

What to Expect

June 2020

**An Introduction to Trauma & Orthopaedic Surgery
Higher Specialist Training in South London Deanery
(West)**



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Introduction

Congratulations on being appointed as a Trauma & Orthopaedic Registrar in our region. This guide explains how we plan to help you make the most of your next 6 years with us and become the best T&O surgeon that you can before going on fellowships and being appointed as a Consultant.

South London Deanery (West) is a popular place to come for training and generally attracts trainees who are enthusiastic, motivated and talented surgeons. This is a tradition that we are keen to see continue.

This document tries to encapsulate what you should expect from us over this training time and what we (the Training Programme Director (TPD) and Higher Education England (HEE)) will expect from you in return. Be aware the rules do change, so you must keep abreast. Do remember if something has not been booked, cancelled, reorganised, explained, completed, collected, signed or disposed-off, it will be assumed to be your responsibility or omission. We are here to help and guide you but not to do everything for you!

Organisation of the Rotation

Training Programme Director



Mr Alex Trompeter, TPD South London Deanery (West), St George's Hospital, London

Although you are ultimately responsible for your own engagement in training, this process is overseen by Mr Trompeter. The Training Programme Director in the region is generally your first point of contact regarding any issues with your training. Mr Trompeter is based at St George's hospital and specializes in complex trauma including management of complex fractures, bone infection, non-union, deformity correction and limb lengthening.

Mr John Brecknell is Head of the London Specialty School of Surgery and is responsible for the quality of training. He is a consultant neurosurgeon at in Romford. Mr Dominic Nielsen is the Deputy Head of the London Postgraduate School of Surgery. Mr Nielsen is a consultant orthopaedic surgeon at St George's Hospital in London. His clinical interests are foot and ankle surgery and complex lower limb trauma. From time to time you will receive correspondence from Mr Brecknell or Mr Nielsen and they will be involved in some of the decisions made about your training in the coming years. In addition, they will need to sign off any requests for Out of Programme (OOP) activity that you may have during your training.

There is a dedicated website for T&O Training in the South London Deanery (West), called boneschool.net. This is an invaluable source of information on the generalities of training in the region as well as more specific information regarding teaching dates etc. Please check this regularly as information will constantly be updated there and you will be expected to action this information e.g. booking study leave for teaching.

Basic Training Plan

The updated surgical syllabus for Higher Surgical Training, is due to start in October 2021 and this will alter the structure of training. However, the final document regarding this is not available at the time of writing.

The first two years of Higher Surgical Training are structured to give a year of trauma experience followed by a year of hip and knee arthroplasty experience.

The middle two years are primarily focused on rotating through subspecialties (Foot & Ankle, Shoulder & Elbow, Hands, Spine and Paediatrics) to support FRCS & CCT requirements including indicative numbers.

During the first four years it is vital for trainees to look towards CCT requirements. One element that can be difficult to achieve is two peer-reviewed published papers and two podium presentations at an international or national conference. Those trainees who have not published/presented the required number of papers may find their progression to being signed up to sit the FRCS blocked. Do not let this be you!

The final two years on the rotation are usually spent focusing on the trainee's specialist interest, usually with x2 twelve months posts in specialist centres. This does depend on the basic CCT requirements outside of that specialty having been signed off, highlighting the importance of keeping your portfolio and logbook constantly updated so that things are not forgotten.

Trainees can apply to sit the FRCS examinations once they have moved into ST7 **and met their CCT requirements** (e.g. indicative numbers, critical CBDs, publications etc.). The FRCS is an exit exam, trainees will not be permitted to sit it before their ST7 year. You must pass both sections before being eligible for CCT.

Geography

As a basic rule, placements will usually start on the first Wednesday of October each year. Most trainees will then rotate each October to a different trust. **Choice preferences based on geographical convenience will not be encouraged or supported.**

The South London / SWT rotation currently consists of three district general hospitals and one level 1 trauma centre. These are St Georges University Hospitals NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust and Croydon University Hospital.

St Georges Hospital is the regional Major Trauma Centre. The site is shared with St George's, University of London and serves a population of 1.3 million across southwest London. A large number of services including cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, totaling around 3.5 million people. The trust also provides care for patients from a larger catchment area in southeast England, for specialties such as complex pelvic trauma. Orthopaedic subspecialties include complex trauma, spine, upper limb, hands,

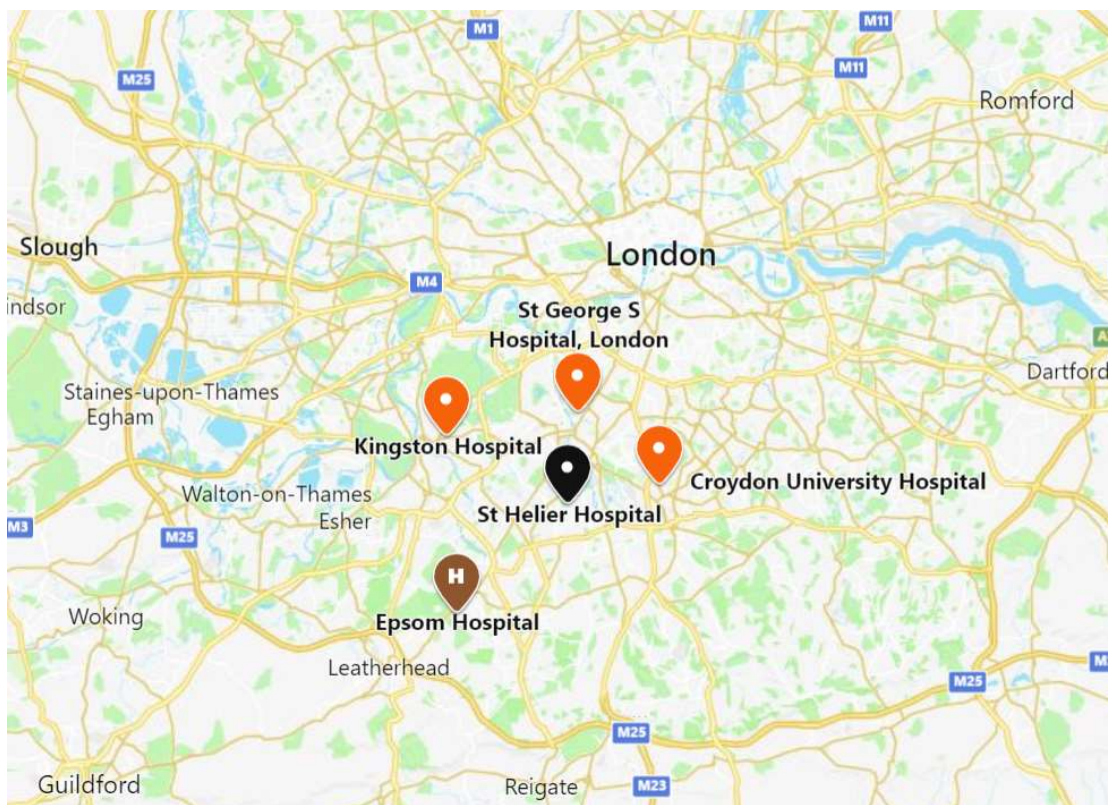
pelvis, hip, knee, foot and ankle, and paediatrics. There are currently 23 Orthopaedic Consultants and seven trainees.

Epsom and St Helier Hospitals provide a range of medical services to approximately 420,000 people living across southwest London and northeast Surrey. This includes renal and neonatal intensive care units, which cover wider areas including parts of Sussex and Hampshire. Orthopaedic subspecialties include trauma, spine, upper limb, hands, hip, knee, foot and ankle, and paediatrics. There are currently 18 Orthopaedic Consultants and nine trainees.

Kingston hospital is a district general hospital supporting around 350,000 people in the surrounding area including Kingston, Richmond, Roehampton, Putney and East Elmbridge. The hospital has approximately 520 beds at the main site and runs a number of outpatients clinics in the community, including in Raynes Park, Surbiton, Queen Mary's Roehampton and Teddington. Orthopaedic subspecialties include trauma, upper limb, hands, hips, knees and foot and ankle. There are currently eleven Orthopaedic Consultants and five trainees.

Croydon hospital has more than 500 beds. Approximately 41,000 people are admitted for emergency hospital care per year. 350,000 are treated as out-patients. Orthopaedic subspecialties include trauma, spine, upper limb, hips, knees and foot and ankle. There are currently ten Orthopaedic Consultants and five trainees.

Much of the elective work from the regions hospitals is performed at the Elective Orthopaedic Centre in Epsom. This is Britain's biggest orthopaedic centre and predominantly provides hip and knee replacements for a population of 1.5 million living in south west London and Surrey. The Centre also offers a wide variety of other elective orthopaedic procedures such as shoulder surgery, knee ligament surgery, foot surgery and spinal surgery.



As you will be expected to move around the region, it is advisable to make your base or home somewhere in or around the deanery that allows easy commuting to all four hospitals. We are very privileged in this deanery to have only four hospitals all of which are located reasonably close. This ensures trainees do not have to move base or house during the six years. Six years is a considerable length of time and therefore, it is important to plan and take time to think about where you will live during this period to minimise time spent commuting. It is worth considering that commuting away from London is generally more straightforward. When driving north (towards London and the M25) in the mornings you can expect considerably more congestion on the roads.

All of the hospitals on the rotation are particularly amenable to commuting by public transport. Staff parking is available (trainees must pay for this if required) at Epsom and St Helier, Kingston and Croydon, but not at St George's.

Following the staff wellbeing report by Health Education England in 2019, Trusts do recognise the responsibility to provide rest facilities and you should be given details of this provision at your induction to each Trust.

If commuting by car, you can nominate a base hospital (preferably one you are likely to work at during the rotation) within the region to calculate travel expenses from.

Training Issues

Educational Supervision and the ISCP

For each placement you will be allocated a separate Assigned Educational Supervisor (AES) and Clinical Supervisor (CS) by the Trust that is employing you. These supervisors should engage with your training and use the ISCP website. However, the responsibility still remains with you to ensure all assessments and appraisals are performed in good time for the Annual Review of Competence Progression (ARCP) and interim review.

At the beginning of each year the TPD will send you your Global Objectives for the year through the ISCP. To allow this to happen you must already be registered and selected Mr Trompeter as your TPD.

It is important that you read through these Global Objectives and make a plan with your AES to achieve these outcomes in good time. Please let the TPD know if you have concerns with these objectives or feel you may not be able to achieve them. Trainees who are proactive and realise that there is a looming problem can access support (see below). It does not reflect well if issues are identified at the ARCP when it is too late to address them.

ISCP



It is important for you to **own** your ISCP portfolio. It is an important record keeping tool and evidence of your training. If your experience (including logbook, assessments, research, courses, teaching, management experience, etc) is not evidenced and reflected upon, then it cannot be counted towards your ARCP or CCT. **Remember, if it is not in your portfolio - it never happened!** You should consider it a priority to keep this record up to date and not arrange to do it just in time for your ARCP. There is a clear link between poor record keeping on the ISCP and trainees who are getting into difficulty. TPDs will be keeping an eye on the number of assessments as well as the time frame that they are completed in.

Common issues faced by trainees regarding their logbook/WBA numbers are major joint arthroplasty numbers, osteotomy numbers and Level four Critical CBDs. Focus on attaining these early on where possible. All indicative cases need to be Level four in three PBAs by two or more consultants. This excludes the application of external fixators or supracondylar fractures where one Level four PBA is sufficient for CCT.

Progression of Training and Trainee Support

ARCPs are usually held around the start of September and are performed remotely for most trainees, except for trainees at critical stages in their training; ST3, ST6 and ST8s. Interim reviews (when all trainees are met by the panel in a formative process) are usually held in early February. The interim reviews are usually held in central London and the dates are advertised well in advance, so remember to book your study leave accordingly. Most ARCPs are still being held at the deanery in Russell Square, Central London.

Appropriate progression through training is reflected in the award of an Outcome One at ARCP (or Outcome Six at CCT). This outcome is awarded to trainees who have achieved their Global Objectives and are progressing through their training at an acceptable rate.

The Joint Committee on Surgical Training (JCST) website (JSCT.org) contains benchmarking checklists for ST4, ST6 and CCT that should be used for ARCPs at the appropriate stage in training and can be used as a guide for how well you are progressing.

The most common alternative outcomes at ARCP are Outcome Five (incomplete evidence - this can be changed to an Outcome One if evidence is provided by a set deadline) and Outcome 2 (development of specific competencies required). Neither of these necessarily increase training time but acts as a marker for the TPD and future ARCP panels to keep a closer eye on the trainee's progress.

Occasionally, an Outcome 3 (inadequate progress requiring additional training time) is awarded. This will most commonly be at the end of ST6 if there is insufficient progress to sit the FRCS examination (perhaps due to lack of published papers) or ST8 when specific elements are required to complete CCT (perhaps having failed to pass the FRCS).

Although largely enjoyable and rewarding, surgical training can be hard work and extremely challenging. Treating patients with, for example, major trauma, advanced cancer or major co-morbidities that preclude surgical intervention can be both mentally and physically draining. We can get ill, as can our families. Relationships can break down both professionally and personally. Some trainees find moving region where they may lack social support difficult to manage, especially when still travelling long distances to and from work. Others may find the academic challenges of writing papers or passing examinations difficult. Many trainees need some additional support during their training and there are systems in place to help these doctors.

If you find that you are struggling with any aspect of your training or personal life, especially if you feel that it is impacting on your ability to provide the best standard of care to your patients, it is important that you share this with someone.

Each hospital has a number of people that can offer support which includes your AES, CS and other doctors or health care professionals that you work with. The education centres have members of staff who specialise in supporting doctors through training. Your own General Practitioner is a good source of support for general and mental health issues and the Occupational Health department can often help with issues in the workplace that may be influencing your personal health.

The TPD can offer support outside of the Trust that you are working in and would want to be aware of any issues that are affecting trainees on the rotation. The London Speciality School of Surgery has a Professional Support Unit (PSU) that offers confidential support away from the Trust and TPD for any reason. Self-referrals to the PSU are initially made

online through their website (<https://www.lpmde.ac.uk/professional-development/professional-support-unit>). Additionally, the Royal College of Surgeons has a 24/7 Confidential Support and Advice Service, particularly focusing on mental health and wellbeing - 0207 869 6221.

If you do find that there is anything worrying you or impeding your performance during the rotation, then please do use one of these points of support. Remember, it **is** OK to not be OK.

Starting life as a Registrar

The transition to Higher Speciality Training can often be quite daunting. Overnight you change from being an experienced core trainee, competent in dealing with all aspects of surgery at this level of training to being a junior registrar. The difference between the two grades is significant and can be challenging, especially at the start. You may feel that there is an expectation from some of your senior colleagues regarding your ability to perform surgical procedures. You may find that decision making and leadership of the firm can be a vastly more testing experience than you have previously been exposed to. The learning curve is steep and requires hard work, but this can be very rewarding.

To support this change, the deanery in conjunction with South London (East) and Kent, Surrey and Sussex (KSS) deaneries, runs an annual “Reg Ready” course. This two day course is invaluable and is run by trainees coming off the top of the rotation as well as those nearer to you as new ST3s. It is expected that all trainees will attend the two-day course, as it involves sessions on common fracture clinic scenarios, anatomy revision, critical conditions (including compartment syndrome), cadaveric surgical exposures and most importantly, it is an opportunity for you to get to know your fellow ST3s.

Regional Training Days and the Research Collaborative

Regional teaching is combined with trainees from South London (East) and KSS and are held at hospitals across all three of these deaneries. So please expect to travel! Dates are advertised in advance on boneschool.net and it is vital to monitor these teaching dates when they become available to ensure you book your study leave at least six weeks in advance.

The ST3s have one year of independent dedicated trauma teaching. After the first year, ST4 and higher trainees follow an orthopaedic teaching programme, which cycles through core teaching subjects in Hip & Knee, Shoulder & Elbow, Spine, Hand, Paediatrics and Foot and Ankle). In later years, you may be invited to teach on the programme. A lot of effort is put into running these events and it is important that attendance is good. Your trusts know this is compulsory and are obliged to release you (provided you request your study leave at least six weeks in advance). These teaching days must be booked as study leave with your leave coordinators as soon as the dates are released

You are expected to attend at least 70% of the available teaching days arranged for you in order to satisfactorily gain outcome ones at your Interim reviews and ARCP.

As trainees enter the final two years of their training, especially if they have already passed the FRCS, then attendance at these days becomes less relevant. However, we do

expect the more senior trainees to be part of the organisation of them when it is their department hosting the day.

Twice a year there are regional 'circuit training days'. The Fred Heatley day in the East in Autumn and the Sam Simmonds day in the West in the Spring. These days are not compulsory, but you are strongly advised to both submit research papers and audits for presentation and to attend. These are excellent networking opportunities valuable both socially and academically.

Until trainees have completed the FRCS, they are expected the annual UKITE exam in December. Details will be emailed out nearer the time.

As highlighted earlier, one of the more challenging aspects of surgical training is gaining sufficient experience in research to publish the papers required for CCT. This is especially challenging for those without a significant research interest and would prefer not to take time Out of Programme for this reason.

Collaborative research among trainees has developed across the country as a way of running high quality research projects by collecting data from many departments across regions and internationally. Participation in these projects at a data collection level is a good introduction into how to organise research projects and getting your name associated with the papers that come from it (all participants in the collaboratives are usually index linked to any papers that are published as a result). Taking a leadership role in one of these research projects offers the opportunity to produce papers that will count towards CCT with the support of the collaborative behind you.

In the region, the South London Orthopaedic Trainee Research Collaborative is the region's trainee research collaborative and is set up to support trainees in completing their own research studies. It is not there to "hand out presentations or publications". All trainees on the rotation are encouraged to get involved with this collaborative to support their work and the work of other collaboratives across the country. Contact liam.rose@rocketmail.com if you want to find out more or get involved with the collaborative.

Study leave

You are allocated 30 days of study leave per academic year. 20 days are used for the rotational teaching, regional meetings and UKITE. You are expected to book time off from the Trust and attend at least 70% of the organised regional training days. This is a requirement for ARCP and failure to do so can result in not achieving an outcome one at the ARCP / Interim review. Additional study leave for approved courses will be funded by HEE with requests being sent via the individual Trust's study leave process. Do be aware that requests prior to attending courses are required and that Trusts usually expect claims to be submitted within three months of attending courses. The list of approved courses for London trainees is below.

Any year ATLS (essential course and must remain current throughout) BOA Instructional Course BOA Annual Congress Research Methods Course (essential course) Royal Society Trauma Symposium BASK BHS	ST3/4 Reg Ready Course (essential course) Basic Fracture / AO Principles (essential course) Arthroscopy Course External Fixation Course Nailing Course Basic Hip and Knee Course
ST5 Advanced Fracture Course (AO or similar) Teaching Course Good Clinical Practice (essential course and must remain current throughout) BOA Instructional Course BOA Annual Congress	ST6/7 BOFAS Instructional Course (essential course) Hands Course x1 Paediatric Orthopaedics Course Arthroplasty Course Spine Course x1 Basic Sciences Course x1 Exam Revision Course x 1
ST8 Teaching course / Training the Trainer (essential course) Management course (essential course) Advanced Speciality Course Communication Skills Course	

The Gold Guide

The Gold Guide (<https://www.copmed.org.uk/gold-guide-8th-edition/>) is a document that sets the rules by which the rotation is organised. This is common across all specialties of medicine. It is quite a long document that you are not required to read and has a number of elements that are not necessarily relevant to this rotation. However, it is a good source of information if you are questioning procedural issues, such as ARCP outcomes, Out of Programme (OOP) activities or Less Than Full Time (LTFT) training. Looking at the Gold Guide may negate the need to contact the deanery or the TPD if you have a query.

Applying to go Out of Programme

As explained in the Gold Guide, there are a number of legitimate reasons to take time OOP during the rotation. It is unusual to do this in the first year, but for some trainees circumstances do warrant this.

All OOP requests are processed by the staff at the London Speciality School of Surgery and have to be signed off by the head of the school. In most cases this is just a formality but there are certain circumstances when requests may be turned down, so nothing can be assumed until the final agreement has been given. There are four basic reasons that OOP can be taken for:

- Research (OOPR) - up to a maximum of three years
- Training (OOPT) - such as a fellowship post or experience in another deanery (usually for a maximum of one year)
- Experience (OOPE) - most commonly a period of training abroad, but can be to work in an area allied to your surgical training such as a management, education or leadership role
- Career break (OOPC) - this is allowed for a limited period with set parameters as set the Gold Guide

If you are considering taking a period OOP it should be discussed and agreed in principle with your AES and TPD before applying. Further details on how the process works with links to the required paperwork are available at <https://www.jcst.org/uk-trainees/str-trainees/out-of-programme/>.

Less Than Full Time Training

Health Education England (HEE) are keen to promote a healthy work/life balance for doctors in training and we envisage more trainees opting to enter LTFT training. There is a requirement to provide a well-founded individual reason to choose to work LTFT and the programme must have the capacity to offer such arrangements. A request to work LTFT is not a guarantee that it will be offered, and applications are categorised to determine which applications are given priority.

Category 1 comprises:

1. Trainees with a disability or ill health (which can include ongoing requirement for medical procedures, such as fertility treatment)
2. Trainees with responsibility for caring for children
3. Trainees with responsibility for caring for an ill/disabled partner, relative or other dependent

Category 2 (usually time limited) comprises:

1. Unique opportunities - if a trainee is offered a unique opportunity for personal or professional development (such as training for a major sporting event or sitting on a national committee)
2. Religious commitment - if a trainee has a religious commitment that requires a specific time commitment
3. Non-medical development - if a trainee is offered non-medical professional development (such as a part time degree) that requires a time commitment

Other reasons can be considered by the committee dependent on personal circumstances and capacity of the rotation to accommodate the request.

LTFT training is open to both female and male trainees, allowing both parents the ability to take parental leave after the birth or adoption of a child. It is possible to reduce your working hours by whatever percentage you require. This will be reflected in a pro rata reduction in pay, annual leave allowance and service commitment to the post, along with a delay in your CCT date.

Logistical Issues

Finance

As you start Higher Surgical Training you are entering a six year programme with aim of gaining a FRCS (T&O) qualification and the award of a Certificate of Completion of Training (CCT) in Trauma & Orthopaedics. Much of the cost of this training is covered both directly and indirectly by HEE and the Trusts in which you work. You will be paid a salary by the Trusts in line with the Junior Doctors contract. This comes partly from the Deanery and partly from the Trust directly, reflecting the level of service delivery that they will expect from you.

Inevitably there will be some costs not covered by the Deanery and the Trust and it is important that you account for these in your own financing. These include:

- Removal and travel expenses – there is an official expenses cap of £8000 for the rotation. If you travel 50 miles to and from work each day this could use up the entire budget in one year. Please note that mileage claims are taxable.
- Study leave that is not mandatory or non-approved optional/aspirational courses
- Expenses for conferences/courses abroad
- Examination fees
- A second revision course would not be funded following a failed sitting
- IT equipment – laptop, smart phone, etc
- JCST training fee (including ISCP fee) – currently £260 per year
- Membership of professional bodies - these are optional but joining those relevant to your career aspirations is generally recommended to stay up to date, networking and career development
- Professional indemnity
- Costs and potential loss of earnings during periods of research and other Out of Programme activities

Many of these costs, including the training fee and professional costs can be tax deductible, so it may be worthwhile completing a tax return each year. This should be mandatory if you do locum work, cremation forms and other work outside of your standard NHS contract.

And finally...

You have come to work and train in a fantastic and exciting part of the world that is full of opportunities. We hope that you enjoy this part of your career and achieve everything that you aim to. We hope that you will not only develop professionally but also personally, with a healthy work-life balance. We are here to support you, through to your consultant career. Do enjoy yourself but please ask for that support if and when you require it.

Best of luck!

Mr Trompeter (TPD) & Mike Williamson (ST8)