

Sheffield Teaching Hospitals NHS Foundation Trust *and* Sheffield Children's NHS Foundation Trust, Training Interface Group fellowship post in Hand 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 trainees, 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 TIG curriculum and adhere to the quality indicators (QIs). The curriculum can be found on the [ISCP website](#) in the curricula of the most relevant parent Specialties (as mentioned above) and the QIs are listed on the [JCST website](#).

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
<b>Miss Meg Birks</b>

***Local Educational Provider (LEP)***

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

	<b>Hospital/Trust A</b>	<b>Hospital/Trust B</b>	<b>Hospital/Trust C</b>
Name of Trust	Sheffield Teaching Hospital NHS Foundation Trust	Sheffield Childrens Hospital NHS Foundation Trust	
Address of Trust	Northern General Hospital Herries Road Sheffield S5 7AU	Sheffield Childrens Hospital Western Bank Sheffield S10 2TH	

Peripheral units (if to be visited by trainee):

	<b>Hospital/Trust N</b>	<b>Hospital/Trust O</b>	<b>Hospital/Trust P</b>
Name of Trust			
Address of Trust			

***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer):

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**Main Trainer(s) involved with fellowship:**

*A main trainer must undertake more than five programmed activities (PA) in their job plan and they must also be a surgeon primarily in the relevant sub-specialty area and recognised by the GMC as a trainer. At least one trainer from each specialty must have five years full time experience in the NHS.*

List of parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Plastic Surgery	5
Orthopaedic Surgery	3

**Other Trainer(s) involved with fellowship:**

Parent Specialty	Number of other trainers from this Specialty
Radiology	9
Anaesthesia	3
Neurophysiology	4
Plastic Surgery	3
Rheumatology	5
Specialist Rehabilitation	1

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Any other Specialties who are members of the multidisciplinary team not already mentioned as appropriate to the TIG:

Specialty	Trust A (numbers)	Trust B (numbers)	Trust C (numbers)
Hand Therapy	3(+)		
Nursing	3		
Psychology	1		

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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. All Quality Indicators may be found online at: <https://www.jcst.org/training-interface-groups/quality-processes/>

**Types of activity**

- Combined outpatient clinic (COC)
- Other outpatient clinics (OOC)
- Operating theatre (Th)
- Multi-disciplinary team meeting (MDT)
- Supporting Professional Development (SPD)
- Teaching ward round (WR)
- Research activities (RA)

Please indicate the activity and the trust, for example, MDT (A) or Th (B).

<b>Feb-Apr</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Elective Theatre (Th A)	Children's Theatre (Th B)	Elective Theatre (Th A)	Elective Theatre (Th A)	Trauma Clinic (OOC A) or Plexus clinic (COC A)
Afternoon	Hand Clinic (OOC A)	Children's clinic (OOC B) or Paed Burns MDT	Trauma Theatre (Th A)	Trauma Theatre (Th A)	See Below (SPD)
<b>May-Jul</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Hand Clinic (OOC A)	Children's Theatre (Th B)	Elective Theatre (Th A)	Elective Theatre (Th A)	Elective Theatre (Th A) or Plexus clinic (COC A)

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Afternoon	Trauma Theatre (Th A)	Children's clinic (OOC B) or Paed Burns MDT	Hand Clinic (OOC A)	Hand Clinic (OOC A)	See Below (SPD)
<b>Aug-Oct</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Trauma Theatre (Th A)	Elective Theatre (Th A)	Elective Theatre (Th A)	Trauma Clinic (OOC A)	Hand Clinic (OOC A) or Plexus clinic (COC A)
Afternoon	Trauma Theatre (Th A)	Trauma Theatre (Th A) or Burns MDT/Theatre (Th A)	Hand Clinic (OOC A)	Trauma Theatre (Th A)	See Below (SPD)
<b>Nov-Jan</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Elective Theatre (Th A) or Trauma Clinic (OOC A)	Elective Theatre (Th A)	Hand Clinic (OOC A) or Trauma Clinic (OOC A)	Hand Clinic (OOC A)	Elective Theatre (Th A) or Plexus clinic (COC A)
Afternoon	Trauma Clinic (OOC A)	Hand Clinic (OOC A) or Burns MDT/Theatre (Th A)	Trauma Theatre (Th A)	Trauma Theatre (Th A)	See Below (SPD)
Friday afternoons: Complex Hand MDT (3 <sup>rd</sup> ), Research & Governance meeting (5 <sup>th</sup> ), Diploma Tutorials or Private study/Research					
Each of the above activities is usually specific to a consultant and if that individual is on leave the activity will generally have been cancelled. Over the course of a 3 month period there are, therefore, natural 'gaps' in the weekly timetable to allow for private study and research/audit activity (SPD) and avoidance of breaching the maximum permitted hours.					
N.B. There is no formal on call commitment but the fellow can be remunerated for out of hours work. Our unit runs on a primarily planned daycase basis for trauma and emergencies where possible, we aim to treat at least 80% of our patients in this way. The fellow is encouraged to maintain active lines of communication with the on call teams covering hand surgery in order to be alerted to important cases which often or only occur out of hours. These might include replantations, flexor sheath washouts, vascular injuries. It is then possible to claim for additional duty at an hourly rate.					

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*Training Delivery*

Please an overview of the Unit's TIG Fellowship Training Delivery plan:

The philosophy of our unit is to provide comprehensive but tailored training for our fellow during their time with us. We have a high volume of clinical work and amongst our consultants we undertake care for the full range of hand conditions. We work closely with our multidisciplinary team, particularly hand therapy and nursing colleagues. We have a monthly meeting with musculoskeletal radiology and regular clinical discussions with rheumatology, neurophysiology, pain management and specialised rehabilitation. Our fellow is timetabled for these sessions in order to understand the provision of specialist hand surgery care in an integrated unit such as ours.

The structured timetable, with a balance of clinic and theatre work training provided by all eight consultants, supports learning across the curriculum. We discuss individual knowledge and skill levels in the various areas of hand surgery with our fellow and establish their priorities for the post. There are specialist clinics for peripheral nerve problems, neuromuscular conditions affecting the hand and collagenase treatment. We also have a sophisticated trauma service for both hand and wrist injuries. We are unusual in providing the majority of the city's distal radial fracture care within the hand unit.

We are well versed in providing training within the structure of the British Hand Diploma and encourage our fellow to undertake the course if it is suited to them. We also support our fellow undertaking research and service improvement projects in the department.