

## 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 <a href="ISCP">ISCP</a> website in the curricula of the most relevant parent Specialties (as mentioned above) and the QIs are listed on the <a href="ICST">ICST</a> 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.

## Unit Lead Trainer:

Name	
Michael Waldram	

## Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C	
Name of Trust	Queen Elizabeth Hospital	Royal Orthopaedic Hospital	Birmingham Childrens Hospital	
Address of Trust	Mindelsohn Way	Bristol Road South, Birmingham	Steelhouse Lane	
	Edgbaston, Birmingham, B15 2TH	B312AP	Birmingham, B46NH	

Peripheral units (if to be visited by trainee):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P
Name of Trust	Royal Centre for Defence Medicine		
	(RCDM)		
Address of Trust	Queen Elizabeth Hospital,		
	Mindelsohn Way		
	Birmingham, B15 2TH		

## 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 subspecialty 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
Orthopaedic	7
Plastic	5
Plastic/Paeds	2

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

Parent Specialty	Number of other trainers from this Specialty			
Radiologist	1			
Orthopaedic Oncologist	2			

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)
Occupational Therapist	1		

### 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.jcst.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)

During the year the trainee will undertake 3 x 3 month attachments in the Queen Elizabeth Hospital (QEH) and Royal Orthopaedic Hospital (ROH), a 1 month attachment in the Birmingham Children Hospital (BCH) and have 2 months free to develop their own timetable with other members of the team they have not yet worked with as per their interests.

During all attachments they continue on the on call rota of 1:8 weekends 8am-8pm and one long day every 2 weeks 8am-8pm on call Alternate week timetable shown above and below oblique box divide.

QEH/ROH1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th QEH		Th ROH	OOC ROH	Th QEH	8AM-8PM	8AM-8PM
		Th QEH	OOC QEH	OOC QEH		1:8 QEH	1:8 QEH
Afternoon	Th QEH		Th ROH	OOC ROH		8AM-8PM	8AM-8PM
			Th ROH			1:8 QEH	1:8 QEH
QEH/ROH2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Morning	Th QEH	Th QEH	OOC ROH	OOC ROH	OOC QEH	8AM-8PM	8AM-8PM
		Th ROH		Th QEH		1:8 QEH	1:8 QEH
Afternoon		Th QEH	OOC QE	OOC ROH		8AM-8PM	8AM-8PM
		Th ROH				1:8 QEH	1:8 QEH

QEH/ROH3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th ROH	OOC QEH	Th QEH	Th QEH	Th QEH	8AM-8PM	8AM-8PM
		Th QEH	OOC QEH			1:8 QEH	1:8 QEH
Afternoon	Th ROH	Th QEH	Th QEH	Th QEH	Th QEH	8AM-8PM	8AM-8PM
	OOC ROH	Th QEH				1:8 QEH	1:8 QEH

ВСН	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th	Th	00C	Th	Th	8AM-8PM	8AM-8PM
						1:8 QEH	1:8 QEH
LUNCH	MDT	MDT					
Afternoon		00C	00C	Th	00C	8AM-8PM	8AM-8PM
						1:8 QEH	1:8 QEH

## Training Delivery

### Module 1: Skin / Soft tissue / Microsurgery / Dupuytren's Disease

The ATP rotates to Plastic surgery Hand lists, and learns skin grafting techniques. There is a wide exposure to complex injury reconstruction including microsurgery and free tissue transfer, vascularised bone grafting and local flap techniques. There is extensive use of Vacuum dressings in military trauma. All ATPs have training in the West Midlands Rehabilitation unit in upper limb prosthetics. All ATPs attend a microsurgery course during their time in the unit. In hand therapy they learn the role of scar massage and pressure garment use. At the Royal Orthopaedic Hospital all 4 Consultants use both open surgery and Collagenase treatment for Dupuytrens disease. The hospital is a contributing centre for the national DISC trial for Collagenase treatment of Dupuytrens. Module 2: Fractures and Joint Injuries including Wrist instability

The QEH hand on call generates 8-10 operative cases daily. These are operated on 12-14 daytime Consultant hand trauma session a week, including a whole day Saturday Hand trauma list. All fracture management is prioritised according to open injury, swelling and other associated injuries. A comprehensive Synthes Plate fixation system is commonly used together with Acutrac screws and K wires, together with Consultant operated Mini C arm Xrays. Scaphoid fixation and grafting is practised both acutely and delayed after a defined protocol of acute imaging. Four Consultants have a special wrist interest and treat complex wrist fractures referred from A/E and the Trauma unit. A complex wrist tertiary service is also active.

#### Module 3: Osteoarthritis and inflammatory arthritis

At the Royal Orthopaedic Hospital there is an extensive surgical practice for hand and wrist Osteo and inflammatory arthritis. Wrist denervation partial and complete fusion is performed and one consultant has is a particular interest in surgery for hand and wrist Rheumatoid arthritis. Isolated cases of MCP and PIPJ replacement are also undertaken, together with routine trapeziectomy and ligament stabilisation

### Module 4: Tendon and tendon-related disorders

All acute tendon injury is processed on Day time Consultant led trauma lists which the ATP also operates on supervised. There is a wide exposure to Extensor and primary flexor tendon injury and surgery, together with delayed tendon grafting and transfer techniques for nerve palsy. All ATP have 2 training sessions with the senior Hand therapist, on therapy techniques and regimens, together with principles of hand splinting.

### Module 5: Nerve and nerve related disorders

The QEH has developed a large Brachial plexus service over the last 7 years. Advanced techniques of nerve transfer and research into nerve injury is undertaken. All ATPs rotate through the unit. Standard microsurgical nerve repair is closely supervised and undertaken on a daily basis

### Module 6: The child's hand, vascular disorders and tumours

All ATPs spend one month at Birmingham Children's hospital. Exposure to Congenital hand clinics and surgery is undertaken on a weekly basis together with daytime paediatric emergency hand trauma operating.

A Vascular anomalies combined clinic with the interventional radiologists with sclerotherapy for haemangioma is active.

All ATPs have teaching sessions with the Bone Tumour supra-regional unit at the Royal Orthopaedic hospital.