



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.

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Unit Lead Trainer:

Name
Nik Kanakaris

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust
Address of Trust	Leeds General Infirmary Great George Street, Leeds, West Yorkshire, LS1 3EX	St James's University Hospital Beckett Street, Leeds, West Yorkshire, LS9 7TF	Chapel Allerton Hospital Chapelton Road, Leeds, West Yorkshire, LS7 4SA

Peripheral units (if to be visited by trainee):

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

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LEP Consultants / Trainers

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 Surgery	3
Trauma & Orthopaedics	3
Pediatric Surgery	1
Plastic Surgery	2
Thoracic Surgery	1
Neurosurgery	1
General Surgery	1
ENT Surgery	1
OMF Surgery	2

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Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Vascular Surgery	4
Trauma & Orthopaedics	4
Interventional Radiology	2
Rehabilitation Medicine	1
Emergency Medicine	2
Spinal surgery	2
Anaesthetics	1
Intensive Care Medicine	1
Neurosurgery	1

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)
Intensive Care Medicine	2	2	
Rehabilitation Medicine	1		2
Trauma & Orthopaedics			2
Pediatric Surgery	2		
Clinical Psychology	2		
Spinal Surgery	2		
Pancreato-biliary Surgery		2	
Liver & Transplant Surgery		1	
UGI Surgery		1	
Urology		1	
Ophthalmology		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 TRAUMA MEETING WR	MDT TRAUMA MEETING Th	MDT TRAUMA MEETING OOC	MDT TRAUMA MEETING Th	MDT TRAUMA MEETING RA MT MM / CG MDT	(WR) (Th)	(WR) (Th)
Afternoon	MDT RA	Th	SPD	Th	TEACHING SPD	(Th)	(Th)
Evening				Journal Club (monthly)			

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Training Delivery

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

The aim of the WYMTN / Leeds Major Trauma Interface TIG Fellowship, is to prepare the trainee for a role as a Major Trauma Consultant or as a Resuscitative Surgeon by delivering the defined syllabus. The fellow will form an integral part of our bespoke integrated care system for complex trauma patients (adults and children). This will facilitate development of expertise in the emergency and ongoing management of patients with complex multi-system injuries, emphasising the imperatives of leadership, team working and coordination.

The fellowship faculty at the Leeds MTC recognise the diverse and expansive nature of the Major Trauma syllabus. This will be delivered through a coordinated approach amongst relevant specialities, led by a prominent member of our MTC trauma faculty. By utilising the enthusiasm, educational track record and full support of all relevant local specialties, learning frictions will be minimised and the syllabus comprehensively covered.

All adult patients with severe and multiple injuries are admitted to our purpose built major trauma ward or to acute critical care. The paediatric major trauma patients are admitted at the acute pediatric surgery ward or the paediatric acute critical care. Both for adults and children the wards of admission are co-located enbloc with operating theatres, critical care facilities, radiology and the emergency department. Both adult and children MTC Services are based at 2 different Wings (Jubilee and Clarendon wings respectively) of the same "build for purpose" acute hospital (Leeds General Infirmary), including a roof top helipad equipped to function beyond daylight hours. Care is provided by a dedicated multidisciplinary Major Trauma Team, who the fellow will join for the core of the MT TIG interface fellowship. Since our designation as an MTC in 2012, the model of the Leeds MTC services is a hybrid one, which provides 7/7 consultant led services by both a Major Trauma Leading oncall Consultant (role fulfilled by Orthopaedic Trauma Consultants during their Major Trauma oncall week), and a Resuscitative Surgeon (a Vascular oncall consultant specifically for Trauma and free from other duties during their Major Trauma oncall week). For the children the Resuscitative Surgeon role is undertaken by the Pediatric Surgeon oncall.

On a daily basis pairs of consultants (MTC T&O and Vascular Trauma for adults OR MTC T&O and Pediatric Surgery for children) provide continuity of day to day care, directly supported by a Consultant in Rehabilitation medicine. The group holds a daily multi-disciplinary care

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meeting along with ward nursing staff, trauma clinical nurse specialists, physiotherapists, occupational therapists, pain specialists and clinical psychologists where the ongoing care of all major trauma patients is co-ordinated. The whole patient care pathway is actively managed, identifying patients with new problems or at risk of deterioration and prioritising clinical inputs from different teams on an individual basis. There is regular interaction with teams from care of the elderly, critical care medicine, neurosurgery, spine surgery, thoracic surgery, plastic surgery, general trauma and orthopaedics, maxillo-facial surgery, ophthalmology, urology, upper and lower GI surgery, pancreato-biliary surgery, interventional radiology, specialist MSK radiology and neuroradiology, who support this work. The team undertake a daily ward round based on the plans devised at the MDT meeting, reviewing all patients admitted under the major trauma service, including those in critical care facilities. All ward rounds and patients review are already fully compliant to the outline of the NHS Shared Planning Guidance for 2017-18 referring to urgent network specialist services and the 7 Day Hospital Services (7DS) Programme.

An Educational Supervisor will be assigned to the trainee before the fellowship is commenced. Within 2 weeks of starting a learning agreement and specialty timetable will be negotiated and annotated with relevant specialty specific main trainers (who have already formally agreed to help deliver their speciality specific parts of the syllabus). It is envisaged that this will be highly individualised to meet specific training needs including relevant knowledge, behaviours, technical and non-technical skills. The fellow will thus be appropriately temporarily attached to speciality departments to allow the focused intensity of elective practice (for example: GI and vascular anastomoses) while maintaining a full link to their educational supervisor. There will be opportunities to work in all relevant surgical disciplines and the fellow will have the opportunity to develop their parent sub-specialty reconstructive skills. A number of formal educational activities will be included in the fellow's timetable to enhance development of knowledge and skills. These will include a weekly major trauma teaching session and various multi-disciplinary meetings within the different allied surgical specialties. The fellow will take part in regular formal trauma team recorded simulation, wet lab sessions and be given support and opportunity to help with delivery of the Leeds post-graduate trauma educational programme. In accordance with the RCS Major Trauma Workgroup recommendations [1] the trainee will be expected to complete the Major Trauma TIG fellowship SMART Learning Objectives in their specified theme. Should the fellow achieve the required competences in their specified theme and wish to gain skills in the alternate theme and there is agreement from the Training Programme Director then this will be deliverable on the Leeds programme.

The fellow will be expected take a leadership role in Leeds Major Trauma Centre's weekly Mortality and Morbidity governance meeting (critical review of the initial management of all patients presenting with injury severity scores above 15) and the bimonthly West Yorkshire Major

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Trauma Network CG meeting. The Major Trauma Consultant themed fellow will also actively participate in the weekly MTC Rehabilitation planning meeting. Through these works, the fellow will become involved with our trauma quality improvement programme, joining senior trauma clinicians in the iterative development and dissemination of Major Trauma standard operating protocols. This activity will lead to detailed familiarity with trauma systems, as well as the development of relevant management and leadership skills. The fellow will also be encouraged to complete a research project within the Leeds Major Trauma research programme and be part of the team delivering on national research projects (for example the UK REBOA Trial, ACEFIT Trial, Cryostat Trial-2, etc).

The established educative principles and practices of the Intercollegiate Surgical Curriculum Programme (ISCP) will be referenced and adhered to. The syllabus competencies will be evidenced by a ISCP portfolio which will include more than 40 formative workplace-based assessments. The trainee will not be requested or expected to provide service provision to the Trust, except in the direct care of patients they encounter within the remit of their educational agreement. The trainee will work with the Major Trauma team, and other surgical faculty at the affiliated training sites: Leeds General Infirmary and St James's University Hospital. Further access will be provided to our MT / Neuro-rehabilitation ward at Chapel Allerton Hospital as required to provide the fellow adequate exposure to the whole spectrum of expertise offered at Leeds Teaching Hospitals. Office space, library and IT resources will be pre-allocated to the fellow for personal study, audit and research.

We are confident that the Leeds Major Trauma Centre represents an excellent centre to host the initial provision of the Major Trauma TIG fellowships of both themes including training for both adults and children. This long-anticipated fellowship programme represents a great opportunity and responsibility for us. As advocates for the need to develop such a fellowship programme from our planning phase as an MTC, we are universally committed to facilitate the education and development of the next generation of Major Trauma clinicians. We look to these individuals to focus their careers on the management of trauma patients and take leading roles in the Major Trauma Centres of the future. Our vision is to keep the great momentum following the establishment of the Regional Trauma Networks and Major Trauma Centres in our country, and work hard to keep the NHS trauma care system as the best in the world.

The high volume of trauma cases we treat on an annual basis, the fact that we treat both adult and pediatric Major Trauma patients, our very good performance according to the Major Trauma TARN KPIs over the last 4 years, the hybrid model of leadership of our MTC services (already having both the roles described at the TIG fellowship programme as the two pillars of our consultant led MTC services), the availability of a full spectrum of surgical and non-surgical specialties of the highest level that support our MTC at the Leeds Teaching Hospitals, the long tradition

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of research and innovation of our institution and that of the Leeds University, our collocation and the excellent living conditions at the centre of the city of Leeds, AND most importantly the enthusiasm and commitment of the Major Trauma Team and the dedicated supervising Faculty that will be supporting the successful applicants of the TIG fellowship programme, will all contribute to the successful development of the advanced competencies this fellowship programme precludes. The identified Faculty, their Departments, the local Deaneries and our whole Trust Organisation are extremely enthusiastic about this opportunity and are looking forward to this great educational initiative focused on the management of Trauma patients.

1. Bircher M, Brooks A, Ong T, Tai N. Major Trauma Workforce Sustainability: Outcomes of the RCS Major Trauma Workgroup. Published January 2016. The Royal College of Surgeons of England.