaxillary fixation techniques, principles of plate osteosynthesis an						
bone healing.						
Understand the principles of extraoral cranial fixation.						
Be able to carry out these procedures sately and competently or understand the need to refer to						
allied disciplines.						
KNOWLEDGE						
BASIC						
Should demonstrate knowledge of:						
anatomy of scalp, face, nose, ears, eyelids, orbit and contents		Х		Х	Х	1
anatomy of craniofacial skeleton and temporomandibular joint (TMJ)		Х		Х	Х	1
anatomy and physiology of parotid and lacrimal apparatus		Х		Х	Х	1
bone healing		Х		Х	Х	1
aetiology of facial trauma		Х		Х	Х	1
priorities of management		Х		Х	Х	1
assessment of airway and level of consciousness (Glasgow coma scale)		Х		Х	Х	1
assessment of head injury and cranial nerve function		Х		Х	Х	1
pharmacology and therapeutics of post-operative analgesia		Х		Х	Х	1
INTERMEDIATE						
Should demonstrate knowledge of:						
anatomy of trigeminal nerve and infiltration / nerve block anaesthesia		Х		Х	Х	1

oright and splann of NLU discolation and facture discolation X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I I X I		-						1	
open function of the control decision decision of the control decision of the control decision of the c	signs and symptoms of fractures of cranium and facial skeleton		Х				Х	Х	1
base function of the curve of the	signs and symptoms of TMJ dislocation and fracture dislocation		Х				Х	Х	1
spectrale investigation of facial near and data injun I	other fracture complexes	L	Х				х	х	1
specification of local and papealle stray X	classification of fractures of the craniofacial skeleton		Х				Х	Х	1
specification of local and papealle stray X			Х				Х		1
significance of event accusation X I X I X I X I X I X I X I X I X I X I X I X X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I I X I I X I I X I I X I I X I <									1
minimum of the analysis of sample of the second part of the second									
ADVANCED I I I I I I I X X I Strukt demonstruction in source of the duration of the durat	·								
Should Amountable browshop of . X <t< td=""><td></td><td></td><td>^</td><td></td><td></td><td></td><td>^</td><td>^</td><td>1</td></t<>			^				^	^	1
physicking of meal carky, sight and calabrations X									
Linkson Image X Image X	·								1
detail X <td>physiology of nasal cavity, sight and oculomotor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>	physiology of nasal cavity, sight and oculomotor								1
potentic complications of varial, used, mode, limit and mandbalk sylvadio X	function		Х				Х	х	1
sensible oper and losed technique of auge and algoed headprene including intermalilary function I X I X	classification of craniofacial fractures		Х				Х	Х	1
anotable compared not sheling of update and sheling of update. N <td>potential complications of cranial, nasal, orbital, middle-third and mandibular fractures</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>Х</td> <td>1</td>	potential complications of cranial, nasal, orbital, middle-third and mandibular fractures		Х				Х	Х	1
pinciples of move regar and strung of ducts in the set of the open and code developments in the set of the set									
understanding the befort and increations of both open and closed treatments X	available open and closed techniques of surgical management including intermaxiliary fixation		X				Х	X	1
unput approximation N	principles of nerve repair and stenting of ducts		Х				Х	Х	1
unput approximation N	understanding the benefits and indications of both open and closed treatments		Х				Х	Х	1
searchestale Image X Image X			х				х		1
swatable technolestandiset or orbits' unit reconstruction X									
patential complications early retering and the model in a set of the manifold and the horizon in a set of the manifold and the horizon in a set of the manifold and the horizon in a set of the manifold and the horizon is detected patient X X X X </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		-							
initial and an analytic of the maximum of the set of t									
CLINICAL SMILLS CLINICAL SMILL									
AABC AABC AABC AABC AABC AABC AABC AABC			Х				X	X	1,3
Should atomstrate ability for Image and anomaly and anomaly of the transmitted of patient of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly anomal	CLINICAL SKILLS								
Should atomstrate ability for Image and anomaly and anomaly of the transmitted of patient of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly anomaly and energiency beatment of facial trauma X Image anomaly and energiency beatment of facial trauma X Image anomaly anomal	BASIC								
undertake general assessment of the traumatited patient X I X I X I sessessment and examination of patient with facial trauma X I X I sessessment and examination of patient with facial trauma X I X I sessessment and examination of patient with facial trauma X I X I sessess the onths and ochorets and each sess X I I X I sesses the onths and contents and each sess X I I X I sesses the onths and contents and each sess X I I X I sesses the onths and each sess X I I X I X I sesses the onths and examination of each schedul each sess X I I X I X I sected chical glopped bytical signs X I I X I X I tradicular tradicular X I I X I	Should demonstrate ability to:	Î	1	1					1
airway management and sensegency treatment of skala tearma X I X I awareness of additional factors affecting timing of surgery X I X I awareness of additional factors affecting timing of surgery X I I X I Should demonstrate ability to: X I I I I X I Should demonstrate ability to: X I I I I X I Should demonstrate ability to: X I I I X I X I Should demonstrate ability to: X I I I X I X I Seeses dental colutation X I I I X I X I assess the nail bound formating and partition of relevant radiographic imaging of cranolobia X I I X I X I arrange pecification and interpretation of relevant radiographic imaging of cranolobia X I I X I X I arrange pecificatis and sepital hearmatoma X <td></td> <td>x</td> <td>1</td> <td>i</td> <td></td> <td></td> <td></td> <td>x</td> <td>1</td>		x	1	i				x	1
assessment and examination of patient with facel trauma X V V X V X V X V X V X V X V X V X V X V X V X V X V X V X V X V X V X X V X			1						
awareness of additional factors affecting timing of surgery X I I X I			<u> </u>				<u> </u>		
INTERMEDIATE INTO INTERMEDIATE INTO INTERMEDIATE INTO INTERMEDIATE INTO INTERMEDIATE INTO INTERMEDIATE INTO INTERMEDIATE INTO INTO INTO INTO INTO INTO INTO INTO				<u> </u>					
Should demonstrate ability to: Should demonstrate ability to: X <		Х		L				Х	1
assess the naal bones, cartilages and septum X I I X <td>INTERMEDIATE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	INTERMEDIATE								
assess the naal bones, cartilages and septum X I I X <td>Should demonstrate ability to:</td> <td></td> <td></td> <td> </td> <td></td> <td> </td> <td></td> <td></td> <td>T</td>	Should demonstrate ability to:								T
assess the orbits and contrist and ears X I X 1 perform minical examination of ears, orbit, eyelds and facrimal apparatus, teeth, oral cavity, facial ax X I X 1 perform minical examination of ears, orbit, eyelds and facrimal apparatus, teeth, oral cavity, facial ax X I X 1 perform failed networds X I X I X 1 analge optication of ears, orbit, eyelds and facrimal apparatus, teeth, oral cavity, facial ax X I X 1 factures X I X I X 1 factures X I X I X 1 formulate a treatment plan and profitse management X I X <t< td=""><td>assess the nasal bones, cartilages and septum</td><td>Х</td><td>1</td><td>1</td><td></td><td></td><td></td><td>Х</td><td>1</td></t<>	assess the nasal bones, cartilages and septum	Х	1	1				Х	1
assess dental occlusion X I X 1 skeleton and cranial nerves X I X 1 skeleton and cranial nerves X I X 1 arrange investigations, selection and interpretation of relevant radiographic imaging of craniofacia X I I X 1 arrange investigations, selection and interpretation of relevant radiographic imaging of craniofacia X I I X 1 manage egitaxis and septal haematoma X I I X 1 X 1 secrics clinical judgment appropriate to injury and patient needs X I X X X X X 1,3 ADVANCED I									
perform onicial examination of ears, orbit, eyelids and tacrimal apparatus, tech, oral cavity, facial X I I X I X I X I I X X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X I I X X X I I X X I I X X X I I X X I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X I I X X X I I X X I I X X X I I X X I I X X X I I X X I I X X X I I X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X I I X X X X I I X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I X X X X I I									
skeleton and cranial nerves A<		^						^	1
billity to correctly interpret physical signs X <td< td=""><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>Х</td><td>1</td></td<>		Х						Х	1
arrange fine spectral and interpretation of relevant radiographic imaging of craniofacia X		v						v	1
Image pitch and profiles management X X X 1 formulate a treatment plan and prioritise management X X X 1 formulate a treatment plan and prioritise management X X X 1 issues a spropriate with Ophhalmology, Oral and Maxiliofacial and Neurosurgery colleague: X		^						^	1
manage epistaxis and septial harmatoma X I X I X I corrulate a transmitury and patient needs X I I X I issee a appropriate with Ophthalmology, Oral and Maxillofacial and Neurosurgery colleague: X I X I X I X I X I X I X I X I X I X I X I I I I I I X I X I X I X I		Х						х	1
Tormulate a treatment plan and prioritise management X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I		v						N/	-
exercise clinical judgment appropriate to injury and patient needs X X X X X X X 1,1 where appropriate with Ophthalmology, Oral and Maxillofacial and Neurosurgery colleague: X X X X X X X X X X 1,1 DAVANCED X X X X X X X 1,1 Should demonstrate ability to: X X X X X X X 1 manage frontal sinus fractures X X X X X X X X 1 prescribe appropriate pain control / prevention of infection X X X X X 1 TECHNICAL SKILLS AND PROCEDURES X X X X X 1 Should be able to perform: X X X X X 1 Thrittaektro-roll soft fissue fracture sites and regular bala in otherweining under magnification X X X X 1 ADVANCED X X X X X X									
liake as appropriate with Ophthalmology, Öral and Maxillofacial and Neurosurgery colleaguet: x x x x 1,3, ADVANCED x x x x 1,3, ADVANCED x x x x x 1,3, Should demonstrate ability to: x x x x x 1,3, assess need for removal of damaget teeth/retained roots x x x x 1,3, perform local anaesthetic infiltration for pain control / nerve block anaesthesia x x x x 1,3, BASIC x x x x x x x 1,3, BASIC x x x x x x x 1,3, BASIC x x x x x x 1,3, Should be able to perform: x x x x x 1,3, Should be able to perform: x x x x 1,3, Should be able to perform: x x x x 1,3, Should be able to perform: x x x 1,3, Should be able to perform: x x x 1,3, <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr<>									1
where appropriate X X X X 1.3 Should demonstrate ability to: X X X 1 manage fontal sinus fractures X X X 1 Should demonstrate ability to: X X X X 1 manage fontal sinus fractures X X X X 1 prescribe appropriate pain control / prevelock anaesthesia X X X X 1 prescribe appropriate pain control / prevelock anaesthesia X X X X 1 Should be able to perform: X X X X 1 TECHNICAL SKILLS AND PROCEDURES X X X 1 Should be able to perform: X X X X 1 Intrakextra-oral soft issue handling and suluring techniques X X X X 1 Should be able to perform: X X X X X 1 Bechniques of intermaxillary fixation X X X X X 1 Should be abl		Х						Х	1
Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image from the solution fractures Image fractures I	liaise as appropriate with Ophthalmology, Oral and Maxillofacial and Neurosurgery colleagues	Y				Y		Y	13
Should demonstrate ability to: X X X X X 1 manage frontal sinus fractures X X X X 1 prescribe appropriate pain control / prevention of infection X X X X 1 prescribe appropriate pain control / prevention of infection X X X X 1 prescribe appropriate pain control / prevention of infection X X X X 1 TECHNICAL SKILLS AND PROCEDURES X X X X X 1 BASIC X X X X X X 1 TECHNICAL SKILLS AND PROCEDURES X X X X X X 1 Should be able to perform: X X X X X 1 Intra-extra-oral soft tissue handling and suturing techniques X X X X 1 Intra-extra-oral soft tissue handling and suturing techniques X X X 1 Intra-extra-oral soft tissue handling and suturing techniques X X X 1 Intra-extra-oral soft tissue handling and suturing techniques X X X 1 Intra-extra-oral soft tissue framaxilla	where appropriate	^				^		~	1,5
manage fontal sinus fractures X X X X 1 assess need for renoval of damaged teeth/relained roots X X X 1 assess need for renoval of damaged teeth/relained roots X X X 1 perform local anaesthetic infiltration for pain control / nerve block anaesthesia X X X 1 Deriver local anaesthetic infiltration for pain control / nerve block anaesthesia X X X 1 ECNIXILS XND PROCEDURES X X X X X 1 BASIC X X X X X X 1 Should be able to perform: X X X X X 1 INTERMEDIATE X X X X X 1 Exclination of nerve injury under magnification X X X X 1 Exclination of nasal bores and septum X X X X 1 ADVANCED X X X X X 1 bability to stent and repaid duct X X X X 1 bability to stent and repaid duct X X X X 1 bace cosure of fac	ADVANCED								
assess need for removal of damaged tetr/relatined roots X I X I prescribe appropriate pain control / prevention of infection X I X 1 prescribe appropriate pain control / prevention of infection X I X 1 prescribe appropriate pain control / prevention of infection X I X 1 TECHNICAL SKILLS AND PROCEDURES I	Should demonstrate ability to:								
assess need for removal of damaged tetr/relatined roots X I X I prescribe appropriate pain control / prevention of infection X I X 1 prescribe appropriate pain control / prevention of infection X I X 1 prescribe appropriate pain control / prevention of infection X I X 1 TECHNICAL SKILLS AND PROCEDURES I	manage frontal sinus fractures	Х						Х	1
prescribe appropriate pain control / prevention of infection X 1 1 perform local anaesthetic infitration for pain control / neve block anaesthesia X 1 Perform local anaesthetic infitration for pain control / neve block anaesthesia X 1 Perform local anaesthetic infitration for pain control / neve block anaesthesia X 1 Perform local anaesthetic infit fitter bar local materials X 1 Perform local anaesthetic infit fitter bar local materials X 1 Perform local anaesthetic infit fitter bar local materials X 1 Perform local anaesthetic infit fitter bar local materials X 1 Perform local anaesthetic infit fitter bar local materials X 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local anaesthetic infit fitter bar local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local materials A 1 Perform local anaesthetic A 1 Perform local anaesthetic A 1 Perform local materials A 1 Perform local anaesthetic A 1 Perform local anaesthetic A 1 Perform local anaesthetic A 1 Perform local bore fractures A 1 Perform local anaesthetic A 1 Perform local anaesthetic A 1 Perform local A 1 Perform		х						х	1
perform local anaesthetic infiltration for pain control / nerve block anaesthesia X I X 1 TECHNICAL SKILLS AND PROCEDURES I <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
TECHNICAL SKILLS AND PROCEDURES N				-					
BASIC Image: Construction of the constru		Ā						X	1
Should be able to perform: X X X X 1 Intra-xar-ara soft issue handling and suturing techniques X X X 1 Intra-xar-ara soft issue handling and suturing techniques X X X 1 Should be able to perform: X X X X 1 surgical repair of nerve injury under magnification X X X X 1 techniques for approach to the orbital walls X X X X 1 DVANCED X X X X 1 manipulation of nasal bones and septum X X X 1 nasal packing and splintage X X X 1 ability to stent and repair duct X X X 1 techniques for management of displaced canthal ligaments X X X 1 safe exposure of fracture sites and reduction of fragments X X X 1 plate handling skills X X X 1 1 plate handling skills X X X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Intralextra-oral soft tissue handling and suturing techniques INTERMEDIATE INTERMED	BASIC								
INTERMEDIATE	Should be able to perform:								
INTERMEDIATE	intra/extra-oral soft tissue handling and suturing techniques				Х			Х	1
Should be able to perform: X X X X X 1 surgical repair of nerve injury under magnification X X X X 1 techniques of intermaxillary fixation X X X X 1 techniques for approach to the orbital walls X X X X 1 ADVANCED X X X X X 1 Bhould be able to perform: X X X X 1 manipulation of nasal bones and septum X X X X 1 ability to stent and repair duct X X X X 1 able to perform iterative sites and reduction of fragments X X X X 1 able to stent and repair duct X X X X 1 bale exposure of fracture sites and reduction of fragments X X X 1 pate handling skills X X X X 1 approach and expose frontal bone fractures X X X X 1 <td>INTERMEDIATE</td> <td>Î</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>1</td>	INTERMEDIATE	Î	1	1					1
surgical repair of nerve injury under magnification X X X X 1 techniques of intermaxiliary fixation X X X X 1 techniques of approach to the orbital walls X X X X 1 ADVANCED X X X X X 1 Should be able to perform: X X X X X 1 manipulation of nasal bones and septum X X X X 1 ability to stent and repair duct X X X X 1 ability to stent and repair duct X X X X 1 able components of fracture sites and reduction of fragments X X X X 1 plate handling skills X X X X X 1 paproach and expose frontal bone fractures X X X X 1 bene grading (variety of donor sites) X X X X 1 car reconstruction X X X X		I		1					
techniques of intermaxillary fixation X 1 techniques for approach to the orbital walls X X X 1 ADVANCED Should be able to perform: manipulation of nasal bones and septum X 1 nasal packing and splintage approximation of nasal bones and septum X 1 nasal packing and splintage approximation of nasal bones and septum X 1 nasal packing and splintage approximation of nasal bones and septum X 1 hasing to stent and repair duct techniques for management of displaced canthal ligaments afe exposure of fracture sites and reduction of fragments selection and use of appropriate allograft materials bone grafting (variety of donor sites) approach and expose frontal bone fractures Ear deformities and ear reconstruction Completence in the diagnosis and principles of management of all aspects of ear deformities anc ear reconstruction KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy and embryology of the external, middle and inner ear, mantomy and embryology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring X X X X X X X 1 X X X X X X 1 X X X X X 1 X X X X X 1 1 2 2 2 3 3 3 4 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5			1		v			v	1
techniques for approach to the orbital walls X X X 1 ADVANCED X X X 1 Should be able to perform: X X X 1 manipulation of nasal bones and septum X X X 1 nasal packing and splintage X X X 1 ability to stent and repair duct X X X X 1 ability to stent and repair duct X X X X 1 techniques for management of displaced canthal ligaments X X X X 1 safe exposure of fracture sites and reduction of fragments X X X X 1 plate handling skills X X X X X 1 selection and use of appropriate allograft materials X X X X 1 bone grafting (variety of donor sites) X X X X 1 Competence in the diagnosis and principles of management of all aspects of ear deformities anc ear reconstruction X X 1 Competence o									
ADVANCED Image: Construction of the set of		I	<u> </u>						
Should be able to perform: Image: Construction of nasal bones and septum Image: Construction of nasal bones and reduction of fragments Image: Construction of nasal bones and reduction of fragments Image: Construction of nasal bones and reduction of fragments Image: Construction of nasal bones and reduction of fragments Image: Construction of nasal bones and reduction of fragments Image: Construction of nasal bone and reduction of fragments Image: Construction of nasal bone and reduction of fragments Image: Construction of nasal bone and reduction of fragments Image: Construction of nasal bone and reduction of reductives Image: Construction of nasal bone and reductives Image: Construction of nasal bone and reductives and ear reconstruction of nasal bone and principles of management of all aspects of ear deformities and ear reconstruction of nasal bone and principles of management of all aspects of ear deformities and ear reconstruction of nasal bone and principles of management of all aspects of ear deformities and ear reconstruction of the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction of the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction of the diagnosis and principles		I			Х			X	1
manipulation of nasal bones and septum X X X 1 nasal packing and splintage X X X 1 ability to stent and repair duct X X X 1 techniques for management of displaced canthal ligaments X X X 1 ability to stent and repair duct X X X 1 techniques for management of displaced canthal ligaments X X X 1 safe exposure of fracture sites and reduction of fragments X X X X 1 plate handling skills X X X X X 1 bone grafting (variety of donor sites) X X X X 1 approach and expose frontal bone fractures X X X 1 Competence in the diagnosis and principles of management of all aspects or ear deformities and ear reconstruction KNOWLEDGE X X X X X 1 BASIC X X X X X X 1 anatomy and embryology of the external,		I							
nasal packing and splintage X X X 1 ability to stent and repair duct X X X 1 ability to stent and repair duct X X X 1 ability to stent and repair duct X X X 1 bability to stent and repair duct X X X 1 safe exposure of fracture sites and reduction of fragments X X X 1 safe exposure of fracture sites and reduction of fragments X X X 1 safe exposure of appropriate allograft materials X X X X 1 bone grafting (variety of donor sites) X X X X 1 approach and expose frontal bone fractures X X X 1 Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction KNOWLEDGE Image: Colspan="2">Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction Image: Colspan="2">Competence in the diagno	Should be able to perform:								
nasal packing and splintage X X X 1 ability to stent and repair duct X X X 1 ability to stent and repair duct X X X 1 ability to stent and repair duct X X X 1 bability to stent and repair duct X X X 1 safe exposure of fracture sites and reduction of fragments X X X 1 safe exposure of fracture sites and reduction of fragments X X X 1 safe exposure of appropriate allograft materials X X X X 1 bone grafting (variety of donor sites) X X X X 1 approach and expose frontal bone fractures X X X 1 Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction KNOWLEDGE Image: Colspan="2">Competence in the diagnosis and principles of management of all aspects or ear deformities ance ear reconstruction Image: Colspan="2">Competence in the diagno	manipulation of nasal bones and septum				Х			Х	1
ability to stent and repair duct X X X 1 techniques for management of displaced canthal ligaments X X X 1 safe exposure of fracture sites and reduction of fragments X X X X 1 safe exposure of fracture sites and reduction of fragments X X X X 1 plate handling skills X X X X X 1 selection and use of appropriate allograft materials X X X X 1 bone grafting (variety of donor sites) X X X X 1 approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction Competence in the diagnosis and principles of management of all aspects of ear deformities anc ear reconstruction X X X X 1 KNOWLEDGE X X X X X X X X X X X X 1 Should demonstrate knowledge of: X X X <		Î	1	1					1
techniques for management of displaced canthal ligaments X X X X 1 safe exposure of fracture sites and reduction of fragments X X X X 1 plate handling skills X X X X X 1 selection and use of appropriate allograft materials X X X X X 1 bone grafting (variety of donor sites) X X X X X 1 approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction KNOWLEDGE BASIC I I Should demonstrate knowledge of: X X X X X X I anatomy and embryology of the external, middle and inner ear, X X X X X X X X X X X X X X X X X		1	1	1					
safe exposure of fracture sites and reduction of fragments X X X 1 plate handling skills X X X X 1 selection and use of appropriate allograft materials X X X X 1 bone grafting (variety of donor sites) X X X X X 1 approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction NOWLEDGE BASIC X X X X X X 1 Should demonstrate knowledge of: An demonstrate knowledge of: X X X X X X X 1 pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring X X X X X X 1			1						
plate handling skills X X X 1 selection and use of appropriate allograft materials X X X 1 bone grafting (variety of donor sites) X X X 1 approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction KNOWLEDGE BASIC Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2"Colspan="									
selection and use of appropriate allograft materials X X X 1 bone grafting (variety of donor sites) X X X 1 approach and expose frontal bone fractures X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction KNOWLEDGE BASIC Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2">Colspan="2"Colspan="2		I		<u> </u>					
bone grafting (variety of donor sites) X X X 1 approach and expose frontal bone fractures X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction KNOWLEDGE BASIC Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2"		I		L					
approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities anc ear reconstruction X X X X I KNOWLEDGE Image: Amount of the ear reconstruction Image: Amount of the eare reconstruction Image: Amou	selection and use of appropriate allograft materials								
approach and expose frontal bone fractures X X X X 1 Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities anc ear reconstruction X X X X I KNOWLEDGE Image: Amount of the ear reconstruction Image: Amount of the eare reconstruction Image: Amou	bone grafting (variety of donor sites)				Х			Х	1
Ear deformities and ear reconstruction OBJECTIVE Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Colspan="2">Image: Colspan="2" Image: Colspan="	approach and expose frontal bone fractures				Х			Х	1
OBJECTIVE Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of the ear including haemangioma, problem scarring including keloid and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarrin	···· ·	-		•	-				
OBJECTIVE Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of all aspects of ear deformities and competence in the diagnosis and principles of management of the ear including haemangioma, problem scarring including keloid and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarring Image: Competence including and principles of management of scarrin	Far deformition and ear reconstruction								
Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Competence in the diagnosis and principles of management of all aspects of ear deformities and ear reconstruction Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and principles of management of scarring Image: Competence in the diagnosis and the diagnosis and the diagnosis and principles of management of scarring Image: Competence in the diagnosis and the diagnosis a									_
ear reconstruction Image: Construction Image: Construction </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
KNOWLEDGE Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring including keloid and principles of management of scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constraint of the set including haemangioma, problem scarring Image: Constra		I .	1						
BASIC Image: Constraint of the set of the									_
Should demonstrate knowledge of: Image: Constraint of the external, middle and inner ear, image: Constraint of the ear including pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring X X X X 1	KNOWLEDGE								
Should demonstrate knowledge of: Image: Constraint of the external, middle and inner ear, image: Constraint of the ear including pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring X X X X 1	BASIC								
anatomy and embryology of the external, middle and inner ear,XXX1pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarringXXXX1		l –	1	i					1
pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring X X X X X 1			x				Y	¥	1
haemangioma, problem scarring including keloid and principles of management of scarring	anatomy and embryology of the external middle and inner ear		· ^	ļ	L		^	^	
haemangioma, problem scarring including keloid and principles of management of scarring									
various classifications of ear deformities including acquired ear deformities X X X 1	pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including		x				¥	¥	1
			х				х	х	1
	pathophysiology of skin and cartilage wound healing, soft tissue tumours of the ear including haemangioma, problem scarring including keloid and principles of management of scarring								

	-	1			1		
INTERMEDIATE							
Should demonstrate knowledge of:							
principles of osseointegration		Х			Х	Х	1
local and regional flaps around the ear including the scalp		Х			Х	Х	1
development of the mandible and syndromes associated with ear deformities		Х			Х	Х	1
different techniques of correcting the prominent ear		Х			Х	Х	1
principles of tissue expansion		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of:							
various techniques of reconstructing microtia, macrotia, complex ear deformities such as constricted							
ears, sports induced trauma, different techniques of ear reconstruction following partial/total loss,		Х			Х	Х	1
with and without cartilage loss, timing of microtia surger							
techniques to correct ear lobe deformities		Х				Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to undertake:							
clinical assessment of the ear and identifying anatomical variations from the norm	Х					Х	1
clinical assessment of problem scarring and soft tissue tumours and formulating a plan o	х	х				х	1
management	~	~				~	
Should demonstrate ability to:							
differentiate and classify the various ear deformities and identify the anatomical deficiencies or		х				х	1
variations of the ear plan surgical procedures for prominent ear, cryptotia, deformities of the ear with minimal loss of the							
auricular tissue		Х				Х	1
plan and interpret relevant investigations for the ear sinus, congenital ear deformities							
ADVANCED							
Should demonstrate ability to							
assess complex ear deformities including those of the earlobe and syndromic patients, formulate a							
plan of management	Х	Х				х	1
assess the soft tissue cover and need for tissue expansion/flap cover	Х	Х				Х	1
assess facial nerve function and mandibular deformities as well as occlusion of teeth	Х	Х				Х	1
assess the suitability of patient for autogenous versus prosthetic ear reconstruction	Х	Х				Х	1
assess and manage complications of ear corrections and ear reconstructive procedures	Х	Х				Х	1
communicate effectively with patient and carer	~	X				X	3,1
communicate with other team members of the MDT to integrate a time line for reconstruction		х				х	3,1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:							
excision of simple accessory auricles, cysts and small tumours on the ear with direct closure o				х		х	4
skin grafting, intralesional steroid injectior				^		^	1
repair of split earlobes with local flaps				Х		Х	1
repair of simple lacerations of the ear with or without cartilage repair				Х		Х	1
excision of Darwen's tubercle				Х		Х	1
INTERMEDIATE							
Should be able to perform:							
correction of prominent ear with and without cartilage mutilation				Х		Х	1
correction of cryptotia				Х		Х	1
excision of tumours and repair of defects with local/regional flaps				Х		Х	1
excision of auricular sinuses				Х		Х	1
management of complications of corrective surgery				Х		Х	1
insertion of tissue expander				Х		Х	1
ADVANCED							
Should be able to perform:							
correction of complex ear deformities: spectrum of constricted ears, "crumpled" ears, cauliflower							
ears, acrobatic ears with calcified cartilage framework, macrotia and autogenous reconstruction of				х		х	1
ears for anotia/microtia							
harvesting rib cartilage, carving cartilage to design framework for ear reconstruction				Х		Х	1
dissecting skin envelope, temporalis fascial flap raising and insetting, raising other local flaps for							
skin cover of framework, conchal cartilage graft harvest, carving and insetting into defect				х		х	1
various operations for ear lobe reconstruction				х		Х	1
		1		^	l	Ā	1
				_			
Hypospadias and allied conditions							

Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
Х				Х	1
Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
Х			Х	Х	1
	X X X X X X X X X X X X X X X X X X X	X - X -	X	X X X X	X X X X X X

						I	
principles of surgical management, post operative management and complications		Х			Х	Х	1
ADVANCED					X		
Should demonstrate knowledge of hypospadias and allied conditionsincluding		X			X	X	1
recent theories on aetiology. assessment of outcome, flow rate.		X X			X X	X X	1
management of complications.	_	x			X	X	1
management of salvage patient.		X			X	X	1
management of BXO including aetiology.		X			X	X	1
management of buried penis.		Х			Х	Х	1
		х			х	х	1
management of cryptohypospadias(ventral curvature without hypospadias)/Peyronies disease	_	^			^	^	1
CLINICAL SKILLS							
BASIC Should demonstrate shilling to	-						
Should demonstrate ability to: assess presence and severity of hypospadias, presence of ventral curvature	х	х				х	1
assess presence and severity of hypospaulas, presence of ventral curvature	X	X				X	1
manage the child/family unit so that all are comfortable with the reconstructive process	~	X				X	3,1
discuss the pro/cons of timing of surgery and reasons for operating		X				X	3,1
INTERMEDIATE							
Should demonstrate ability to:							
assess which operative technique is appropriate for the degree of deformity		Х				Х	1
analyse outcome including identification of complications		Х				Х	1
assess the child with foreskin anomaly	Х	Х				Х	1
ADVANCED							
Should demonstrate ability to							
identify those patients with suboptimal outcome or complication requiring further investigation or surgery and develop a management plar		х				х	1
assess a patient with foreskin and/or urethral BXO requiring further investigation and/or surgery	Х	Х				х	1
assess an hypospadias salvage/cripple patient with a view to surgical correction and develop a management plan	х	х				х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:							
meatotomy				х		х	1
circumcision.				X		X	1
trimming of skin envelope following hypospadias repair.				X		X	1
harvesting of foreskin/buccal mucosal full thickness graft, preparation and closure of the donor site.				Х		х	1
artificial erection test				Х		Х	1
closure of GAP hypospadias repair.				Х		X	1
foreskin reconstruction.				Х		Х	1
INTERMEDIATE Should be able to perform:							
meatotomy				х		х	1
trimming of skin envelope following hypospadias repair				X		X	1
closure of GAP hypospadias repair				X		X	1
foreskin reconstruction				X		X	1
distal hypospadias reconstruction				Х		Х	1
dissection of GAP hypospadias repair				Х		Х	1
Snodgrass repair – dissection, closure of urethra, raising and inset of waterproofing layer, closure				х		х	1
Snodgraft repair – dissection, inset of graft, and closure as above reconstruction of midshaft and proximal hypospadias				X X		X X	1
1st stage Bracka repair – dissection of urethral plate, removal of fibrous bands, dissection of glans							
wings, inset of graft, application of dressing and post-op management of dressing				х		Х	1
2 nd stage Bracka – dissection and closure as per Snodgrass				Х		Х	1
ADVANCED							
Should be able to perform:							
Snodgrass repair – dissection, closure of urethra, raising and inset of waterproofing layer, closure				х		х	1
Snodgraft repair – dissection, inset of graft, and closure as above				х		х	1
2^{nd} stage Bracka – dissection and closure	1			X		X	1
closure of simple fistula		l		X		X	1
closure of complex fistula				X		X	1
operative management of fistula with distal urethral stenosis				Х		Х	1
operative management of instala with distal dretinal stenosis		1		Х	 	Х	1
operative management of distal/meatal stenosis			· · · · · · · · · · · · · · · · · · ·				1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies				Х		Х	
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft				X X	Х	X X	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal					X X		1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal				Х		Х	
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects.				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE BASIC				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defect OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE BASIC				X X		x x	1
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defec OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of epispadias/bladder extrophy, incidence, aetiology, MDT principles of management				X X	X		
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defee OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of temale genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of epispadias/bladder extrophy, incidence, aetiology, MDT principles of management defects of female genitalia – congenital/acquired				X X	x	X X X	
operative management of distal/meatal stenosis operative management of cryptohypospadias/Peyronies management of BXO – steroids, circumcision, 2 stage recon with buccal mucosal graft management of complex salvage/cripple patient – Snodgraft, 2 stage Bracka repair with buccal and/or bladder mucosa harvesting bladder mucosal graft pispadias, Anomalies of Female Genitalia, Ambiguous Genitalia and Acquired Perineal Defec OBJECTIVE Acquire competence in the principles of management of epispadias, anomalies of female genitalia ambiguous genitalia and acquired perineal defects. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of epispadias/bladder extrophy, incidence, aetiology, MDT principles of management		х		X X	X	X X X	

Description Image and a support of the support support of the support of the support of the support o	Acquired - causes - tumour, infection, trauma, previous DXT, scarring secondary to birth tear	-	<u> </u>			1	-
Bits of demonstrate knowledge C. Image proves of vectors of the main surgical proves Image proves </td <td>episiotomy</td> <td>х</td> <td></td> <td></td> <td>х</td> <td>х</td> <td>1</td>	episiotomy	х			х	х	1
perpendence and a many perpendence and perpend	INTERMEDIATE						
Interest particle Composition Composition <thcomposition< th=""></thcomposition<>	Should demonstrate knowledge of:		+				
with printing sequence discuss for proceed sequences, concer, sumary, accusation and process discuss of preservation of anotaque length, sufficient and the concer, concelling, with anotaque length, sufficient and the concer, concelling, with anotaque length, sufficient and the concer, concelling, with anotaque length, sufficient and the concer, concelling, with anotaque length, sufficient and the concern, concern, with anotaque length, sufficient and the concern, with anotaque length, sufficient and the concern, with anotaque length, sufficient and the concern, with anotaque length and the concern and the concern anotaque and the concern and the concern anotaque length and the c	epispadias – aims of management, principles of treatment, principles of two main surgical repairs	х			х	х	1
angebine metabolic metabolic metabolic metabolic metabolic data material metabolic data metabolic data material metabolic data	female genitalia – congenital absence of vagina (Meyer-Rokitansky Syndrome), incidence, presents					х	
nake genitalian encontruction in <i>Feasible and encoded and an encoded and and and and and and and and and an</i>		X			X	X	1
an exercise presentance of exercise and elegante universe terms and an exercise of the exercis			1 1				
Second inductor of unerhip – staged RUAC, baseder nuccea X X I X	with emphasis on preservation of adequate length, sufficient skin for unrestricted erection, durability	х			Х	х	1
skin - Sig X I X X X X		x			X	X	1
ADVANCED ADV	skin – SSG	Х			Х		1
Should emonstrate two-ledge of: Should emonstrate two-ledge of: X	scrotum – SSG, Flaps	Х			Х	Х	1
Methods of frenular enconstruction post arguing definit X			+				
Image Base - gracities mocclassings Bags, distant flage - VKAA. Image Base - gracities, molecular moccles and gracing and the reconstruction of a point of the set of the			+ +				
Mather reconstruction post acquired deficies X		х			Х	х	1
Oligns - generating and quited thek S80 for reforming glams over existing corpora X <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
Scotum Instace expansion. SSG, tops – gracellis. Singapore technique X X I X X 1 CLINACLE SKULLS X X X 1 ARACC INCALE SKULLS X X X X 1 ARACC INCALE SKULLS X X X X X X X 1 ARACC INCALE SKULLS X X X X X X X X X X X 1 ARACC INCALE SKULLS X X X X X X X X 1 ARACC INCALE SKULLS X X X X X X X X 1 ARACC INCALE SKULLS X X X X X X X X X X X X X X X X X X			+				_
CLINCAL SKLLS Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described in this module Image appropriate weightion is conditions described weighting Image appropriate weighting is conditions described weighting Image appropriate weighting is conditions described weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image appropriate weighting Image approprimage Image approp			+ +				
Should emonstrate ability to:	CLINICAL SKILLS	^			~	~	
arrange appropriate investigations for conditions described in this module in the module interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including assessment of paternexit turnou interval differs including and and that may be required during including turnou interval differs including graft and thap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of the paternexit turnou interval differs including graft and tap reconstruction. At it is included assessment of and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia and antiguous genitalia turnou in paternexit turnou in paternexit turnou in paternexit	BASIC						
pervesid decisis including assessment of patient with Fournier's and initial management with a set of the product of the operation of perivanel turou. The end of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem and what may be required during with a set of the specific congenital problem set of the specific matures problem set of the specific set of the specific matures and and set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the specific set of the speci	Should demonstrate ability to:						
advantation of potential defect following resection of perimeal defect a, blue, gradiis, VFAM X<		Х				Х	1
papagata, female genital anomalies and ambiguous genitalis norsportang expectations of the construction. X X X X X X 1 Stouch balls to conserve the specific congenital problem and what may be required during X X X X X X 1 Should be able to X X X X X X 1 Should be able to X X X X X X 1 Should be able to construction of perineal defects including graft and flap reconstruction. X X X X X X 1 Should be able to construction of perineal defects including graft and flap reconstruction. X X X X X X 1 Should be able to commute treatment plan for monitority associated features, investigations – chromosome profile X X X X 1 Should be able to commute treatment plan for monitority associated features, investigations – chromosome profile X X X X 1 Should be able to commute ability to formulate treatment plan for monitority associated and approach to patents. Second of features, investigations – chromosome profile X X X X X X 1 Should demonstrate ability to normalite and amproach to patents. Second of features, investigations – chromosome profile X X X X X X 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should be perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Sh	5 I			х		X	1
papagata, female genital anomalies and ambiguous genitalis norsportang expectations of the construction. X X X X X X 1 Stouch balls to conserve the specific congenital problem and what may be required during X X X X X X 1 Should be able to X X X X X X 1 Should be able to X X X X X X 1 Should be able to construction of perineal defects including graft and flap reconstruction. X X X X X X 1 Should be able to construction of perineal defects including graft and flap reconstruction. X X X X X X 1 Should be able to commute treatment plan for monitority associated features, investigations – chromosome profile X X X X 1 Should be able to commute treatment plan for monitority associated features, investigations – chromosome profile X X X X 1 Should be able to commute ability to formulate treatment plan for monitority associated and approach to patents. Second of features, investigations – chromosome profile X X X X X X 1 Should demonstrate ability to normalite and amproach to patents. Second of features, investigations – chromosome profile X X X X X X 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should demonstrate ability to manage: 1 Should be perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Should be able to perform: 1 Sh	Should be able to plan primary flaps for reconstruction of perineal defect e.g. lotus, gracillis, VRAM	х		х		×	1
resonaturation of perineal defects including graft and flap reconstruction. X							
Should be able to X X X X Consent patients for reconstruction of perineal defects including grat and flap reconstruction. X X X X X Should demonstrate ability to formulate freatment plan for manipuous genitalian - inclemore, surveys, associated features, investigations - chromosome profile, take of genetic and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants absence of vagara and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants and approach to garants approach to and approach to garants and approach to garants and approach to garants and approach to garants approach to and approach to garants approach to and approach to garants and approach to garants and approach to garants approach to garants approach to garants and approach to garants and approach to garants and approach to garants and approach to garants approach to garants approach to garants approach to garants approach to garants approach to garants approach to garants approach to garants approach to garants approach to gara							
consent patients for reconstruction of perineal defects including graft and flap reconstruction. X X X S.1 ADVANCED X X X X X X X X X X X X X X X X X 1 ADVANCED X X X X X X 1 X X 1 Stould demonstrate ability to formulate treatment plan for X <td>,</td> <td>X</td> <td></td> <td>X</td> <td></td> <td>X</td> <td>1</td>	,	X		X		X	1
ADVANCED Should demonstrate ability to formulate treatment plan for minipous genitalian - indexense, causes, associated features, investigations - chromosome profile X X X X X X X X X X X X X		×	1 1			×	2.4
Should demonstrate ability to formulate restiment plan for manipulous genitalia – incidence, causes, associated features, investigations – chormosome profile k k k k k k k k k k k k k k k k k k k		~	+			*	3,1
ambiguous genitalia - incidence, cause, associated features, investigations - chromosome profile. x x x x 1 absence of vagina - reconstruction, Frank method - dilators, fasciocutaneous flaps, colonic or incesting flaps. x x x 1 SSG - Michidoe method. x x x x x 1 SSG - Michidoe method. x x x x x x 1 SSG - Michidoe method. x x x x x x 1 papsadias, female genital anomalies and ambiguous genitalia x </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
besides on a set sterict profile and approach to parents A I A I intestinal flags. X I X I X I SSG - Micholes method. X I X I X I SSG - Micholes method. X I X I X I SSG - Micholes method. X I X I X I SSG - Micholes method. X I X I X I Should be able to perform I I I I I I SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X I SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X X I SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X X I SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X X I SSG, full thickness graft, jumping man, application of topical negative pressure							
Intestinal flags	testosterone / sex steroid profile and approach to parents	X				X	1
SSG = McIndoe method. X I X 1 Should demonstrate ability to manage: X I X I Should demonstrate ability to manage: X I X I Should demonstrate ability to manage: X I X I Should be able to perform: SSG. X X X X I SSG. full thickness graft, jumping man, application of topical negative pressure dressing. X X X X I SSG. full thickness graft, jumping man, application of topical negative pressure dressing. X X X I SSG. full thickness graft, jumping man, application of topical negative pressure dressing. X X X X I SSG. full thickness graft, jumping man, application of vagina/abla including lotus and pressure dressing. X X X X I SSG. full thickness graft, jumping pressure dressing. X X X X I SSG. full thickness graft. I I I I I I Stould be able to perform: I I I I I I <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>х</td> <td>1</td>		х				х	1
pippadias, female genital anomalies and ambiguous genitalia X X X 1 TECHNICAL SKILLS AND PROCEDURES X X X X X ASSIC X X X X X X Should be able to perform: X <td>SSG – McIndoe method.</td> <td>Х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>1</td>	SSG – McIndoe method.	Х				Х	1
TECHNICAL SKILLS AND PROCEDURES Image: Construction of topical negative pressure dressing Image: Construction of perineal defects = Image: Construction of vagina/abla including lotus and tracking peniles shaft, groin dissection, coverage of exposed teste: ADVANCED Image: Construction of perineal defects = Image: Construction of perineal defects Image: Construction of perineal defects = Image: Construction of construction of construction of construction of construction of construction of gender reassignment Image: Construction of construction of gender reassignment Image: Construction of construction of gender reassignment Image: Construction of construction of upperineal defect Image: Construction of construction of upperineal defect Image: Construction of construction of upperineal defect Image: Construction of upperineal defects	Should demonstrate ability to manage:						
BASIC Image: Solution of the perform: Image: Solution of the perform: Image: Solution of the perform Image: Solutio		Х		_		Х	1
Should be able to perform: X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X 1 SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X 1 Should be able to perform Structure of perineal defects - local flap reconstruction of vapina/Jabla including lotus and presenters thigh flap, VRAM for accessible X X X 1 Should be able to perform: Structure accessible X X 1 1 Sogen completence in the principles of management of gender reassignment </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
BASIC X X 1 Should be able to perform X 1 SSG, full flickness graft, jumping man, application of topical negative pressure dressing. X X X 1 SSG, full flickness graft, jumping man, application of topical negative pressure dressing. X X X 1 Should be able to perform Improvement of perineal defects – local flap reconstruction of vagina/labla including lotus and gracillis, resurfacing penile shaft, groin dissection, coverage of exposed tester. X X X X 1 ADVANCED Improvement of perineal defects – local flap reconstruction of vagina/labla including lotus and gracillis, resurfacing penile shaft, groin dissection, coverage of exposed tester. X X X X 1 ADVANCED Improvement of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, for cancer, free flaps for maior perineal defect. X X X X X 1 Centital Reassignment Centital Reassignment Improvement of gender reassignment X X X X X X X 1 Acquire completence in the principles of management of gender reassignment X Improvemante <td>Should be able to perform:</td> <td></td> <td>1 1</td> <td></td> <td></td> <td></td> <td></td>	Should be able to perform:		1 1				
Should be able to perform X X X 1 SSG, full hickness graft, jumping man, application of topical negative pressure dressing. X X X X 1 Should be able to perform Image: Should be able to perform Image	SSG, full thickness graft, jumping man, application of topical negative pressure dressing			х		Х	1
SSG, full thickness graft, jumping man, application of topical negative pressure dressing. X X X X 1 INTERNEDIATE Image: Construction of vagina/fabia including lotus and gracing penile shaft, groin dissection, coverage of exposed teste: X X X X 1 ADVANCED Image: Construction of vagina/fabia including lotus and gracing penile shaft, groin dissection, coverage of exposed teste: X X X X 1 ADVANCED Image: Construction of perineal defects - external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects - external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of principles of management of gender reassignment X X X X 1 Acquire competence in the principles of management of gender reassignment X X X X X X X X 1 Acquire competence in the principles of management of gender reassignment X X X X X X	BASIC						
INTERMEDIATE IN POUNT OF A POUNT A POUN			+ +	~			
Should be able to perform Image: Construction of vagina/labla including lotus and preconstruction of vagina/labla including lotus and preconstruction of vagina/labla including lotus and preconstruction of perineal defects – local flap reconstruction of vagina/labla including lotus and preconstruction of perineal defects – local flap reconstruction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X X 1 OBJECTIVE Construction of the principles of management of gender reassignment Image: Construction of perineal defect Image: Construction of perineal				^		^	-
gracilits, resurfacing penile shaft, groin dissection, coverage of exposed teste: X X X 1 ADVANCED Image: Comparison of Comparis							
gracults, resurtacing penile shaft, groin dissection, coverage of exposed teste: Image: Construction of prispadias, female genital anomalies and ambiguous genitalia be inaccessible to many traines Image: Construction of prispadias, female genital anomalies and ambiguous genitalia be inaccessible to many traines X X X 1 surgical correction of perineal defects - external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects - external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects Construction of perineal defects X X X X 1 OBJECTIVE Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of perineal defects Image: Construction of				х		х	1
Should be able to perform: Image: Construction of peipspadias, female genital anomalies and ambiguous genitalia be inaccessible to many trainees X X X 1 surgical correction of peipspadias, female genital anomalies and ambiguous genitalia be inaccessible about the principles of management preconstruction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Construction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: Construction of perineal defects Construction of peineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: Construction of peineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: Construction of peineal defect: Construction of gender reassignment: Constructin pe			+ +				
to many trainees X X X 1 reconstruction of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect X X X 1 Genital Reassignment Genital Reassignment Constance on perineal defect X X X							
to many trainees Image: Section of perineal defects – external pudendal flap, posterior thigh flap, VRAM for abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Cenital Reassignment Complete in the principles of management of gender reassignment Image: Colspan="2">Colspan="2" Colspan="2" Colspan= Colspan= Colspan="2"				х		х	1
abdominoperineal resection, glansectomy for cancer, free flaps for major perineal defect: X X X 1 Genital Reassignment OBJECTIVE Acquire competence in the principles of management of gender reassignment KNOWLEDGE Image: Colspan="4">Image: Colspan="4">Colspan="4"Colspan="4">Colspan="4"Colspan="4">Colspan="4"Colspan="4"Colspan="							
Genital Reassignment OBJECTIVE Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Imag				х		Х	1
OBJECTIVE Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Acquire competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment BASIC Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Should demonstrate knowledge of: Image: Competence in the principles of management of gender dysphoria X Image: Competence in the principles of management of gender dysphoria X Image: Competence in the principles of management of gender dysphoria - psychosocial, physical support for surgery, financia X Image: Competence in the principle of the psychosocial, physical support for surgery, financia X Image: Competence in the principle of the psychosocial, physical support for surgery, financia X Image: Competence in the psychosocial, physical support for surgery, financia X Image: Competence in the psychosocial, physical support for surgery, financia X Image: Competence in the psychosocial, physical support for surgery, financia X Image: Competence in the psychosocial, physical support for surgery, financia X Image: Competence in the psychosocial, physical support for surgery, financia X							
Acquire competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment BASIC Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender reassignment Image: Competence in the principles of management of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principles of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the principle of gender dysphoria Image: Competence in the princin the principle of gender dysphoria							
KNOWLEDGE Image: Constraint of the second secon							
BASIC Image: Constraint of transsexualism Image	KNOWLEDGE						
definition of transsexualismXXXX1aetiology sex ratioXXXX1diagnosis of gender dysphoriaXXXX1diagnosis of gender dysphoriaXXXX1problems associated with gender dysphoria - psychosocial, physical support for surgery,XXXX1problems associated with gender dysphoria - psychosocial, physical support for surgery,XXXX1MDTXXXXX11Requirement for NHS Management:XXXX11. Live as other gender for two yearsXXXX12. HormonesXXXXX13. SurgeryXXXXX1INTERMEDIATEIIIIIIShould demonstrate knowledge of techniques available for male to female reassignment:IIIIpenile flap – glans reduced as clitoris, penile skin as flap for vagina, scrotum for labia / clitoral hoorXXXXX1	BASIC						
aetiology sex ratioXXXX1diagnosis of gender dysphoriaxXXX1problems associated with gender dysphoria - psychosocial, physical support for surgery, financiaXXXX1support for surgeryXXXXX1MDTXXXXX1Requirement for NHS Management:XXXX11. Live as other gender for two yearsXXXX12. HormonesXXXX13. SurgeryXXXX1INTERMEDIATEXXXX1Should demonstrate knowledge of techniques available for male to female reassignment:Image: Constraint of the stageImage: Constraint of the stageImage: Constraint of the stage- usually two stageXXXXXX1							
diagnosis of gender dysphoria X X X X 1 problems associated with gender dysphoria - psychosocial, physical support for surgery, financia X X X X 1 support for surgery MDT X X X X 1 MDT X X X X 1 Requirement for NHS Management: X X X X 1 1. Live as other gender for two years X X X X 1 2. Hormones X X X X 1 3. Surgery X X X X 1 INITERMEDIATE Image: sequence of the chiniques available for male to female reassignment: Image: sequence of the chiniques available for vagina, scrotum for labia / clitoral hood X X X X X - usually two stage X X X X X X 1							
problems associated with gender dysphoria - psychosocial, physical support for surgery, financia X X X X 1 MDT X X X X 1 MDT X X X X 1 Requirement for NHS Management: Image: Comparison of the system of the syste			+				
Support for surgery X X X X X X MDT X X X X X X Requirement for NHS Management: X X X X X 1 1. Live as other gender for two years X X X X X 1 2. Hormones X X X X X 1 3. Surgery X X X X X 1 INTERMEDIATE X X X X X 1 Should demonstrate knowledge of techniques available for male to female reassignment: Image: Constraint on the stage Image:							
Requirement for NHS Management: Image: Constraint of the second seco	support for surgery						
1. Live as other gender for two years X X X 1 2. Hormones X X X X 1 3. Surgery X X X X 1 INTERMEDIATE X X X X 1 Should demonstrate knowledge of techniques available for male to female reassignment: envise flap – glans reduced as clitoris, penile skin as flap for vagina, scrotum for labia / clitoral hood X X X X 1 - usually two stage X X X X X 1		X	+		X	X	1
2. Hormones X X X X 1 3. Surgery X X X X 1 INTERMEDIATE X X X X 1 Should demonstrate knowledge of techniques available for male to female reassignment: Image: Comparison of the co		x	+		Х	х	1
INTERMEDIATE Should demonstrate knowledge of techniques available for male to female reassignment: Denile flap – glans reduced as clitoris, penile skin as flap for vagina, scrotum for labia / clitoral hood X X X X X 1 - usually two stage	· · ·		1 1				_
Should demonstrate knowledge of techniques available for male to female reassignment:		Х			Х	Х	1
penile flap – glans reduced as clitoris, penile skin as flap for vagina, scrotum for labia / clitoral hood X X X X 1			+				
– usually two stage X X 1			+				
modified McIndoe – SSG or FTSG from penis for vagina X X X 1	- usually two stage						
	modified McIndoe – SSG or FTSG from penis for vagina	Х			Х	Х	1

others - bowel for vagina X X X Should demonstrate knowledge of techniques available for female to male reassignment X X X Should demonstrate knowledge of techniques available for female to male reassignment X X X X pradux construction with internal urethra and adulty to become erect, non hair baring, sensate, size, erectability and ansusability by deep pudendial nerve. Specific options for phallus reconstruction X X X X andom pattern abovinial tube pedicle X I X X X X graditis flag X I X X X X X graditis flag X I X X X X X graditis flag X I X X X X X graditis flag X I X X X X X FISG X I X I X X X X Ubbed budder wall X I X I X X X SG X I X I X X X X Ubbed budder wall X I X I X X
Should demonstrate knowledge of techniques available for female to male reassignment X X X X phalius construction with internal urethra and ability to become erect, non hair bearing, sensale, size, etocholiny and arousability by Geo padendal new. Specific options for phalua reconstruction X X X X grining and arousability by Geo padendal new. Specific options for phalua reconstruction X <td< td=""></td<>
maskedomy X X X X phalius construction with internal and ability to become erect, non hair bearing, sensate, sensate, sensate, sensate, and sensate in the process construction of the sensate sensex sensate sensate sensex sensate sensex sensate sensex se
phalus construction with internal urefira and ability to become erect, non hair bearing, sensate, size, erectability and arousability by deep pudendal nerve. Specific options for phalus reconstruction of the peticide in the process of the phalus reconstruction of the phalus pericide in the process of the phalus reconstruction of the phalus pericide in the phalus reconstruction options: X
size, erectability and arousability by deep pudendal nerve. Specific options for phallus reconstruction andom pattern abdominal tube pedicle andominal
size, erectabliny and arousedoin by deep puerical nerve: specific options for pinalus reconstruction to the specific options for pinalus reconstruction to the specific options for pinalus reconstruction options: Size Anapotentiation of the specific options for pinalus reconstruction options: X
grain flap X
grain flap X
SiEA flap X X X X X gracillis flap X X X X X X calds forearm flap X
gradilis flap X X X X radial foream flap X X X X SG X X X X Transplantation of ureflyra X X X X Andilary procedures: X X X X Betticular implants X X X X Vaginectomy X X X X Staal ferminising techniques X X X X Freast augmentation X X X X CLINICAL SKILLS X X X X BASC X X X X Ability to demonstrate: X X X develop the skills to arrange patient-centered care with patient as partner in the process (depending on age of patient). providing residisc information and guiding patient decision-making regarding table and timing of those treatment. X Ability to demonstrate: X X X develop the skills ruaing out in this
radial foreign flag X X X X vertification options: X X X X X SGG X X X X X X FTSG X X X X X X X Transplantation of urethra X
unethal reconstruction options: X X X X SSG X X X X X Transplantation of urethra X X X X X ancillary procedures: X X X X X resticular implants X X X X X resticular implants X X X X X resta sugmentation X X X X X Asito X X X X X Asito Asito X X X X Abitity to demonstrate: X X X X Actionary to demonstrate: X X X X Actions and the ability to assess the psychological state of the patient X X X Ability to demonstrate: X X X X Actionary to demonstrate: X X X X Ability to demonstrate: X
SSG X X X X FTSG X X X X Transplantation of urethra X X X X Ubed bladder wall X X X X ancillary procedures: X X X X totadder wall X X X X ancillary procedures: X X X X vaginectomy X X X X X facial feminising techniques X X X X Action for the stage metation X X X X CLINICAL SKILIS Image and lead: Image and lead: Image and lead: Image and lead: Ability to demonstrate: Image and lead: Image and lead: X Image and lead: Ability to manage and lead: Image and lead: Image and lead: Image and lead: MUH-GINEDIATE Image and lead: Image and lead: Image and lead: MUH-GINEDIATE Image and lead: Image and lead: Image and lead: MUH-GINEDIATE Image and lead: Image and lead: Image and lead: MUH-GINEDIATE Image and lead: Image and lead: Image and lead:
FTSG X X X X X transplantation of urethra X X X X X ubed bladder wall X X X X X ancilary procedures: X X X X X ancilary procedures: X X X X X vaginectomy X X X X X vaginectomy X X X X X traiting techniques X X X X X Vaginectomy X X X X X traiting techniques X X X X X Vaginectomy X X X X X traiting techniques X X X X Variant time X X X X Ability to demonstrate: X X X X develop the skills to arrange patient-centered care with patient decision-making regarding X X Ability to demonstrate: X X X develop the skills to arrange patient-centered care with patient decision-making regarding X X
transplantation of urethra tubed bladder wall ancillary proceedures: tubed bladder wall X tubed bladder wall bladder bladder waller tubed waller bladder wal
tubed bladder wall X X X X X ancillary procedures: X X X X X vaginectomy X X X X X X vaginectomy X <
ancillary procedures: X
testicular implants X X X X X vaginectomy X X X X X X facial feminising techniques X
vaginectomy X <td< td=""></td<>
Tacial feminising techniques X <td< td=""></td<>
breast augmentation X X X X X CLINICAL SKILLS BASIC Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient X Image: Constraint of the ability to assess the psychological state of the patient decision-making regarding the ability to demonstrate: Image: Constraint of the ability to assess the psychological care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and fareatment, developing a positive outdox/bellef system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other peorle's traation: Image: Constraint of the ability to assessment of size of prosthesis needed X X X X BASIC X X X X X X X X Should be able to perform: X X
CLINICAL SKILLS Image: Clinical state of the patient Image: Clinical state of the patient state of the p
BASIC Ability to demonstrate: X X Ability to demonstrate: X X X Working within an MDT and the ability to assess the psychological state of the patient X X Ability to demonstrate: X X X Ability to demonstrate: X X X Ability to demonstrate: X X X develop the skills to arrange patient-centered care with patient as partner in the process (depending on age of patient), providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments X X ADVANCED X X X X Ability to manage and lead: X X X X Ability to minity the individual and fainly specific life-skills. These include the patient being provided with information add its treatment, developing a positive outlook/belief system, and acid skills training to manage other people's reaction: X X X TECHNICAL SKILLS AND PROCEDURES X X X X X X BASIC Should be able to perform: X X X X X X X X X X X X<
Ability to demonstrate: X X working within an MDT and the ability to assess the psychological state of the patient X X MITERMEDIATE X X X Ability to demonstrate: X X X develop the skills to arrange patient-centered care with patient as partner in the process (depending on age of patient), providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments X X ADVANCED X X X X ADVINCED X X X X pathway that supports an individual and hishner family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experimences with others who've "been there" and social akills training to manage dher people's reaction: TECHNICAL SKILLS AND PROCEDURES X X BASIC X X X X Should be able to perform: raising local flaps X X X assessment of size of prosthesis needed X X X INTERMEDIATE X X X X
working within an MDT and the ability to assess the psychological state of the patient X X X MINTERMEDIATE X X X Ability to demonstrate: X X X Ability to demonstrate: X X X Gevelop the skills to arrange patient-centered care with patient as partner in the process (depending on age of patient), providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments: X X X ADVANCED X X X X X X Ability to manage and lead: multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care pathway that supports an individual and fisher family to successfully adjust to disfigurement through giving the individual and fisher family to successfully adjust to disfigurement through giving the individual and fish reatment, developing a positive outlook/belief system, ancial akilit retraining to canage other pendie's reaction: X X X TECHNICAL SKILLS AND PROCEDURES X X X X X X BASIC X X X X X X X Should be able to perform: raising local flaps X X X X X Shou
INTERMEDIATE Image: providing the providing providing realistic information and guiding patient decision-making regarding to an age of patient), providing realistic information and guiding patient decision-making regarding to an age of patient), providing realistic information and guiding patient decision-making regarding to an age of patient), providing realistic information and guiding patient decision-making regarding to an age of patient), providing realistic information and guiding patient decision-making regarding to an age of patient), providing realistic information of psycho-social care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and fis/her family to successfully adjust to disfigurement through giving the individual and his/her family to successfully adjust to disfigurement through giving the individual and fis/her family to successfully adjust to disfigurement through giving the individual and his/her family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other neode's reaction: TECHNICAL SKILLS AND PROCEDURES Image: specific life-skills. These include the patient being provided X X BASIC Should be able to perform: Image: specific life-skills. These include the patient being provided X X X Insertion of testicular prosthesis Image: specific life-skills. X X
Ability to demonstrate:
develop the skills to arrange patient-centered care with patient as partner in the process (depending on age of patient), providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments X X X ADVANCED ADIIty to manage and lead: Image of patient), providing realistic information of psycho-social care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/beilef system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X X BASIC Image of psize of prosthesis needed Image of psize of prosthesis needed X X X Insertion of testicular prosthesis Image of psize of prosthesis needed X X X Insertion of testicular prosthesis Image of psize of prosthesis needed X X X Insertion of testicular prosthesis Image of psize of prosthesis needed X X X Insertion of testicular prosthesis Image of psize of prosthesis X X X Should be able to perform Image of psize of prosthesis needed X
on age of patient), providing realistic information and guiding patient decision-making regarding X X X choices available and liming of those treatments I I I I ADVANCED I I I I I Ability to manage and lead: I I I I I Ability to manage and lead: I I I I I I multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, accept with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X X Should be able to perform: I I I I I I sassessment of size of prosthesis needed X X X X X X Insertion of testicular prosthesis I X X X X X X Insertion of testicular prosthesis I I <t< td=""></t<>
choices available and timing of those treatments Image and tead: Image and tead: ADVANCED Image and lead: Image and lead: Ability to manage and lead: Image and lead: Image and lead: multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X TECHNICAL SKILLS AND PROCEDURES Image: State of prosthesis needed X X X BASIC Image: State of prosthesis needed X X X X Should be able to perform: Image: State of prosthesis X X X X INTERMEDIATE Image: State of prosthesis Image: State of prosthesis Image: State of prosthesis X X X Should be able to perform Image: State of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X X Should be able to perform Image: State of preations f
ADVANCED Image and lead: Image a
Ability to manage and lead: multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care pathway that supports an individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other neople's reaction: x x x Should be able to perform: main of size of prosthesis needed x x x Insertion of testicular prosthesis X X X X Should be able to perform X X X X Insertion of testicular prosthesis X X X X Should be able to perform X X X X Insertion of testicular prosthesis X X X X Should be able to perform InterMEDIATE InterMEDIATE InterMEDIATE InterMediation of complex inflap, radial forearm flap, abdominal tubed pedicle, SIEA X X X Should be able to perform InterMEDIATE InterMediation of complex inflap, radial forearm flap, abdominal tubed pedicle, SIEA X X X Should be able to perform InterMediating </td
multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care pathway that supports an individual and his/her family to successfully adjust to disfigurement through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X TECHNICAL SKILLS AND PROCEDURES Image: training to cope with their feelings, exchanging experiences with others who've "been there" and social flaps X X X BASIC Image: training to cope with their people's reaction: Image: training to cope with their people's reaction: Image: training to cope with their people's reaction: Image: training to manage other people's reaction: Image: training to cope with their people's reaction: Image: training to
through giving the individual and family specific life-skills. These include the patient being provided with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X TECHNICAL SKILLS AND PROCEDURES Image: state of the people's reaction: Image: state of the peopleos of the people's reaction: Image: sta
with information about their condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction: X X TECHNICAL SKILLS AND PROCEDURES Image: second system of the second system of t
with information about their condition and its treatment, developing a positive outlook/belief system, Image: Condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and Image: Condition and its treatment, developing a positive outlook/belief system, learning to cope with their feelings, exchanging experiences with others who've "been there" and Image: Condition and its treatment, developing a positive outlook/belief system, scial skills training to manage other people's reaction: Image: Condition and its treatment, developing a positive outlook/belief system, TECHNICAL SKILLS AND PROCEDURES Image: Condition and its treatment, developing a positive outlook/belief system, BASIC Image: Condition and its treatment, developing a positive outlook/belief system, Should be able to perform: Image: Condition and its treatment, developing a positive outlook/belief system, raising local flaps X X assessment of size of prosthesis needed X X insertion of testicular prosthesis X X X INTERMEDIATE X X X Should be able to perform X X X ADVANCED X X X Should be able to perform X X
social skills training to manage other people's reaction: Image: Constraint of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA Image: Constraint of the section
TECHNICAL SKILLS AND PROCEDURESImage: State of the state o
BASIC Image: Constraint of the second se
Should be able to perform: Image: Constraint of the second se
raising local flaps X X X assessment of size of prosthesis needed X X X insertion of testicular prosthesis X X X INTERMEDIATE X X X Should be able to perform Image: Complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X flap and gracillis flap X X X ADVANCED Image: Complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X Should be able to perform Image: Complex flaps Image: Complex flaps X X Should be able to perform Image: Complex flaps Image: Complex flaps X X Should be able to perform Image: Complex flaps Image: Complex flaps X X Should be able to perform Image: Complex flaps Image: Complex flaps Image: Complex flaps X X Should be able to perform Image: Complex flaps Image: Complex flaps Image: Complex flaps X X Should be able to perform Image: Complex flaps Image: Complex flaps Image: Complex flaps X <td< td=""></td<>
assessment of size of prosthesis needed X X X insertion of testicular prosthesis X X X INTERMEDIATE X X X Should be able to perform X X X elevation of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X X flap and gracillis flap X X X X ADVANCED Image: Complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X X Should be able to perform Image: Complex flap Image: Complex flap Image: Complex flap X X Should be able to perform Image: Complex flap Image: Complex flap Image: Complex flap Image: Complex flap X Should be able to perform Image: Complex flap X
insertion of testicular prosthesis X X X X X X X X X X X X X X X X X X
INTERMEDIATE Image: Constraint of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X Should be able to perform Image: Constraint of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X flap and gracillis flap ADVANCED Image: Constraint of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X Should be able to perform Image: Constraint of complex flaps including for gender reassignment X X
Should be able to perform Image: Complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X glap and gracilitis flap ADVANCED Image: Complex flaps including and gracilities flap Image: Complex flaps Image: Complex flaps Should be able to perform Image: Complex flaps Image: Complex flaps Image: Complex flaps Image: Complex flaps Should be able to perform Image: Complex flaps Image: Complex flaps Image: Complex flaps Image: Complex flaps Specific operations for gender reassignment Image: Complex flaps Image: Complex flaps Image: Complex flaps
elevation of complex flaps including, groin flap, radial forearm flap, abdominal tubed pedicle, SIEA X X flap and gracillis flap ADVANCED X X Should be able to perform X X X specific operations for gender reassignment X X X
flap and gracillis flap X X ADVANCED I I Should be able to perform I I specific operations for gender reassignment X X
ADVANCED Image: Constraint of the system o
specific operations for gender reassignment X X X
Skin / Soft tissue / Microsurgery / Dupuytren's Disease
OBJECTIVE
Acquire competence in the diagnosis and management of soft tissue problems around the hand and
upper limb including traumatic loss
Acquire competence in all aspects of care of Dupuytren's disease
KNOWLEDGE
BASIC
Should demonstrate knowledge of:
anatomy, embryology, physiology of skin, blood supply and blood flow X X X X
models of skin blood supply X X X X
mechanism of action of pharmacology on the microcirculation X X X X
elements of wound healing X X X X
organisms causing soft tissue infection including, microbiology of infecting organisms, surgice X X X X
pathology and spread of infection
surgical and pathological anatomy of Dupuytren's disease in the palm and digits X X X X
INTERMEDIATE
INTERMEDIATE Image: Constraint of the second s
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X Image: Indications and principles of operations to treat conditions listed in this module
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X X X post-operative complications and their management X X X X
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X X X post-operative complications and their management X X X X hand therapy interventions for wound & scar management, reduction of swelling and managemen X X X X
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X X X X post-operative complications and their management X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management X X X X X
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X Image: Indications and principles of operations to treat conditions listed in this module X Image: X X<
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X Image: Ima
INTERMEDIATE Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in this module Image: Notice of the second state in the second state of the second state o
INTERMEDIATEImage: Indications and principles of operations to treat conditions listed in this moduleXImage: Indications and principles of operations to treat conditions listed in this moduleXImage: Image: I
INTERMEDIATEImage: Indications and principles of operations to treat conditions listed in this moduleXImage: Indications and principles of operations to treat conditions listed in this moduleXImage: Image: I
INTERMEDIATE Image: indications and principles of operations to treat conditions listed in this module X X X X post-operative complications and their management X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management X X X X levels of amputation for the upper limb X X X X X principles of microvascular surgery X X X X X principles of pathogenesis of Dupuytren's disease X X X X X ADVANCED X X X X X X X Should demonstrate knowledge of: x X X X X X
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X Image: X X X X post-operative complications and their management X Image: X Image: X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management X Image: X X X X levels of amputation for the upper limb X Image: X Image: X X X X principles of replantation including macroreplantation X Image: X Image: X X X X ADVANCED Image: X Image: X Image: X Image: X Image: X X
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X X X X post-operative complications and their management X X X X X post-operative complications and their management X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management of stiffness X X X X levels of amputation for the upper limb X X X X X X principles of microvascular surgery X X X X X X X principles of pathogenesis of Dupuytren's disease X X X X X X ADVANCED X X X X X X X X Should demonstrate knowledge of: X X X X X X X X Sciences of pathogenesis of Dupuytren's disease X X X X X X X X Should demonstrate knowledge of: X X X <td< td=""></td<>
INTERMEDIATE Image: Indications and principles of operations to treat conditions listed in this module X X X X post-operative complications and their management X X X X X X post-operative complications and their management X X X X X X X post-operative complications and their management K X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management X X X X X levels of amputation for the upper limb X X X X X X X principles of microvascular surgery X X X X X X X X principles of pathation including macroeplantation X <td< td=""></td<>
INTERMEDIATE Image: Noticities and principles of operations to treat conditions listed in this module X X X X range, indications and principles of operations to treat conditions listed in this module X X X X X post-operative complications and their management X X X X X X hand therapy interventions for wound & scar management, reduction of swelling and management X X X X X levels of amputation for the upper limb X X X X X X principles of microvascular surgery X X X X X X X principles of pathogenesis of Dupuytren's disease X X X X X X ADVANCED X X X X X X X X Should demonstrate knowledge of: X X X X X X X Closure X X X X X X X X ancillary investigations including those pertinent to vascular compromise of limb, life or limt

management of the mutilating hand injury including rollover injury, gunshot injury								
management of the mutilating narra injury including rollover injury, gunshot injury		Х				Х	Х	1
management of extravasation and high-pressure injection injury to the hand		Х				Х	Х	1
management of thermal injury to the hand including local treatment of scald, flame, chemical &		х			T	х	х	1
electrical burns and frostbite		^				Χ	~	_ '
CLINICAL SKILLS								
BASIC								
Should perform:								
assessment and non-operative management of the acute surgical patient including targeted hanc	х	х					х	1
related history and hand examinatior	^	^					^	1
INTERMEDIATE								
Should demonstrate ability to:								
devise management algorithms for the conditions covered in this section including investigations		х				х	х	1
		~				Α	~	
ADVANCED								
Should demonstrate abilities of:								
analysis and diagnostic synthesis, judgement, surgical planning.		Х				Х	Х	1
TECHNICAL SKILLS AND PROCEDURES					Ĩ			
BASIC								1
Should be able to perform:								
nail bed repair				х			х	1
different types of skin grafts including split skin/full thickness skin graft				Х			X	1
palmar fasciectomy for Dupuytren's disease				Х			Х	1
fasciocutaneous flaps around the forearm				Х			Х	1
variety of flap reconstructions				Х			Х	1
local flap (transposition, rotation, island),				Х	_[Х	1
microsurgical techniques				Х			Х	1
arterial and venous repair – small and medium vessels				Х			Х	1
INTERMEDIATE								
Should be able to perform:			<u>├</u>				1	1
fingertip reconstruction : heterodigital flap reconstruction including cross-finger flap, thenar flap								-
Foucher flap, and homodigital neurovascular island flap:				Х			х	1
application of mechanical vacuum suction device for appropriate wounds			┝──┼	х			х	1
debridement of complex wounds			⊢ - +	X			X	1
fasciectomy for MCPJ contracture (Dupuytren's disease)			┝──┤	x	_		X	1
fasciectomy with correction of PIPJ contracture				Х			Х	1
ADVANCED								
Should be able to perform:								
planning and execution of flap reconstruction				х			Х	1
distant flap e.g. groin, posterior interosseous artery flap, radial forearm flap				Х			Х	1
free tissue transfer – flap elevation				Х			Х	1
elevation of variety of free tissue transfers e.g. lateral arm flap, latissimus dorsi muscle flap, second				v			N/	
toe transfer etc.				х			Х	1
includes cadaver based flap elevation as part of simulation exercises				Х			Х	1
microsurgical techniques				Х			Х	1
microsurgical free tissue transfer				Х			X	1
revascularisation digit or upper limb part				X			X	1
				X			X	1
replantation of digit or upper limb segment								
fasciectomy for recurrence of Dupuytren's disease				Х			X	1
dermofasciectomy for Dupuytren's disease				Х			Х	1
Fractures and Joint Injuries including Wrist Instability							-	
OBJECTIVE								
Acquire competence in the diagnosis and management of all types of fractures of the phalanges,								
metacarpals, carpus and distal radius.								
Acquire competence in the diagnosis and management of the unstable wrist including distal								
radioulnar joint.								-
KNOWLEDGE								
BASIC								
Should be able to demonstrate knowledge of:								
pathophysiology of fracture healing including non-union and malunion		Х			_1	Х	Х	1
				_	_	Х	Х	1
principles of operative and non-operative management of hand and wrist fractures		Х				~		1
		Х				X		
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of:							x	1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb		х				Х	X	1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment		X X				X X	Х	1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation:		X X X				X X X	X X	1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand.		X X X X				X X X X X	X X X	1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation:		X X X				X X X	X X	1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations		X X X X				X X X X X	X X X	1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist		X X X X X				X X X X X X	X X X X	1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE		X X X X X				X X X X X X	X X X X	1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of:		X X X X X				X X X X X X	X X X X	1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including		X X X X X				X X X X X X	X X X X	1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint		X X X X X X X				X X X X X X X	X X X X X X	1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist.		X X X X X X				X X X X X X	X X X X X	1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED		X X X X X X X				X X X X X X X	X X X X X X	1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist.		X X X X X X X				X X X X X X X	X X X X X X	1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED		X X X X X X X				X X X X X X X	X X X X X X	1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy,		X X X X X X X X X X				X X X X X X X X X	X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of:		X X X X X X X X X X X				X X X X X X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy,		X X X X X X X X X X				X X X X X X X X X	X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy, pathophysiology of wrist instability / recognised patterns of instability and their clinical presentation,		X X X X X X X X X X X				X X X X X X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy, pathophysiology of wrist instability / recognised patterns of instability and their clinical presentation, investigations for complex joint disorders and wrist instability,		X X X X X X X X X X X X X				X X X X X X X X X X X X X X	X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy, pathophysiology of wrist instability / recognised patterns of instability and their clinical presentation, investigations for complex joint disorders and wrist instability, appropriate interventions for wrist instability through knowledge of indications,		X X X X X X X X X X X X X X X				X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
principles of operative and non-operative management of hand and wrist fractures detailed anatomy of: radio-carpal/DRUJ/MCP/PIP/DIP joints and CMC joint of the thumb ligamentous anatomy of these joints and how it influences treatment available imaging techniques and their interpretation: plain and stress radiographs of the wrist and hand. other specific views relevant to particular situations role of: MRI/bone scan / ultrasound / arthrography / arthroscopy for investigating the hand and wrist INTERMEDIATE Should be able to demonstrate knowledge of: detailed management of fractures and dislocations of bones and joints of hand and wrist including carpus and distal radioulnar joint normal biomechanics of the osseoligamentous structures of the hand and wrist. ADVANCED Should be able to demonstrate knowledge of: detailed wrist anatomy, pathophysiology of wrist instability / recognised patterns of instability and their clinical presentation, investigations for complex joint disorders and wrist instability, appropriate interventions for wrist instability through knowledge of indications, indications for diagnostic and therapeutic wrist arthroscopy.		X X X X X X X X X X X X X X X				X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

clinically assess fractures, dislocations and ligamentous injuries of the hand and wrist, X X assess the unstable wrist, X X X manage common fractures of the hand and wrist, X X X apply a range of plaster splints. X X X INTERMEDIATE X X X Should demonstrate ability to: X X X manage distal radius and scaphoid fractures by standard techniques. X X X ADVANCED X X X X X Should demonstrate ability to: X X X X X clinically assess and manage complex fractures of the distal radius and scaphoid, X X X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X X Manage ligamentous injury of the carpus and distal radioulnar joint, X X X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X X		x x x x x x x x x x x x x x x x x x x	
manage common fractures of the hand and wrist, X X apply a range of plaster splints. X X INTERMEDIATE X X Should demonstrate ability to: X X manage complex fractures of the hand and wrist, X X manage distal radius and scaphoid fractures by standard techniques. X X ADVANCED X X X Should demonstrate ability to: X X X clinically assess and manage complex fractures of the distal radius and scaphoid, X X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X X X TECHNICAL SKILLS AND PROCEDURES X X X X X simulation-based exercises of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv X X X INTERMEDIATE X X X X X Should be able to perform: X X X X		X X X X X X X X X	1 1 1 1 1 1 1
apply a range of plaster splints. X INTERMEDIATE X Should demonstrate ability to: X manage more complex fractures of the hand and wrist, X manage distal radius and scaphoid fractures by standard techniques. X ADVANCED X Should demonstrate ability to: X clinically assess and manage complex fractures of the distal radius and scaphoid, X manage ligamentous injury of the carpus and distal radioulnar joint, X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X TECHNICAL SKILLS AND PROCEDURES X BASIC X Should be able to perform: X simulation-based exercises of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv. X INTERMEDIATE X X Should be able to perform: X X closed K-wiring of CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures, distal radius fractures X open fixation of uncomplicated distal radius fractures X X oppen fixation of uncomplicated distal radius fractures X X		X X X X X X X	1 1 1 1 1 1
INTERMEDIATE Image of the participation of the partipation of the pa		x x x x x x	1 1 1 1 1 1
Should demonstrate ability to: <		X X X X	1 1 1 1 1
manage more complex fractures of the hand and wrist, X X manage distal radius and scaphoid fractures by standard techniques. X X ADVANCED X X Should demonstrate ability to: X X clinically assess and manage complex fractures of the distal radius and scaphoid, X X manage ligamentous injury of the carpus and distal radioulnar joint, X X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X X TECHNICAL SKILLS AND PROCEDURES X X X BASIC X X X X Should be able to perform: X X X X INTERMEDIATE X X X X Should be able to perform: X X X X INTERMEDIATE X X X X open fixation of metacarpal fractures X X X X open fixation of uncomplicated distal radius fractures X X X X open fixation of uncomplicated distal radius fractures X X X X		X X X X	1 1 1 1 1
manage distal radius and scaphoid fractures by standard techniques. X X ADVANCED X X Should demonstrate ability to: X X clinically assess and manage complex fractures of the distal radius and scaphoid, X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X X X TECHNICAL SKILLS AND PROCEDURES X X X X X BASIC X X X X X X X Should be able to perform: X X X X X X X Should be able to perform: X <t< td=""><td></td><td>X X X X</td><td>1 1 1 1 1</td></t<>		X X X X	1 1 1 1 1
ADVANCED Image: Complex fractures of the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius and scaphoid, included and the distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures of the phalanges, carpus and distal radius. X Image malunion and non-union of fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures fractures, distal radius fractures fractures fractures fractures, distal radius fractures fractur		x x x	1 1 1
Should demonstrate ability to:		X X	1 1 1 1
clinically assess and manage complex fractures of the distal radius and scaphoid, X X X manage ligamentous injury of the carpus and distal radioulnar joint, X X X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X X X TECHNICAL SKILLS AND PROCEDURES X X X X BASIC X X X X Should be able to perform: X X X simulation-based exercises of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv X X INTERMEDIATE X X X X Should be able to perform: X X X closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X X open fixation of metacarpal fractures X X X open fixation of uncomplicated distal radius fractures X X application of external fixator to upper limb X X ADVANCED X X		X X	1 1 1 1
manage ligamentous injury of the carpus and distal radioulnar joint, X X manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X X TECHNICAL SKILLS AND PROCEDURES X X BASIC X X Should be able to perform: X X simulation-based exercises of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv X INTERMEDIATE X X Should be able to perform: X X closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X X open fixation of metacarpal fractures X X X open fixation of uncomplicated distal radius fractures X X X application of external fixator to upper limb X X X ADVANCED X X X X		X X	1 1 1 1
manage malunion and non-union of fractures of the phalanges, carpus and distal radius. X TECHNICAL SKILLS AND PROCEDURES Image: Comparison of the phalanges, carpus and distal radius. X BASIC Image: Comparison of the phalanges, carpus and distal radius. X Image: Comparison of the phalanges, carpus and distal radius. Should be able to perform: Image: Comparison of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv. X INTERMEDIATE Image: Comparison of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X Should be able to perform: Image: Comparison of metacarpal fractures X closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X X open fixation of metacarpal fractures X X X open fixation of uncomplicated distal radius fractures X X X open fixation of uncomplicated distal radius fractures X X X application of external fixator to upper limb X X X ADVANCED Image: Comparison of uncomplicated distal radius fr		X X	1
TECHNICAL SKILLS AND PROCEDURES Image: Constraint of the second seco		X	1
BASIC Image: Constraint of the sector of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv. X INTERMEDIATE Image: Constraint of the techniques for fracture fixation: closed reduction with application splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv. X INTERMEDIATE Image: Constraint of the techniques for fractures for fractures, and lag screv. X Should be able to perform: Image: Constraint of the techniques for fractures, and lag screv. X closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X open fixation of metacarpal fractures X X open fixation of uncomplicated distal radius fractures X X opplication of uncomplicated distal radius fractures X X application of external fixator to upper limb X X ADVANCED Image: Constraint of the screen of the screen of techniques of the screen of techniques of techniqu			
Should be able to perform:			
simulation-based exercises of the techniques for fracture fixation: closed reduction with application X splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv INTERMEDIATE INTERMEDIATE			
splint or cast, K-wiring and interosseous wiring, plate and screws, and lag screv X INTERMEDIATE INTERMEDIATE Should be able to perform: INTERMEDIATE closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X open fixation of metacarpal fractures X open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X			
Should be able to perform: Image: Conservation of CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius fractures (pins & plaster) X open fixation of metacarpal fractures X open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED Image: Conservation of the state of the sta			1
closed K-wiring for CMC/PIP joint dislocations, phalangeal/metacarpal fractures, distal radius X fractures (pins & plaster) X open fixation of metacarpal fractures X open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED Image: Collateral ligament of Collatera			1
fractures (pins & plaster) X open fixation of metacarpal fractures X open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED I			1
open fixation of metacarpal fractures X open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED X		Х	
open fixation of uncomplicated distal radius fractures X repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED X		x	4
repair of ulnar collateral ligament of MCPJ of thumb (Gamekeeper's thumb) X application of external fixator to upper limb X ADVANCED			1
ADVANCED X	1	X X	1
ADVANCED	1	X	1
		^	1
open fixation of phalangeal fractures X		Х	1
operative treatment of intra-articular fractures of the PIP joint X		X	1
operative treatment of intra-articular fractures of the PIP joint X		X	1
scaphoid fracture fixation (acute and for non-union) X	 	X	1
vascularised bone grafting for scaphoid non-union X		X	1
operative stabilisation of acute carnal disruptions, ligament stabilisation procedures for chronic			
problems of the, scapholunate, lunotriquetal CMC joints and midicarpal instabilit		х	1
ligament stabilisation procedures for chronic problems of the, scapholunate, lunotriquetral CMC		Х	1
ioints and midcarpal instability			
bone transport X		Х	1
Should be able to use bone substitutes X		Х	1
Osteoarthritis and Inflammatory Arthritis			
OBJECTIVE			
Acquire competence in the diagnosis and management of all aspects of management of osteoarthritic joints of the hand and wrist. Acquire competence in the diagnosis and management			
osteodardinado prinsi or dara nano ano wisa. Acquie competence in die dagnosis and management of all aspects of management of inflammatory arthritis of the hand and wrist.			
Now EDGE			
BASIC			
Should be able to demonstrate knowledge of:			
pathophysiology of osteoarthritis, inflammatory arthritis and septic arthritis including appreciation of	х	Х	1
patterns of disease.			
imbalances and deformities associated with inflammatory arthritis X	Х	Х	1
pathomechanics of common rheumatoid hand deformities including: X	Х	Х	1
distal radioulnar joint subluxation and carpal translocation X	X	Х	1
MCPJ subluxation and ulnar drift X	X	X	1
digital boutonnière and swan neck X	X	X	1
thumb deformity and CMC disease X	X	X	1
principles of arthroplasty. X	Х	Х	1
INTERMEDIATE			
Should be able to demonstrate knowledge of: principles and detailed management of the common osteoarthritic disorders of the hand and wrist			
including the basal joint of the thumt	х	х	1
	Х	Х	1
principles and detailed management of rheumatoid arthritis in the hand and wrist X		Х	
principles and detailed management of rheumatoid arthritis in the hand and wrist X	X	^	1
principles and detailed management of rheumatoid arthritis in the hand and wrist X aetiology, pathomechanics of deformity in inflammatory arthritides including understanding disease X attractions	Х		1
principles and detailed management of rheumatoid arthritis in the hand and wrist X aetiology, pathomechanics of deformity in inflammatory arthritides including understanding disease patterns X biomechanics of small joint replacement X	X X	Х	1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Constraint of the image: Constraint of		x x	
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the ima	х	х	1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Constraint of the image: Constraint of	х		1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the ima	х	х	1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the image: Const	x	X X	1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the image: Const	х	х	1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the image: Const	x	X X	1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Construction of the image: Const	X	X X X X	1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Con	X X	X X X	1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten image: Content of the image: Content of	X	X X X X	1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten content of the image: Content of the ima	X	x x x x x x	1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten of the image: Content of the image: Cont	X	x x x x x x	1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten the image: Content of the image: Conten	X	x x x x x x	1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten of the image: Content of the image: Cont	X	x x x x x x	1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X X aetiology, pathomechanics of deformity in inflammatory arthritides including understanding disease X X biomechanics of small joint replacement X X X biomechanics of small joint replacement X X X place of soft fissue reconstruction, joint fusion, replacement, interposition and excision arthroplasty X X planning and prioritising treatment within an MDT setting X X X ADVANCED X X X Should be able to demonstrate knowledge of: X X X principles and detailed management of the wrist, tendons, small joints and imbalance disorders X X surgical and non-surgical management of the wrist, tendons, small joints and imbalance disorders X X pathology, mechanisms of deformity and management of other inflammatory conditions (non-theumatoid) affecting the hand and wrist, X X management of Kienböch's disease and Madelung's deformity. X X X CLINICAL SKILLS X X X X BASIC X X X X Clinically asse	X	X X X X X X X	1 1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X X aetiology, pathomechanics of deformity in inflammatory arthritides including understanding disease X X biomechanics of small joint replacement X X X biomechanics of small joint replacement X X X place of soft tissue reconstruction, joint fusion, replacement, interposition and excision arthroplasty X X planning and prioritising treatment within an MDT setting X X X ADVANCED X X X Should be able to demonstrate knowledge of: X X X principles and detailed management of more complex and osteoarthritic disorders of the hand X X X surgical and non-surgical management of the wrist, tendons, small joints and imbalance disorders X X X pathology, mechanisms of deformity and management of other inflammatory conditions (non-fluematoid) affecting the hand and wrist, X X X management of Kienböch's disease and Madelung's deformity. X X X X CLINICAL SKILLS X X X X X BASIC X X </td <td>X</td> <td>X X X X X X X X</td> <td>1 1 1 1 1 1 1 1 1 1 1 1</td>	X	X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X X aetiology, pathomechanics of deformity in inflammatory arthritides including understanding disease X X biomechanics of small joint replacement X X X biomechanics of small joint replacement X X X place of soft fissue reconstruction, joint fusion, replacement, interposition and excision arthroplasty X X planning and prioritising treatment within an MDT setting X X X ADVANCED X X X Should be able to demonstrate knowledge of: X X X principles and detailed management of the wrist, tendons, small joints and imbalance disorders X X surgical and non-surgical management of the wrist, tendons, small joints and imbalance disorders X X pathology, mechanisms of deformity and management of other inflammatory conditions (non-rheumatoid) affecting the hand and wrist, X X management of Kienböch's disease and Madelung's deformity. X X X CLINICAL SKILLS X X X X BASIC X X X X Gemonstrate abi	X	X X X X X X X	1 1 1 1 1 1 1 1
principles and detailed management of rheumatoid arthritis in the hand and wrist X Image: Content of the image: Conten the image: Content of the image: Conten	X	X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1

undertake detailed examination of the patient with inflammatory arthritis to demonstrate the features	r –	1	r					
of:								
distal radioulnar joint subluxation and carpal translocation	Х						Х	1
MCPJ subluxation and ulnar drift	Х						Х	1
digital boutonnière and swan neck	Х						Х	1
thumb deformity and CMCJ disease	X						X	1
diagnose pathology through local anaesthetic joint injection techniques,	X						X	1
undertake treatment by joint injection,	X						X	1
includes simulation-based exercises for joint injection techniques ADVANCED	^						^	1
Should demonstrate knowledge of detailed management algorithms for the conditions covered in								
this module including complex conditions	Х						Х	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Should be able to perform:								
harvesting of iliac bone graft / radius bone graft,				Х			Х	1
simulation-based exercises of wrist arthroscopy				Х				1
				V				4
Should be able to perform: arthrodesis of DIPJ / PIPJ/ MCPJ,				X X			х	1
trapeziectomy plus/minus soft tissue ligamentous reconstruction,				X			X	1
total wrist arthrodesis				X			X	1
Darrachs procedure				X			X	1
Suave-Kapandje procedure	İ –	1	1	X			X	1
diagnostic wrist arthroscopy	l	1		X			X	1
ADVANCED	1							1
Should be able to perform:								L
therapeutic wrist arthroscopy e.g. TFCC debridement				Х			Х	1
limited arthrodesis including STT, 4-corner, radiolunate				Х			Х	1
variety of procedures for rheumatoid arthritis including MCPJ arthroplasty e.g. Swanson silicone					_			
spacer replacement, surface replacement arthroplasty, soft tissue arthroplasty with ligament				х			х	1
reconstruction for instability, soft tissue correction for swan neck/boutonnière deformities	L	L	L					
joint replacement arthroplasty: PIP / CMCJ / Wrist / DRUJ				Х			Х	1
Tendon and tendon-related disorders								
OBJECTIVE								
Acquire competence in the diagnosis and management or all aspects of flexor and extensor tendor injuries and associated reconstruction. Detailed knowledge of the hand therapy and rehabilitation								
regimens for the same.								
KNOWLEDGE								
BASIC								
Should be able to demonstrate knowledge of:								
mechanisms of tendon injury and healing	-	·				V		
		Х				Х	Х	1
pathophysiology of related tendon disorders		X				X	X X	1
pathophysiology of related tendon disorders								
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer		X X				X	X	1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys		X X X X				X X X X	X X X X	1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair		X X X X X				X X X X X	X X X X X	1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair		X X X X				X X X X	X X X X	1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED		X X X X X				X X X X X	X X X X X	1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of:		X X X X X X				X X X X X	X X X X X	1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair		X X X X X X X				X X X X X X	X X X X X X	1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of:		X X X X X X				X X X X X	X X X X X	1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and		X X X X X X X				X X X X X X	X X X X X X	1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS		X X X X X X X X X				X X X X X X X	X X X X X X X	1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC		X X X X X X X X X				X X X X X X X	X X X X X X X	1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to:		X X X X X X X X X				X X X X X X X	X X X X X X X X X	1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders		X X X X X X X X X				X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound		X X X X X X X X X				X X X X X X X	X X X X X X X X X	1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE		X X X X X X X X X				X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to:		X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module	X	X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to:		X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint	X	X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to:	x x x	X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction	x x	X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon	x x	X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon	x x x	X X X X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture	x x x	X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES	x x x	X X X X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC	x x x	X X X X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon and reanimation of the panet in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform:	x x x	X X X X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair	x x x	X X X X X X X X X X X X X				X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair (Zones III-V)	x x x	X X X X X X X X X X X X X		Х		X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction ransfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair	x x x	X X X X X X X X X X X X X		X X		X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair flexor tendon repair flexor tendon repair flexor tendon repair flexor synovectomy	x x x	X X X X X X X X X X X X X		X X X		X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair (Zones III-V) tendon graft harvest extensor flexor synovectomy trigger digit release	x x x	X X X X X X X X X X X X X		X X X X		X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction and reanimation of the hand in cases of tendon loss and nerve palsy using individualised tendon transfers analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair flexor synovectomy trigger digit release Includes simulation-based expercises related to tendon surgery	x x x	X X X X X X X X X X X X X		X X X		X X X X X X X	X X X X X X X X X X X X X X X X X X X	
pathophysiology of related tendon disorders INTERMEDIATE Should be able to demonstrate knowledge of: principles of tendon transfer biomechanics of the tendons and tendon sheath / pulleys available suture techniques for repair of the divided tendon including multistrand repair rehabilitation regimens for flexor and extensor tendon repair ADVANCED Should be able to demonstrate knowledge of: recent advances in basic sciences of tendon injury and repair basic science and evidence base informing use of different techniques of tendon repair and rehabilitation regimens the role of the intrinsic muscles in facilitating co-ordinated tendon function CLINICAL SKILLS BASIC Should demonstrate ability to: clinically assess the injured tendon and other tendon disorders select use of relevant specialist imaging techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and manage algorithms for the conditions covered in this module examine the stiff finger and distinguish flexor/extensor adhesions / primary or secondary joint stiffness ADVANCED Should demonstrate ability to: undertake detailed assessment of and advise on complex tendon problems including reconstruction analyse and advise on modifications needed to standard therapy regimens to correct specific problems such as joint contracture TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: extensor tendon repair flexor tendon repair (Zones III-V) tendon graft harvest extensor flexor synovectomy trigger digit release	x x x	X X X X X X X X X X X X X		X X X X		X X X X X X X	X X X X X X X X X X X X X X X X X X X	

De Quervain's release		Х		Х	1
flexor tendon repair (multistrand)(Zones I & II)		Х		Х	1
flexor or extensor tenolysis		Х		Х	1
tendon transfer (EI-EPL)		Х		Х	1
tenodesis (EDC replacement in partial EDC rupture)		Х		Х	1
ADVANCED					
Should be able to perform:		Х		Х	1
late reconstruction of flexor and extensor tendons:		Х		Х	1
tendon grafting 1 and 2-stage		Х		Х	1
tendon transfer		Х		Х	1
radial nerve set		Х		Х	1
opponensplasty for opposition		Х		Х	1
intrinsic replacement for claw hand		Х		Х	1
adductorplasty for key pinch		Х		Х	1

Nerve and nerve-related disorders								
OBJECTIVE								
Acquires competence in the diagnosis and management of all aspects of nerve related disorders								
including nerve compression, nerve palsy and nerve injuries along with associated reconstructive								
techniques. Acquires detailed knowledge of the rehabilitation regimens for the same.								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:								
topographic anatomy of peripheral nerve including brachial plexus		Х				Х	Х	1
response of peripheral nerve to injury and repair		Х				Х	Х	1
pathophysiology of nerve compressive disorders		Х				Х	Х	1
appropriate outcome assessment instruments		Х				Х	Х	1
INTERMEDIATE								
Should demonstrate knowledge of:								
techniques of nerve repair		Х				Х	Х	1
mechanisms of brachial plexus injury, the patterns of injury and outline treatment options		Х				Х	Х	1
pathophysiology and classification of CRPS and neuropathic pain problems		Х				Х	Х	1
ADVANCED								
Should demonstrate knowledge of:								
appropriate use of nerve grafts and other conduits		Х				Х	Х	1
techniques of nerve reconstruction, neurotisation, and muscle transfers for reanimation of the upper		х				х	х	1
limb	<u> </u>		<u> </u>				~	\vdash
principles of management and classification systems pertinent to cerebral palsy and tetraplegia		х				Х	х	1
pharmacological and non-pharmacological methods for the relief of nerve-related pain problems		х				Х	х	1
CLINICAL SKILLS								
BASIC								
Should demonstrate ability to:								
clinically assess nerve-related disorders including brachial plexus	Х						Х	1
apply relevant specialist imaging techniques such as electrophysiological investigation and	х						х	1
ultrasound	х						x	1
prevent iatrogenic nerve injury INTERMEDIATE	^		-				^	1
Should demonstrate knowledge of:								
clinical assessment and management algorithms for the conditions covered in this module	х						х	1
assessment of nerve function using specific equipment used in rehabilitation and assessment (such								· ·
as Semmes Weinstein filaments)	Х						Х	1
ADVANCED								
Should demonstrate ability to:								
clinically assess brachial plexus and obstetrical brachial plexus injury including acute and interval	х						х	1
treatment clinically assess the spastic and tetraplegic upper limb	х						х	1
define the management algorithm of the iatrogenic nerve injury	X						X	1
TECHNICAL SKILLS AND PROCEDURES	~						~	-
BASIC								
Should be able to perform:								
peripheral nerve repair including digital nerve including simulation-based exercises for microsurgical				v				
peripheral nerve repair				Х			х	1
nerve graft harvest				Х			Х	1
carpal tunnel release				Х			Х	1
cubital tunnel release (simple decompression)				Х			Х	1
INTERMEDIATE								
Should be able to perform:								
nerve decompression : cubital tunnel release (transposition / medial epicondylectomy), revision carpal tunnel release				Х			х	1
nerve grafting for segmental nerve defect				х			х	1
ADVANCED				~			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Should be able to perform:								
nerve decompression		1		х			Х	1
ulna nerve in Guyon's canal		1	1	Х			Х	1
submuscular transposition of ulna nerve (cubital tunnel)				Х			Х	1
radial nerve in radial tunnel				Х			Х	1
median nerve in pronator tunnel				Х			Х	1
transposition of neuroma				Х			Х	1
wrist denervation				Х			Х	1
brachial plexus exploration (including OBP)				Х			Х	1
nerve grafting				Х			Х	1
neurotisation				Х			Х	1

intercostal nerve grafting			 X			X	1
muscle transfer for reanimation			Х			Х	1
The Child's Hand, Vascular Disorders and Tumours							
OBJECTIVE		1					-
Acquire overall competence in the diagnosis and management of children's hand problems with							
emphasis on congenital hand conditions. Acquire competence in the management or vascular disorders and neoplastic conditions or the							
upper limb in both children and adults. Demonstrate knowledge of the aetiology, classification, risk							
factors and surgical management of these conditions.							
KNOWLEDGE							
BASIC Should demonstrate knowledge of:			 				
principles of management of children's hand disorders including classification, reconstructive		v			v	×	4
principles and timing of operations for congenital difference		Х			х	х	1
embryology of the upper limb and the mechanisms of malformation		X			X	X	1
patterns of normal growth and development management of vascular injury including compartment syndrome		X	 		X X	X X	1
principles of management of soft tissue and bony tumours particularly the more common swellings							-
found around the hand	-	Х			х	х	1
management of upper limb tumours with reference to surgical oncology including biopsy techniques, excision margins, management of regional lymph nodes, formal amputation:		х			х	х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
the following conditions of the Child's Hand: trigger digits, polydactyly including thumb duplication,		х			х	х	1
simple syndactyly, epiphyseal injury (Salter Harris			 				
management of vascular insufficiency syndromes, - haemangiomas and vascular malformations		Х			Х	х	1
management of soft tissue and bony tumours including formal amputations, reconstructions		Х			Х	Х	1
principles of management of skin cancer occurring in the upper limb and management of the regional lymph nodes		х			х	х	1
ADVANCED							
Should demonstrate knowledge of:							
the following conditions of the Child's Hand:		Х			X	Х	1
complex syndactyly (e.g. Apert's hand)		X			X	X	1
radial dysplasia (radial club hand), ulnar dysplasia thumb hγpoplasia		X X			X X	X X	1
upper limb malformations in arthrogryposis		x	 		X	X	1
Madelung's deformity		X			X	x	1
Constriction band syndrome		Х			Х	Х	1
cerebral palsy, spasticity		Х			Х	Х	1
use of prosthetics		Х			X	X	1
vascular lesions including vascular malformations management of acute and chronic vascular insufficiency syndromes including compartment	-	Х	 		Х	Х	1
syndrome / Volkmann's ischaemic contracture		х			Х	х	1
classification systems and histopathology relevant to neoplasms of the upper limb including skin		х			х	х	1
cancer, sarcoma and bone tumours modalities of treatment including non-surgical and surgical options		х			Х	X	1
surgical margins for the commoner tumours		X			X	x	1
options for reconstruction of the surgically excised defect		Х			Х	Х	1
adjuvant treatments used in combination with surgery for malignant neoplasms		Х			Х	Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to: clinically assess and deliver non-operative management of the Child's Hand disorder,	х		 			x	1
in respect of cancer diagnoses demonstrates the skill set necessary to advise a patient of such							
diagnosis.	Х					х	1
work and communicate within the relevant multidisciplinary team (MDT)	Х		 	Х		Х	1,3
INTERMEDIATE Should demonstrate ability to apply a working knowledge of the management algorithms to the							
conditions covered in this module	х					х	1
ADVANCED							
Should demonstrate:	V		 				
skills of analysis and diagnostic synthesis, judgement, and surgical planning in respect of the Child's Hand, the ability to advise regarding timing of reconstruction and effect of	Х		 			Х	1
growth on reconstructive surgery previously performed	Х					х	1
in respect of vascular disorders shows the ability to advise regarding conservative, non-surgical and	х					х	1
surgical treatment options In respect or neoplastic conditions of the upper limb the shows the ability to provide detailed advice			 				<u> </u>
on the treatment pathway, including interpretation of specialist imaging, within the context of the	х					х	1,3
TECHNICAL SKILLS AND PROCEDURES BASIC							
BASIC Should be able to perform:			 				
surgery for uncomplicated traumatic conditions of the Child's Hand			Х			х	1
excision of small superficial vascular malformations		L	Х			x	1
ganglion excision (dorsal wrist, volar wrist, DIPJ)			Х	-		х	1
safe biopsy for suspected tumours of the upper limb		<u> </u>	Х			х	1
INTERMEDIATE			 				┣──
Should be able to perform: trigger thumb/finger release			 х			х	1
simple syndactyly separation			X			x	1
correction of duplicate thumb		1	X			x	1
correction of polydactyly			Х			х	1
reconstruction of vascular defects by vein grafting,			Х			х	1
excision of vascular malformations involving multiple tissue layers,			X			x	1
fasciotomies for compartment syndrome,		L	Х			х	1

		1			-	L	
excision of giant cell tumour of tendon sheath,			Х			х	1
excision/curettage enchondroma,			Х			X	1
removal of swellings from nerves e.g. Schwannoma			X			X	1
excision of other benign tumours of bone and soft tissue. ADVANCED			Х			х	1
Should be able to perform:							
complex syndactyly correction			х			х	1
radialisation radial club hand			X			x	1
application external distraction devices for radial club hand			X			x	1
pollicisation			Х			х	1
cleft hand correction			X			x	1
recreation of first web space (various conditions)			Х			х	1
excision of major vascular malformations and reconstruction resultant defects			Х			х	1
excision of malignant tumours of bone and soft tissue including compartmentectomy and			х			х	1
reconstruction of resultant defects.							
axillary lymphadenectomy			Х			х	1
Basic Sciences – embryology, development, anatomy and physiology / Head & Neck assessment – examination, investigations including imaging and biopsy techniques	1						
OBJECTIVE To understand the development, anatomy and physiology of the head and neck in relation to it:							
surgery Competence in the diagnosis, use of imaging and management of head and neck disorders							
KNOWLEDGE							
BASIC	┢─┼	_					
Should demonstrate knowledge of:	┢─┼	~				~	-
embryology of head & neck		X			X	X	1
topographical and segmental anatomy of the head & neck		X			X	X	1
vascular, neuronal and lymphatic supply / drainage of the head & neck		X			X	X	1
appropriate use of diagnostic imaging		X			X	X	1
aesthetic units of the face and neck		X			X	X	1
anatomy of the skin-epidermal and dermal layers and appendigeal structures,		X			X	X	1
embryology of the skin		X			X	X	1
histopathological appearance of skin		Х			X	X	1
anatomy of the body surface, in particular the head and neck, hands, nails and feet		х			Х	Х	1
vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, blood supply of the skin		х			Х	Х	1
diagnostic imaging of skin neoplasia X-rays, CT, MRI, USS, PET-CT, and imaging assisted diagnostic biopsy		х			Х	Х	1
histology of the skin standard stains		Х			Х	Х	1
immunocytochemistry and cytogenetic techniques		Х			Х	Х	1
common benign skin disorders-hidradenitis suppurativa, epidermal cysts, lipomas, vascular and		х			х	х	1
congenital malformations melanocytic naevi including giant, actinic lesions and epidermal/dermal lesions etc., risks of							_
malignant transformation in chronic lesions, giant melanocytic naevi and Marjolin's ulcer specific history and diagnostic features (clinical and non-clinical) of benign skin lesions (pigmented		x			Х	Х	1
and non-pigmented), dysplastic naevi, lentigo maligna, melanoma and non-melanoma skin cancers (basal cell carcinoma and squamous cell carcinoma), dermatofibroma, keratoacanthoma		х			х	х	1
pilomatrixomata, actinic keratoses, Bowen's disease							
clinical features of dermatitis artefacta, folliculitis, pyogenic granuloma, inflammatory skin conditions (hidradenitis and acne vulgaris), fungal skin lesions, lentigines, angiomat	5	х			Х	х	1
difference between telangiectasia and spider naevi		х			Х	Х	1
chronic wounds and pressure sores		X			X	X	1
INTERMEDIATE		~					· ·
Should demonstrate knowledge of:							
range, indications and principles of surgical options for surgical ablation of tumours of the head {		х			Х	х	1
neck. range, indications and principles of surgical options for soft tissue defect reconstruction of the head		x	1		Х	Х	1
& neck. range, indications and principles of surgical options for reconstruction of particular units of the hear		x	1		х	х	1
& neck (nose / eyelids / ears / lips) concepts and limitations of diagnostic techniques		x			Х	Х	1
aetiology and assessment of facial palsy		x	1		X	X	1
	• 1	· · 1	1	-	X	X	1
assessment of facial aesthetics		x					1,3
assessment of facial aesthetics role and use of the head & neck MDT		X X				X	.,.
assessment of facial aesthetics role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the		Х			Х	X	
role and use of the head & neck MDT						x	1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the		Х			Х		1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin:		x x			X X	х	
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required		X X X			X X X	X X	1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections		X X X X X X X X X X X X X X X X X X X			X X X X	x x x	1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin		x x x x x x x x x x x x x x x x x x x			X X X X X	x x x x	1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team		x x x x x x x x x x x x x x x x x x x			X X X X X X	x x x x x x	1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic		X X X X X X X X X X X X X X X X X X X			X X X X X X X X	X X X X X X X	1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X	X X X X X X X X	1 1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilia, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds ADVANCED		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X	X X X X X X X X X	1 1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds ADVANCED Should demonstrate knowledge of:		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X	X X X X X X X X X	1 1 1 1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds ADVANCED Should demonstrate knowledge of: factors determining appropriate surgical ablation techniques		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X X	X X X X X X X X X X X	1 1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilia, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds ADVANCED Should demonstrate knowledge of: factors determining appropriate surgical ablation techniques factors determining decision making in choice of flaps and tissue for soft tissue defect reconstruction		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X	X X X X X X X X X	1 1 1 1 1 1 1 1 1 1
role and use of the head & neck MDT anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the back, the axilla, head and neck lymph node basin: anatomy and access for diagnostic biopsies when required concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections range, indications and principles of surgical options for surgical ablation of tumours of the skin Mohs' micrographic surgery sentinel node biopsy the role of the skin multidisciplinary team diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic lesions the range of dressings for open skin lesions/wounds ADVANCED Should demonstrate knowledge of: factors determining appropriate surgical ablation techniques factors determining decision making in choice of flaps and tissue for soft tissue defecl		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X X	X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1

		<u> </u>	1				
anatomy in particular for block dissections of the axilla, inguinal, iliac and ilioinguinal regions,		Х			x	Х	1
functional and surgical anatomy of the face, head and neck the surgical options for reconstruction of particular units of the head & neck (nose / eyelids / ears /		Х			Х	Х	1
lips), the trunk, the upper lower and lower limit		х			х	х	1
the range of dressings available for complex wounds/ulcers		Х			Х	Х	1
CLINICAL SKILLS							
BASIC Should demonstrate ability to:							
take a focused head & neck history related to any head & neck symptom	х					х	1
assess and non-operatively manage acute injury	Х					Х	1
recognise life-threatening injuries of the airway and major blood vessels	Х					Х	1
undertake competent examination of the head & neck. undertake competent examination of cervical lymph nodes.	X X					X X	1
record diagnostic findings accurately	X					× X	1
organise discussion of cases at head & neck MDT meetings.	X					X	1
take focused skin history related to any skin lesion and skin symptoms	Х					Х	1
use the magnifying glass, lighting, dermoscopy using polarised and non-polarised light	X					X X	1
plan non-operative management of small open wounds use non-operative methods of hemostasis in the acutely bleeding wound/ulcer	X					х Х	1
recognise life threatening injuries both airway and vascular	X					X	1
undertake resuscitation skills as laid out in ATLS	Х					Х	1
examine of the head & neck, upper limb, lower limb, abdomen and pelvis	Х					Х	1
assess lesions on the face, head and neck, hand, arm, trunk and lower limb	X					X	1
examine regional lymph nodes organise discussion of cases at clinical meetings	X				1	X X	1
accurately record diagnostic findings	X				1	X	1
use the current minimum dataset for skin cancers	X					X	1
use current databases and audit and peer review tools according to published requirements and	х					х	1
guidelines INTERMEDIATE							_
Should demonstrate ability to:					<u> </u>		
interpret significance of cytological and histological biopsy reports	Х					Х	1
interpret CT and MRI scans of the head and neck. plan appropriately for further non-standard investigations of head & neck symptoms following	Х					Х	1
inconclusive initial test results	х					х	1
assess the chronic ulcer/wounds	Х					Х	1
recommend additional investigations to assess symptoms following inconclusive initial results	х					х	1
interpret and discuss cytological and histological biopsy reports	х					х	1
ADVANCED							-
Should demonstrate skills of analysis and diagnostic synthesis, judgement and surgical planning pertaining to the topics covered in this module	х					х	1
interpret of any scans performed in particular PET, PET-CT and lymphoscintigraphy,	х					х	1
assess and formulate management plan for the large complex wound	х					х	1
formulate appropriate and timely management, investigations, treatment and follow up plan for a patient all types of benign and malignant skin lesion:	х					х	1,3
TECHNICAL SKILLS AND PROCEDURES							
BASIC							-
Should be able to perform:			V			×	- 1
airway management with the skill detailed in ATLS circulatory support with the skills detailed in ATLS			X X			X X	1
free-hand and ultrasound guided lesion FNA of the head & neck			X			× X	1
free-hand and ultrasound guided core biopsy of the head & neck			X			X	1
airway management using the techniques specified by ATLS			Х			Х	1
provide circulatory support using the techniques specified by ATLS			Х			X	1
free-hand and ultrasound guided lesion biopsy FNA of suspected lesions, punch biopsy			X X			X X	1
harvesting of cells for cytological examination for fungus or malignancy			X			× X	1
aspiration of seromas or cystic skin lesions			X			X	1
excision biopsy of undiagnosed skin lesions smaller than 1cm in size including those suspicious for			х			х	1
malignancy and direct closure technique: application of the appropriate dressings in open wounds			х			Х	1
application of the appropriate dressings in infected skin wounds			X			X	1
INTERMEDIATE							
Should be able to perform:							
surgical incision / excision biopsy of intra-oral lesions			X			X	1
direct and indirect pharyngolaryngoscopy examination of head & neck under anaesthesia			X X			X X	1
surgical incision / excision biopsy of lesions at difficult sites (any size if periorbital, nasal, sole of the			×				
foot or hands and larger lesions on the pretibial region),						X	1
biopsy of subungual lesions			 X X			X X	1
use of Mohs micrographic surgery application of a negative pressure dressing	-		X		1	X	1
ADVANCED		L					
Should be able to perform							
sentinel lymph node biopsy			Х			Х	1
surgical incision / excision biopsy of intra-oral / laryngeal / pharyngeal lesions			 X			X	1
sentinel lymph node biopsy to include interpretation of result surgical incision / excision biopsy of large suspicious skin lesions (greater than 1cm in size) including			X			X	1
large facial lesions			Х			Х	1
surgically debride and dress large complex wounds			Х			Х	1
Skin-related neoplasia of the head & neck				_			
OBJECTIVE							
				-			_

Competence in the diagnosis, assessment and management of all types of skin related cancer of							<u> </u>
the head and neck.							
KNOWLEDGE							
BASIC			-	-			
Should demonstrate knowledge of: epidemiology		х			Х	x	1
histological classification (BCC / SCC / Melanoma / adnexal)		X			X	x	1
staging of skin cancer		X			X	x	1
prognostic factors (tumour and patient-related) and implications for patient treatmen							
recommendations		Х	_		Х	х	1
principles of screening programmes within a population.		Х			Х	Х	1
NICE guidelines in treatment of non-melanoma skin cancers		Х			Х	Х	1
understanding the MDT		Х		Х	X	X	1,3
knowledge of reconstructive options		Х			Х	Х	1
Should demonstrate knowledge of: indications for non-surgical treatment		х			Х	x	1
adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica							
therapies particularly for melanoma		Х			Х	х	1
cancer biology – specifically with regards to hormonal and growth factors / receptors and tumou		х			х	х	1
metastasis							
palliative treatment options for skin cancer.		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of: association between specific high risk benign skin conditions with associated increased skin cance							<u> </u>
risk		Х			Х	х	1
melanoma biology		х	-		Х	х	1
important adjuvant and neo-adjuvant historical and current trials (clinical/surgical, chemotherapy,		х			х	х	1
radiotherapy, hormonal and biological		^			^	^	
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
take focused skin-related history, eliciting factors associated with benign and malignant skir neoplasia	Х					х	1
undertake competent head & neck examination	х					х	1
examine for head & neck lymphadenopathy	X					X	1
initiate appropriate investigations	Х					Х	1
undertake pre-op. skin prep and draping and prescribe antibiotic prophylaxis	Х					Х	1
work effectively within the skin cancer multidisciplinary team.	Х			Х		Х	1,3
INTERMEDIATE							
Should demonstrate ability to:							
assess and manage patients presenting with locally advanced disease	Х					Х	1
interpret CT, MRI & PET scans,	Х					Х	1
recognise where further pathology or imaging studies may be required and request these	Х					х	1
appropriately, develop and record management plan for the patient and discuss rationale for management of							
common scenarios with patients and colleagues	х					х	1
ADVANCED							
Should demonstrate skills of:							
communication of a cancer diagnosis with patients	Х					Х	1
discussion of complex treatment scenarios with patients including discussion of all options,	х					х	1
advantages and disadvantages and take informed conseni analysis and diagnostic synthesis, judgement and surgical planning pertaining to conditions							
described in this module	Х					Х	1
communication within the MDT	Х					Х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:			-	-			
incision biopsy of lesion			Х			Х	1
excision biopsy of lesion		L	Х			X	1
FNA / core sample of lymph node			Х			X	1
Lymph node sampling [in centres where SNB not available]			Х			X	1
local flap reconstruction (rotation / transposition / advancement)			 X			X	1
split and full thickness skin grafts.			 Х			Х	1
INTERMEDIATE Should be able to perform:							<u> </u>
Should be able to perform: sentinel lymph node biopsy, dual modality and blue dye only			Х			x	1
sentinel lymph hode blopsy, dual modality and blue dye only selective / modified radical neck dissection.			X			X	1
elevation of regional flaps			x			X	1
ADVANCED			~				<u> </u>
Should be able to perform:							
radical or extended neck dissection			х			х	1
reconstruction with regional flaps			X	<u> </u>		x	1
free flap surgery			X			X	1
reconstruction of specific aesthetic units (nose / eyelids / ears / lips) - see also Module 4		i	Х				
Reconstructive techniques of the head and neck : Advanced technical skills and procedures			~			х	1
Non skin-related neoplasia of the head & neck							
OBJECTIVE							

OBJECTIVE					
Competence in the diagnosis, assessment and management of all types of non-skin related cance					
of the head and neck.					
KNOWLEDGE					
BASIC					
Should demonstrate knowledge of:					
epidemiology	Х		Х	Х	1
types of cancer – oral cavity, nasopharynx, oropharynx, larynx,	Х		Х	Х	1

	r –	V				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	×	
reconstructive options TNM Staging of skin cancer		X				X X	X	1
prognostic factors (tumour and patient related) and implications for patient treatmen		x				X	x	1
recommendations								
cancer network guidelines in treatment of non-skin cancers of the head & neck		X			V	X	X	1
understanding the MDT INTERMEDIATE		Х			Х	Х	Х	1,3
Should demonstrate knowledge of:								
indications for non-surgical treatment								
adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica		х				х	х	1
therapies. cancer biology – specifically with regards to hormonal and growth factors / receptors and tumou		~						· ·
metastasis.		х				Х	х	1
palliative treatment options for head & neck cancer.		Х				Х	Х	1
hospice care		Х				Х	Х	1
ADVANCED								
Should demonstrate knowledge of: association between specific high risk benign skin conditions with associated increased skin cancer								
risk		Х				Х	X	1
important adjuvant and neo-adjuvant historical and current trials (clinical/surgical, chemotherapy,		х				х	х	1
radiotherapy, hormonal and biological role of HPV virus in cancer aetiology		х				Х	x	1
CLINICAL SKILLS						X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
BASIC								
Should to be able to:								
take focused history related to non-skin tumours of the head & neck eliciting relevant factors,	х		T		_		х	1
	v						v	4
undertake competent head & neck examination particularly of oral cavity, pharynx and larynx	Х						X	1
undertake competent examination of head & neck lymphadenopathy	X						X	1
initiate appropriate investigations	X X		├		х		X	1
work effectively within the head and neck cancer multidisciplinary team INTERMEDIATE	^				^		^	1,3
Should demonstrate ability to:								-
assess and manage patients presenting with locally advanced disease	Х						х	1
interpret CT, MRI & PET scans,	Х	Х					Х	1
recognise where further pathology or radiology may be required and request these appropriately	х						х	1
develop and record management plan for the patient and discuss rationale for management of								
common scenarios with patients and colleagues	х						х	1
ADVANCED								
Should demonstrate ability to:								
discuss a cancer diagnosis with patients	Х						Х	1
discuss a cancer diagnosis with patients	Х						Х	1
discuss complex treatment scenarios with patients including discussion of all options, advantages and disadvantages and take informed consen	х						х	1
communicate effectively and skilfully	Х						х	1
use skills of analysis and diagnostic synthesis, judgement and surgical planning pertaining to the	х						х	1
conditions described in this module TECHNICAL SKILLS AND PROCEDURES	~						~	- ·
BASIC								
Should be able to perform:								
incision biopsy of lesion (oral cavity / pharynx / larynx)				х			х	1
excision biopsy of lesion (oral cavity / pharynx / larynx)				X			X	1
FNA / core sample of cervical / parotid lymph node				Х			Х	1
local flap reconstruction (rotation / transposition / advancement)				Х			Х	1
examination under anaesthesia				Х			Х	1
			┝──┤					_
Should be able to perform:				v			~	4
selective / modified radical neck dissection regional flaps			┝──┤	X X			X X	1
ADVANCED		1		~				
Should be able to perform								
	1	L		Х			Х	1
radical or extended neck dissection				Х			Х	1
free flap surgery				^				1
free flap surgery reconstruction or aesthetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive				×			Х	
free flap surgery							Х	
free flap surgery reconstruction of aesthetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures							X	'
free flap surgery reconstruction or aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive							X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue							X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects.							X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE							X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC						_	X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of:								
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC		x				X	X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of						X X X		
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred) factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related),		х				Х	× × ×	1
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred)							X	1
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management or appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred) factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related), principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat"		х				Х	× × ×	1
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred) factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related), principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat" donor site considerations)		x x				X X	X X X X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred) factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related), principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat" donor site considerations) principles of microsurgery anatomy of perforators and angiosomes – relevant to planning of local, regional and distal flaps		x x x x				X X X X	X X X X X X	
free flap surgery reconstruction of aestnetic units (nose / eyelids / ears / lips) – see module 4 Reconstructive techniques of the head and neck : Advanced technical skills and procedures Techniques for reconstruction of the head & neck OBJECTIVE Acquire competence in the planning, execution and management of appropriate soft tissue reconstruction of head & neck defects. KNOWLEDGE BASIC Should demonstrate knowledge of: classification of flaps (random versus axial / muscle flap - Mathes and Nahai classification / type of tissue being transferred) factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related), principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat" donor site considerations) principles of microsurgery		x x x				X X X	X X X X X	1 1 1 1

INTERMEDIATE							
Should demonstrate knowledge of:							
relevant surgical anatomy and neurovascular supply of flaps used in head & neck reconstruction		х			х	х	1
pre-operative investigations for specific flaps		Х			Х	Х	1
ability to interpret angiographic abnormalities when planning reconstruction	-	Х			Х	Х	1
complications of autologous tissue reconstruction including donor site morbidity		X X			X	X	1
post-operative flap monitoring techniques airway management of the head & neck		X			X	X	1
stages of bereavement associated with loss of body image and the clinical and psychologica							
supports that can be put in place to assist the patient cope with that loss		Х			х	х	1
planning and prioritising treatment within the head & neck MDT setting.		Х		Х	Х	Х	1,3
ADVANCED Should demonstrate knowledge of							
assessment of outcome							
long term outcomes of head & neck reconstruction		х			х	х	1
flap salvage and options following failure		Х			Х	Х	1
outline the impact of disfigurement, the consequences of an altered appearance, what it involves					×	X	
psychologically and socially, and describe the impact of an individual's body image on their life and that of their family		Х			Х	х	1
outline the process by which an individual can successfully adjust to disfigurement and explain how		х			х	х	1
the multidisciplinary team can assist with that proces:		^			^	^	'
CLINICAL SKILLS							
BASIC Should demonstrate ability to:			 				
take focused history eliciting factors important for decisions regarding suitability / type o	~						1.
reconstruction	Х				<u> </u>	Х	1
clinically assess the soft tissue defect	Х	ļ				X	1
keep contemporaneous and appropriate record	Х					X	1
demonstrate simple management techniques including use of appropriate dressings plan both local and free flaps appropriately for defect	X					X	1
co-ordinate soft tissue reconstruction in conjunction with ablative team	X					X	1
INTERMEDIATE	~						
Should demonstrate ability to:							
counsel patient regarding advantages and disadvantages of reconstruction - specifically setting							
realistic expectations, reconstruction as a process, template in-patient stay and complications,	Х					х	1
take informed consent and participate in joint decision-making	Х					Х	1
manage patients in post-operative period	Х					Х	1
manage complications of surgery applicable to the clinic setting	Х					Х	1
use psychological assessment tools for evaluation of psychological needs (patient questionnaires)	х					х	1
ADVANCED							
Should demonstrate ability to							
clinically assess complex reconstructive requirements and make decisions on appropriate	х					х	1
management interpret investigations and formulate management plans	X					X	1
	^					^	1
undertake patient-centered care with patient as partner in the process, providing realistic information and guiding patient decision-making regarding choices available and timing of those treatments	х					х	1
manage and lead multi-disciplinary teams in respect of provision of psycho-social care arrange the care pathway that supports an individual to successfully adjust to disfigurement through	Х			Х		Х	1,3
giving the individual and family specific life-skills. These include the patient being provided with							
information about their condition and its treatment, developing a positive outlook/belief system,	Х			Х		Х	1,3
learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reaction:							
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:							
exposure of vessels			X			X	1
positioning of patient on operating table protection of pressure areas			X X			X X	1
protection of pressure areas prevention of nerve injuries / neurapraxia			 X			X	1
skin preparation, draping, antibiotic prophylaxis and thromboprophylaxis.			 X		1	X	1
selection / arrangement of appropriate level of post-operative care.			X			X	1
INTERMEDIATE							
Should be able to perform:							
pre-operative marking of patient			X			X	1
raising range of pedicled autologous flaps			 X			X	1
in-setting of flap harvesting vein graft			 X			X	1
ADVANCED			 ~		<u> </u>	~ ~	+
Should be able to perform:		l					1
microvascular anastomoses			Х			Х	1
flap salvage for failing flaps			Х		<u>_</u>	Х	1
flap shaping techniques			Х			X	1
flap revision techniques			Х			Х	1
Reconstruction of specific head and neck sites							
OBJECTIVE							
Acquire competence in the planning, execution, management and reconstruction of specific heac				-			
and neck sub-units including eyelids, nose, lips, ears and scalp.							
KNOWLEDGE							
BASIC							-
Should demonstrate knowledge of:	1	i i			1	1	1

anatomy of tissues suitable for planning of local, regional and distal flaps to specific sites in the heat	1	х				х	х	1
& neck vascular anatomy relevant to planning of local, regional and distal flaps to specific sites in the heac								
& neck		Х				х	Х	1
recognise the appropriate use, advantages and disadvantages of local, regional and free flaps ir		х				х	х	1
reconstruction of specific sites in the head & neck factors affecting outcome in flap surgery (patient-related, operative, adjuvant therapy-related)		х				x	х	1
INTERMEDIATE		~				~	Λ	<u>'</u>
Should demonstrate knowledge of:								1
airway management of the head & neck		Х				Х	Х	1
ability to interpret angiographic abnormalities when planning reconstruction of specific sites in the		х				х	х	1
head and neck		X				X	X	1
pre-operative investigations for specific flaps complications of autologous tissue reconstruction including donor site morbidity		x				X	X	1
post-operative flap monitoring techniques		X				x	X	1
planning and prioritising treatment within the head & neck MDT setting		X				X	X	1
ADVANCED								
Should demonstrate knowledge of:							Х	
long-term outcomes of head & neck reconstruction		Х				Х	Х	1
assessment of outcome		Х				X	X	1
flap salvage and options following failure		X				X	X	1
use of osseointegrated implants and head and neck prosthetics effects of radiotherapy		X X				X X	X	1
CLINICAL SKILLS		^				^	^	
BASIC								
Should demonstrate ability to:	1						1	-
take focused history eliciting factors important for decisions regarding suitability / type o	х						х	1
reconstruction for a specific head and neck site								
clinically assess specific head and neck defects	X						Х	1
keep contemporaneous and appropriate records	Х	х					х	1
effect simple wound management techniques including use of appropriate dressings plan both local, regional and free flaps appropriate for specific defect		x					X	1
demonstrate soft tissue reconstruction in conjunction with ablative team		X					X	3,1
INTERMEDIATE								0,1
Should demonstrate ability to:								
discuss advantages and disadvantages of reconstruction - specifically setting of realistic		х					х	3,1
expectation, reconstruction as a process, template in-patient stay and complication		X						1
understand importance of informed consent and joint decision making take informed consent and joint decision making		X					X X	3,1
manage complications of surgery in pre, peri and post-operative phases		X					X	1
ADVANCED								<u> </u>
Should demonstrate ability to								
clinically assess complex reconstructive requirements and make decisions on appropriate	9	х					х	1
management for specific sites in the head and neck interpret investigations to formulate management plan		X					X	1
manage tissues previously treated with radiotherapy		X					X	1
TECHNICAL SKILLS AND PROCEDURES		^					~	
BASIC								
Should be able to perform:								
exposure of vessels				Х			Х	1
positioning of patient on operating table				Х			Х	1
protection of pressure areas				Х			Х	1
prevention of nerve injuries / neurapraxia				Х			X	1
skin preparation, draping, antibiotic prophylaxis and thromboprophylaxis regimens				X			X	1
selection / arrangement of appropriate post-operative care INTERMEDIATE				х			Х	1
Should be able to perform:	-							-
pre-operative marking of patient				Х			х	1
raising local, regional and pedicled autologous flaps relevant to specific sites of the head and neck				х			х	1
in-setting of flap	-			Х			Х	1
ADVANCED Should be able to perform:								
Should be able to perform: treatment of specific sites of the head and neck following previous radiotherapy	1			х			х	1
salvage surgery of specific sites of the head and neck				X			X	1
microvascular anastomoses	1	l	1	X			X	1
flap salvage for failing flaps	1	L		Х			Х	1
flap revision techniques				Х			Х	1
use of osseointegrated implants and facial prosthetics				Х			Х	1
					_			
Facial Reanimation	-							
OBJECTIVE Competence in the diagnosis of facial palsy and management by both static and dynamic								
procedures as well as non-surgical treatments	1							
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:	1		1				I	1
								-
epidemiology		Х				X	X	1
epidemiology anatomy of the facial nerve aetiological causes of facial palsy		X X X				X X X	X X X	1 1 1

aetiological causes of facial palsyXXXprognostic factors and implications for patient treatment recommendationsXXXrange of reconstructive optionsXXXINTERMEDIATEXXXShould demonstrate knowledge of:
non-surgical treatments (Botox, biofeedback, electrical stimulation of facial musculature)XXXXX

X X

х

1 1

1

The second second second second second second second second second second second second second second second s		V		N N	N/	<u> </u>
static sling procedures (tendon, fascia, artificial)		X		X	X	1
dynamic sling procedures (temporalis, masseter)		Х		Х	Х	1
principles of facial nerve reconstruction (direct suturing, nerve grafting, cross facial nerve grafting)		х		х	х	1
ADVANCED						
Should demonstrate knowledge of:						
free muscle transfer techniques (cross facial nerve grafting, gracilis, pectoralis minor, rectus		х		х	х	1
abdominis)	<u> </u>	^		^	^	'
reconstructive aesthetic techniques (endoscopic browlift, facelift, upper & lower blepharoplasties)		Х		Х	х	1
use of ancillary surgical techniques (autologous fat transfer, re-positioning parotid ducts etc)		Х		Х	Х	1
cranial nerve transfers (hypoglossal, accessory)		Х		Х	Х	1
CLINICAL SKILLS						
BASIC						
Should demonstrate ability to:						
take focused facial nerve related history eliciting factors localising site of injury	Х				Х	1
undertake competent facial nerve examination	Х				Х	1
initiate appropriate investigations (CT, MRI, EMG, nerve conduction studies)		Х		х	Х	1
INTERMEDIATE						
Should demonstrate ability to:						
interpret CT, MRI, EMG& nerve conduction studies,		Х			Х	1
assess and manage patients presenting with locally advanced disease		X			X	1
recognise where further investigations may be required and request these appropriately		X			X	1
develop and record management plan for the patient and discuss rationale for management of						
common scenarios with patients and colleagues	1	Х			х	3,1
ADVANCED						
Should demonstrate ability to:						
undertake analysis and diagnostic synthesis, judgement and surgical planning pertinent to facia						
palsy	1	Х			х	1
discuss complex treatment scenarios with patients including discussion of all options, advantages		х			х	3.1
and disadvantages and take informed consent		^			~	3,1
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to perform:						
exploration, protection and identification of facial nerve branches			Х		Х	1
direct repair of facial nerve			Х		Х	1
nerve grafting of facial nerve			Х		Х	1
techniques of Botox injection of face, techniques of biofeedback and electrical stimulation of facial			х		х	1
musculature,	<u> </u>					
surgical access and identification of deep layers of the face	<u> </u>		Х		Х	1
INTERMEDIATE						
Should be able to perform						
cross facial nerve grafting			Х		Х	1
insertion of static slings			Х		Х	1
dynamic slings (Temporalis, masseter)			Х		Х	1
ADVANCED						
Should be able to perform						
free muscle tissue transfer techniques (gracilis, pectoralis minor, rectus abdominis)			Х		Х	1
cranial nerve transfers (hypoglossal, accessory)			Х		Х	1
anciliary reconstructive techniques (autologous fat transfer, re-positioning parotid ducts etc)			Х		Х	1
reconstructive aesthetic techniques (endoscopic browlift, facelift, upper & lower blepharoplasties)			х		х	1
Assessment and primary management lower limb injuries						
OBJECTIVE						
Acquire competence in the initial combined management of patients with open lower limb fracture:						
in the emergency department.		1				

Assessment and primary management lower limb injuries				
OBJECTIVE				
Acquire competence in the initial combined management of patients with open lower limb fracture:				
in the emergency department.				
KNOWLEDGE				
BASIC				
Should demonstrate knowledge of:				
resuscitation principles as defined by ATLS	Х	Х	Х	1
applied anatomy, physiology, pathology and mechanisms of limb injury, blood supply of skin, fat an	х	х	х	1
muscle				· ·
angiosomes of lower limb	Х	Х	Х	1
classification of open fractures, including Gustilo classification	Х	Х	Х	1
factors influencing fracture healing	Х	Х	Х	1
timing and rationale for antibiotic use and timing of initial debridement	Х	Х	Х	1
appropriate pre-operative investigations	Х	Х	Х	1
role of other members of team including microbiologists, physiotherapy, occupational therapy	x	х	х	3,1
importance of specialist centres, MDT and interdisciplinary communication, especially with	x		х	3.1
orthopaedic colleagues	^		^	3,1
INTERMEDIATE				
Should demonstrate knowledge of:				
pathophysiology of degloving injuries and their classification	Х	Х	Х	1
management of specific injuries e.g. crush and degloving	Х	Х	Х	1
range, indications and principles of surgical options for soft tissue reconstruction: direct closure, ski	х	х	х	1
graft, local and free flaps				
options of bone fixation, including internal versus external fixation	Х	Х	Х	1
ADVANCED				
Should demonstrate knowledge of:				
role of major trauma centres	Х		Х	1
management of multiply injured patient	Х		Х	1
factors determining decision making in choice of flaps and tissue for soft tissue reconstruction	х		х	1
CLINICAL SKILLS				

BASIC			\square					
Should demonstrate ability to:	L.,		┝──┤					-
take a focused history for lower limb injury	Х						X	1
clinically assess and undertake non-operative management of acute injury	X	X					X	1
recognise life-threatening injuries	Х	Х					X	1
examine to including assessment of severity of injury	Х						X	1
assess vascular status	X						X	1
assess for the presence of compartment syndrome	Х						Х	1
Should demonstrate ability to:								
examine neurological status of limb	Х						X	1
apply the management algorithms pertinent to the conditions covered in this module		Х					Х	1
ADVANCED								
Should be able to demonstrate skills of analysis and diagnostic synthesis, judgement, surgical		х					Х	1
planning pertaining to lower limb injur TECHNICAL SKILLS AND PROCEDURES								
BASIC	-							
								-
Should be able to perform:				v			V	-
application of appropriate dressings in emergency room	-			X			X	1
reduction of fracture in emergency department				Х			X	1
application of a plaster cast				Х			Х	1
INTERMEDIATE								
Should be able to measure compartment pressures and interpret results				Х			Х	1
ADVANCED								_
Should be able to stabilise associated injuries and bleeding				Х			Х	1
Debuidement of hills the sud summer of the					_			
Debridement, stabilisation and compartment syndrome OBJECTIVE				-				
Objective								
Acquire competence in the debridement, stabilisation and assessment of wounds and the ability to								
make a surgical plan for future management. Management of compartment syndrome.								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:								
principles of fracture management		Х				Х	Х	1
anatomy of lower limb		Х				Х	Х	1
on-table imaging techniques and their interpretation		Х				Х	Х	1
safe access incisions		Х				Х	х	1
the importance of tissue sampling		Х				Х	Х	1
temporary wound dressings		Х				Х	Х	1
pathophysiology of compartment syndrome		X				X	X	1
INTERMEDIATE								
Should demonstrate knowledge of:		х				Х	х	1
anatomy of perforators		X				X	X	1
principles and management of fractures and the relevance to subsequent soft tissue reconstruction		х				Х	Х	1
monitoring and interpretation of results of raised compartment pressures		Х				Х	Х	1
ADVANCED								
Should demonstrate knowledge of:								
principles of bone debridement		Х				Х	Х	1
microbiology of open fracture injuries		Х				Х	Х	1
characteristics of defects that can be closed primarily at the initial debridement and the techniques		х				х	х	1
available								
controversies of delayed diagnosis of compartment syndrome		Х				Х	Х	1
CLINICAL SKILLS								
BASIC								
Should demonstrate ability to:								
assess fractures clinically		Х						1
manage wounds in various locations on the lower limb		Х						1
apply plaster splints				Х			Х	1
apply temporary dressings – negative pressure and antibiotic bead pouch				Х			Х	1
measure compartment pressures		Х		Х			Х	1
INTERMEDIATE								
Should demonstrate ability to:								
manage more complex fractures		Х					Х	1
formulate treatment plan for degloving injuries, especially multiplanar degloving		Х					Х	1
ADVANCED								
Should demonstrate ability to recognise those injuries that would benefit from primary amputation		х				х	х	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
			┝──┤					+
Should be able to perform:			⊢ –	v			v	-
appropriate pre-wash and prep				X			X	1
systematic wound debridement under tourniquet control				X			X	1
wound extension along fasciotomy lines			┝──┤	X			X	1
application of temporary dressing			┝──┤	Х			Х	1
INTERMEDIATE								
Should be able to perform:			┝──┤				~	+ -
identification of tissues that can be preserved				Х			Х	1
adequately debride injured soft tissues to achieve a stable wound approaching elective conditions				х			Х	1
release four muscle compartments in leg in cases of compartment syndrome				х			Х	1
intraoperative planning of future soft tissue reconstruction in conjunction with orthonaedic team and				Х			Х	1
intraoperative planning of future soft tissue reconstruction in conjunction with orthopaedic team and ensure appropriate bone fixation to facilitate this				^			^	·

	1	r –						
ADVANCED Should be able to perform amputation of non-salvageable limbs		-	\vdash	х	_		х	1
			·					
Soft tissue reconstruction	-							-
OBJECTIVE Acquire competence in the planning and execution of appropriate soft tissue cover of open tibla								
fractures								
KNOWLEDGE								
BASIC								_
Should demonstrate knowledge of:		V				X	X	
anatomy of perforators and angiosomes – relevant to planning of local flaps zone of injury		X X				X X	X X	1
anatomy of free flaps suitable for lower limb reconstruction with the advantages and disadvantages		x				X	x	
of each, and the appropriate use of each option		~				X	~	1
INTERMEDIATE								-
Should demonstrate knowledge of: options available for fracture fixation and tailoring soft tissue management accordingly,		х				Х	х	1
planning and prioritising treatment within an MDT setting.		X				X	X	1
ADVANCED								
Should demonstrate knowledge of:								
principles and detailed management of more complex injuries, including multilevel and bilateral lower limb injuries		х				Х	х	1
the surgical management of bone and soft tissue reconstruction		х				Х	х	1
principles of circular frames and bone transport		Х				Х	Х	1
controversies of fasciocutaneous versus muscle flaps for soft tissue coverage of open fractures		х				Х	х	1
angiographic abnormalities when planning reconstruction		X	├			X	X	1
CLINICAL SKILLS						~	~	
BASIC								
Should demonstrate ability to:								
clinically assess soft tissue defects demonstrating recognition of injury patterns	Х						х	1
use simple management techniques including use of appropriate dressings		X					X	1
use appropriate antibiotics at definitive wound closure plan both local and free flap reconstruction appropriately for defect		X					X X	1
co-ordinate soft tissue reconstruction in conjunction with orthopaedic team		X					X	3,1
INTERMEDIATE		, n						0,1
Should be able to:								
plan management algorithms for the common injuries covered in this module		Х					Х	1
plan logical step-by-step planning of complex cases in conjunction with orthopaedic surgeons		х					х	3,1
ADVANCED								
Should demonstrate ability to:								
plan management algorithms for the injuries covered in this module including complex injuries		х					х	1
plan management and reconstruction for the more complex soft tissue defect in patients requiring								
distraction lengthening of the skeleton		Х					Х	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC Should be able to perform:								_
direct closure				х			х	1
skin graft				X			X	1
temporary dressings – negative pressure and antibiotic bead pouch				Х			Х	1
exposure of recipient vessels in leg				Х			Х	1
								_
Should be able to perform: nerve repair (direct)				х			х	1
planning and raising appropriate fasciocutaneous flaps, both proximally and distally-based				x			X	1
raising gastrocnemius muscle flap for proximal third/knee defects				X			X	1
performing most steps in the raising and anastomosing of free flaps		L		X			X	1
harvesting of vein graft				Х			Х	1
exposure of recipient vessels in leg				Х	_		Х	1
ADVANCED Should be able to perform:					_			+
Should be able to perform: raising and anastomosing ALT, LD and radial forearm free flaps under supervision				х			х	1
harvesting a free fibula flap		1		X			X	1
nerve repair using sural nerve graft		L		X			X	1
using interposition vein grafts to perform anastomoses outside zone of injury				Х			Х	1
					_			_
Vascular injuries and amputation OBJECTIVE								
Acquire competence in the diagnosis and management of all vascular injuries to the lower limb.		<u> </u>	\vdash					
Acquire competence in the recognition and management of patients requiring early and delayed amputations.								
Acquire understanding of the impact of amputation level on subsequent renabilitation and detailed	İ							
knowledge of the rehabilitation regimens for patients requiring amputation.								
KNOWLEDGE								
BASIC Should demonstrate knowledge of:								
anatomy of vasculature, including well-known variations e.g. peronea magna	<u> </u>	х				Х	х	1
	L	X				X	X	1
response of vessels to injury and repair			r i			Х	Х	1
primary management of vascular injuries and the devascularised limb		Х						
primary management of vascular injuries and the devascularised limb appropriate use of investigations		Х				Х	Х	1
primary management of vascular injuries and the devascularised limb								1 1 1

rehabilitation of amputation patients		Х		Х	Х	1
INTERMEDIATE						T
Should demonstrate knowledge of:						
role of vascular shunts		Х		Х	Х	1
role of angiography		Х		Х	Х	1
techniques of vessel repair		Х		Х	Х	1
challenges for primary amputation		Х		Х	Х	1
how to deal with the nerves during amputation and the need for a myodesis		Х		Х	Х	1
role of adductor myodesis for transfemoral amputation		Х		Х	Х	1
ADVANCED						
Should demonstrate knowledge of						
methods for secondary amputation for infection, failed reconstruction etc.		Х		Х	Х	1
how to manage the revascularised limb post-operatively		Х		Х	Х	1
pharmacological and non-pharmacological methods for the relief of pain, including phantom limb		х		х	х	1
and neuropathic pain						
requirements of a good amputation stump to allow proper prosthesis fitting		Х		Х	Х	1
role of fillet of limb (foot) technique		Х		Х	х	1
knowledge of need to reconstruct large veins proximal to trifurcation		Х		Х	Х	1
CLINICAL SKILLS						
BASIC						
Should demonstrate ability to:						
control bleeding		Х			Х	1
interpret angiograms		Х			Х	1
INTERMEDIATE				-		
Should demonstrate ability to:						
		v			v	
clinically assess and prepare management algorithms for the conditions covered in this module		Х			х	1
counsel a patient for limb amputation		Х			Х	3,1
ADVANCED						
Should demonstrate ability to	LJ					
clinically assess complex injuries and make decisions on subsequent management		Х			Х	1
interpret investigations and formulate management plan in secondary amputation e.g. CT,		х			х	1
angiography etc.				 		
manage iatrogenic vessel injury		Х	 		Х	1
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to perform:						
exposure of vessels			Х		Х	1
insertion of shunts			Х		Х	1
harvesting vein graft			Х		Х	1
application of skin graft to amputation stump if required			Х		Х	1
INTERMEDIATE						
Should be able to perform:						
vein graft for vascular injury			Х		х	1
			Х		X X	1
vein graft for vascular injury						
vein graft for vascular injury uncomplicated transtibial amputation			Х		Х	1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation.			Х		Х	1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED			Х		Х	1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform			X X		X X	1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect			X X X		X X X	1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate			X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of:			X X X X X X		X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC			X X X X X X		X X X X X X	1 1 1 1 1
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of:			X X X X X X		X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery			X X X X X X		X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres		Х	X X X X X X	Х	X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of fire flap surgery complications which require referral to specialist centres INTERMEDIATE		X X	X X X X X X	X X	X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue		X X X	X X X X X X	X X X	X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue INTERMEDIATE		X X	X X X X X X	X X	X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue RADE in the management of all complications following soft tissue ADVANCED		X X X	X X X X X X	X X X	X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue ADVANCED Should demonstrate knowledge of: ADVANCED Should demonstrate knowledge of:		X X X X	X X X X X X	X X X X	X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications		X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union		X X X X	X X X X X X	X X X X	X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of fore flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: Should demonstrate knowledge of: Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: Should dem		X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union		X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: should demonstrate knowledge of the management of all complications following soft tissue ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue ad vidence-base underpinning the management of complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to:		X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of firee flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free on		X X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: NTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free on local flap, in conjunction with general patient parameter:		x x x x x x x x x x x	X X X X X X	x x x x x	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated transtibial amputation ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications of firee flap surgery complications following the use of local flaps those complications following tree ferral to specialist centres INTERMEDIATE Should demonstrate knowledge of: ADVANCED Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: Should demonstrate knowledge of: Should demonstrate knowledge of: Should demonstrate knowledge of: BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter: use relevant adjunctive techniques such as ultrasound		X X X X X X	X X X X X X	x x x x x	X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated transtibial amputation ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: consequences of infection following trauma and surgery complications following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter: use relevant adjunctive techniques such as ultrasound INTERMEDIATE		x x x x x x x x x x x	X X X X X X	x x x x x	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transtibial amputation -uncomplicated transtibial amputation -uncomplicated transtibial amputation ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: bound demonstrate knowledge of: bound demonstrate knowledge of the management of all complications following soft tissue reconstruction including recognition of skeletal complications ADVANCED Should demonstrate knowledge of: bound demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter: use relevant adjunctive techniques such as ultrasound INTERMEDIATE Should demonstrate ability to:		x x x x x x x x x x x x	X X X X X X	x x x x x	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications: and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications aDVANCED Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter: use relevant adjunctive techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and plan management algorithms for the conditions covered in this module		x x x x x x x x x x x x x x	X X X X X X	X X X X	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transitioial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications following the use of local flaps those complications shich require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications and recognition including recognition of skeletal complications following soft tissue reconstruction including recognition of skeletal complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter. use relevant adjunctive techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: clinically assess and plan management algorithms for the conditions covered in this module use a range of free flap monitoring techniques		x x x x x x x x x x x x	X X X X X X	X X X X	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transitioial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flags for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: comsequences of infection following trauma and surgery complications of following the use of local flaps those complications which require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: basic science and evidence-base underpinning the management of complications orthopaedic principles of managing delayed union and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and non-union CLINICAL SKILLS BASIC Should demonstrate ability to: undertake clinical assessment of complications and in particular recognise a compromised free or local flap, in conjunction with general patient parameter use relevant adjunctive techniques such as ultrasound INTERMEDIATE Should demonstrate ability to: undertake clinical assessment of complications for the conditions covered in this module use a range of free flap monitoring techniques ADVANCED		x x x x x x x x x x x x x x	X X X X X X	X X X X	X X X X X X X X X X X X X X X X X X X	
vein graft for vascular injury uncomplicated transibial amputation -uncomplicated through knee and transfemoral amputation. ADVANCED Should be able to perform repair of complex vessel defect continuation to suitable reconstruction of revascularised limb if appropriate modification of skin flaps for amputation due to complex soft tissue injury fillet of foot for amputation where soft tissue is deficient Complications OBJECTIVE Acquire competence in the diagnosis and management of both bone and soft tissue complications and recognition of the need for multidisciplinary management KNOWLEDGE BASIC Should demonstrate knowledge of: consequences of infection following trauma and surgery complications of free flap surgery complications following the use of local flaps those complications shich require referral to specialist centres INTERMEDIATE Should demonstrate knowledge of: ADVANCED Should demonstrate knowledge of: Complications following the use of local flaps those complicat		x x x x x x x x x x x x x x	X X X X X X	X X X X	X X X X X X X X X X X X X X X X X X X	

undertake detailed assessment of, and advise on, complex problems including		х			x	1
reconstruction/salvage of the limb if primary reconstruction has failed analyse and advise on modifications needed to standard therapy regimens to address specific						-
complications		Х			Х	1
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to perform:						-
washout of haematoma/collection			х		х	1
application of leeches to flap tip with venous congestion			х		Х	1
simple debridement of non-viable flap and appropriate application of temporary dressing			X		X	1
INTERMEDIATE						
Should be able to take back free flap to theatre with consultant assistance.			х		Х	1
ADVANCED						_
Should be able to perform:						-
salvage or amputation of limb following flap failure			х		Х	1
bone debridement in conjunction with orthopaedic surgeons			X		X	1
· · · · ·						-
raising flaps to assist orthopaedic team for skeletal revision surgery including cancellous bone graft			х		Х	1
Paediatric injuries and outcome measures						
OBJECTIVE			<u> </u>	1	1	
Acquire competence in the diagnosis and management of children with lower limb injuries						_
KNOWLEDGE						
BASIC						-
Should demonstrate knowledge of:						
principles of management of children's injuries – skeletal and soft tissue – and appreciate						- · · ·
differences from adults		Х			х	1
normal growth and development, in particular the importance of growth plates		Х			Х	1
outcome measures such as Sickness Impact Profile (SIP),		Х			Х	1
short Form-36 (SF36) and Enneking score. Recognition of the need for specialist centres for		х			х	1
revision surgery						
INTERMEDIATE						_
Should demonstrate knowledge of:						
management of open lower limb injuries in children		Х			Х	1
how to apply outcome measures to practice and interpret published work, including limitations		Х			х	1
ADVANCED						-
Should demonstrate knowledge of:						_
management of paediatric lower limb injuries and the specific bone and soft tissue considerations						_
needed with regard to growth		Х			Х	1
controversies regarding paediatric open lower limb injuries		Х			Х	1
how to plan and undertake an outcome study and audit outcomes for lower limb trauma		Х			Х	1
CLINICAL SKILLS						
BASIC						
Should demonstrate ability to:						
clinically assess the injured child	Х				Х	1
communicate and liaise with parents	х	Х			Х	3,1
work and communicate within the relevant multidisciplinary team (MDT)		Х			Х	3,1
recognise non-accidental injury	х	Х			X	1
INTERMEDIATE					1	
Should demonstrate ability to plan management algorithms for the paediatric patient with lower limit		v				
injury.		Х			х	1
ADVANCED						
Should demonstrate ability to:						
use skills of analysis and diagnostic synthesis, judgement, and surgical planning		Х			Х	1
in respect of the child, to advise regarding timing of reconstruction and effect of growth on		х			x	1
reconstructive surgery previously performed		~			~	

reconstructive surgery previously performec	~			~	-
provide detailed advice on the treatment pathway, including interpretation of specialist imaging,	х			x	3,1
within the context of the relevant MD1	^			~	5,1
TECHNICAL SKILLS AND PROCEDURES					
BASIC					
Should be able to stabilise the child with lower limb injury for safe transfer to specialist centre	х			х	1
INTERMEDIATE					
Should be able to perform primary debridement and application of temporary wound dressings ir		х		Y	1
theatre		^		^	
ADVANCED					
Should be able to perform appropriate reconstruction of soft tissue defect including all the		v		v	1
techniques available		^		^	1

stem cell biology, biology of scarring and wound healing. Management of abnormal scars Breast assessment – examination, investigations : including imaging and biopsy techniques.					
OBJECTIVE					
Acquire competence in basic sciences pertinent to the breast and competence in clinical diagnosis and investigation					
KNOWLEDGE					
BASIC					
Should demonstrate knowledge of:					
topographical and segmental anatomy of the breast, vascular neural and lymphatic supply/drainage of breast, anatomy of chest wall, abdomen and axilla	х		х	х	1
lymphatic system physiology	Х		Х	Х	1
embryology of breast	Х		Х	Х	1
endocrine physiology and endocrine effects on the breast at puberty, pregnancy, lactation menopause and in mastalgia	х		х	х	1

						1	
effect of hormonal therapeutics on the breast (OCP, HRT, selective estrogen-receptor modulators & aromatase inhibitors)	ŝ	Х			х	х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
developmental abnormalities - accessory nipples, accessory breast tissue		Х			Х	Х	1
concept and limitations of triple assessment		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of:							
breast aesthetics (including breast measurements), breast asymmetry, breast hyperplasia		v			N.	X	
hypoplastic breast syndromes including Poland's syndrome, chest wall deformities, associated limb abnormalities		Х			х	х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
take a focused breast history related to any breast symptom	Х					Х	1
examine the breast and axilla	Х					Х	1
request component investigations of triple assessment, and ensure that results are discussed a		х				х	1
breast MDT							
accurately record diagnostic findings		Х				Х	1
Should demonstrate ability to:							
arrange non-standard investigations required to assess breast symptoms following inconclusive							
initial results		Х				Х	1
interpret mammogram and ultrasound findings		Х			Х	Х	1
interpret significance of cytological and histological biopsy reports		Х			Х	Х	1
plan treatment algorithms for conditions in this module		Х				Х	1
ADVANCED	\square		\square	[
Should demonstrate skills of analysis and diagnostic synthesis, judgement, and surgical planning		х				х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to perform:	\vdash						
free-hand and ultrasound guided lesion FNA				х		х	1
free-hand core biopsy				X		x	1
punch biopsy of skin / nipple				X		X	1
INTERMEDIATE				~		~	
Should be able to perform:							
surgical excision biopsy				х		х	1
ultrasound guided core biopsy				X		X	1
ADVANCED							
Should be able to perform vacuum assisted mammatome biopsy				Х		х	1
Breast Cancer							
Breast Cancer OBJECTIVE							
OBJECTIVE							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer.							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer.							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of:							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS					× ×	×	
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM)		Х			Х	Х	1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen							
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM)		Х			Х	Х	1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset		X X			X X	x x	1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datasel male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with		X X X X			X X X X	x x x x	1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP		X X X X X			X X X X X	X X X X X	1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population		X X X X			X X X X	x x x x	1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datase1 male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE		X X X X X			X X X X X	X X X X X	1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datasel male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of:		X X X X X X			X X X X X X	X X X X X X	1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datase1 male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy		X X X X X X X			X X X X X X X	X X X X X X X	1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datasel male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of:		X X X X X X			X X X X X X	X X X X X X	1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datase1 male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy		X X X X X X X X X			X X X X X X X X	X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND)		X X X X X X X X X X			x x x x x x x x x x x x x	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM)		X X X X X X X X X X X X			X X X X X X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with InteNHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mannoplasty / IBR/SSM & NSM) complications of surgery and their management <td></td> <td>X X X X X X X X X X</td> <td></td> <td></td> <td>x x x x x x x x x x x x x</td> <td>X X X X X X X X X X</td> <td>1 1 1 1 1 1 1 1 1 1 1 1</td>		X X X X X X X X X X			x x x x x x x x x x x x x	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datase1 male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica		X X X X X X X X X X X X X			X X X X X X X X X X X X X	X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datasel male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) ooncplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), sp		X X X X X X X X X X X X			X X X X X X X X X X X X	X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC - TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica		X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datase1 male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) ooncoplastic techniques (therapeutic management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clin		X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT datasel male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oonplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biol		X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica		X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifically common regimes, indications, complications and side effects and supporting evidence cancer biology – specifically with rega		X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifical		x x x x x x x x x x x x x x x x x			X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifically common regimes, indications,		X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifical		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications and side effects and supporting evidence cancer biology – specifically with regards to hormonal and growth factors		x x x x x x x x x x x x x x x x x x x			X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) propostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplast / IBR/SSM & NSM) complications and side effects and supporting evidence cancer biology – specifically with rega		x x x x x x x x x x x x x x x x x x x			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) propostic factors (umour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications of surgery and their management adjuvant therapies including chemotherapy, radio		X X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications and contraindications for mastectomy and BCS and appropriate selection of axillary surgery (SLNB versus ALND) oncoplastic techniques (therapeutic mammoplasty / IBR/SSM & NSM) complications and side effects and supporting evidence adjuvant therapies including chemotherapy, radiotherapy, endocrine therap		x x x x x x x x x x x x x x x x x x x			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (tumour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifically common regimes, indications, complications a side effects and supporting evidence cancer biology – specifically with regards to horrmonal and growth factors /		X X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	1 1
OBJECTIVE Acquire competence in the diagnosis, assessment and management of all types of breast cancer. Includes management of premalignant conditions of the breast and screening for breast cancer. KNOWLEDGE BASIC Should demonstrate knowledge of: epidemiology, histological classification and sub-types of invasive disease and DCIS staging of breast cancer (UICC – TNM) prognostic factors (umour and patient-related) and implications for patient treatmen recommendations Breast cancer MDT dataset male breast cancer, development of the NHSBSP and current structure breast screening delivery, patient flow, quality assurances and criticisms/limitations associated with the NHSBSP principles of screening programmes within a population INTERMEDIATE Should demonstrate knowledge of: indications for primary medical therapy rationale for neo-adjuvant chemotherapy / endocrine therapy including evidence and limitations indications of surgery and their management adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies (NICE clinical guidelines 80 & 81), specifically common regimes, indications, complications and side effects and supporting evidence Complications of surgery and their manag		X X X X X X X X X X X X X X X X X X X			x x x x x x x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	1 1

CLINICAL SKILLS								
BASIC Should demonstrate ability to:							<u> </u>	
take a focussed breast history including presenting complaint, family history, elicit risk factors and	v						×	
identify co-morbidities important in treatment planning	Х						Х	1
examine the breast, nodal basins and relevant distant sites where metastasis suspected	Х						X	1
initiate appropriate initial investigations as part of triple assessment	X				Х		X X	1 1,3
recognise the importance of, and work effectively within, the breast multidisciplinary team INTERMEDIATE	~				X		~	1,3
Should demonstrate ability to:								
interpret mammogram and sonographic findings	х	х					х	1
recognise uncommon presentations of breast cancer (Pagets disease, inflammatory carcinoma)	х						х	1
	~						~	
assess and manage patients presenting with locally advanced disease recognise where further mammographic views or MRI may be required and request these								
appropriately	х						Х	1
develop and record management plan for the patient and discuss rationale for management of	х				х		х	1,3
common scenarios with patients in conjunction with dedicated Breast Care Nurs	~				~		~	1,0
ADVANCED Should demonstrate ability to								
interpret MRI findings and use these in treatment planning	х	х					х	1
undertake skilful discussion of cancer diagnosis with patients	X	X					x	1
discuss complex treatment scenarios with patients including discussion of all options, advantages	х	х					х	1
and disadvantages and take informed consent	^	^					^	1
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Should be able to perform: appropriate pre-op skin prep and draping and antibiotic prophylaxis				х			х	1
appropriate pre-op skin prep and draping and antibiotic prophylaxis palpable excision biopsy, palpable wide local excision				X		ļ	X	1
sentinel lymph node biopsy, dual modality and blue dye only				X			X	1
node sample in centres where SNB not employed				X			X	1
simple mastectomy				X			X	1
INTERMEDIATE								
Should be able to perform:								
wire/radiologically-localised excision of impalpable lesion				Х			Х	1
skin-sparing mastectomy				Х			X	1
axillary lymph node dissection (level 3) both primary and delayed ADVANCED				Х			Х	1
Should be able to perform								
axillary lymph node dissection for disease recurrence				х			х	1
skin and nipple preserving mastectomy				X			x	1
therapeutic mammoplasty, IBR procedures appropriate to parent specialty				х			х	1
		•	•	•				
Benign breast conditions			ī	_				
OBJECTIVE								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis						X	X	1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiologr								
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiology Phylloides tumour		х				Х	х	1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiology Phylloides tumour gynaecomastia		X X				X X	X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiology Phylloides tumour		х				Х	х	1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast		X X				X X	X X	1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms		X X X				X X X	X X X	1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional charge of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking)		X X X X				× × × ×	x x x	1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele).		X X X				X X X	X X X	1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional charge of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking)		X X X X X X				x x x x x x	X X X X X	1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk		X X X X				× × × ×	x x x	1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS		X X X X X X				x x x x x x	X X X X X	1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC		X X X X X X				x x x x x x	X X X X X	1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ⁺ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to:		X X X X X X				x x x x x x	x x x x x x x	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr niple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease	X	X X X X X X				x x x x x x	x x x x x x x x	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylioides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla		X X X X X X				x x x x x x	X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr niple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease	X	X X X X X X				x x x x x x	x x x x x x x x	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) <td></td> <td>X X X X X X</td> <td></td> <td></td> <td></td> <td>x x x x x x</td> <td>X X X X X X X X X X X</td> <td></td>		X X X X X X				x x x x x x	X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated		X X X X X X				x x x x x x	X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions witl associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated		X X X X X X				x x x x x x	X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog ¹ Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactoccoele). ADVANCED Should demonstrate ability to: take focussed breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated INTERMEDIATE Should demonstrate ability to:	X X X X X	X X X X X X				x x x x x x	X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should be able to describe association between specific high-risk benign breast conditions with associated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) initiat		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (h/per-prolactinaemia, qynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated INTERMEDIATE <		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylioides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine systems associated with benign breast pathology included in this module Initate appropriate investigations / triple assessment where indicate		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated INTERMEDIATE <td></td> <td>X X X X X X</td> <td></td> <td></td> <td></td> <td>x x x x x x</td> <td>X X X X X X X X X X X X X X</td> <td></td>		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia Involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: sasociated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine breast and axilla examine breast and axilla examine breast and axilla formulate management plan of benign breast pathology included		X X X X X X				x x x x x x	X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylioldes tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: ctastociated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine systems associated with benign breast pathology included in this module initiate appropriate investigations / triple assessment where indicated INTERMEDIATE		X X X X X X				x x x x x x	X X X X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylloides tumour gynaecomastia involutional change of the breast INTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, gynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: take focussed breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine systems associated with benign breast disease (endocrine, abdominal) initiate appropriate investigations / triple assessment where indicated		X X X X X X		Х		x x x x x x	X X X X X X X X X X X X X X X X X X X	
OBJECTIVE Acquire competence in the diagnosis and management of benign breast conditions KNOWLEDGE BASIC Should demonstrate knowledge of: pathophysiology and presentation of mastalgia, fibroadenoma, breast cysts, papilloma, benigr nipple discharge, duct ectasia, periductal mastitis, mammary duct fistula and breast sepsis (lactational and non-lactational) including microbiolog Phylioldes tumour gynaecomastia involutional change of the breast NTERMEDIATE Should demonstrate knowledge of relationship between systemic disorders, medication and lifestyle factors with breast symptoms (hyper-prolactinaemia, qynaecomastia, OCP, smoking) benign pregnancy and lactational lesions of the breast (lactational adenoma, galactocoele). ADVANCED Should demonstrate ability to: cassociated increased breast cancer risk CLINICAL SKILLS BASIC Should demonstrate ability to: take focussed breast history, eliciting factors associated with benign breast disease examine systems associated with benign breast pathology included in this module initiate appropriate investigations / triple assessment where indicated INTERMEDIATE <		X X X X X X				x x x x x x	X X X X X X X X X X X X X X X X X	

Should be able to perform:					
nipple eversion techniques		Х		Х	1
wire / image guided excision of lesion,		Х		Х	1
ultrasound guided aspiration abscess,		Х		х	1
microdochectomy,		Х		х	1
major duct excision,		Х		Х	1
fistula surgery.		Х		х	1
ADVANCED					
Should be able to perform					
ductoscopy,		Х		х	1
minimal access surgery,		Х		Х	1
nipple eversion techniques.		Х		Х	1
Breast reconstruction – Implant based techniques					
OBJECTIVE					
Acquire competence in implant based reconstruction including indications, technique and					
management of complications					
KNOWLEDGE					
BASIC					
Should demonstrate knowledge of:					
indications and contraindications to implant based reconstruction	Х		Х	Х	1
surgical anatomy of implant / expander based reconstructive procedures	Х		Х	Х	1
alloplastic materials and tissue interface	Х		Х	Х	1
dermal xenografts	Х		Х	Х	1
INTERMEDIATE					

indications and contraindications to implant based reconstruction		Х			Х	Х	1
surgical anatomy of implant / expander based reconstructive procedures		Х			Х	Х	1
alloplastic materials and tissue interface		Х			Х	Х	1
dermal xenografts		Х			Х	Х	1
INTERMEDIATE							
Should demonstrate knowledge of:							
advantages and disadvantages in comparison to autologous based reconstruction		Х			Х	Х	1
range of devices available		Х			Х	Х	1
implant infection and management		Х			Х	Х	1
implant extrusion		Х			Х	Х	1
capsular contracture		Х			Х	Х	1
aetiology, classification, role of DXT and management, - historical development and controversies		х			х	Х	1
ADVANCED							
Should demonstrate knowledge of:							
staged procedures – single and two stage: advantages and disadvantages		х			Х	Х	1
adjunctive biological technologies		X			X	X	1
outcome of implant based reconstruction		X			X	X	1
relevant literature		X			X	X	1
CLINICAL SKILLS		~			~	~	<u> </u>
BASIC							
Should demonstrate ability to:							
assess suitability for implant based reconstruction and alternatives	х					х	1
identify pre-operative factors which can be optimized prior to surgery (smoking, systemic disease)	X	х				x	1
INTERMEDIATE							
Should demonstrate ability to consent patients describing full range of potential complications, and							
set realistic expectations.	Х	Х				Х	1
ADVANCED							
Should demonstrate ability to select appropriate implants / expanders for patients, recognise post-	х	х				х	4
operative complications and formulate associated management plans	^	^				^	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to:							
orient devices and prepare appropriately				Х		Х	1
explain issues regarding antIbiotics, drains, changing gloves				Х		Х	1
use electric operating tables				Х		Х	1
protect pressure areas				Х		Х	1
prevent nerve injuries / neurapraxia				Х		Х	1
INTERMEDIATE							
Should be able to perform:							
creation and closure of sub-pectoral pocket				Х		Х	1
subpectoral pocket including total sub-muscular cover				Х		Х	1
two stage reconstruction using TEX and subsequent exchange for FVI.				Х		Х	1
ADVANCED							
Should be able to perform:							
preoperative marking of patient				Х		Х	1
single staged reconstruction using FVI and dermal xenograft sling			İ 👘	Х		Х	1
inferior dermal sling to achieve implant cover			l I	Х		Х	1
identification and correction of aesthetic deficiencies as secondary procedures	1		1	X		X	1
nipple reconstruction techniques (see under Module 5)			1	X		X	1
			•				·
Reconstruction – Autologous tissue based techniques							
OBJECTIVE							
Acquire competence in autologous tissue based breast reconstruction including indications							

OBJECTIVE					
Acquire competence in autologous tissue based breast reconstruction including indications technique and management of complications.					
KNOWLEDGE					
BASIC					
Should demonstrate knowledge of:					
classification of flaps (random versus axial / muscle flap - Mathes and Nahai / type of tissue beinc transferred)	х		х	х	1
factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related)	Х		Х	Х	1
principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat' donor site considerations)	х		х	х	1

principles of microsurgery		Х		Х	Х	1
Should demonstrate knowledge of:						
relevant surgical anatomy and neurovascular supply of flaps used in breast reconstruction (LD Abdominal wall, I/S GAP, TUG, TDAP)		Х		Х	Х	1
concept of angiosomes, specifically in reconstructions using abdominal free flaps,		х		Х	х	1
indications and contraindications for IBR and DBR – pre-operative factors to be considered in		х		х	х	1
decision making,						
tissue effects of DXT.		Х	 	Х	Х	1
psychological impact of IBR and DBR, - advantages and disadvantages in comparison with implan based reconstruction,		Х		Х	Х	1
pre-operative investigations for specific flaps,		х		Х	х	1
complications of autologous tissue reconstruction including donor site morbidity.		Х		Х	Х	1
ADVANCED						
Should demonstrate knowledge of:						
long term outcomes of breast reconstruction		Х		Х	Х	1
assessment of outcome (clinical / PROMs)		Х		Х	Х	1
reconstruction in prophylactic surgery		Х		Х	Х	1
partial breast reconstruction		Х		Х	Х	1
nipple reconstruction techniques		Х		Х	Х	1
flap salvage and options following failure		Х		Х	Х	1
lipomodelling in reconstruction (indications, complications and controversies – stem cells mammographic follow-up)		х		Х	х	1
relevant literature		х		Х	х	1
CLINICAL SKILLS		~	_	~	~	<u> </u>
BASIC						
Should demonstrate ability to:	İ –					1
take history eliciting factors important for decisions regarding suitability / type of autologou:	v	1			v	1
reconstruction	Х				х	
maintain clear documentation in the notes in the post-operative period	Х				Х	1
INTERMEDIATE						<u> </u>
Should demonstrate ability to:	<u>.</u>	ļ				<u> </u>
assess suitability for IBR vs DBR	Х				Х	1
discuss advantages and disadvantages of reconstruction - specifically setting of realistic expectation, reconstruction as a process, template in-patient stay and complication	х				х	1
describe importance of informed consent and joint decision making	х				х	1
manage complications of surgery in clinic (wound, seroma)	X				X	1
manage patients appropriately in post-operative period	X				X	1
ADVANCED						
Should demonstrate ability to:						
identify patients not suitable for autologous reconstruction (physical and psychologica	х				х	1
contraindications)						
undertake appropriate post-operative assessment of (free) flaps	Х				X	1
plan algorithms for managing complications	Х				Х	1
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to perform:			v		v	1
positioning of patient on operating tissue			 X X		X X	1
			 X			1
protection of pressure areas			~ ~		V	
protection of pressure areas prevention of nerve injuries / neurapraxia					X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis			Х		Х	1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care			X X		X X	1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables			Х		Х	1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE			X X		X X	1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform:			X X X		X X X	1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient			X X X		X X X X	1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform:			X X X		X X X	1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi			X X X X X X		X X X X X	1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap			X X X X X X		X X X X X	1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED			X X X X X X		X X X X X	1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform:			X X X X X X		X X X X X	1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient			X X X X X X X		X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing)			X X X X X X X X		X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses			X X X X X X X X X X X X X X		X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps			X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap shaping techniques			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques lipomodelling for correction of resectional defects			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap shaping techniques			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for falling flaps flap shaping techniques flap revision techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques flap revision techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for falling flaps flap shaping techniques flap revision techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques flap revision techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap shaping techniques flap revision techniques flap revision techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction DBJECTIVE			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap shaping techniques flap salvage for correction of resectional defects lipomodelling in breast reconstruction Pelvic reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect.			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques flap revision			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap shaping techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap correction of resectional defects lipomodelling in breast reconstruction Pelvic reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect. KNOWLEDGE BASIC			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques microvascular anastomoses flap salvage for failing flaps flap shaping techniques lipomodelling in breast reconstruction Pelvic reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect. KNOWLEDGE BASIC Should demonstrate knowledge of:			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap subage for failing flaps flap shaping techniques flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect. KNOWLEDGE BASIC Should demonstrate knowledge of: types and basic management of various types of pelvic/genito-urethral malignancy.			X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient raising pedicled autologous flaps including latissimus dorsi in-setting of flap ADVANCED Should be able to perform: preoperative marking up of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap salvage for failing flaps flap salvage for failing flaps flap revision techniques lipomodelling for correction of resectional defects lipomodelling in breast reconstruction Pelvic reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect. KNOWLEDGE BASIC Should demonstrate knowledge of: types and basic management of various types of pelvic/genito-urethral malignancy. effects of gender on defect		Х	X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap salvage for failing flaps flap shaping techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap salvage for failing flaps flap revision techniques flap revision techniqu		X X	X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	
protection of pressure areas prevention of nerve injuries / neurapraxia skin preparation, draping and antibiotic prophylaxis selection / arrangement of appropriate level of post-operative care use of electric operating tables INTERMEDIATE Should be able to perform: pre-operative marking of patient nipple reconstruction techniques (nipple sharing procedures, local flaps, tattooing) raising pedicled autologous TRAM or DIEP flap free-flap techniques flap salvage for failing flaps flap shaping techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap revision techniques flap salvage for failing flaps flap Shaping techniques flap revision techniques flap revision techniques flap resonstruction Pelvic reconstruction OBJECTIVE Acquire competence in the principles of management including reconstruction of the pelvic defect. KNOWLEDGE BASIC Should demonstrate knowledge of: types and basic management of various types of pelvic/genito-urethral malignancy. effects of gender on defect principle of management of malignancy of pelvic origin role of the MDT		X X X	X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	1					Т
Should demonstrate knowledge of techniques available for pelvic defect reconstruction including:						
assessment of the nature of the commoner partial defects and the most appropriate flaps		Х			Х	1
assessment of total perineal defect and the main types of flap.		Х			Х	1
pros and cons of various flaps for various defects		Х			Х	1
ADVANCED						
Should demonstrate knowledge of techniques available for specific aspects of pelvic and perinea		х			х	1
reconstruction such as:						
penile amputation for carcinoma		Х			Х	1
vulval reconstruction with fasciocutaneous flaps		Х			Х	1
coverage of exposed testis following Fourniers		Х			Х	1
urethral reconstruction options following malignancy		Х			Х	1
trauma, including flap, FTSG, transplantation of urethra, tubed bladder wall		Х			Х	1
CLINICAL SKILLS	1					
BASIC						
Ability to demonstrate:						
working within an MDT and the ability to assess the psychological state of the patient and possible	х			х	Х	1,3
size/nature of the defect prior to resectior	^			^	^	1,3
INTERMEDIATE						
Ability to demonstrate:						
the skills to arrange patient-centered care with patient as partner in the process (depending on age						
of patient), providing realistic information and guiding patient decision-making regarding choices	х				Х	1
available and timing of those treatments ADVANCED						
						-
Ability to manage and lead:						
multi-disciplinary teams in respect of provision of psycho-social care. Be able to arrange the care						
pathway that supports an individual and his/her family to successfully adjust to disfigurement and						
functional problems through giving the individual and family specific life-skills. These include the	х			х	х	1,3
patient being provided with information about their condition and its treatment, developing a positive	Ξ					
outlook/belief system, learning to cope with their feelings, exchanging experiences with others						
who've "been there" and social skills training to manage other people's reactions						
TECHNICAL SKILLS AND PROCEDURES						
BASIC						
Should be able to perform:						
raising local flaps			Х		Х	1
use of quilted SSG for penile amputation			Х		Х	1
raise and deal with donor site for SSG and FTSG including BUMG			Х		Х	1
INTERMEDIATE						
Should be able to perform:						
elevation of complex flaps including, Lotus flap, Singapore flap, Inferiorly based TRAM and VRAM			х		х	1
SIEA flap and gracillis flap			, î		~	<u> </u>
ADVANCED						-
Should be able to perform specific operations for perineal reconstruction such as:	<u> </u>		Х		Х	1
penile amputation for carcinoma	I	Х	Х		Х	1
urethral reconstruction for stricture or trauma	I	Х	Х		Х	1
vaginal reconstruction following malignancy	1	Х	Х		Х	

Basic Sciences – embryology, development, anatomy and physiology				
Skin assessment – examination, investigations including imaging and biopsy techniques.				
OBJECTIVE				
Acquire competence in the development, anatomy and physiology of the skin in relation to its			1	
surgery				
Acquire competence in the diagnosis, use of imaging and management of suspicious skin lesions				
KNOWLEDGE				
BASIC				
Should demonstrate knowledge of:				
anatomy of the skin-epidermal and dermal layers and appendigeal structures	Х	Х	Х	1
embryology of the skin	Х	х	Х	1
histopathological appearance of skin	х	Х	Х	1
anatomy of the body surface, in particular the head and neck, hands, nails and feet	Х	х	Х	1
vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloo	х	х	х	1
supply of the skin	^		~	'
diagnostic imaging of skin neoplasia X-rays, CT, MRI, US, PET-CT, and imaging assisted diagnosti	х	х	Х	1
biopsy standard skin stains used for histology	X	x	X	1
origin of stains used and for what purpose	x	- x	X	1
immunocytochemistry and cytogenetic techniques	X	- x	X	1
common benign skin disorders-hidradenitis suppurativa, epidermal cysts, lipomas, vascular and				
condenital malformations	х	Х	х	1
melanocytic naevi including giant, actinic lesions and epidermal/dermal lesions etc., risks o	x	х	х	1
malignant transformation in chronic lesions, giant melanocytic naevi and Marjolin's ulcer	^	^	^	'
specific history and diagnostic features (clinical and non-clinical) of benign skin lesions (pigmenter				
and non-pigmented), dysplastic naevi, lentigo maligna, melanoma and non-melanoma skin cancers (basal cell carcinoma and squamous cell carcinoma), dermatofibroma, keratoacanthoma,	х	Х	Х	1
pilomatrixoma, actinic keratoses, Bowen's disease				
clinical features of dermatitis artefacta, folliculitis, pyogenic granuloma, inflammatory skin conditions	~	~	N/	
(hidradenitis and acne vulgaris), fungal skin lesions, lentigines, angiomata	х	Х	Х	1
difference between telangiectasia and spider naevi,	х	Х	Х	1
chronic wounds and pressure sores.	х	Х	Х	1
INTERMEDIATE				
Should demonstrate knowledge of:				
anatomy of special sites, the pelvis, epitrochlear and popliteal fossa, the triangular space of the	х	х	х	1
back, the axilla, head and neck lymph node basin				
anatomy and access for diagnostic biopsies when required	Х	Х	Х	1

	1	v			v	X	
concepts and limitations of diagnostic techniques, dermoscopy, mapping biopsies, frozen sections		Х			Х	Х	1
range, indications and principles of surgical options for surgical ablation of tumours of the skin		х			х	х	1
staged histological clearance		Х			х	х	1
sentinel node biopsy the role of the skin MDT		X		Х	X X	X	1
diagnosis of lesions at difficult sites, subungual, large facial lesions, mucosal lesions, metastatic		x		~		x	1,5
lesions					X		
the range of dressings for open skin lesions/wounds ADVANCED		Х			х	Х	1
Should demonstrate knowledge of:							
anatomy in particular for block dissections of the axilla, inguinal, iliac and ilioinguinal regions		х			х	х	1
functional and surgical anatomy of the face, head and neck		X			x	X	1
the surgical options for reconstruction of particular units of the head & neck (nose / eyelids / ears	-	x			x	x	1
lips), the trunk, the upper lower and lower limi		×				× ×	1
the range of dressings available for complex wounds/ulcers CLINICAL SKILLS		~			Х	×	1
BASIC							
Should demonstrate ability to:							
take focused skin history related to any skin lesion and skin symptoms	X					X	1
use the magnifying glass, lighting, dermoscopy plan non-operative management of small open wounds	X X					X X	1
use non-operative methods of hemostasis in the acutely bleeding wound/ulcer	X					X	1
examine of the head & neck, upper limb, lower limb, abdomen and pelvis	Х					Х	1
assess lesions on the face, head and neck, hand, arm, trunk and lower limb	X		_			X	1
examine regional lymph nodes organise discussion of cases at clinical	X X					X X	1
accurately record diagnostic findings	X					X	1
use the current minimum dataset for skin cancers	Х					Х	1
use current databases and audit and peer review tools according to published requirements and	х					х	1
guidelines INTERMEDIATE							
Should demonstrate ability to:							
assess the chronic ulcer/wounds	Х					Х	1
interpret, CT, PET-CT and MRI scans	X	X				X X	1
interpret and discuss cytological and histological biopsy reports ADVANCED	Х	Х				×	1
Should demonstrate ability to:							
interpret any scans performed in particular PET, PET-CT and lymphoscintigraphy	Х	Х				Х	1
assess and formulate management plan for the large complex wound	Х					Х	1
formulate appropriate and timely management, investigations, treatment and follow up plan for a patient in respect of all types of benign and malignant skin lesion	х					х	1
TECHNICAL SKILLS AND PROCEDURES							
BASIC							_
Should be able to perform: free-hand and ultrasound guided lesion biopsy			Х			х	1
FNA of suspected lesions, punch biopsy	-		X			X	1
harvesting of cells for cytological examination for fungus or malignancy			Х			Х	1
aspiration of seromas or cystic skin lesions excision biopsy of undiagnosed skin lesions smaller than 1cm in size including those suspicious fo			Х			Х	1
malignancy and direct closure techniques			х			х	1
application of the appropriate dressings in open wounds			Х			Х	1
application of the appropriate dressings in infected skin wounds			Х			Х	1
INTERMEDIATE Should be able to perform:							
surgical incision / excision biopsy of lesions at difficult sites (any size if periorbital, nasal, sole of the			х			х	1
foot or hands and larger lesions on the pretibial region				-			
biopsy of subungual lesions use of staged histological clearance			X			X X	1
application of a negative pressure dressing	L	L	X	L		X	1
ADVANCED							
Should be able to perform:			.,				
sentinel lymph node biopsy to include interpretation of result surgical incision / excision biopsy of large suspicious skin lesions (greater than 1cm in size) includir	-		X			X	1
large facial lesions			Х			Х	1
Drimony (protocol of Oliversited at the		_					
Primary treatment of Skin-related neoplasia OBJECTIVE							
Acquire competence in the diagnosis, assessment and management of all types of primary skir							
related neoplasia			_				
KNOWLEDGE							
BASIC							_
		x			Х	Х	1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell		X X			x x	x x	1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions		х			х	x	1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions potential differential diagnosis skin lesions		x x			X X	X X	1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions potential differential diagnosis skin lesions staging of skin cancer (SCC and melanoma), (histological classifications, TMN, AJCC and current)		X X X			X X X	X X X	1 1 1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions potential differential diagnosis skin lesions		x x			X X	X X	1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions potential differential diagnosis skin lesions staging of skin cancer (SCC and melanoma), (histological classifications, TMN, AJCC and current) prognostic factors (tumour and patient related) and implications for patient treatmen		X X X			X X X	X X X	1 1 1
BASIC Should demonstrate knowledge of: epidemiology histological classification (basal cell carcinoma / squamous cell carcinoma / Melanoma / Merkel cell porocarcinoma/ adnexal and pre-cancerous lesions potential differential diagnosis skin lesions staging of skin cancer (SCC and melanoma), (histological classifications, TMN, AJCC and current) prognostic factors (tumour and patient related) and implications for patient treatmen recommendations		x x x x			X X X X	x x x x	1 1 1 1

galadic control relation in classifier in the classifier of cases of or second in the classifier in classifier in the classifier in t		1	r						
carcine constructionConstr	genetic counselling and referral indications		Х				Х	Х	1
Implementance service of a service and SCC's in particular N			х				х	х	1
ne no. or NOTXXX <t< td=""><td>(melanoma, SCC, Sarcoma, Bowen's, actinic keratoses, Kaposi's sarcoma and BCC's) in particular</td><td></td><td>x</td><td></td><td></td><td></td><td>х</td><td>х</td><td>1</td></t<>	(melanoma, SCC, Sarcoma, Bowen's, actinic keratoses, Kaposi's sarcoma and BCC's) in particular		x				х	х	1
Set rows and NUM accumutation X			x			х	x	×	13
Should another stages of channels. Expresentions. Model Cat carrows. I <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
nanging or socies of offerent sequences and suggestion in the sequences of the society of the sequences of the society of the sequences of the society of the sequences of the society of the sequences of the society of the sequences of the society									.,.
Demonstration A <	Should demonstrate knowledge of:								
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			x				x	×	1
indications for service larger not belogs and other programs through the stars of the stars	indications for non-surgical treatment (Photodynamic therapy-PDT, Cryotherapy, laser and topica								_
algover therapies including characterized products of energy and biological and the set of the set			×				x	x	1
hearanes and safe of measurem of the measurem									-
netatana	therapies particularly for melanoma								
ADVANCED Image: Solution of the set			х				X	X	1
Should demonstrate howeking of Image: Constraint in a law cancer and a should be approximate and a			Х				Х	Х	1
associated none specific high risk enging skin conditions with associated increased skin cancer I X I X X I X X I genetic conditions in skin cancer IX X I X I X I genetic conditions in skin cancer IX X I X I X I and inflamma function stepsing structure terms maker flexage IX I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I X I I X I I X I I I X I I X I I I I I I I I I I I I I I I <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
and the second of the second array of the seco	association between specific high risk benign skin conditions with associated increased skin cancer		x				х	х	1
metanomu tunour biology controversies that have exaled across series layers, its history, orgins and basis of astronkows is that have exaled across series layers in the example of the series of metanoma is pread. Includer versus marker theory important adjust and mea-glowert field biologs. X X X X X X X X X X X X X X X X X X									1
controvenies that have existed around serines lymph node biopsy, its history, origins and basis of the around segred incubator versus marker theory income and international trias of metanoma system incubator versus marker theory income and international trias of the adjustmeth segret incubator versus marker theory income and international trias of the adjustmeth segret incubator versus marker theory income and international trias of the adjustmeth segret income and international trias of the adjustmeth segret income and international trias of the adjustmeth segret income and international trias of the adjustmeth segret income and international trias of the adjustmeth segret income and international trias of the adjustmeth segret income and sets types and income and sets types and types and sets types and types and types and types and types and types and types and types and types and types and	5								_
aetinds income house blogs. A A X I A X I incords in adjuvant and neo-dijvant historial and current national traits X I X									
monotant and neo-dynamic historical and current national and international trails X <td>sentinel lymph node biopsy</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td>1</td>	sentinel lymph node biopsy							Х	1
Chinal survival chinal sur			Х				x	x	1
CLINICAL SAILLS Image: Clinical Sailly to: Image: Clinical Sailly to: Image: Clinical Sailly to: Should demonstrate ability to: X Image: Clinical Sailly to: X Image: Clinical Sailly to: accounce and mechanism of an admands and maigned skin hepe: X Image: Clinical Sailly to: X Image: Clinical Sailly to: accounce and mechanism of an admands and aphotic techniques of clinical features, the diagnosti: X Image: Clinical Sailly to: X Image: Clinical Sailly to: and follow presents X Image: Clinical Sailly to: X Image: Clinical Sailly to: X X Image: Clinical Sailly to: and follow presents A Image: Clinical Sailly to: X Image: Clinical Sailly to: X Image: Clinical Sailly to: anases and manage patients presenting with locally advanced disease X Image: Clinical Sailly to: X Image: Clinical Sailly to: anases and manage patients presenting with locally advanced disease X Image: Clinical Sailly to: X Image: Clinical Sailly to: anases and manage patients presenting with locally advanced disease X Image: Clinical Sailly to: X Image: Clinical Sailly to: anases and manage patients presenting with locally advan			х				х	х	1
BASIC Image for the solution of									
Should demonstrate ability to: X <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>									
uake focused skin related relation and malignant skin medpalais such as familial factors, sur X I X 1 exposure and mechanism of sun damage and skin types X I X 1 exposure and mechanism of sun damage and skin types X I X I examine tead & fack and tuncal symph node basin X I X I initiate appropriate investigations, use diagnostic techniques of clinical features, the diagnosti X I X I underskine de Addona Concern and allied speciality multidisciplinary teams, (eg head an use of fectority) within the skin cancer and allied speciality multidisciplinary teams, (eg head an use of fectority) within the skin cancer and sector and table speciality multidisciplinary teams. (eg head an use of fectority) within the skin cancer and table speciality multidisciplinary teams. (eg head an use of fectority) within the skin cancers = BCC, SCC and melanoma X I<									+
elicit factors associated with beingn and maignant skin neoplasis such as familial factors, sur examine head & neck and truncal ymph node basins indicate appropriate investigations, use diagnostic techniques of clinical features, the diagnostic templates of ABCDE (asymmetry, borders, acouve, dameter and evolving and fallow to reasons and fallow to reasons and fallow to reasons indicate appropriate of reacting lise in e.g. photography, diagrams for medicules and fallow to reasons and manage patients presenting with locally advanced disease and manage patients presenting with locally advanced disease and fallow there for the patient of the state of the state and fallow the fallow to reasons and manage patients presenting with locally advanced disease and manage patients presenting with locally advanced disease and evolve and record management plane in line with peer review requirements and discuss rational. A DVANCED ADVANCED	*	х						Х	1
escolar and medianism of sun damage and sub hole: escolar and medianism of sun damage and sub hole: X X X X X X X 1 initiate appropriate meets and truncal ymph node basins X X X X X X 1 initiate appropriate meets and the carbon of ecording lesion e.g. pholography, diagrams for medicaleg X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>									-
nilate appropriate investigations, use diagnostic techniques of clinical features, the diagnostic is the material second scheme is a second scheme in the diagnostic is the di									
template sea, ABCDE (asymmetry, Dorders, colour, diameter and evolving 'A A A A A A A A A A A A A A A A A A A		Х						Х	1
undertake dermoscopy and methods of recording lesion e.g. photography, diagrams for medicolega X I X		Х						Х	1
work effectively within the skin cancer and alled speciality multidisciplinary teams, (eg head and nXTECNEDIATEXXXX1.3INTECNEDIATEII <tdi< td="">II<td>undertake dermoscopy and methods of recording lesion e.g. photography, diagrams for medicolega</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>х</td><td>1</td></tdi<>	undertake dermoscopy and methods of recording lesion e.g. photography, diagrams for medicolega	х						х	1
NTERNEDIATE Image: Constraint a ballity for: Image: Constra ballity for: Image: Constraint a balli	work effectively within the skin cancer and allied speciality multidisciplinary teams, (eg head and	х				х		Х	1,3
Should demonstrate ability to: x x x x x x 1 assess and manage patients presenting with locally advanced disease X x x x 1 recognise pathological features of common skin cancers -BCC, SCC and melanoma X x x x x 1 recognise pathological features of common skin cancers -BCC, SCC and melanoma X x x x 1 recognise where further pathology or radiology may be required and request these appropriately X x x 1 develop and record management plan in line with peer review requirements and discuss rational X x x 1 downancitate ability to: x x x x x 1 ormunicate statis finations a primary melanoma or e x x x x 1 discuss complex treatment scenarios with patients including discussion of all options x x x 1 1 discuss complex treatment scenarios with patients x x x x 1 1 discuss complex treatment scenarios with patients x x x x									
assess and manage patients presenting with locally advanced disease X									
recognise pathological features of common skin cancers —BCC, SCC and melanoma X [1] interpret lymphoscintigraphy, CT, MRI & PET scans recognise where further pathology or radiology may be required and request these appropriately for management of common scenarios with patients and colleaque: Communicate skillully develop and record management plan in line with peer review requirements and discuss rationalk for management of common scenarios with patients and colleaque: Communicate skillully develop and record management plan in line with peer review requirements and discuss rationalk for management of common scenarios with patients and colleaque: Communicate skillully ADVANCED Should demonstrate ability to: Interpret FNAVUSS and distinguish a primary pigmented lesion from a primary melanoma or s discuss complex treatment scenarios with patients including discussion of all options AX X X I Interpret FNAVUSS and distinguish a primary pigmented lesion from a primary melanoma or s discuss complex treatment scenarios with patients including discussion of all options AX X I Interpret FNAVUSS and disdistruates of proposed treatment AX I Interpret treatment scenarios with patients advanced communication skills, breaking bad news, giving prognostic information to the patient AX I AX I IECHNICAL SKILLS AND PROCEDURES INC BASIC INC ASIC ASI		Х						Х	1
recognise where further pathology or radiology may be required and request these appropriately X 1 1 develop and record management plan in line with peer review requirements and discuss rationals X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 1 X 1 X 1 1 X 1 X 1 1 X X 1 X 1 X 1 X 1 X X 1 X X 1 X 1 X 1 X X 1 X X 1 X 1 X X 1 X X 1 X 1 X X X 1 X X 1 X X 1 X X X 1 X X 1 X X X 1 X X 1 X X X X X 1 X X X 1 X X X X 1 X X X 1 X X X X 1 X X X X X 1 X X X 1 X X X X 1 X X X X 1 X X X X 1 X X X X X 1 X X X X X 1 X X X X X X 1 X X X X X 1 X X X X X X 1 X X X X X 1 X X X X X 1 X X X X X 1 X X X X X 1 X X X X X 1 X X X X X X 1 X		Х						Х	1
develop and record management plan in line with peer review requirements and discuss rational for management of common scenarios with patients and colleagues: a communicate skilling x x x x x x x x x x x x x x x x x x x	interpret lymphoscintigraphy, CT, MRI & PET scans	Х						Х	1
develop and record management plan in line with peer review requirements and discuss rational for management of common scenarios with patients and colleagues: a communicate skilling x x x x x x x x x x x x x x x x x x x	recognise where further pathology or radiology may be required and request these appropriately	х						х	1
for management of common scenarios with patients and colleague: X X X X X X 1 ADVANCED X X X X X X 1 ADVANCED X X X X X X 1 Should demonstrate ability to: X X X X X X 1 interpret FNAVUSS and distinguish a primary pigmented lesion from a primary melanoma or £ X X X X X 1 discuss complex treatment scenarios with patients including discussion of all options X X X X 1 1 discuss a cancer diagnosis with patients X X X X X 1 discuss a cancer diagnosis with patients X X X X X 1 discuss a cancer diagnosis with patients X X X X X 1 discuss a cancer diagnosis with patients X X X X 1 discuss a cancer diagnosis with patients X X X 1 discuss									_
communicate skillulyXKK		х						Х	1
Should demonstrate ability to: Image: S		Х						Х	1
Interpret FNAVUSS and distinguish a primary pigmented lesion from a primary melanoma or ϵ x x 1 metastatic melanoma formulate management plan using skills of analysis, diagnostic synthesis and judgement X 1 discuss complex treatment scenarios with patients including discussion of all options X 1 1 discuss complex treatment scenarios with patients including discussion of all options X 1 1 discuss a cancer diagnosis with patients including discussion of all options X 1 1 discuss a cancer diagnosis with patients and disdvantages of proposed treatment X 1 1 discuss a cancer diagnosis with patients and inclusion proposed treatment X 1 1 advanced communication skills, breaking bad news, giving prognostic information to the patient X 1 1 TECHNICAL SKILLS AND PROCEDURES 1 1 1 BASIC 1 1 1 FIG NEWLER Aspiration-FNA / core sample of ymph nodes 1 1 1 wider excision of skin tumours with the advised margins on the trunk, leg and arm 1 1 Avainable to perform: 1 1 1 Avainable to reprostruction (rotation / transposition / advancement) 1 1 Avainable to reprostruction (rotation / transposition / advancement) 1 1 Avainable to reprostruction (rotation / transposition / advancement) 1 1 Avainable to reprostruction (rotation / transposition / advancement) 1 1 Avainable to reprostruction (rotation / transposition / advancement) 1 1 Avainable in centres where sentinel lymph node biopsy is not employed 1 1 1 NTERMEDIATE 1 1 NTERME	ADVANCED								
metastatic melanomaXXXXX1formulate management plan using skills of analysis, diagnostic synthesis and judgementXIX1formulate management plan using skills of analysis, diagnostic synthesis and judgementXIX1faccuss complex treatment scenarios with patients including discussion of all optionsXIX1take informed consent detailing advantages and disadvantages of proposed treatmentXIX1advanced communication skills, breaking bad news, giving prognostic information to the patientXIIX1advanced communication skills, breaking bad news, giving prognostic information to the patientXIII<		_							
formulate management plan using skills of analysis, diagnostic synthesis and judgementXIXIX1discuss complex treatment scenarios with patients including discussion of all optionsXIX1discuss complex treatment scenarios with patients including discussion of all optionsXIX1discuss a cancer diagnosis with patientsXIIX1advanced communication skills, breaking bad news, giving prognostic information to the patientXIIX1TECHNICAL SKILLS AND PROCEDURESIIIIIIIIBASICIIIIIIIIIIIShould be able to perform:IIXIII </td <td></td> <td>х</td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td>1</td>		х	х					х	1
discuss complex treatment scenarios with patients including discussion of all options X I X 1 take informed consent detailing advantages and disadvantages of proposed treatment X I X 1 discuss a cancer diagnosis with patients X I X I X 1 advanced communication skills, breaking bad news, giving prognostic information to the patient X I X I X I BASIC I		х						х	1
take informed consent detailing advantages and disadvantages of proposed treatmentXIXIdiscuss a cancer diagnosis with patientsXXXX1advanced communication skills, breaking bad news, giving prognostic information to the patientXXX1TECHNICAL SKILLS AND PROCEDURESXXXX1BASICXXXXX1Should be able to perform:XXXXX1Fine Needle Aspiration-FNA / core sample of lymph nodesXXXX1wider excision of skin tumours with the advised margins on the trunk, leg and armXXXX1optimum placement of incisions allowing for possible secondary surgery and future block dissectionXXX1pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxisXXXX1INTERMEDIATEXXXXX1INTERMEDIATEXXXX1INTERMEDIATEXXXX1Bould be able to perform:XXXX1indea and neck, funcal and limb sentinel lymph node biopsy, - level I, II and III axillary dissectionXXXX1pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxisXXXX1INTERMEDIATEXXXXX1Interdation of									
discuss a cancer diagnosis with patientsXIXIadvanced communication skills, breaking bad news, giving prognostic information to the patientXIX1TECHNICAL SKILLS AND PROCEDURESIIIIIBASICIIIIIIShould be able to perform:IIIIIIShould be able to perform:IIIIIIIShould be able to perform:IXXX1II <td></td> <td></td> <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>			L						1
and include within backing back here, giving progressive information to the patient Image: Construction of the patient of the patient Image: Construction of the patient of the patient BASIC Image: Construction of the patient of the patient Image: Construction of the patient of the pati		Х						X	1
and include within backing back here, giving progressive information to the patient Image: Construction of the patient of the patient Image: Construction of the patient of the patient BASIC Image: Construction of the patient of the patient Image: Construction of the patient of the pati	advanced communication skills, breaking had news, giving prognostic information to the potient	х						x	1
BASIC Image: Construction of the section of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and arm Image: Construction of skin tumours with the advised margins on the trunk, leg and artificial skin replacements Image: Construction of construction of skin tumours with the advised margin on the skin of the head and neck, face, genitalia and hand Image: Construction of lesions with the advised margin on the skin of the head and neck, face, genitalia and hand Image: Construction of the section Image: Construction of theadvised margin on the skin of the head and neck, face,		-							
Should be able to perform:									
excision biopsy of lesion and incision biopsy of skin lesions-when indicatedXXXX1Fine Needle Aspiration-FNA / core sample of lymph nodesXXXX1wider excision of skin tumours with the advised margins on the trunk, leg and armXXX1local flap reconstruction (rotation / transposition / advancement)XXXX1optimum placement of incisions allowing for possible secondary surgery and future block dissectionsXXX1explain the rationale for use of split and full thickness skin grafts and artificial skin replacementsXXX1pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxisXXX1INTERMEDIATEXXXX1Should be able to perform:XXX1wider excision of lesions with the advised margin on the skin of the head and neck, face, genitaliaXXX1head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissectionXXX1ADVANCEDXXXXX1Should be able to perform:XXX1ergional flaps - various including rotational, advancement, axial patternXXX1ADVANCEDXXXXX1Should be able to perform:XXXX1pelvic or head and neck block dissectionXXX </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Fine Needle Aspiration-FNA / core sample of lymph nodesXXX1wider excision of skin tumours with the advised margins on the trunk, leg and armXXX1local flap reconstruction (rotation / transposition / advancement)XXX1optimum placement of incisions allowing for possible secondary surgery and future block dissectionsXXX1explain the rationale for use of split and full thickness skin grafts and artificial skin replacementsXXX1pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxisXXX1node sample in centres where sentinel lymph node biopsy is not employedXXX1INTERMEDIATEIIIIIIShould be able to perform:XXXX1wider excision of lesions with the advised margin on the skin of the head and neck, face, genitalic and handXXX1head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inguinal block dissectiorXXX1Should be able to perform:XXXX1egional flaps – various including rotational, advancement, axial patternXXX1ADVANCEDXXXXX1Should be able to perform:XXXX1pelvic or head and neck block dissectionXXX1ADVANCEDX<					х			Х	1
wider excision of skin tumours with the advised margins on the trunk, leg and arm X X X 1 local flap reconstruction (rotation / transposition / advancement) X X X 1 optimum placement of incisions allowing for possible secondary surgery and future block dissections X X X 1 explain the rationale for use of split and full thickness skin grafts and artificial skin replacements X X X 1 pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis X X X X 1 node sample in centres where sentinel lymph node biopsy is not employed X X X 1 INTERMEDIATE Image: Construction of lesions with the advised margin on the skin of the head and neck, face, genitalize and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inguinal block dissectior X X X 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED Image: Normal and line kolock dissection X X X 1 Should be able to perform: X <t< td=""><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			1						
optimum placement of incisions allowing for possible secondary surgery and future block dissections X X X 1 explain the rationale for use of split and full thickness skin grafts and artificial skin replacements X X X 1 pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis X X X 1 node sample in centres where sentinel lymph node biopsy is not employed X X X 1 INTERMEDIATE X X X X 1 Should be able to perform: X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitalize and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inquinal block dissectior X X 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X X 1 pelvic or head and neck block dissection X X X 1									
explain the rationale for use of split and full thickness skin grafts and artificial skin replacements X X X 1 pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis X X X X 1 node sample in centres where sentinel lymph node biopsy is not employed X X X X 1 INTERMEDIATE X X X X X 1 Should be able to perform: X X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitaliz and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inguinal block dissectior X X X 1 regional flaps – various including rotational, advancement, axial pattern X X X X 1 Should be able to perform: X X X X X 1 regional flaps – various including rotational, advancement, axial pattern X X X X 1 Should be able to perform: X X X X X X	local flap reconstruction (rotation / transposition / advancement)				Х			Х	1
pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis X X X 1 pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis X X X 1 node sample in centres where sentinel lymph node biopsy is not employed X X X 1 INTERMEDIATE Image: Constraint of the lead and neck, face, genitaliz and hand X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitaliz and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inguinal block dissectior X X X 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X X 1 pelvic or head and neck block dissection X X X 1	optimum placement of incisions allowing for possible secondary surgery and future block dissection	6			х			x	1
inde sample in centres where sentinel lymph node biopsy is not employed X X X 1 INTERMEDIATE X X X X 1 Should be able to perform: X X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitaliz and hand X X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inquinal block dissectior X X X 1 regional flaps - various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1	explain the rationale for use of split and full thickness skin grafts and artificial skin replacements				х			Х	1
inde sample in centres where sentinel lymph node biopsy is not employed X X X 1 INTERMEDIATE X X X X 1 Should be able to perform: X X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitaliz and hand X X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inquinal block dissectior X X X 1 regional flaps - various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1	pre-op skin prep and draping and antibiotic and venous thromboembolism prophylaxis		Ì	l	Х			Х	1
Should be able to perform: Image: Constraint of the head and neck, face, genitalize and hand X X X 1 wider excision of lesions with the advised margin on the skin of the head and neck, face, genitalize and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inquinal block dissectior X X X 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED Image: Constraint of the top enform: X X X 1 pelvic or head and neck block dissection X X X 1	node sample in centres where sentinel lymph node biopsy is not employed				Х			Х	1
wider excision of lesions with the advised margin on the skin of the head and neck, face, genitalic X X 1 and hand head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection X X X 1 nad inquinal block dissectior X X X 1 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1 pelvic or head and neck block dissection X X X 1									+
and hand X X X 1 head and neck, truncal and limb sentinel lymph node biopsy, - level I, II and III axillary dissection and inguinal block dissectior X X X 1 regional flaps - various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1 pelvic or head and neck block dissection X X X 1					v			×	4
and inguinal block dissection X X 1 regional flaps – various including rotational, advancement, axial pattern X X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1 pelvic or head and neck block dissection X X X 1	and hand				X			X	1
regional flaps – various including rotational, advancement, axial pattern X X 1 ADVANCED X X X X 1 Should be able to perform: X X X 1 pelvic or head and neck block dissection X X X 1					х			х	1
ADVANCED Image: Constraint of the state of			1		х			Х	1
Should be able to perform: X X X 1 pelvic or head and neck block dissection X X X 1			1					~	
pelvic or head and neck block dissection X 1			1		Х			Х	1
reconstruction with regional and distant flaps X 1	pelvic or head and neck block dissection								1
	reconstruction with regional and distant flaps				Х			Х	1

	-							
free flap surgery				Х			Х	1
reconstruction of aesthetic units (nose / eyelids / ears / lips) and special sites – nose, digits, eyes genitalia and ears				х			х	1
oculoplastic techniques				Х			Х	1
Treatment of recurrent and chronic skin tumours OBJECTIVE		<u> </u>						-
Acquire competence in the diagnosis, assessment, investigation and management of all types o								
recurrent and metastatic skin cancers								
KNOWLEDGE								
BASIC Should demonstrate knowledge of:					-			
epidemiology and genetics of skin		х				х	Х	1
basic understanding of familial syndromes		X				X	X	1
genes/oncogenes associated with skin cancer		Х				Х	Х	1
margins of excision for metastatic lesions including national guidance		Х				X	X	1
types of cancer – recurrences, new primaries, related malignancies immunosupressed patients		X				X X	X	1
syndromic patients, ie, Gorlin's, Cowden's, polyposis coli, melanosis, xeroderma pigmentosum					-			
giant melanocytic naevi, skin conditions in immunocompromised patient		Х				х	Х	1
TNM Staging of skin cancer prognostic factors (tumour and patient related) and implications for patient treatmen		Х				Х	Х	1
recommendations		Х				х	х	1
rationale and types of imaging for prognostic and staging information		Х				Х	Х	1
biopsies, FNA, USS, X-Ray, CT, MRI, PET-CT, SPECT-CT and SNB		X				X	X	1
cancer network guidelines in treatment of recurrent skin cancers functioning of the MDT,		X			х	X X	X	1
INTERMEDIATE		Ê			^	^	^	1,3
Should demonstrate knowledge of:		1						1
indications for non-surgical treatment		Х				Х	Х	1
anatomy and techniques for excision and closure of block dissections		Х			-	Х	Х	1
adjuvant therapies including chemotherapy, radiotherapy, endocrine therapy and biologica therapies		х				х	х	1
Mohs micrographic surgery, isolated limb infusions, ECT, isolated limb perfusion, CO2 laser ablatio		х				х	х	1
and minimally invasive techniques including laparoscopic and robotic surgery		^			-	^	^	1
Staged Histological Clearance (SHC), isolated limb infusions, ECT, isolated limb perfusion, CO2 laser ablation and minimally invasive techniques including laparoscopic and robotic surgery		х				х	х	1
cancer biology – specifically with regards to hormonal and growth factors / receptors and tumou								
metastasis		Х				Х	Х	1
palliative treatment options for the skin cancer patient		Х				Х	Х	1
management of the complex wound		X				X	X	1
hospice care ADVANCED		Х				Х	Х	1
Should demonstrate knowledge of								
appropriate use of and pitfalls of frozen section,		Х				Х	Х	1
association between specific high risk benign skin conditions with associated increased skin cancer		х				х	х	1
risk, important adjuvant and neo-adjuvant historical and current national and international trials								
(clinical/surgical, chemotherapy, radiotherapy, hormonal and biological		Х				Х	Х	1
role of Human Papilloma Virus-HPV, in cancer aetiology CLINICAL SKILLS		Х				Х	Х	1
BASIC								
Should demonstrate ability to:								
take focused skin related history	Х						Х	1
elicit factors associated with malignant non-skin related neoplasia	Х						Х	1
examine skin of entire body surface for additional primary tumors	X						X	1
examine all sites for regional lymphadenopathy initiate appropriate investigations	X X	x					X	1
work effectively within the skin cancer multidisciplinary team	X	~			х		X	1,3
manage the non-operative aspects of the chronic wound including pressure sores	Х						Х	1
INTERMEDIATE								
Should demonstrate ability to:	V	V					~	4
interpret CT, MRI & PET scans assess and manage patients presenting with locally advanced disease	X X	Х					X	1
recognise where further pathology or radiology may be required and request these appropriately	x						X	1
develop and record management plan for the patient and discuss rationale for management of					-			
common scenarios with patients and colleagues	Х						Х	1
ADVANCED Should demonstrate ability to:								
formulate management plan using skills of analysis and diagnostic synthesis, judgement in particula	х						х	1
for the patient with multiple co-morbidities discuss complex treatment scenarios with patients including discussion of all options, advantages		<u> </u>						
and disadvantages and take informed consent	х						Х	1
discuss a skin cancer diagnosis and prognosis with patients	Х						X	1
communicate skilfully with patients and with other members of the clinical team TECHNICAL SKILLS AND PROCEDURES	Х				Х		X	1,3
			1					
BASIC Should be able to perform:								
BASIC Should be able to perform: incision biopsy of lesions				Х			Х	1
BASIC Should be able to perform: incision biopsy of lesions excision biopsy of lesions				Х			Х	1
BASIC Should be able to perform: incision biopsy of lesions excision biopsy of lesions FNA / core sample of lymph nodes				X X			X X	1
BASIC Should be able to perform: incision biopsy of lesions excision biopsy of lesions FNA / core sample of lymph nodes undertaking local flap reconstruction (rotation / transposition / advancement)				Х			Х	1
BASIC Should be able to perform: incision biopsy of lesions excision biopsy of lesions FNA / core sample of lymph nodes				X X			X X	1

cervical sentinel lymph node biopsy			Х			Х	1
regional lymph node dissections of the axilla and groin			Х			Х	1
hernia repair			Х			Х	1
regional flaps, pedicled reconstructions			Х			Х	1
use of dermal substitutes for wound resurfacing			Х			Х	1
ADVANCED							
Should be able to perform:							
pelvic and head and neck dissections			Х			Х	1
free flap surgery			Х			Х	1
reconstruction of aesthetic units (nose / eyelids / ears / lips)			Х			Х	1
isolated limb perfusion			Х			Х	1
mapping biopsy techniques Staged Histological Clearance (SHC)			Х			Х	1
Reconstructive techniques for skin surgery							
OBJECTIVE							
Acquire competence in the planning, execution and management of appropriate soft tissue							
reconstruction of skin defects							
KNOWLEDGE							
BASIC							
Should demonstrate knowledge of:							
anatomy of perforators and angiosomes – relevant to planning of local, regional and distal flaps		х			х	х	1
anatomy of local, regional and free flaps suitable for head & neck reconstruction		Х			Х	Х	1
classification of flaps (random v axial / muscle flap - Mathes and Nahai / type of tissue being		х			х	х	1
transferred)					-	-	<u> </u>
advantages and disadvantages of local, regional and free flaps in the patient post skin tumour excision		Х			х	х	1
excision use of local, regional and free flaps in the head & neck/upper limb/leg/chest and trunk		х			Х	Х	1
factors affecting outcome in flap surgery (patient related, operative, adjuvant therapy related)		x			X	X	1
principles of flap surgery (replace "like with like", reconstructive units, back-up plan and "life boat"		^					1
donor site considerations)		Х			х	х	1
principles of microsurgery		х			х	х	1
INTERMEDIATE		Ê			~	~	t ·
Should demonstrate knowledge of:		1					1
planning and prioritising treatment within the head & neck MDT setting		х		х	х	Х	1,3
interpreting angiographic abnormalities when planning reconstruction, surgical anatomy an		^		^	^	~	
neurovascular supply of flaps used in head & neck reconstruction		Х			Х	Х	1
indications for preoperative investigations for specific flaps		х			х	х	1
airway management accoding to techniques specified in ATLS		X			X	X	1
		x			X	X	1
post-operative flap monitoring techniques							
complications of autologous tissue reconstruction including donor site morbidity		X			X	X	1
use of common skin substitutes		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of:							
factors determining decision making in choice of flaps and tissue for soft tissue defect		х			Х	х	1
reconstruction factors determining decision making in choice of flaps and tissue for reconstruction of particula							-
units of the head & neck (nose / eyelids / ears / lips), factors determining appropriate surgical		х			х	х	1
ablation techniques		^			Х	~	
range, indications and principles of surgical options and non-operative techniques		Х			Х	Х	1
long term outcomes of different types of reconstructions		Х			Х	Х	1
assessment of outcome		Х			Х	Х	1
flap salvage and options following failure		Х			Х	Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:		1					1
clinically assess the soft tissue defect	х	1					1
take history, eliciting factors important for decisions regarding suitability / type of reconstruction	х	1					1
perform contemporaneous and appropriate record keeping	Х	1					1
manage uncomplicated wounds using a range of dressings	X	1					1
plan both local and free flaps resurfacing of soft tissue defects	X	1					1
co-ordinate soft tissue reconstruction in conjunction with ablative team	X	1		Х			1,3
manage the patient following Staged Histological Clearance (SHC)	X	1					1,0
INTERMEDIATE		1					<u> </u>
Should demonstrate ability to:							
· · · · · · · · · · · · · · · · · · ·							
discuss advantages and disadvantages of reconstructive options with patients specifically setting	х						1
realistic expectations, advising on reconstruction as a process detailing possible complications		1					1
take informed consent from patients and participate in joint decision making	х						1
arrange appropriate level of post-operative care	X	1					1
manage complications of surgery appropriately in post-operative period and in the clinic	X	1					1
use of common skin substitutes	X						1
ADVANCED							<u> </u>
Should demonstrate ability to:		1					1
· · · · · · · · · · · · · · · · · · ·		1					<u> </u>
clinically assess complex reconstructive requirements and formulate appropriate management plan	х	1					1
interpret investigations as part of formulating management plan	х	1					1
	<u> </u>						<u> </u>
TECHNICAL SKILLS AND PROCEDURES							
TECHNICAL SKILLS AND PROCEDURES							
TECHNICAL SKILLS AND PROCEDURES BASIC							
TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform:			¥			Y	1
TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: positioning of patient on operating table			X			X	1
TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: positioning of patient on operating table protection of pressure areas			Х			Х	1
TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: positioning of patient on operating table protection of pressure areas prevention of nerve injuries / neurapraxia			X X			X X	1
TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: positioning of patient on operating table protection of pressure areas			Х			Х	1

split skin grafting, full thickness skin grafting				Х			Х	1
range of local flaps				Х			Х	1
INTERMEDIATE								
Should be able to perform:								
reconstruction of the scalp and management of chronic scalp wounds and the unstable scalp				Х			Х	1
raising pedicled autologous flaps				Х			Х	1
in-setting of flap				Х			X	1
harvesting chondrocutaneous, cartilage, composite grafts and vein grafts				X			X X	1
use of common skin substitutes ADVANCED				Х			X	1
Should be able to perform:								
3D reconstruction of specialised structures		х		х			х	1
reconstruction of the periorbital structures/ear and nose				X			X	1
microvascular anastomoses				Х			Х	1
flap salvage for failing flaps				Х			Х	1
flap shaping techniques				Х			х	1
flap revision techniques								
	_	_	_	_	_			_
Scarring, wounds and other surgical conditions of the skin						_	-	
OBJECTIVE Acquire competence in the management of the patient with the longer term outcomes of benign and								-
malignant skin conditions / post surgical scarring and chronic wounds								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of:								
skin anatomy		Х				Х	Х	1
aetiology and related benign conditions		Х				Х	X	1
hypertophic scars, keloids, dermatofibroma, epidermal cysts, lentigines, actinic keratoses xanthelasmata, lipomas		х				х	х	1
history and examination of the skin		х				Х	х	
INTERMEDIATE						-		1
Should demonstrate knowledge of:								
dermoscopy and imaging techniques of the skin		Х				Х	Х	1
Marjolin's ulcer, pilomatrixoma, DFSP, hidradenitis suppuritiva, acne scarring, inflammatory skir		х				х	х	1
conditions ADVANCED								
Should demonstrate knowledge of:								
consequences of nerve resection and other functional deficits after resection of tumour		х				Х	х	1
lymphoedema		X				X	X	1
complex wounds		Х				Х	Х	1
psychological and social issues that can affect the skin cancer patient		Х				Х	Х	1
reconstructive techniques for pressure sores and large complex wounds		Х				Х	Х	1
CLINICAL SKILLS								
BASIC								
Should demonstrate ability to:	X						N/	
assess the skin using dermoscope recognise infection, induration, lymphoedema, seroma, post radiotherapy recurrence in compley	Х						Х	1
scars	Х						х	1
INTERMEDIATE								
Should demonstrate ability to:								
assess surgical scar and deploy non-operative techniques for scar improvement	Х						Х	1
injection techniques for scar improvement	Х						X	1
manage functional and psychological effects of post cancer resection surgery	Х						Х	1
participate in multidisciplinary management of patients with large, chronic vascular malformations	Х						х	1
ADVANCED								
Should demonstrate ability tα								
undertake nerve defect assessments	Х						Х	1
make decisions and analyse the options for aesthetic improvement in the surgically-scarred cancer	х						x	1
patient including advance communications skills TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Should be able to perform:		1						
debulking of keloids				Х				1
excision of benign lesions				Х				1
shave excisions				Х				1
laser ablation of skin lesions				X				1
incision and curettage for active hidradenitis suppuritiva				Х				1
INTERMEDIATE Should be able to perform:								
				х				1
botulinum toxin and filler injections				X				1
botulinum toxin and filler injections scar release				X				1
botulinum toxin and filler injections scar release z-plasty							İ	1
scar release				Х				
scar release z-plasty								1
scar release z-plasty reconstruction post excision of scars				X X X				1
scar release z-plasty reconstruction post excision of scars surgical options of laser excision or sclerotherapy for vascular malformations fat grafting				X X				_
scar release z-plasty reconstruction post excision of scars surgical options of laser excision or sclerotherapy for vascular malformations fat grafting ADVANCED				X X X				1
scar release z-plasty reconstruction post excision of scars surgical options of laser excision or sclerotherapy for vascular malformations fat grafting ADVANCED Should be able to perform				X X X X				1
scar release z-plasty reconstruction post excision of scars surgical options of laser excision or sclerotherapy for vascular malformations fat grafting ADVANCED Should be able to perform laser resurfacing		X X		X X X X X			X	1 1 1
scar release z-plasty reconstruction post excision of scars surgical options of laser excision or sclerotherapy for vascular malformations fat grafting ADVANCED Should be able to perform				X X X X			X X X X	1

reconstruction techniques for pressure sores and large complex wounds, lymphatic reconstruction/anastomosis		х		х			х	1
surgical excision of lymphoedema		Х		Х			Х	1
Multidisciplinary team workings, allied professionals, palliative care and follow up regimes, trials, research and national guidelines								
OBJECTIVE								
Acquire competence working as a member or the multionsciplinary team, knowledge or and ability tr consider appropriate referral to other professionals. A full understanding of NICE Improving								
outcomes guidance and Peer review. An understanding of research and audit in local, national and								
international settings								
KNOWLEDGE								
BASIC Should demonstrate knowledge of								
national guidelines (NICE) for the diagnosis, treatment and follow up of BCC, SCC's, Bowen's,		v				×	Y	4
Melanoma, dermatofibrosarcoma protuberans and suprafascial sarcoma		Х				X	X	1
surgical and non surgical options INTERMEDIATE	-	Х				Х	Х	1
Should demonstrate knowledge of								
management of the patient with recurrent disease (surgical, non-surgical and radiotherapy options)		х				х	х	1
stages of bereavement that can be associated with loss of body image and the clinical and		^				^	^	'
psychological supports that can be put in place to assist the patient cope with that los		х				х	х	1
ADVANCED								
Should demonstrate knowledge of							ļ	
current trials, ethics, research and pathways to develop trials/research within a service		X				X	X	1
impact of disfigurement consequences of an altered appearance, what it involves psychologically and socially, and the		X				X	X	1
impact of an individual's body image on their life and that of their famil		Х				Х	х	1
process by which an individual can successfully adjust to disfigurement and how the multidisciplinar team can assist with that process								
CLINICAL SKILLS								
BASIC								
Should demonstrate ability in using communication and referral pathways to specialist MDM's	х	х					х	1
INTERMEDIATE								
Should demonstrate ability to:								
interpret lymphoscintigraphy, CT, MRI, PET, FNA, USS and pathology minimum dataset	Х	Х					Х	1
develop and record management plan for the patient and discuss rationale for management of	х	х					х	1
common scenarios with patients and colleagues	v	v					Y	
apply psychological assessment tools for evaluation of psychological needs (patient questionnaires)	Х	Х					х	1
ADVANCED								
Should demonstrate ability to: formulate management plan using skills of analysis and diagnostic synthesis, judgement	х	х					х	1
discuss complex treatment scenarios with patients including discussion of all options, advantages								
and disadvantages and taking informed consen	Х	X					X	1
develop the skills to arrange patient-centered care with patient as partner in the process provide realistic information and guiding patient decision-making regarding choices available and	Х	Х					Х	1
timing of those treatments	Х	Х					Х	1
manage and lead the multi-disciplinary teams in respect of provision of psycho-social care anange the care pathway that supports an individual to successiony adjust to disrigurement through	Х	Х			Х		Х	1,3
giving the individual and family specific life-skills -these include the patient being provided with								
information about their condition and its treatment, developing a positive outlook/belief system,	х	х					х	1
learning to cope with their feelings, exchanging experiences with others who've "been there" and social skills training to manage other people's reactions							I	
TECHNICAL SKILLS AND PROCEDURES								
BASIC								
Should be able to perform:								
excision of small skin recurrences / in transit metastases				Х			X	1
recording surgical procedures handling of surgical specimens				X			X X	1
orientation and appropriate carriage medium for skin specimens				X			X	1
performing FNA.				X			X	1
INTERMEDIATE								
Should be able to perform:								
treatment of painful metastatic lesions and recurrences by surgical resection/laser resection of metastatic lesions				х			х	1
groin and axillary dissections		L		Х			Х	1
fasciotomy for the leg or the upper limb				Х			Х	1
ADVANCED	-						ļ	
Should be able to perform: head and neck resections				Х			Х	1
ILI, ILP, CO2 laser		1		X			× ×	1
minimally invasive surgical methods of isolated metastases		х		X			X	1
pelvic resections		Х		Х			Х	1
Vascular Anomalies					_			
OBJECTIVE Competence in the assessment, surgical management and aftercare of vascular anomalies								
KNOWLEDGE								
BASIC								
Should demonstrate knowledge of								
						х	х	1
classification and natural history of the common types of vascular anomalies including		Х				~	~ ~	
classification and natural history of the common types of vascular anomalies includinç haemangiomas and vascular malformations affecting different vessels diagnostic criteria of main types of vascular anomalies including ability to distinguish high and lov		x x				x	x	1

INTERMEDIATE Should demonstrate knowledge of	1	1				1	-
							_
abnormalities and syndromes associated with haemangiomas (eg PHACE syndrome, Kasabach	+		\vdash				+
Merritt syndrome, Maffucci's syndrome) and vascular malformations (eg Sturge-Weber, Klippel-		х			х	х	1
Trenaunay, Parkes-Weber, Hereditary Haemorrhagic Telangiectasia					 		_
indications for radiological investigations and safety issues pertaining to those investigations including MRI. CT and angiography		х			х	х	1
pharmacological interventions that are or have been used in the treatment of haemangiomas ec		х			х	х	1
corticosteroids (systemic and intralesional), propranolol and possible side effects		X			X	x	1
principles of management of vascular tumours and malformations							-
problems related to multiple lesions eg haemangiomas including visceral or venous malformation	S	Х			Х	Х	1
different types of laser treatment for vascular malformations eg pulsed dye laser and long pulse		х			х	х	1
Neodynium:YAG laser including the role of topical cooling role of the MDT in management of Vascular Anomalies		х			Х	х	3,1
ADVANCED		~					0,1
Should demonstrate knowledge of :							
difficult to classify lesions eg glomangiomas, rapidly involuting congenital haemangiomas, non-		v			X	X	
involuting congenital haemangiomas, tufted haemangiomas and haemangioendotheliomas		х			х	Х	1
appearance of different vascular lesions on ultrasound, MRI, CT and angiography		Х			Х	Х	1
different radiological procedures used for the treatment of vascular anomalies, eg sclerotherapy fo	r	v			X	X	
venous malformations and lymphatic malformations and embolization of arteriovenous malformations and their potential complications		х			х	Х	1
techniques of surgical excision of difficult lesions such as arteriovenous malformations in							
conjunction with embolization and problems of surgical treatment in eg Klippel-Trenaunay syndro	me	х			х	х	1
and the importance of preserving venous drainage							
BASIC							
Should demonstrate ability to:		L					
correctly diagnose the main types of haemangiomas and vascular anomalies on history and	х	х			х	х	1
physical signs advise patients and parents on the natural history of haemangoimas and different vascular	+						_
anomalies including prognosis of these lesions		Х			Х	Х	3,1
INTERMEDIATE							
Should demonstrate ability to:					 	X	1
utilise investigations to confirm diagnosis,	v	X				X X	1
demonstrate extent of a vascular anomaly, formulate a treatment plan utilising medical and non-invasive methods of management in ar	X	1					-
appropriate and effective way,		Х				Х	1
liaise as needed with other specialities eg radiology, dermatology, ophthalmology ENT		Х				Х	3,1
ADVANCED							
Should demonstrate ability to: plan appropriate interventional treatments		х			Х	Х	1
advise patients and parents on outcomes and complications of radiological, laser-based and		~			Χ	~	· ·
surgical interventions with particular reference to critical anatomical sites including orbit, perioral a	and	х			Х	х	3,1
parotid areas TECHNICAL SKILLS AND PROCEDURES							
BASIC							
Should be able to							
use a hand held Doppler for diagnostic purposes.				х		X	1
INTERMEDIATE				Х		X	1
INTERMEDIATE Should be able to perform :							1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma				x		X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma				x		X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Barcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management.				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon KNOWLEDGE BASIC				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Barcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of:				x x		X X	1
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs				x x			
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc		Х		x x	Х		
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma		X X		x x	X X	x x x	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps	na	X X X		x x	X X X	x x x	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Carbon Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery	na	X X		x x	X X	x x x	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloo supply of the skin anatomy of pree-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE	na	X X X		x x	X X X	x x x	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of:	na	X X X X		x x	X X X X	X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, blog supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of gree-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution	na	X X X X X X		x x	X X X X X	X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of:	al	X X X X X X X X		x x	X X X X X X X	X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of pree-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior	al s,	X X X X X X		x x	X X X X X	X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcoma	al s,	X X X X X X X X		x x	X X X X X X X	X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcoma	al s,	x x		x x	x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Sarcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of free-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcoma	al s,	X X X X X X X X		x x	X X X X X X X X	X X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of pree-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcoma and their differential diagnoses	al s,	x x x x x x x x x x x x x		x x	x x x x x x x x x x x x x	X X X X X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of pree-flaps relevant to reconstruction of extremity and truncal defect following excision sarcoma surgery INTERMEDIATE Should demonstrate knowledge of: aetiology, incidence and relative anatomical distribution pathology of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformatior fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcom and their differential diagnoses patterns of spread of sarcomas classification of sarcoma	al s,	x x x x x x x x x x x x x x x		x x	X X X X X X X X X X X X X X X	x x x x	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma Carcoma OBJECTIVE The purpose of training in sarcoma surgery is to become competent in the diagnosis ar management of sarcoma, notably the management of all forms of soft tissue sarcoma. All plastic surgery trainees are expected to have knowledge and exposure to soft tissue sarcon diagnosis and management. KNOWLEDGE BASIC Should demonstrate knowledge of: anatomy of the trunk, pelvis, axilla, and limbs osseous, muscular and neurovascular anatomy of the trunk and limbs vascular, neuronal and lymphatic supply / drainage of the head & neck, trunk and limbs, bloc supply of the skin anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of perforators and angiosomes- relevant to planning of local flaps anatomy of primary soft tissue tumours and primary bone tumours common benign sarcoma like disorders- lipomas, vascular and congenital malformation fibromatosis including desmoids specific history and diagnostic features (clinical and non-clinical) of bone and soft tissue sarcoma and their differential diagnoses patterns of spread of sarcoma grading and staging systems in current use Should demonstrate knowledge of: relevant imaging modalities for different sarcoma	al s,	x x		x x	X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X	
INTERMEDIATE Should be able to perform : debulking of infantile haemangioma excision of small vascular malformation injection of steroids into infantile haemangioma CBJECTIVE CTIV	al s,	x x x x x x x x x x x x x x x		x x	X X X X X X X X X X X X X X X	x x x x	

guidelines for referral based on clinical suspicion (size symptoms etc.)		Х			Х	Х	1
diagnostic imaging of sarcoma including X-rays, CT, MRI, USS, PET-CT, and imaging-assisted		v			N/	v	
diagnostic biopsy		х			х	х	1
importance of correctly positioning biopsy access		Х			Х	Х	1
histology of the common sarcomas		Х			Х	Х	1
role of frozen section specimens		Х			Х	Х	1
immunocytochemistry and cytogenetic techniques		Х			Х	Х	1
ADVANCED							
Should demonstrate knowledge of :							
indications for different resection modalities in the management of sarcomas, e.g. marginal, wide,							
compartectomy etc		Х			Х	Х	1
current concept of extremity preserving surgery with adjuvant radiotherapy compared with past concepts of compartectomy and amputation to achieve acceptable local recurrence rates		Х			Х	Х	1
Should demonstrate knowledge of:							
options for soft tissue reconstruction dependent of location and analysis of defect		Х			Х	Х	1
reconstructive options for chest wall defects involving multiple rib resection		Х			Х	Х	1
reconstructive options for abdominal wall defects		Х			Х	Х	1
Should demonstrate knowledge of:							
role of radiotherapy in the management of sarcoma and therefore advantages and disadvantages o		х			х	х	1
different reconstructive options		^			~	^	I
role of chemotherapy in the management of soft tissue sarcomas		Х			Х	Х	1
neo-adjuvant versus adjuvant therapy		Х			Х	Х	1
follow-up schedule and appropriate imaging		Х			Х	Х	1
CLINICAL SKILLS							
BASIC							
Should demonstrate ability to:							
elicit a focused history from patients presenting with soft tissue lump,	х					х	1
	^	v	├──-				-
musculoskeletal pain or imaging suspicious for sarcoma		Х				Х	1
examine patient, assessing site, size, consistency and fixity of lumps and associated involvement of key anatomical structures	Х					х	1
examine extremity neurovascular status	х		├──-			х	1
	X					X	1
clinically assess soft tissue defects in order to guide reconstructive options	^					^	1
							_
Should demonstrate ability to:							
interpret imaging as part of planning reconstructive options		Х			Х	Х	1
Should demonstrate ability to:							
assess potential donor sites for reconstructive option		Х				Х	1
plan both local and free flap reconstructions appropriate to defect		Х				Х	1
formulate logical procedural plan for complex reconstructive surgery		Х				Х	1
ADVANCED							
Should demonstrate ability to:							
work as a member of the multidisciplinary team and make appropriate referrals to related		v				×	2.1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals.		х				x	3,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research					×		-
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting:		x x			x	x x	3,1 2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES					X		-
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC					X		-
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform:					X	X	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC				X	X	X	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts				Х	X	X	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound					X	X	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts				Х	X	x x x x	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps				Х	X	x x x x	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE				Х	X	x x x x	2,1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform:				X X	X	X X X X X	2,1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastroonemius flap for coverage of proximal third tibial defects direct nerve and vessel repair				X X X X X	X	x x x x x x x	2,1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts				X X X X X X	X	X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis				X X X X X X X X	X	X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery				X X X X X X	X	X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED				X X X X X X X X	X	X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform:				X X X X X X X X X	X	x x x x x x x x x x x x x x	2,1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma				X X X X X X X X X X	X	x x x x x x x x x x x x x x x x x x	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of sarcoma from vital adjacent structures				X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma				X X X X X X X X X X X X X	X	x x x x x x x x x x x x x x x x x x x	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps				X X X X X X X X X X X X X X X	X	x x x x x x x x x x x x x x x x x x x	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of sarcoma from vital adjacent structures wide excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues				X X X X X X X X X X X X X X X X X	X	x x x x x x x x x x x x x x x x x x x	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy				x x x x x x x x x x x x x x x x x x x	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of sarcoma from vital adjacent structures wide excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy				x x x x x x x x x x x x x x x x x x x	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremites involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and statemosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and veis grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE Dealing with patients impacted by disfigurement, the impact or an antered appearance and what it involves psychologically and socially, and the impact of an individual's body image and				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and statemosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and veis grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE Dealing with patients impacted by disfigurement, the impact or an antered appearance and what it involves psychologically and socially, and the impact of an individual's body image and				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct neve and vessel repair harvesting of nerve and vein grafts raterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision is continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE To develop an understanding of the meaning or disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE				X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and veis grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE TO develop an understanding or the meaning or disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family				X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X	
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair harvesting of nerve and vessel repair but de bable to perform: raising gastrocnemius flap for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision of soft tissue sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE To develop an understanding or the meaning or disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusion				X X X X X X X X X X X X X X X X X X X		X X X X X X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmented to steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE To develop an understanding or the meaning or disrigurement, the impact of an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusior Demonstrates awarenees of those parts of the specialty where psychosocial issues can have				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	2,1 2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE TO develop an understanding or the meaning or disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusion Demonstrates awareness of those parts of the speciality where psychoscial issues can have particular impacts for patients (Burns, Cleft, Craniofacial, Hand, Head & Neck, Genitourinary				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmented to steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE To develop an understanding or the meaning or disrigurement, the impact of an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusior Demonstrates awarenees of those parts of the specialty where psychosocial issues can have				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	2,1 2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE Dealing with patients impacted by disfigurement, the impact or an antereo appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusion patientales avareness of those parts of the specially where psychosocial issues can have particular impacts for patients (Burns, Cleft, Craniofacial, Hand, Head & Neck, Genitourinary reconstruction, Oncoplastic Breast, Skin Oncology, Vascular anomalies				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	2,1 2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE To develop an understanding or the meaning or disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusion Demonstrates awareness of those parts of the speciality where psychoscial issues can have particular impacts for patients (Burns, Cleft, Craniofacial, Hand, Head & Neck, Genitourinary				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	2,1 2,1 1 1 1 1 1 1 1 1 1 1 1 1 1
work as a member of the multidisciplinary team and make appropriate referrals to related professionals. apply NICE guidelines, improving outcomes guidance and support peer review. support research and audit in local, national and international setting: TECHNICAL SKILLS AND PROCEDURES BASIC Should be able to perform: direct closure of wound harvesting and insetting of skin grafts raising of local fasciocutaneous flaps INTERMEDIATE Should be able to perform: raising gastrocnemius flap for coverage of proximal third tibial defects direct nerve and vessel repair harvesting of nerve and vein grafts arterial and venous anastomosis four compartment fasciotomy for complications of extremity surgery ADVANCED Should be able to perform: marginal excision of soft tissue sarcoma marginal excision of soft tissue sarcoma skin excision in continuity with soft tissue tumour or elevation of viable skin flaps access incisions which preserve maximum vascularity to surrounding soft tissues compartmentectomy amputation at various levels of extremities involving sarcoma most steps in the raising and anastomosis of free flaps Dealing with patients impacted by disfigurement and loss of form and function OBJECTIVE Dealing with patients impacted by disfigurement, the impact or an altered appearance and what it involves psychologically and socially, and the impact of an individual's body image and life both on them and their family KNOWLEDGE BASIC Demonstrates knowledge of the psycho-social issues that may follow from trauma, disease and surgery including social anxiety, depression, bullying, prejudice isolation and exclusion patientales awareness of those parts of the specially where psychosocial issues can have particular impacts for patients (Burns, Cleft, Craniofacial, Hand, Head & Neck, Genitourinary reconstruction, Oncoplastic Breast, Skin Oncology, Vascular anomalies				X X X X X X X X X X X X X X X X X X X	X	X X X X X X X X X X X X X X	2,1 1 1 1 1 1 1 1 1 1 1 1 1 1

Defines the stages of bereavement associated with loss of body image and the clinical and psychological supports that can be put in place to assist the patient cope with that los		х		х	х	1
CLINICAL SKILLS						
BASIC						
Demonstrates ability to elicit signs and symptoms of distress and anxiety in patient undergoing plastic surgery	х	х			х	3,1
Demonstrates ability to make an appropriate referral to a clinical psychologist or other supporting member of the multidsciplinary tearr		х			х	3,1
INTERMEDIATE						
Provides realistic information and guides patient decision-making regarding choices available and timing of those treatments. Treats the patient as partner in the decision-making proces.		Х			Х	3,1
Demonstrates confidence to elicit psychological and social needs in a range of settings.		Х			Х	3,1
TECHNICAL SKILLS AND PROCEDURES						
Not applicable						