

## **Partnership between the Royal College of Surgeons of England's Senior Clinical Fellowship Scheme and the British Orthopaedics Foot and Ankle Society (BOFAS)**

### **Introduction**

The RCS England Senior Clinical Fellowship programmes provide high-quality sub-specialty training for senior surgical trainees to help them make the transition to consultant grade. The Fellowship Scheme was jointly set up by the Royal College of Surgeons England (RCS England) and the Surgical Specialty Associations to ensure the senior clinical fellowship programmes have a high-quality structure and curriculum, with an appropriate balance of training and service, and an effective quality assurance process. The programmes in the Scheme are jointly approved by the RCS England and the specialty associations; the Scheme is underpinned by the RCS England's Educational Standards (Appendix Two).

Most Senior Clinical Fellowship programmes approved by the Scheme have been established by individual consultants in NHS Trusts and hospitals. However, an increasing number of Fellowship programmes are being developed through partnerships between organisations, such as a specialty association or Trust or hospital, and the RCS England.

In these programmes the organisation puts forward for approval Fellowship programmes which meet its criteria. These criteria may include achieving particular educational aims or developing sub-specialist skills to meet specific requirements in the surgical workforce. The individual NHS Trust will be responsible for the approval fee for the Fellowship programme payable to the RCS England (at a discounted rate). If the Fellowship programme has more than one Fellow, there will be an additional annual fee to accommodate the additional workload.

In the partnership between the British Orthopaedics Foot and Ankle Society (BOFAS) and the RCS England Senior Clinical Fellowship Scheme, BOFAS has developed a set of standards required for Foot and Ankle senior clinical fellowships, including recommended criteria to be met by the unit seeking approval for a fellowship programme, and by the Fellow.

The criteria to be met by the unit relate to the faculty, the training structure offered, the data gathering for the National Joint Registry, research, and audit (Part A: The Unit – page 3). The criteria to be met by the Fellow relate to the professional behaviour, clinical competencies, and research and audit activity (Part B – The Fellow – page 4). Both the unit and the Fellow are expected to engage with BOFAS activities, such as becoming BOFAS Member and attending the Annual Scientific Conference. The Fellow also has an opportunity to attend the Advanced

Foot & Ankle Forum (AFAF), New Consultant Course, Fellow Research Forum and Diabetic foot course on first come first basis.

The recommended criteria to be met by the unit and the fellow are set out in this document as a guideline. The duration of the Fellowships will normally be 12 months, and this may be comprised of either one 12-month, or two consecutive 6-month accredited fellowship posts.

These fellowship programmes will be jointly badged by RCS England and the British Orthopaedic Foot and Ankle Society.

### **Benefits from RCS England:**

The benefits of this partnership from the RCS England include:

- Expert review by surgeons in the appropriate specialty.
- Assistance in attracting high calibre candidates.
- Assurance that posts offer a high-quality learning and training experience, reflecting the appropriate standards set by BOFAS and the RCS England.
- Interim and final monitoring of Fellows' progress and performance.
- Certification of Fellows, who can receive their Certificate at a RCSE Diplomates' Ceremony.
- Information about the Fellowship on the RCS England website.
- Use of the RCSE Logo.
- Use of the strapline '***This RCSE Senior Clinical Fellowship post has been approved by the Royal College of Surgeons of England based on criteria recommended by the British Orthopaedics Foot and Ankle Society***'.

### **Benefits from the British Orthopaedic Foot and Ankle Society (BOFAS):**

- Formal announcement and launch of the partnership at the BOFAS Society and NHS Trusts fellowships currently endorsed by the organisations.
- Expertise regarding the curricular programmes of those schemes wishing to join this partnership and ensuring they comply with the framework produced by the RCS England/BOFAS.
- Regular update with RCS England regarding new programmes wishing to join the partnership.
- Regular networking between RCS England and BOFAS.
- Regular support and supervision of any quality improvement activity which is required.
- More benefits are listed in "Part A -The Unit" (page 3).

## **PART A: THE UNIT**

### **Recommended standards for a Foot & Ankle Clinical Fellowship programme under the RCS England - BOFAS Fellowship Partnership**

There will be an initial assessment of the unit hosting the Fellowship programme and seeking approval for its Fellowship programme under the RCS England Senior Clinical Fellowship Scheme.

The assessment will be based on these recommended criteria:

1. More than 1 dedicated Foot and Ankle consultant surgeon in the unit.
2. Regular operating lists (minimum 3.5 Sessions) and specialist clinics (minimum 2.5 sessions) in a weekly job plan, which may include involvement in Foot and Ankle & general trauma lists.
3. A proportion of these clinics and theatres should be Independent with supervision from the Trainer.
4. Clear weekly job plan.
5. Regular MDT meetings for discussing Complex cases and infections.
6. Evidence of unit's engagement with a Foot and Ankle Registry and NJR data entry, audit and unit/surgeon level feedback processes.
7. Evidence of agreed Foot and Ankle projects:
  1. Research (including recruiting to national trials where appropriate)
  2. Audit
  3. Practice development

The Fellowship programme offered by the unit will then be assessed by the RCS England Senior Clinical Fellowship Scheme once a formal approval application has been received. A fellowship approval is given for a maximum of three years at a time and is subject to a reapproval process for renewal at the end of this time period.

## **PART B: THE FELLOW**

A Fellow who is appointed after meeting the selection requirements set out in the job description and person specification, will have these recommended criteria to meet during the Fellowship programme against which the Supervisor can assess:

1. Professional behaviour and leadership skills - see below
2. Surgical competencies:
  1. Core – see below
  2. Applied: number of procedures – see below
3. Completion of research project
4. Completion of audit / practice development project

5. Engagement with BOFAS, with evidence of:
  1. Submission of scientific abstracts to BOFAS Annual Congress or Foot and Ankle Journal
  2. Annual scientific congress attendance
  3. Other BOFAS courses attendance (see below)

## **1. Professional Behaviour and Leadership Skills**

The Fellow will be expected to meet professional standards against which they can be assessed:

Successful Fellows should demonstrate high standards in:

1. Patient Assessment
2. Clinical Reasoning
3. Record Keeping
4. Time Management
5. Patient Safety
6. Infection Control
7. Communication
8. Teaching & Training
9. Keeping up to date and Synthesising new information
10. Managerial Skills
11. Promoting good Health
12. Probity and Ethics

## **2. Surgical competencies**

The Fellow will be expected to meet the following core surgical competencies:

### **Core Surgical Competencies:**

#### **I. Consent**

- Demonstrates sound knowledge of indications and contraindications including alternatives to surgery.
- Demonstrates awareness of sequelae of operative or non-operative management.
- Demonstrates sound knowledge of complications of surgery.
- Explains the perioperative process to the patient and/or relatives or carers and checks understanding.
- Explains likely outcome and time to recovery and checks understanding.

## II. Pre-operative planning

- Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with this e.g. nutritional status.
- Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) considering appropriate investigations e.g. x-rays.
- Checks materials, equipment and device requirements with operating room staff  
Ensures the operation site is marked where applicable Checks patient records, personally reviews investigations.

## III. Pre-operative preparation

- Checks in theatre that consent has been obtained.
- Gives effective briefing to theatre team.
- Ensures proper and safe positioning of the patient on the operating table.
- Demonstrates careful skin preparation.
- Demonstrates careful draping of the patient's operative field.
- Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy).
- Ensures appropriate drugs administered.
- Arranges for and deploys specialist supporting equipment (e.g. image intensifiers) effectively.

## IV. Exposure and closure

- Demonstrates knowledge of optimum skin incision / portal / access.
- Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly.
- Completes a sound wound repair where appropriate.
- Protects the wound with dressings, splints and drains where appropriate.

## V. Intra operative Technique

- Follows an agreed, logical sequence or protocol for the procedure Consistently handles tissue well with minimal damage.
- Controls bleeding promptly by an appropriate method.

The Fellowship will be expected to provide satisfactory opportunity for the Fellow to achieve the following applied surgical competencies; **the indicative procedures, grouped by complexity, are set out in Appendix One.**

### Applied Surgical Competencies

1. The Fellow should aim to collect at least 500 points in each 6-month period, using the chart in Appendix One, with supporting evidence from their surgical logbook.
2. An indicative level of surgical experience to achieve proficiency would be as 1st surgeon in at least 60% of Category 1 (Simple) procedures, at least 30% as 1st surgeon in Category 2 (Complex) procedures, and at least 10% as 1<sup>st</sup> surgeon in Category 3 (Advanced).
3. By the time of final assessment, the Fellow should be able to demonstrate to their supervisor that they can undertake indicative procedures adhering to item V in Core Surgical Competencies and that they can deal with complications as they arise.

The RCS England will monitor the Applied Surgical Competency Record for standard setting.

### **3. Completion of research project**

The Fellow would be expected to complete one Foot & Ankle research project within the 12-month period.

### **4. Completion of audit/practice development project**

The Fellow would be expected to complete one Foot & Ankle practice development project, and one Foot & Ankle audit project, within the 12-month period; the project presentations to take place as soon as reasonably possible after completion.

### **5. Engagement with BOFAS**

The Fellow would be expected to attend the BOFAS annual congress and the Advanced Foot & Ankle Forum (AFAF),

### **6. Monitoring**

Once appointed, the Fellow will be subject to the RCS England Scheme Monitoring and Certification processes, which include an initial training agreement between Supervisor and Fellow, interim monitoring after three months of the Fellowship with narrative reports from Supervisor and Fellow, and final appraisal at the end of the Fellowship with narrative reports from Supervisor and Fellow.

### **7. Completion and certification**

The Certification process involves a review by RCSE Council's Quality Assurance Operational Group of the Fellow's final feedback, Applied Surgical Competencies Record and supporting summary eLogbook, and the sign-off provided by the Supervisor indicating that the Fellow has achieved the learning outcomes and clinical competencies for the Fellowship programme.

### **Appendix 1 - Indicative Procedures**

(See attached spreadsheet)

### **RCS England – BOFAS Partnership & Framework working group:**

- Mr Callum Clark - Chairman of the Education Committee of the British Orthopaedic Foot and Ankle Society (BOFAS).
- Mr Krishna Vemulapalli – Education Committee Member of the British Orthopaedic Foot and Ankle Society (BOFAS).
- Mr Ananda Nanu – RCS England QA Operational Group Committee Member and Former Committee Chair.
- Barbara Fornoni – RCS England QA & Accreditation Manager.