

Partnership between the Royal College of Surgeons of England's Senior Clinical Fellowship Scheme and the British Elbow and Shoulder Society

Introduction

RCS 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 (RCSE) and the Surgical Specialty Associations to ensure 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 RCSE and the specialty associations; the Scheme is underpinned by the RCSE's Education 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 RCSE. In these programmes the organisation puts forward for approval Fellowship programmes which meet its particular criteria. The criteria may include achieving particular educational aims, or developing sub-specialist skills to meet a specific requirement in the surgical workforce. The individual NHS Trust will be responsible for the approval fee for the Fellowship programme payable to RCSE (at a discounted rate for the RCSE-BESS Scheme). If the Fellowship programme has more than one Fellow there will be an additional annual fee per Fellow to accommodate the additional workload.

In the partnership between the British Elbow and Shoulder Society (BESS) and the RCSE Senior Clinical Fellowship Scheme, BESS has developed a set of standards required for shoulder and elbow 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, data gathering for the National Joint Registry, research and audit. The criteria to be met by the Fellow relate to professional behaviour, clinical competencies, and research and audit activity. Both the unit and the Fellow are expected to engage with BESS activities, such as attending the Annual Scientific Conference and Instructional Courses. 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, but accreditation of the Fellow will be possible after a minimum of 6 months if minimum standards have been achieved and the fellowship is terminated early to allow career progression to Consultant grade.

Benefits of programme approval under the RCSE-BESS Fellowship Partnership

The benefits of Fellowship programme approval include:

- Expert review by surgeons in the appropriate specialty
- Assistance in attracting high caliber candidates.

- Assurance that posts offer a high-quality learning and training experience, reflecting the appropriate standards set by BESS and RCSE
- 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 RCSE website
- Use of the RCSE Logo
- Use of the strap line ***'This RCSE Senior Clinical Fellowship post has been approved by the Royal College of Surgeons of England based on criteria recommended by the British Elbow and Shoulder Society' [removed wording that the Fellowship has been approved by both the RCSE and BESS, despite text of para 1 above]***

PART A: THE UNIT

Recommended standards for a Shoulder / Elbow Clinical Fellowship programme under the RCSE-BESS Fellowship Partnership

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

The assessment will be based on these recommended criteria:

1. More than 1 dedicated shoulder and elbow consultant surgeon in the unit.
2. Evidence of available supporting specialities:
 - a. Radiology
 - b. Physiotherapy
 - c. Microbiology
 - d. MDT for complex cases and infection
3. Regular operating lists and specialist clinics in a weekly job plan which may include involvement in upper limb trauma lists.
4. Clear weekly job plan.
5. Evidence of unit's engagement with BESS (e.g., Membership of surgeons/physios/attendance at meetings/presentations etc.)
6. Evidence of unit's engagement with NJR data entry, audit and unit/surgeon level feedback processes.
7. Evidence of agreed shoulder and elbow projects:
 - a. Research (including recruiting to national trials where appropriate)
 - b. Audit
 - c. Practice development

The Fellowship programme offered by the unit will then be assessed by the RCS Senior Clinical Fellowship Scheme, once a formal approval application has been received. 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:
 - a. Core – see below
 - b. Applied: number of procedures – see below
3. Completion of research project
4. Completion of audit / practice development project
5. Engagement with BESS, with evidence of:
 - a. Submission of scientific abstracts to BESS Annual Congress or Shoulder and Elbow Journal
 - b. Annual scientific congress attendance
 - c. Instructional courses attendance

1. Professional Behaviour and Leadership Skills

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

Professional Behaviour and Leadership

Successful Fellows should demonstrate high standards in (See Appendix 3 [page 12-13] and BOA document “Specialist Training in Orthopaedics”):

1. Patient assessment
2. Clinical reasoning
3. Record keeping
4. Time management
5. Patient safety

6. Infection control
7. Communication
8. Teaching and 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 these e.g. nutritional status
- Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account 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 (page 7-9).

Applied Surgical Competencies

1. The Fellow should aim to collect at least 150 points in every 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 50% of Category 1 (Routine) procedures and at least 20% as 1st surgeon in Category 2 (Complex) procedures
3. It is anticipated that at least 30% of cases are Category 1 procedures although this may vary by Fellowship
4. 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.

* RCSE will monitor the Applied Surgical Competency Record for standard setting.

3. Completion of research project

The Fellow would be expected to complete one shoulder or elbow research project within the 12-month period.

4. Completion of audit / practice development project

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

5. Engagement with BESS

The Fellow would be expected to attend the BESS annual congress, and the BESS Instructional Course and in the years when this is running the BESS Elbow Update Course during the 12-month fellowship period.

6. Monitoring

Once appointed, the Fellow will be subject to the RCSE 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

Applied Surgical Competencies Record						
SHOULDER	Routine (1pt)	No.	Complex (2pt)	No.	Advanced (3pt)	No.
Arthroscopy	Arthroscopic cuff repair		Arthroscopic ACJ stabilisation		Arthroscopic Latarjet	
	Arthroscopic arthrolysis		Arthroscopic remplissage			
	Arthroscopic subacromial decompression		Arthroscopic superior capsular reconstruction			
	Arthroscopic acj resection		Arthroscopic cuff graft/patch			
	Arthroscopic stabilisation/labral repair		Revision arthroscopic stabilisation			
	Arthroscopic biceps tenodesis		Revision arthroscopic cuff repair			
	Arthroscopic excision of calcific tendinitis					
Arthroplasty (elective)	Arthroscopic balloon arthroplasty					
	Proximal humeral hemiarthroplasty		Anatomical shoulder replacement		Revision shoulder arthroplasty	
Open tendon /ligament surgery			Reverse shoulder replacement			
	Open cuff repair		Open bone block stabilization			
	Open shoulder stabilization		Tendon transfer			
	Biceps tenodesis					
Bone and joint trauma /sequelae	Pec major repair					
	Orif clavicle		ORIF clavicle non-union			
	Orif proximal humerus		ORIF proximal humerus non-union			
	Orif humeral diaphysis		ORIF humeral diaphysis non-union			
	Open acute ACJ stabilisation		Chronic ACJ stabilisation			
	Acute shoulder stabilisation-bony Bankart ORIF					



Applied Surgical Competencies Record					
	Proximal humeral fracture hemiarthroplasty	Proximal humeral fracture reverse shoulder arthroplasty			
		ORIF glenoid /scapula			
		Corrective osteotomy			
Nerve		Nerve decompression shoulder girdle		Brachial plexus exploration	
ELBOW	Routine (1pt)	Complex (2pt)		Advanced (3pt)	
Arthroplasty	Radial head replacement	Primary Total Elbow Replacement		Revision Elbow Replacement	
		Distal humerus hemiarthroplasty			
	Diagnostic Elbow Arthroscopy	Arthroscopic arthrolysis/loose body removal		Arthroscopic fracture management.	
	Arthroscopic washout elbow	Arthroscopic tennis elbow release		Arthroscopic rheumatoid synovectomy	
Arthroscopy		Arthroscopic bursectomy		Arthroscopic stabilisation	
		Arthroscopic radial head excision			
		Arthroscopic treatment OCD			
	Open stabilisation elbow	Lateral or medial ligament reconstruction		Interposition arthroplasty	
Trauma /sequelae	Olecranon ORIF	Distal humerus ORIF		Revision ORIF/stabilisation	
	Open Arthrolysis	Elbow fracture dislocation ORIF			
	Radial head excision				
	Removal metalwork				
Tendon	Distal biceps repair	Distal biceps reconstruction			
	Distal triceps repair				
	Open tennis/golfers elbow surgery				



Applied Surgical Competencies Record

Nerve	Ulnar nerve decompression /transposition				
	Total no. Routine		Total no. Complex		Total no. Advanced
	Points Routine (x1)		Points Complex (x2)		Points Routine (x3)
Total number points (sum Routine, Complex and Advanced) =					

Appendix 2

RCSE Education Standards

Domain 1: Knowledge, skills and performance

The education provider should ensure that the educational activity / event should:

- 1.1 have clearly defined learning aim/s which reflect the overall purpose of the activity;
- 1.2 have a clear and appropriate structure and content;
- 1.3 have a delivery methods and a learning environment which are appropriate to the achievement of the learning outcomes;
- 1.4 have supporting information and material which are clear, relevant and accessible;
- 1.5 have clear and measurable learning outcomes, expressed in terms of the specific knowledge, skills and behaviours that can be demonstrated by participants;
- 1.6 provide the educational support and learning resources to enable the participants to achieve the required learning outcomes;
- 1.7 have faculty with appropriate qualifications and experience to deliver the activity / event;
- 1.8 have, where appropriate, methods of assessment to support participants' development and / or demonstrate that they have achieved their learning outcomes.
- 1.9 have an appropriate proportion of faculty to participants to enable successful learning by participants;
- 1.10 have suitable equipment to enhance learning.

Domain 2: Safety and quality

The education provider should ensure that the educational activity / event should:

- 2.1 ensure that suitable administrative contact is made with participants, and have an efficient and transparent administrative process;
- 2.2 demonstrate a continuous quality enhancement process, including opportunities

for participant and faculty feedback;

2.3 comply with relevant regulatory and legislative requirements.

Domain 3: Communication, partnership and teamwork

The education provider should ensure that the educational activity / event should:

3.1 be inclusive and equitable, allowing - where appropriate - dialogue between faculty and participants.

Domain 4: Maintaining trust

The education provider should ensure that the educational activity / event should:

4.1 not be inappropriately influenced or biased by commercial organisations in its content or organisation;

4.2 provide the opportunity for faculty to declare any financial or other interest related to the educational activity / event.

Appendix 3

Curriculum from Specialist Training in Trauma and Orthopaedics Curriculum August 2015 (BOA Training Standards Committee)

Shoulder

Basic Science (Regional)

Anatomy

Anatomy of the shoulder girdle and related structures
Surgical approaches to the shoulder girdle including arthroscopic access

Physiology

Physiology of nerve function around the shoulder

Pathology

Impingement and rotator cuff disorders
Instability and labral pathology of the shoulder
Inflammatory, degenerative and infective conditions of the shoulder girdle
Shoulder stiffness

Deformity

Acquired and developmental deformity around the shoulder

Pain

The painful shoulder

Biomechanics & Biomaterials

Biomechanics of the shoulder girdle
Biomechanics of shoulder arthroplasty

Investigations

Radiological investigations to assess the shoulder
Diagnostic and guided injections
Examination under anaesthetic and arthroscopy
Neurophysiology in shoulder and brachial plexus disorders

Assessments

History and examination of the shoulder girdle, including special clinical tests
Examination of the brachial plexus

Treatments

Operative

Arthroplasty of the shoulder
Arthroscopy of the shoulder
Soft tissue disorders of the shoulder girdle
Arthrodesis, osteotomy and excision arthroplasty
Reconstructive surgery for brachial plexus and other neurological disorders

Non-operative

Rehabilitation of the shoulder
Orthoses

Complications

Management of failed arthroplasty and soft tissue surgery

Trauma

Clavicle fractures
Proximal humeral
fractures
The dislocated
shoulder
Brachial plexus and
other nerve injuries
Humeral shaft fractures

Elbow

Anatomy

Anatomy of the elbow region and related structures
Surgical approaches to the elbow and arthroscopic access

Physiology

Physiology of nerve function around the elbow

Pathology

Compressive neurological problems around the elbow
Instability around the elbow
Inflammatory, degenerative and infective conditions of the elbow
Causes of elbow stiffness

Deformity

Acquired and developmental deformity around the elbow

Pain

The painful elbow

Biomechanics & Biomaterials

Biomechanics of the elbow
Biomechanics of elbow arthroplasty

Investigations

Radiological investigations to assess the elbow
Diagnostic and guided injections
Examination under anaesthetic and arthroscopy
Neurophysiology in elbow disorders

Assessments

History and examination of the elbow including special clinical tests

Treatments

Operative

Arthroplasty of the elbow
Arthroscopy of the elbow
Ligamentous instability
Entrapment neuropathy
Degenerative and inflammatory arthritis
Soft tissue conditions
The rheumatoid elbow

Non-operative

Rehabilitation of the elbow
Orthoses

Complications

Management of the failed arthroplasty and soft tissue surgery

Trauma

Proximal ulnar
fractures
Distal humeral
fractures
Proximal radial
injuries
Radius and ulnar shaft fractures