

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.
- 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
- 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 Sur	gic	al Competencies	Re	cord	
SHOULDER	Routine (1pt)	No.	Complex (2pt)	<mark>No.</mark>	Advanced (3pt)	No.
	Arthroscopic cuff repair		Arthroscopic ACJ stabilisation		Arthroscopic latarjet	
	Arthroscopic arthrolysis		Arthroscopic remplissage			
	Arthroscopic subacromial		Arthroscopic superior capsular			
	decompression Arthroscopic acj resection		reconstruction Arthroscopic cuff graft/patch			
	Arthroscopic stabilisation/labral repair		Revision arthroscopic stabilisation			
	Arthroscopic biceps tenodesis		Revision arthroscopic cuff repair			
	Arthroscopic excision of calcific tendinitis					
	Arthroscopic balloon arthroplasty					
Arthroplasty	Proximal humeral hemiarthroplasty		Anatomical shoulder replacement		Revision shoulder arthroplasty	
(elective)			Reverse shoulder replacement			
<mark>Open</mark> tendon	Open cuff repair		Open bone block stabilization			
/ligament surgery	Open shoulder stabilization		Tendon transfer			
<u>su ger</u> y	Biceps tenodesis Pec major repair					
Bone and joint trauma /sequelae	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 Sur	gical Competencies	Record
	Proximal humeral fracture hemiarthroplasty	Proximal humeral fracture reverse shoulder arthroplasty ORIF glenoid	
Nerve		/scapula Corrective osteotomy Nerve decompression	Brachial plexus
		shoulder girdle	exploration
ELBOW	Routine (1pt)	Complex (2pt)	Advanced (3pt)
Arthroplasty	Radial head replacement	Primary Total Elbow Replacement Distal humerus hemiarthroplasty	Revision Elbow Replacement
Arthroscopy	Diagnostic Elbow Arthroscopy	Arthroscopic arthrolysis/loose body removal	Arthroscopic fracture management.
	Arthroscopic washout elbow	Arthroscopic tennis elbow release	Arthroscopic rheumatoid synovectomy
		Arthroscopic bursectomy	Arthroscopic stabilisation
		Arthroscopic radial head excision	
		Arthroscopic treatment OCD	
Trauma /sequelae	Open stabilisation elbow	Lateral or medial ligament reconstruction	Interposition arthroplasty
	Olecranon ORIF	Distal humerus ORIF	Revision ORIF/stabilisation
	Open Arthrolysis	Elbow fracture dislocation ORIF	
	Radial head excision		
	Removal metalwork		
Tendon	Distal biceps repair		
	Distal triceps repair	Distal biceps	
	Open tennis/golfers elbow surgery	reconstruction	



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 numbe	er points (sum Routine,	Co	mplex 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