

### **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 <u>JCST</u>.

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.

### Unit Lead Trainer:

Name
Alastair Marsh, Nick Newton

# 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	University Hospitals Birmingham	
	NHS Foundation Trust		
Address of Trust	Trauma & Orthopaedics		
	6th Floor Nuffield House		
	Queen Elizabeth Hospital		
	Birmingham		
	Mindelsohn Way		
	Edgbaston		
	Birmingham		
	B15 2GW		

Peripheral units (if to be visited by Fellow):

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

## LEP Consultants / Trainers

Parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Orthopaedic Trauma	2
Major Trauma	1
Trauma and Emergency	1
General Surgery	
General Surgery	2
Emergency Medicine and	1
Intensive Care Medicine	
Emergency Medicine and	1
Major Trauma	
Burns and Plastics	2
Plastic Surgery	2
Cardiac Surgery	1
Thoracic Surgery	1
ITU / General Internal	1
Medicine	

#### Other Trainer(s) involved with Fellowship:

Parent Specialty	Number of other trainers from this Specialty
Consultant Vascular Surgeon	2
Consultant Thoracic Surgeon	1
Consultant Maxillofacial /	1
Head and Neck	
Consultant Plastic Surgeon	4
Consultant Anaesthetics and	1
Prehospital Care	
Consultant Emergency	1

Medicine and Prehospital	
Care	
Consultant Orthopaedic	4
Trauma	
Consultant Emergency	1
General Surgery	
Orthopaedic Trauma	1
Consultant Anaesthetist and	1
ITU	
Consultant Critical Care	1
Consultant Anaesthetist and	1
Pre-Hospital Emergency Care	
Consultant Emergency	1
Medicine	
Consultant Neurosurgeon	2
Consultant Rehabilitation	1
Medicine	

### 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 Fellow 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	Orthoplastics	Military MDT	Nerve Injury MDT		Orthoplastics MDT		
	reconstruction list	Civilian MDT			NeuroTrauma MDT		
		Reviews/M&M					
		meeting Special					
		Case					
		Reviews/M&M					
		meeting					
PM	Orthoplastics	SPA	MTS clinic	Complex	Orthoplastic Clinic		
	reconstruction list			Neurotrauma MDT			

Trust B	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

### 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):

Procedure	Number of cases per year	Proportion anticipated to be performed by the fellow under supervision
Rib fracture fixation	15	Over 50%
Trauma laparotomy	60	0/50%
Resuscitative Thoracotomy	5 (initiated in ED)	Over 50%
Emergency external fixation of longbones/pelvis	30	Over 50%
Thoracostomy	2000	Over 50%