

University Hospitals Birmingham NHS Foundation Trust and The Royal Orthopaedic Hospital NHS Foundation Trust
Training Interface Group Fellowship post in Spinal Surgery



Introduction

The fellowship programme is run through the Joint Committee on Surgical Training (JCST).

Fellowship posts are open to all higher surgical and where appropriate, non-surgical Fellows, that meet the person specifications. Details of eligibility are found through the [JCST](#).

Any unit applying to host Training Interface Group Fellows must have trainer representation from all parent specialties.

Applicant units are required to be able to deliver the [Fellowship curriculum](#) and adhere to the [quality indicators \(QIs\)](#).

The data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

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Unit Lead Trainer:

Name
Matthew Newton Ede, Andraay Leung

Local Educational Provider (LEP)

Main hospitals/trusts involved with teaching (base units):

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	University Hospitals Birmingham NHS Foundation Trust	The Royal Orthopaedic Hospital NHS Foundation Trust	Birmingham Childrens Hospital NHS Trust
Address of Trust	University Hospital Birmingham	The Royal Orthopaedic Hospital	Birmingham Childrens Hospital

Peripheral units (if to be visited by Fellow):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P
Name of Trust			
Address of Trust			

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LEP Consultants / Trainers

Parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Orthopaedics	2

Other Trainer(s) involved with Fellowship:

Parent Specialty	Number of other trainers from this Specialty
Orthopaedics	9
Neurosurgery	8
Radiology	3
Neuroradiology	3

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Indicative Timetable

The Fellow should be based at the main hospitals/Trusts for most of their educational activity but one session (professional activity) may occur outside these units each week. A trainee may work for 48 hours per week and if there is no on-call, all this time may be used for training.

Below is an indicative timetable that indicates the type of proposed activity and includes supporting professional development (SPD). SPD should be one half day each week. Please note that the timetable must be compatible with the Quality Indicators specific to the relevant TIG.

Multi-disciplinary team meeting (MDT), Supporting Professional Development (SPD), Operating theatre (Th), Ward round (WR), Outpatient clinic (OPC)

Trust A	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	MDT	OPD	Th	Th	Th/SPD (1:2)		
PM	OPD	Th	Th	Th	Th/SPD (1:2)		

Trust B	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

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Training Delivery

Overview of the Unit's TIG Fellowship Training Delivery plan:

Indication of units operative workload (five most frequent procedures relevant to this fellowship):

Five most frequent procedures relevant to this Fellowship	Number of cases per year	Proportion anticipated to be performed by the fellow under supervision
Deformity Correction	150-200	50-100% dependant on aptitude and progress.
TLIF/PLIF	50-100	50-100% dependant on aptitude and progress.
Discectomy/Decompression	150-200	50-100% dependant on aptitude and progress.
ACDF/corpectomy	100-150	50-100% dependant on aptitude and progress.
Instrumentation of spine (excl deformity)	150-200	50-100% dependant on aptitude and progress.