



## ***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.

Barts Health NHS Trust – Royal London Hospital MTC, Training Interface Group fellowship post in Major Trauma

***Unit Lead Trainer:***

Name
<b>Martin P Griffiths</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	Barts Health NHS Trust (Royal London Hospital)		
Address of Trust	Trust headquarters, Executive Offices, Ground Floor, Pathology & Pharmacy Building The Royal London Hospital 80 Newark Street London, E1 2ES		

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			

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***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer):

**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
Vascular & Trauma Surgery	2

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

Parent Specialty	Number of other trainers from this Specialty
Paediatric anaesthesia and critical care	1
Emergency and Pre-Hospital Medicine	1
Trauma & Orthopaedics	1
Critical Care	1
Anaesthesia	1
Cardiothoracic Surgery	1

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Trauma Surgery	3

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)
Pre-hospital Care	1		
Injury Prevention Programme	1		
Trauma Care in the Older Adult	1		
Plastic Surgery	1		
Pain Service	1		
LIVEX / Military links	1		
Code Red Major Haemorrhage Protocol	1		
Neurotrauma	1		
O&G	1		
Major Incidents	1		
Trauma Education / Simulation	1		
Trauma Anaesthesia Group	1		
Paediatric Trauma	2		
Trauma Nursing Education	2		
Neurosurgery	1		
Interventional Radiology	1		
Trauma Radiology	1		
Rehabilitation	1		
Hand Surgery	1		
Psychiatry	1		
Nutrition	1		
AfterTrauma Team	1		
Trauma Governance	1		
Trauma Education	1		

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NE London & Essex Trauma Network	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.icst.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).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	MDT WR  (teaching WR)	MDT WR   Trauma Governance M&M/Trauma Talks (alternate	radiology Meeting/trauma evidence update  MDT WR  Vascular /general elective operating list/	MDT WR  (teaching WR)  Trauma Governance Mortality case	MDT WR  Vascular MDT  Monthly simulation training (09:00)  Geriatric trauma		

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		weeks)	(Th)	conference	WR		
Afternoon	Spinal MDT	Personal study/audit	endovascular training (Th)	Trauma/Vascular surgery clinic (COC)	Trauma research meeting (RA)		
Evening	Closure Mtg	Closure Mtg	Closure Mtg	Closure Mtg	Closure Mtg		

## Barts Health NHS Trust – Royal London Hospital MTC, Training Interface Group fellowship post in Major Trauma

### *Training Delivery*

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

The Royal London Hospital (Barts Health NHS Trust) is the Major Trauma Centre and host for the NE London & Essex Trauma Operational Delivery Network and was designated in 2009. It hosts a helicopter and land based trauma retrieval service (London's Air Ambulance) in conjunction with the London Ambulance Service. It is the largest of the 4 networks within the London Trauma System and is the busiest trauma centre in the UK, with 3168 trauma team activations in 2016, 1527 of which were TARN eligible and 698 of which had an ISS>15.

The Barts Health Trauma Service is part of the Neurosciences and Trauma division within the Emergency Care and Trauma (ECAT) Clinical Academic Group. The Trauma management and research offices are based on Ward 12D; the 17 bedded Major Trauma Ward at the Royal London Hospital. Paediatric Trauma is admitted to Ward 7D.

Barts Health NHS Trust hosts a tertiary level Vascular Service, which serves the local boroughs of Tower Hamlets, Newham, Waltham Forest and City & Hackney. Vascular Services are concentrated at the Royal London Hospital where patients are managed by 11 consultant vascular surgeons and 7 vascular interventional radiologists. The full suite of vascular conditions is treated. Endovascular aneurysm repair is routinely undertaken, with around 50 simple repairs and 15 complex repairs (thoracic, thoraco-abdominal) entailing thoracic stenting, fenestrated or branch grafting per annum. The IR department runs between 3-4 interventional lists per day (vascular, neurovascular, HPB, access) and offers 24/7 coverage. The service has 2-3 IR fellows training within the department at any time. AAA repair is conducted as a joint team procedure in the IR suite with both consultants (vascular, interventional) undertaking the technical aspects of vascular access and stent advancement/deployment as appropriate.

The RLH has developed a world leading trauma service for adults, successfully deploying cutting edge technologies for the sickest patients and continuously improving care for major trauma patients. Such strategies have included management of major haemorrhage and introduction of REBOA techniques, all of which have been subjected to rigorous audit and service evaluation in the process of their establishment.

A cohort of 7 trauma-vascular surgeons and a trauma anaesthetist runs the adult Service. The unit also comprises 3 ST1-2 trainees, 2 senior trauma fellows, a team of Trauma Nurse & rehabilitation Co-Ordinators (AfterTrauma), a Research Manager, a Data Manager, Clinical Research Fellows and two FY1 trainees. It is the clinical partner of the Centre for Trauma Sciences of Queen Mary University London. Amongst our consultant trauma surgeon cadre we contain established world leaders in trauma research, military surgery, and injury prevention.



## Barts Health NHS Trust – Royal London Hospital MTC, Training Interface Group fellowship post in Major Trauma

We are one of the busiest trauma centres in Western Europe. 25% of our trauma admissions are victims of penetrating trauma giving trainees unrivalled exposure to the management of complex gunshot & bladed weapon injuries. We are the base institution of the London Air Ambulance and as such provide what is widely regarded as world-leading pre-hospital care. We are a world leader in trauma research and innovation and are designated as the primary centre for the UK REBOA trial.

We are an established centre of excellence for trauma training and have access to cutting edge interventional radiology and operative surgery exposure. Our facility moved to its new footprint 5 years ago and such we have exceptional facilities for resuscitation and definitive intervention and a 44 bedded Adult Critical Care unit staffed by a cohort of trauma dedicated experts of international renown.

The RLH receives a high volume of paediatric trauma activations, in the region of 250-300 every year. Paediatric trauma management in our centre is a service shared between the adult trauma and paediatric services. This dual-input model reflects the different medical and social needs of children, Without compromising the perioperative trauma care delivered in comparison to that delivered within the adult service.

As an established major trauma centre of high volume and unrivalled expertise in pre-hospital care, emergency medicine, trauma surgery, critical care, anaesthesia, interventional radiology and diagnostic radiology we have a proven track record of training trauma specialists from every specialty. We have long been considered the finishing school for trauma practice in London and the South East. The vast majority of practicing trauma surgeons in London has been trained by RLH and the majority of UK trauma centres has adopted our protocols for the management of major trauma, from major haemorrhage to the management of pelvic fractures.

We can offer bespoke training to candidates wishing to train in either the Trauma resuscitative surgeon or Major Trauma Consultant role. All of our trauma consultants are established DSTS instructors and one is the immediate past lead for DSTS delivery at RCS. Our governance pathways are well established, robust and effective and we have established a training programme for overseas senior trauma trainees that are oversubscribed and have a waiting list of several years.

Our educational resources and trauma training are unrivalled. We recently hosted a Darzi fellow in paediatric trauma surgery and we routinely provide trauma training to surgical trainees from outside the region who require surgical exposure to develop resuscitative surgical skills as well as the governance and educational facilities to provide comprehensive training in the MTC Consultant role. The military have recognised our ability to train individuals and teams alike and we were the original host facility for LIVEX (training military trauma teams) enabling them to develop the skills to function as a coherent team prior to deployment. We demonstrated our ability to train (plastic, general & vascular) surgeons, anaesthetists, emergency medicine clinicians as well as AHPs in an environment purpose built for trauma care using simulation and patients under the direct supervision of established experts in their respective fields.

## Barts Health NHS Trust – Royal London Hospital MTC, Training Interface Group fellowship post in Major Trauma

We are established centres for the training in trauma team courses (TTM & TTL) and a well-established centre for ATLS. Our consultant and senior trainee cohort are well-regarded trainers in trauma surgery and we provide faculty for PERT, DSTS, and DSTC. We have a longstanding locally delivered Damage Control Surgery course that is taught to surgical trainees and has been rolled out to train our surgical consultant colleagues in the Trauma Units within our network.

Our alumni have gone on to become trauma leaders in their own right and we are proud to be considered to be the finishing school for trauma training in London. We have trained fellows from as diverse backgrounds as the US Air Force, overseas fellows and UK graduates who have gone on to develop trauma centres in Australia and New Zealand.

Our educational opportunities are considerable. We have the longest established Trauma MSc course in the UK and as well as more recently commencing an MSc in pre-hospital care. We actively encourage our trauma fellows to act as MSc tutors and this has proven to be an excellent method of introducing them to a career that includes trauma education.

We are proficient in training in the MTC consultant lead role and have well established pathways for delivering competencies in ward trauma team leadership, quality Improvement and Data Management, participation and leadership of Multi-disciplinary team meetings and Trauma System Leadership.

The training programme is based on a 52-week year. Assuming 6 weeks of annual leave and 2 weeks of study leave we would plan to deliver a successful training programme based on 44 weeks exposure. The core of the programme will be based around active involvement in the day-to-day work of the trauma service. The TiG fellow will be expected to attend the daily consultant led MDT ward round (initially in a learning capacity) and in due course will be expected to demonstrate the ability to lead this. The round encompasses trauma ward and ITYU/HDU patients thus they will develop the competencies in the management of the critically ill patient. They will be required to attend all advanced and code red (major haemorrhage) trauma calls and shadow these patients to their site of definitive treatment be that theatres or interventional radiology

The fellow will be responsible for the organisation and delivery of relook surgery and should anticipate that they will be required to perform these operations under consultant supervision.

We mandate attendance at Governance, Education, Network, Board, and Research meetings, as well as London Trauma Service and educational meetings. They would be expected to submit papers for trauma and surgical meetings and attend their specialty and local/national trauma meetings.

We recognise that 70% of our workload occurs outside of working hours and consideration has been given to provide adequate exposure to this cohort of patients. We would stipulate that they should be rostered so that they attend 1 weekday evening (8pm to 8am) shift per fortnight and 1 x 3 day weekend evening shift (Fri/Sat/Sun 8pm to 8am) per month.

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As the TiG fellow progresses through their training we would expect them to become competent in the demands of the role so that (subject to satisfactory progress) in the final 6 weeks of the role they will shadow the trauma consultant and fulfil that role under direct supervision.

The fellow will have access to elective operating lists, which are tailored to their surgical background. Our expectation is that to develop the haemorrhage control skills suitable for consultant level practice they will be exposed to a minimum of 30 vascular lists over 36 weeks integrated with the Core Trauma Service 36 week block which will guarantee familiarity with vascular approaches, vascular dissection, control, and tissue handling.

Fellows will be required to complete a cardiothoracic block in which they will attend 10 cardiac lists, comprising of 10 thoracic lists over 6 weeks (2 x 3 week blocks). This will give them formal training and familiarity with median sternotomy, pericardiotomy, thoracotomy.

In addition to this they will complete a plastic surgery/T&O block that will consist of 5 plastic surgery (trauma) and 5 T&O lists (trauma) over 1 x 2 week blocks. This will equip the trainee with exposure to the principles of plastic surgery and bony fixation.

The trainees will be exposed to OMFS practice on a continuous basis. This will equip them with airway management skills as well as an appreciation of the more specialised aspects of OMFS practice. The Obstetrics & Gynaecology trauma group will teach caesarean section.