

## Updated Guidance to the Certification Guidelines for Trauma & Orthopaedic Surgery for trainees with a certification date of 5 August 2020 or later

This update supersedes the 2017/18 Certification Guidelines in the following three areas:

- 1) Requirement for capabilities in all areas of the specialty
- 2) Critical conditions
- 3) Indicative numbers

For guidance in all other domains, please refer to the 2017/18 certification guidelines [here](#).

Trainees with a certification date falling before 5 August 2020 should use the 2017/18 guidelines in their entirety or, if they prefer, use this updated guidance in the relevant domains. Please ensure that you agree all arrangements with your TPD in good time for your final ARCP.

### Details

- 1) Requirement for capabilities in all areas of the specialty
- 2) Critical conditions

Additional requirements in these areas are **highlighted** below:

	<b>Guidelines for Trauma &amp; Orthopaedic (T&amp;O) Surgery</b>
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus	<p>Trainees must provide evidence of clinical experience and exposure to the breadth and generality of T&amp;O surgery. This is usually achieved by clinical exposure in the eight main special interest areas; hand &amp; wrist, shoulder &amp; elbow, spine, hip, knee, foot &amp; ankle, paediatric orthopaedics, and major trauma<sup>1</sup>.</p> <p>Trainees must provide evidence of participation in an average of three operating lists and two outpatient clinics (including fracture clinic) per week.</p> <p>Trainees must provide an annual statement of “no probity issues” to meet future enhanced appraisal and revalidation criteria as documented in GMP Domain 4.</p> <p>Trainees must provide robust evidence of Multi-Source Feedback – completed ISCP MSF or equivalent every year.</p> <p>Trainees must be able to recognise and deal with the following critical conditions with appropriate WPBA 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 in the child, (11) necrotising fasciitis, (12) diabetic foot (13) primary and secondary musculo-skeletal malignancy (14) major trauma resuscitation (CEX)</p>

<sup>1</sup> Major trauma attachment does not have to be in a designated MTC Major Trauma Centre, but should provide equivalent experience.

3) Indicative numbers

Appendix 1 in the 2017/18 Certification Guidelines is superseded by a new list:

**Indicative numbers of procedures for certification support**

Breadth and depth of experience is essential in operative surgery to ensure trainees have a range of strategies available to manage the variations in operative pathology they will be presented with as Consultants

- a. **Indicative number of total operations [P, T, S-TU, S-TS or A] expected as a requirement for certification = 1800**
- b. **Indicative number of specific operation groups expected as a requirement for certification (usually over 72 months of training).** NB: These are cases done and expressed as a total of **(S-TS, S-TU, P)**. These procedures **must be supported** by evidence from PBAs over a **range of trainers** and **periods of time** i.e. what is not accepted is bunching of PBAs immediately prior to ARCPs.

Competency	Indicative number	Notes including acceptable cases
<b>Elective</b>		
Major joint arthroplasty	80	total hip, knee, shoulder, ankle replacements
Osteotomy	20	1st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal. NOT allowed are Akin, lesser toe and MT 2-5 osteotomies
Nerve decompression	20	carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy
Arthroscopy	50	knee, shoulder, ankle, hip, wrist, elbow
<b>Emergency / trauma</b>		
Compression Hip Screw for Intertrochanteric Fracture Neck of Femur	40	
Hemiarthroplasty for Intracapsular Fracture Neck of Femur	40	
Application of Limb External Fixator	5	
Tendon Repair for trauma	10	Any tendon for traumatic injury (includes Quadriceps and patella tendon)
Intramedullary nailing including elastic nailing for fracture or arthrodesis	30	femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis eg knee
Plate fixation for fracture or arthrodesis	40	ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis eg wrist
Tension band wire for fracture or arthrodesis	5	patella, olecranon, ankle, wrist, hand
K wire fixation for fracture or arthrodesis	20	Wrist, hand, foot, paediatric
Children's displaced supracondylar fracture	5	displaced fracture treated by internal fixation or application of formal traction
<b>Total</b>	<b>365</b>	

## Totals

1800 cases as an indicative number

1260 (70% of the 1800 described above) cases as first surgeon

Multiple operations at the same sitting, in the same anatomical area, must not be unbundled (e.g. within the same foot).

Bilateral cases may count as two operations.

Injections in any site do not count as part of the indicative numbers.

## PBA level

3 x Level 4 PBAs in each specific operation group listed above by two or more trainers except for supracondylar fracture and application of external fixator.

For supracondylar fracture and external fixator application, an indicative number of 1 x PBA level 4 in a non-simulated setting is acceptable. One PBA may be assessed in simulation with agreement of AES, TPD.