



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 [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 data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

Royal Devon University Healthcare NHS Foundation Trust Training Interface Group Fellowship post in Hand Surgery

Unit Lead Trainer:

Name
Oliver Stone

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Royal Devon University Healthcare NHS Foundation Trust	North Devon District Hospital	
Address of Trust	Barrack Road Exeter EX2 5DW	Raleigh Heights Barnstaple EX31 4JB	

Peripheral units (if to be visited by Fellow):

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

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LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer): Oliver Stone

Parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Orthopaedic surgery	4
Plastic surgery	3

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Extended role practitioner Hand therapist	1
Hand therapist	9
MSK radiologist	3
Extended nurse practitioner hand trauma	1
Extended role practitioner hand therapist	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.

Multi-disciplinary team meeting (MDT), Supporting Professional Development (SPD), Operating theatre (Th), Ward round (WR), Outpatient clinic (OPC)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	WR/OPD/Free	TH	TH/OPC	OPC	WR/MDT		
PM	TH	OPC	TH/OPC	TH/TRAUMA	TH/ SPD/Free		

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	WR/OPD/Free	TH	TH/OPC	TH	WR/MDT		
PM	OPD/SPD	TH	TH/OPC	TH	TH /SPD/Free		

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Training Delivery

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

There is ample opportunity for exposure to the outpatient department for an interface fellow. There will be access to specialist clinics for all aspects of the hand surgery curriculum. There will be a) teaching clinics with consultant supervision where the fellow will be able to observe and be observed in a supernumerary fashion b) independent clinics alongside consultants to allow Fellows to gain independence and build confidence and when ready run their own clinics with the ability to discuss cases with a consultant.

We perform revascularization and replantation of traumatic amputations in our unit as well as free tissue transfer in our elective. There is currently ample opportunity to attend both trauma theatres and our elective theatres and ample operative opportunities available.

There is a dedicated offsite day surgery unit and access to elective lists in the main theatres in Exeter for some elective work and trauma work as well as access to the renowned Princess Elizabeth orthopaedic theatres all located on the same site. We recently completed the construction of our new state of the art Exeter Hand Unit which is also located in the main Exeter hospital and this includes elective clinic rooms, a mini c-arm x-ray room and a brand-new stand-alone theatre for WALANT and regional block lists for both trauma and elective work as well as housing our extensive hand therapy unit.

Indication of units operative workload (five most frequent procedures relevant to this fellowship)

Procedure	Number of cases per year
Flexor tendon surgery	40
Dupuytren's surgery	235
Wrist salvage surgery	55
Osteotomies wrist	20-30
Scaphoid non-union surgery	25