

SOUTH WESTERN HIGHER SURGICAL TRAINING SCHEME

Upper GI Surgery Operative Experience and Competence Summary

Name of Trainee: _____

Training Number: _____

Hospital: _____

StR Year: 3 / 4 / 5 / 6 / 7 / 8

Specialty Post: _____

SpR Year: 1 / 2 / 3 / 4 / 5 / 6

Period from: / / to / /

CCT Date: / /

Total Experience (BST & HST)			Comp Level*	Procedure	Experience for this post			Comp Level*	
P	PA	A			P	PA	A	Tr 1	Tr 2
				Anti-reflux surgery					
				Anti-reflux surgery - reoperation					
				Biliary - CBD - exploration lap +/- open					
				Biliary - cholecystectomy +/- operative cholangiogram					
				Duodenum - oversew / bleeding DU					
				Feeding jejunostomy					
				Gastrectomy - D2 sub/total					
				Gastrectomy - sub/total					
				Gastro/duodenum - oversew / closure of perforated ulcer					
				Hernia repair - paraoesophageal					
				Liver - left hepatectomy/segmental resection					
				Motility - Heller's myotomy +/- antireflux repair					
				Obesity - gastric bypass					
				Obesity - lapband					
				Oesophagogastrectomy - 2 phase IvorLewis					
				Oesophagogastrectomy - 3 phase					
				Pancreas - debridement/drainage of pancreatic abscess					
				Pancreas - drainage pancreatic pseudocyst - gastro/jejunostomy					
				Spleen - splenectomy - haematological					
				Upper GI Endoscopy					

Full instructions for this form can be found on the General OpComp sheet
*(*where trainers disagree on the level of competence, the lowest level should be accepted)*

Name & Signature of Trainee: _____

Date: / /

Name & Signature of Trainer 1: _____

Date: / /

Name & Signature of Trainer 2: _____

Date: / /