

## Entrustable Professional Activities (EPAs) – Paediatric Surgery

EPA Title	EPA Entrustment Level to be Attained by Exit
<u><a href="#">EPA 1 (Day Surgery): Managing day surgery list of minor operations in babies and children (3 months - 18y)</a></u>	Level 4
<u><a href="#">EPA 1.1 (Day Surgery – Lower Complexity [Herniotomy]): Performing day surgery inguinal herniotomy in babies and young children (3 months to 7 years old)</a></u>	Level 4
<u><a href="#">EPA 1.2 (Day Surgery – Higher Complexity [Orchidopexy]): Performing day surgery orchidopexy for palpable undescended testis in babies and children (6 months to 3 years old)</a></u>	Level 4
<u><a href="#">EPA 2 (Clinic): Managing common elective conditions in babies and children (0-18y) in the surgical outpatient clinic setting</a></u>	Level 4
<u><a href="#">EPA 3 (On Call): Managing patients admitted or referred to PS in acute inpatient setting</a></u>	Level 4
<u><a href="#">EPA 4 (Neonatal): Managing neonates with surgical conditions</a></u>	Level 4
<u><a href="#">EPA 4.1 (Neonatal): Pre-Operation</a></u>	Level 4
<u><a href="#">EPA 4.2 (Neonatal): Managing neonates with surgical conditions (Operative)</a></u>	Level 4
<u><a href="#">EPA 5 (Urology): Managing major urological conditions in babies and children (0-18y)</a></u>	Level 4
<u><a href="#">EPA 6 (Oncology): Managing major surgical oncological conditions in babies and children (0-18y)</a></u>	Level 4
<u><a href="#">EPA 7 (Thoracic): Managing major thoracic conditions in babies and children (0-18y)</a></u>	Level 4
<u><a href="#">EPA 8 (HPB-GI): Managing major hepatobiliary-pancreatic (HPB) and gastrointestinal (GI) surgical conditions in babies and children (0-18y)</a></u>	Level 4

**Entrustment Scale**

<b>Entrustment Level</b>	<b>Description</b>
<b>Level 1</b>	Be present and observe
<b>Level 2</b>	Act with direct, pro-active supervision. i.e., with a supervisor's continuous in-person observation and intervention as needed
<b>Level 3</b>	Act with indirect, re-active supervision, i.e., supervisor is readily available on request (e.g., arrive within 15 minutes)
<b>Level 4</b>	Act with supervision not readily available, but with distant supervision and oversight. i.e., supervisor is contactable but not necessarily available to return to hospital immediately. (e.g., consult over a telephone call).
<b>Level 5</b>	May provide supervision to junior trainees

**PS EPA\_1: Day Surgery**  
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Title	<b>Managing day surgery list of minor operations in babies and children (3 months - 18y)</b>
Specifications and limitations	<p>Peri and intra-operative management of minor operations listed as day surgery cases</p> <p>As there are multiple varied operations, two higher-volume case types are used as surrogate for assessment</p> <p>Lower complexity – Nested EPA 1.1 describes requirements for herniotomy (Other lower complexity operations include circumcisions, excision of benign skin lesions and release of tongue tie)</p> <p>Higher complexity – Nested EPA 1.2 describes requirements for orchidopexy (Other higher complexity operations include glanular hypospadias, modified circumcision, and umbilical hernia)</p>
	<p>Limitations:</p> <p>Excludes pre-operative outpatient assessment and decision for operation</p> <p>Excludes post-operative management after discharge from day surgery</p> <p>Excludes non-routine cases such as repeat operations</p> <p>Excludes neonates (PS EPA 4)</p>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_1.1 Nested DS Lower complexity (Herniotomy)**

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Title	<b>Performing day surgery inguinal herniotomy in babies and young children (3 months to 7 years old)</b>
Specifications and limitations	<p>This nested EPA lists requirements for peri and intraoperative management of routine open herniotomy</p> <p>It serves as surrogate for lower complexity PS minor operations such as circumcisions, excision of benign skin lesions and release of tongue tie</p> <p><b><u>Herniotomy:</u></b></p> <ol style="list-style-type: none"> <li>1. Checks hernia/ hydrocele is present, mark site</li> <li>2. Takes informed consent or reconfirms prior consent; addresses patient/ caregiver concerns</li> <li>3. Performs sign in, time out, team huddle and other OT safety processes as per institutional protocol</li> <li>4. Perform herniotomy ( at correct site, complete proximal sac dissection and ligation at the internal ring, protects other cord structures, replace testis within scrotum, hemostasis and closure of inguinal canal and superficial layers.)</li> <li>5. Ensures complete and concise documentation with postoperative orders</li> <li>6. Handover care plan, ensure patient review and advice to caregiver before discharge from day surgery</li> </ol>
	<p>Limitations:</p> <p>Excludes pre-operative outpatient assessment and decision for operation</p> <p>Excludes post-op management after discharge from day surgery</p> <p>Excludes non-routine cases such as repeat operations</p>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_1.2 Nested DS Higher complexity (Orchidopexy)**

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Title	<b>Performing day surgery orchidopexy for palpable undescended testis in babies and children (6 months to 3 years old)</b>
Specifications and limitations	<p>This Nested EPA lists requirements for peri and intra-operative management of routine orchidopexy for palpable undescended testis.</p> <p>It serves as surrogate for higher difficulty PS operations such as glanular meatoplasty, modified circumcisions and umbilical hernia</p> <p>Orchidopexy</p> <ol style="list-style-type: none"> <li>1. Checks testis position is undescended, mark site</li> <li>2. Takes informed consent or reconfirms prior consent; addresses patient/ caregiver concerns</li> <li>3. Performs sign in, time out, team huddle and other OT safety processes as per institutional protocol</li> <li>4. Perform orchidopexy ( at correct site, opens external ring, disconnects gubernaculum, adequate dissection for testis to reach scrotum without tension, processus vaginalis dissection with sac ligation at the internal ring, protects other cord structures, tunnels testis to scrotum without twisting spermatic cord, procedure to prevent torsion testis, hemostasis and closure of inguinal canal and superficial layers)</li> <li>5. Ensures complete and concise documentation with postoperative orders</li> <li>6. Handover care plan, ensure patient review and advice to caregiver before discharge from day surgery</li> </ol>
	<p>Limitations:</p> <p>Excludes pre-operative outpatient assessment and decision for operation</p> <p>Excludes post-op management after discharge from day surgery</p> <p>Excludes non-palpable undescended testis, staged and revision operations</p>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_2: Clinic**  
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Title	<b>Managing common elective conditions in babies and children (0-18y) in the surgical outpatient clinic setting</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Providing information and counselling to patient/caregivers on treatment options</li> <li>2. Listing patients for elective operations in a timely fashion</li> <li>3. Consulting colleagues as required, including making referrals to other clinical specialties</li> <li>4. Providing early postoperative care, including wound assessment, drain/ stent management</li> <li>5. Monitoring and managing progression of chronic cases at regular intervals</li> <li>6. Accurate documentation of events during clinic consult</li> </ol> <p>Common conditions that are included in this EPA</p> <p>A. Lesions:</p> <ol style="list-style-type: none"> <li>1. Head and neck – dermoid cyst, branchial cyst, lymph nodes, thyroglossal cyst, piriform sinus</li> <li>2. Chest - Rib cage deformities, breast bud/gynaecomastia, breast lump, precocious puberty</li> <li>3. Abdomen/pelvis – Umbilical discharge/hernia, anorectal malformation, perianal abscess, anal fissure, vulvovaginitis, labial adhesions</li> <li>4. Genitalia – phimosis, balanitis, hypospadias, hydroceles/ hernia, undescended testis)</li> <li>5. General - Lumps and bumps, lymphadenopathy, vascular anomalies</li> </ol> <p>B. Approach to:</p> <ol style="list-style-type: none"> <li>1. Abdominal pain and/or vomiting</li> <li>2. Constipation and/or change in bowel habits (developmental versus surgical cause)</li> <li>3. Gastrointestinal bleeding</li> <li>4. Lower urinary symptoms/ UTI (functional versus surgical cause)</li> <li>5. Jaundice</li> </ol> <p>C. Early postoperative reviews for common operations like appendicitis, fistulotomy, DS minor operations (EPA1) and major operations for surgical conditions (EPA 5-8)</p> <p>Limitations:</p> <p>Does not cover atypical presentations of common clinic conditions</p> <p>Excludes the surgical operative management of the conditions</p>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_3: On call**  
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Title	<b>Managing patients admitted or referred to PS in acute inpatient setting</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Recognising and resuscitating the acutely sick baby and child</li> <li>2. Diagnosing, assessing, and treating PS conditions in a timely fashion</li> <li>3. Prioritising clinical activities and delegating for efficient and safe patient care</li> <li>4. Recognising own limits then escalating and/ or referring in timely fashion</li> <li>5. Completing and handing over care of patients for continuity at the end of call shift</li> <li>6. Providing surgical consultation to trauma code team</li> <li>7. Managing consult requests from other specialities</li> <li>8. Managing junior members of the on call team</li> </ol>
	<p>Limitations:</p> <p>Excludes patients admitted from paediatric surgery outpatient clinic</p>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_4: Neonatal**  
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Title	<b>Managing neonates with surgical conditions</b> <a href="#">[Refer to exact of syllabus below (Module 3: Neonatal Surgery) for list of conditions included.]</a>
Specifications and limitations	<p>This EPA assesses peri and operative management of neonatal surgical neonates. The focus is on pre and intra-operative management and immediate post-operative management. Late post-operative management is not included because the post-operative course is often prolonged, and the patient may not continue under the care of the resident.</p> <p>Recognition of the special demands of neonatal physiology is important in pre-operative optimisation and can be attained earlier in training. Technical competence in handling neonatal tissue is usually attained later, hence these two requirements are nested separately. In addition, as there are multiple varied neonatal operations, two higher volume case types are used as surrogate for assessment for elective and emergency situations</p> <p>Pre-operative management (for emergencies) is assessed by Nested EPA 4.1  Operative management is assessed by Nested EPA 4.2, with neonatal herniotomy as surrogate for assessment for elective; and neonatal laparotomy as surrogate for emergency surgery</p> <p>Limitations:  Excludes neonates beyond 44 weeks gestational age  Excludes operative management (PS Nested EPA 4.1)  Excludes non-emergencies (PS Nested EPA 4.1)  Excludes re-operations (PS Nested EPA 4.2)  Excludes late post-operative management</p>
EPA Entrustment Level to be Attained by Exit	Level 4



**PS Nested EPA\_4.1: Neonatal Preop**

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Title	<b>Managing Neonates with Emergency Surgical Conditions (Pre-operative)</b>
Specifications and limitations	This nested EPA lists requirements for pre-operative management of a neonate requiring emergency surgery Higher volume example of neonatal laparotomy is used as a surrogate for other emergency neonatal surgical conditions.
	<ol style="list-style-type: none"> <li>1. Collaborating with obstetricians (where appropriate e.g., in antenatally diagnosed conditions) in perinatal management</li> <li>2. Performing pre-operative assessment and engaging with neonatologists, anaesthetists, other specialists in pre-operative optimisation of the surgical neonate</li> <li>3. Devising appropriate surgical plans</li> <li>4. Organising surgical team preparation (E.g., Operating room staff, radiology staff for equipment, on-table imaging etc)</li> <li>5. Counselling families about risk factors, surgical indications, treatment options, prognosis and expected post-operative course and needed care</li> <li>6. Engaging in inter-disciplinary communications for appropriate post-operative disposition and care</li> <li>7. Organising safe transfer to the operating room</li> <li>8. Ensuring accurate documentation of peri-operative decisions and events</li> </ol>
	Limitations: <ol style="list-style-type: none"> <li>1. Excludes neonates beyond 44 weeks gestational age</li> <li>2. Excludes intraoperative and immediate postoperative management (PS nested EPA 4.2)</li> </ol>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS Nested EPA\_4.2 Neonatal Op**  
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Title	<b>Managing Neonates with Surgical Conditions (Operative)</b>
Specifications and limitations	This nested EPA lists requirements for operative management of a neonate requiring surgery 1. <b>Elective cases:</b> surrogate high volume example - elective neonatal herniotomy 2. <b>Emergency cases:</b> surrogate high volume example – neonatal laparotomy
	1. Performing the following: Check condition, mark site, consent, perform sign-in, time-out, team huddle and other OT safety processes as per institutional protocol 2. Performing operation 3. Leading surgical team and facilitates inter-disciplinary communications, co-ordinates closely with anaesthetist throughout surgery 4. Ensuring appropriate post-operative disposition 5. Ensuring accurate documentation of procedure and intra-operative events 6. Communicating with family 7. Providing adequate handover post-operatively to the neonatology or intensive care team, as appropriate 8. Managing immediate post-operative issues
	Limitations: 1. Applies only to neonates up to 44 weeks gestational age 2. Excludes patient assessment and pre op management (PS nested EPA 4.1) 3. Excludes re-operations
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**Extract of Syllabus - Module 3: Neonatal Surgery****Definition of Standards for Knowledge (K1-4), Clinical and Technical Skills (S1-4)**

<b>K1</b> Knows of	<b>K2</b> knows basic concepts	<b>K3</b> knows generally	<b>K4</b> knows specifically and broadly
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<b>Skills standards</b>	<b>S1</b> Has observed	<b>S2</b> Can do, occasionally needs assistance	<b>S3</b> Can do, usually without assistance	<b>S4</b> Can do without assistance, including complications
Steps	Adequate knowledge of the steps, can handle relevant instruments appropriately and safely.	Knows all the steps and the reasons that lie behind the methodology.	Can adapt to well known variations in the procedure encountered	
Procedure	Does some parts of the procedure with reasonable fluency	Can carry out a straightforward procedure fluently from start to finish.	Recognises and makes correct assessment of common problems that are encountered.	Can deal with straightforward and difficult cases to a satisfactory level
Trainer input	Required throughout	Minimal guidance required. Knows and demonstrates when to ask for help	Requires advice rather than help that requires the trainer to scrub. Knows and demonstrates when to ask for help	No trainer input required. Is capable of supervising trainees

**Module 3: Neonatal Surgery**

<b>Module 3: Neonatal Surgery</b>	<b>Standards at end</b>
<b>3a) Knowledge and clinical skills relevant to neonatal index conditions</b>	
• Embryology and developmental anatomy of all of conditions in this module	K4
• Understanding specific requirements of neonates in relation to ventilation, nutrition and fluid and electrolyte management	K3
• Peri-operative arrangements	
○ Pre-and postoperative communication with multidisciplinary team: surgeon, neonatologist, radiologist, anaesthetist, NICU	S3
○ Pre-and postoperative communication with parents including informed consent	S3
• Postoperative surgical management in NICU / CICU	K4
<b>Antenatal diagnosis and counselling</b>	

<ul style="list-style-type: none"> <li>Understand role of antenatal diagnosis in the following conditions and formulate a viable care-plan <ul style="list-style-type: none"> <li>Congenital diaphragmatic hernia</li> <li>Oesophageal atresia</li> <li>Abdominal wall defects</li> <li>Antenatal hydronephrosis</li> <li>Congenital lung lesions</li> </ul> </li> </ul>	K4, S3
<ul style="list-style-type: none"> <li>Antenatal counselling of parents for the above conditions</li> </ul>	S3
<ul style="list-style-type: none"> <li>Communicate care-plan with all relevant disciplines and implement plan</li> </ul>	S3
<b>Long term management and transfer of care</b>	
<ul style="list-style-type: none"> <li>Identify neonates/children with conditions requiring long term surgical management and develop appropriate long-term management</li> </ul>	K4, S3
<ul style="list-style-type: none"> <li>Coordination of multi-disciplinary follow up</li> </ul>	S4
<ul style="list-style-type: none"> <li>Successful transition and integration of child's management into the adult setting</li> </ul>	S3
<b>3b) Assessment and management of neonates with acute abdominal pathology</b>	
<ul style="list-style-type: none"> <li>Assessment and management of a neonate presenting with symptoms and signs of acute abdomen including severity of condition, investigations required, resuscitation, non-operative management, and potential need for surgery</li> </ul>	K4, S4
<ul style="list-style-type: none"> <li>Surgery <ul style="list-style-type: none"> <li>Exploratory laparotomy</li> <li>Management of specific conditions (refer to section 3d)</li> <li>Creation of stoma</li> <li>Insertion of peritoneal drain</li> </ul> </li> </ul>	S3
<ul style="list-style-type: none"> <li>Postoperative neonatal nutrition requirements, including establishing enteral feeds – rate of adjustment of type and volume of feeds</li> </ul>	K4, S3
<ul style="list-style-type: none"> <li>Management of Short bowel syndrome</li> </ul>	K4, S3
<ul style="list-style-type: none"> <li>Management of the neonatal stoma and its complications</li> </ul>	K4, S3
<b>3c) Assessment and management of neonates with abdominal wall defects</b>	
Gastroschisis and Omphalocele	K4
<ul style="list-style-type: none"> <li>Antenatal counselling</li> </ul>	K4, S3
<ul style="list-style-type: none"> <li>Initial resuscitation and management, including differences between the 2 entities. <ul style="list-style-type: none"> <li>Operation – primary closure</li> <li>Operation – silo/staged closure</li> </ul> </li> </ul>	S4
<ul style="list-style-type: none"> <li>Post-operative and long-term management issues</li> </ul>	S3
Exstrophy	K4
<ul style="list-style-type: none"> <li>Principles of initial management and rationale for staged repair. Long term follow-up plan</li> </ul>	K3, S1
<b>3d) Assessment and management of neonates with major index conditions</b>	
Congenital diaphragmatic hernia	K4
<ul style="list-style-type: none"> <li>Understand antenatal prognostic factors and determinants for timing of surgery <ul style="list-style-type: none"> <li>Operation – repair of diaphragmatic hernia (open/MIS)</li> <li>Operation – Patch repair or muscle flap</li> </ul> </li> </ul>	S3
<ul style="list-style-type: none"> <li>Post-operative management and follow up</li> </ul>	S2
Oesophageal atresia with or without tracheo-oesophageal fistula	K4
<ul style="list-style-type: none"> <li>Anatomy of tracheo-oesophageal malformations</li> </ul>	K4
<ul style="list-style-type: none"> <li>Evaluation and initial management</li> </ul>	K4, S4

○ Operation – rigid bronchoscopy	S3
○ Operation - Ligation of fistula, repair of oesophageal atresia	S2
• Management of long gap oesophageal atresia	K4
• Management of post-operative complications e.g., oesophageal stricture and long term follow up	K4, S2
Duodenal atresia	
• Evaluation of condition, pre- and postoperative management	K4, S4
○ Operation – duodeno-duodenostomy/web excision	S2
Intestinal atresias/stenosis	
• Evaluation of condition, pre- and postoperative management	K4, S3
○ Operation – intestinal resection and anastomosis	S3
Malrotation with/without volvulus	
• Evaluation of condition, pre- and postoperative management	K4, S4
○ Operation – Ladd's procedure (with/without bowel resection)	S3
Hirschsprung's disease	
• Evaluation and management of initial presentation of Hirschsprung's disease and Hirschsprung-related enterocolitis	K4, S4
○ Procedure – rectal washout	S4
○ Procedure - rectal suction biopsy, open rectal biopsy	K4, S4
○ Operation – siting stoma (lap-assisted/open)	S3
○ Operation – lap assisted or open endorectal pullthrough	S3
• Management of long segment Hirschsprung's disease	K4
• Post-operative and long term follow up	K4
Anorectal malformation	
• Appreciation of the spectrum of anorectal malformations and associated malformations and management of individual forms	K4
• Evaluation, management, decision for primary or staged surgery	S3
○ Operation – divided colostomy	S4
○ Operation – posterior sagittal anorectoplasty (PSARP) / limited	S2
○ Operation – lap/open ligation of fistula and pullthrough	S2/S3
• Post-operative management and long term follow up	K4
Meconium disease of prematurity	
• Uncomplicated cases – indication, technique for rectal washouts, role of contrast enema	K4, S4
• Complicated cases (associated with perforation/ meconium peritonitis)	
○ indication for surgery	K4
○ intra-operative decision making	S3
• Post-operative management	K4
Necrotising enterocolitis (NEC)	
• Understand factors involved in pathogenesis of NEC	K4
• Evaluation and initial management. Indications for surgery	K4, S3
• Pre-operative counselling and consent taking	S4
○ Operation – peritoneal drain	S3
○ Operation – laparotomy, bowel resection, stoma.	S3
• Post-operative management	K4

**PS EPA\_5: Urology**  
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Title	<b>Managing major urological conditions in babies and children (0-18y)</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Antenatal counselling for foetus with congenital urological condition</li> <li>2. Collaborating with obstetrician and neonatologist for perinatal care of babies with congenital urological conditions</li> <li>3. Counselling about natural history, risk factors, surgical indications, treatment options, treatment complications and prognosis for patients with urologic conditions</li> <li>4. Engaging in inter-disciplinary discussions with neonatologist, nephrologist, radiologist, and other specialists where appropriate</li> <li>5. Performing pre-operative assessment and optimisation</li> <li>6. Devising appropriate surgical plan and collaborating in inter-disciplinary post-operative management for patients born with urologic conditions</li> <li>7. Arranging appropriate follow-up plan for patients with urological conditions not requiring surgery</li> </ol>
	Limitations: <ol style="list-style-type: none"> <li>1. Excludes operative surgical treatment</li> <li>2. Excludes PS urologic oncology conditions (PS EPA 6)</li> </ol>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_6: Oncology**  
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Title	<b>Managing major surgical oncological conditions in babies and children (0-18y)</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Antenatal counselling for foetus with antenatally diagnosed oncologic condition</li> <li>2. Collaborating with obstetrician and neonatologist for perinatal care of babies with antenatally diagnosed oncologic condition</li> <li>3. Counselling about natural history, risk factors, surgical indications, treatment options, treatment complications and prognosis for patients with oncologic conditions</li> <li>4. Engaging in inter-disciplinary discussions with oncologist, radiologist, radiotherapist, and other specialists where appropriate; presenting and participating in tumour board</li> <li>5. Performing pre-operative assessment and optimisation</li> <li>6. Devising appropriate surgical plan and collaborating in inter-disciplinary post-operative management for patients with oncologic conditions</li> </ol> <p>Limitations:</p> <ol style="list-style-type: none"> <li>1. Includes major PS oncological conditions of the kidneys, ureter, bladder, GIT, liver, pancreas, spleen, ovaries, testes, sacro-coccygeal region, and retroperitoneum</li> <li>2. Excludes intra-operative surgical treatment</li> <li>3. Excludes paediatric malignant haematological conditions</li> </ol>
EPA Entrustment Level to be Attained by Exit	Level 4

**PS EPA\_7: Thoracic**  
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Title	<b>Managing major thoracic conditions in babies and children (0-18y)</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Antenatal counselling for foetus with congenital thoracic condition</li> <li>2. Collaborating with obstetrician and neonatologist for perinatal care of babies with congenital thoracic conditions</li> <li>3. Performing pre-operative assessment and devising pre-operative optimisation strategies (including HFOV or ECMO) with neonatal or paediatric medical specialists for babies born with thoracic conditions</li> <li>4. Devising appropriate surgical plan and collaborating in inter-disciplinary post-operative management for babies born with thoracic conditions</li> <li>5. Counselling about prognosis, risk factors, surgical indications and arranging for appropriate follow-up plan for patients with thoracic conditions not requiring surgery</li> <li>6. Counselling about indications of surgery and engaging in inter-disciplinary discussion for patients presenting with thoracic conditions such as empyema, pneumothorax, and congenital lung lesions</li> <li>7. Providing post-operative care including monitoring of lung function, advising on activity fitness and detection of possible complications for patients with thoracic conditions</li> </ol> <p>Limitations:</p> <ol style="list-style-type: none"> <li>1. Excludes intra-operative surgical treatment</li> <li>2. Excludes PS thoracic oncological (PS EPA 6)</li> <li>3. Excludes paediatric cardiothoracic surgical conditions involving heart, great vessels, and trachea</li> </ol>
EPA Entrustment Level to be Attained by Exit	Level 4



**PS EPA\_8: HPB-GI**  
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Title	<b>Managing major hepatobiliary-pancreatic (HPB) and gastrointestinal (GI) surgical conditions in babies and children (0-18y)</b>
Specifications and limitations	<ol style="list-style-type: none"> <li>1. Antenatal counselling for foetus with intra-abdominal conditions such as intra-abdominal cyst</li> <li>2. Collaborating with obstetrician and neonatologist to provide perinatal care</li> <li>3. Performing surgical assessment and devising pre-operative optimisation plan</li> <li>4. Counselling about natural history, risk factors, treatment options, treatment complications, long term prognosis (including liver transplantation) and arranging pre-operative management for patients with biliary atresia</li> <li>5. Counselling about natural history, risk factors, treatment options, indications of surgery, treatment complications and devising pre-operative and post-operative management for patient with choledochal malformation and GI conditions</li> <li>6. Participating or leading the multi-disciplinary care for services such as bowel management or bowel rehabilitation programme</li> <li>7. Participating in transition care to appropriate adult disciplines for patients with HPB and GI conditions</li> </ol>
	Limitations: <ol style="list-style-type: none"> <li>1. Excludes intraoperative surgical treatment</li> <li>2. Excludes PS oncological (PS EPA 6)</li> </ol>
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