JCST
Joint Committee on Surgical Training

Certification Guidelines for Trauma & Orthopaedic Surgery

All trainees seeking certification in Trauma & Orthopaedic Surgery must:

a) be fully registered with the GMC and have a licence to practise.
b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland[1].
c) have successfully passed the Intercollegiate Specialty Board examination.
d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

	Guidelines for Trauma & Orthopaedic Surgery
Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus	Trainees must provide evidence of participation in annual scheduled (i.e. timetabled) minimum of three operating lists per week and two outpatient clinics per week (including fracture clinic). Trainees should provide an annual statement of "no probity issues" to meet future enhanced appraisal and revalidation criteria as documented in GMP Domain 4. Trainees should provide robust evidence of Multi-Source Feedback – completed NHS: LQF 360 and/or clinical 360 and/or MSF every 2 years. Trainees should be able to demonstrate knowledge and experience of the following critical conditions by appropriate WBA evidence: (1) compartment syndrome (any site), (2) neurovascular injuries (any site), (3) cauda equina syndrome, (4) immediate assessment, care and referral of spinal trauma, (5) spinal infections, (6) complications of inflammatory spinal conditions, (7) metastatic spinal compression, (8) the painful spine in the child, (9) physiological response to trauma, (10) the painful hip, (11) necrotising fasciitis, (12) major trauma (CEX).
Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	Trainees should have a minimum 1800 cases recorded in their logbooks over 6 years of training (average 300 cases/year). The minimum indicative numbers to be achieved are listed in Appendix 1. Trainees must show evidence in the logbook of training in the generality of trauma and orthopaedics.
Operative competence - evidence of competence in indicative operative procedures to level 4 (evidenced by	Trainees must have evidence of progression in operative skills to be demonstrated by a full set of PBAs in index operations to the

[1] This will include out of programme training

PBAs defined by the specialty)	designated level.
Research - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees should undertake research during training and provide evidence recorded on the ISCP of a minimum of: **Either** • Author of two peer reviewed publications from research (or instructional notes or literature review) performed during training (ST3 onwards) in print or accepted for publication at the time of certification**. **Or** • Evidence of the screening & recruitment of 5 patients to an REC approved study. **And** • Completion of a Good Clinical Practice course in Research Governance within 3 years of certification. • Completion of a research methodologies course. • Evidence of critical analysis of publications (i.e. journal club activity). • Author of two presentations (podium or poster) at national meetings from research performed during the period of training (ST3 onwards)**. ** Authorship should be according to "Guidelines on authorship: International Committee of Medical Journal Editors" BMJ p722 Vol 291 Sept 1985.
Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees must provide evidence of participation in audit and clinical governance. Audit is to have been regularly undertaken, with a minimum of one audit per year of training, and two of these audits to have progressed through the full audit cycle.
Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should provide evidence of commitment to teaching: by completing 'Training the Trainers' (or a similar course) and providing evidence of a minimum of one lecture/presentation per year on a teaching programme with structured (written) feedback.
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	Trainees should provide evidence of leadership and management e.g. completion of a management course, change management etc.
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	Trainees must have a valid ATLS® provider or instructor credential at the time of certification.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should provide evidence of commitment to CPD through courses, meetings and training.

Appendix 1 – Minimum indicative numbers of procedures for certification approval (MMC trainees)

a. ***Minimum total operations [A, STS, STU, P or T]*** *expected as a requirement for certification in 72 months of training = 1800*

b. **Minimum specific operation groups** *expected as a requirement for certification in 72 months of training*. NB: These are cases done and expressed as a total of **(STS, STU, P).** These procedures **must be supported** by evidence from PBAs over a **range of trainers** and **periods of time** *i.e. what is not expected is bunching of PBAs immediately prior to ARCPs.*

	Procedure	Number Performed [STS, STU or P]	Notes
1.	Carpal Tunnel Decompression	30	
2.	Knee Arthroscopy & simple arthroscopic procedures [1]	40	[1] *within this number other joints can be included*
3.	Total Knee Replacement	40	
4.	First Ray Surgery (Foot)	20	
5.	Total Hip Replacement	40	
6.	Compression Hip Screw for Intertrochanteric Fracture Neck of Femur	40	
7.	Hemiarthroplasty for Intracapsular Fracture Neck of Femur	40	
8.	Application of Limb External Fixator	5	
9.	Operative Fixation of Weber B Fracture of Ankle	40	*As well as Weber B, Weber C fractures can be included*
10.	Tension Band Wiring of patella and olecranon fractures	10	
11.	Intramedullary Nailing for Femoral or Tibial Shaft Fractures	30	
12.	Tendon Repair	20	This includes **all** tendon repairs e.g. tendo Achilles

*NB: The following have been **removed** from the indicative list for the purpose of 'minimum' numbers:*

- *Digital Palmar Fasciectomy*
- *Lumbar Discectomy*