Overview of changes to the new T&O Curriculum

Phases of training

The 2018 curriculum comprised two stages, Intermediate (ST3-6), and Final (ST7-8). These have been replaced by Phase 2, and Phase 3, Phase 1 being Core Training, covered by the Core Surgery Curriculum. Phase 2 will normally extend to the application to sit the FRCS (Orth) examination, with Phase 3 allowing trainees to develop a special interest, and to gain experience and develop skills in areas appropriate for a trainee approaching independent practice as a consultant.

Syllabus skill levels

The skill levels expected to be achieved at completion of Phase 2 are broadly in accordance with those previously expected at the end of ST6.

Updating the syllabus

The syllabus remains broadly unchanged. There are a small number of additions that reflect changes in common practice, such as the management of the painful spine, and reflect a desire to broaden the range of important subjects studied, such as the introduction of the critical condition of primary and secondary musculo-skeletal malignancy around the knee. A complete list of the syllabus changes is contained within the appendix to this overview document.

Rationalisation of the syllabus

The 2018 changes relating to indicative procedures have been incorporated into the new curriculum. These changes attempted to categorise procedures according to specific generic techniques, such as major joint arthroplasty, rather than according to specific procedure, such as total hip replacement. This provides both the desired flexibility of delivery and increases the focus on generic techniques.

Training pathway

The indicative total period for training within Phases 2 and 3 is six years, with four years being required for Phase 2. At completion of Phase 2 the trainee will be deemed ready to sit the Intercollegiate Specialty Board Examination in

Trauma and Orthopaedics. Whilst it is recognised that the curriculum is outcomes, rather than time based, it is envisaged that the exceptional trainee who is able to complete training within six years will be a rare phenomenon. It is also recognised that there will be trainees who require in excess of six years to complete their training for a wide variety of reasons and that such trainees are likely to need increased levels of assistance in meeting their training goals.

Outcomes

The thrust of new curriculum is to better demonstrate that the trainee is, at completion, ready to fill the role of consultant. It should therefore be considered to be an outcome-based curriculum. The desired outcome of training relates to the ability of the day 1 consultant to be able to deliver safe, effective and contemporary treatment based on five Capabilities in Practice (CIPs) and nine Generic Professional Capabilities (GPCs).

The new curriculum gives provision for the identification of, this being defined by the outcome Level V. The achievement of this level is one of a number of ways in which the trainee able to complete training within the indicative six-year period may be identified.

Assessments

Whilst the subject of assessment remains largely unchanged, the method of assessment has been subject to significant alteration, with the Multiple Consultant Report (MCR) being the focus of change.

The 2018 curriculum was quantitatively specific with respect to WBAs required at each stage of training, relied heavily on the AES to oversee the progress of the trainee particularly in relation to competency progression, lacked the flexibility to respond quickly to areas where development was required and was focused on the accumulation of evidence supportive of having met the curriculum requirements, at the expense of being able to demonstrate the specific competencies required to be a day-1 consultant. The MCR is able to assess the progress of the trainee in relation to the CIPs, but demands a broader evidence base, this being delivered following discussion between a range of clinicians familiar with the performance of the trainee in the clinical setting. Areas of strength and areas where development is required should be more effectively identified with the subsequent trainee-specific learning plan being better able to focus on the latter. Whereas the trainee's learning plan within the

2015 curriculum was based on standardised outcome targets, with the new curriculum, the targets are trainee specific.

The delivery of training outcomes in some areas is less prescriptive. For example, the curriculum does not demand specific outcomes related to research, such as the number of publications, but requires the trainee to demonstrate that generic research goals have been met. It is envisaged that the previous research guidelines will provide a useful basis for the trainee, AES and ARCP panel to use to demonstrate fulfilment of the requirements. In addition, the list of mandated courses has been dramatically reduced, with ATLS (or equivalent) being the only course having this status. This conforms with the concept that there are normally a variety of ways in which training outcomes can be delivered, but does not invalidate the continued use of the wide range of educational courses currently available, such as those related to Research Methodology, to demonstrate that the curriculum requirements have been met. Whilst the reduction in the range of mandated courses will permit local delivery of specific, and often very narrow areas of training, it is recognised that for many Programmes, high quality training of this type may not be available, and the most effective way for trainees to access such training will be to attend nationally based courses.

Appendix to the Overview of changes to the new T&O Curriculum

T&O Syllabus changes from 2018 updated version of 2015 curriculum syllabus

These changes refer to those from page 28 of 2018 curriculum onwards and recorded in the new syllabus starting on page 1;

Page references below refer to the 2018 curriculum and in () the new 2020 page number.

Throughout an additional level third column has been added, that of special interest. There are now 3 columns representing the level of knowledge and skills for core/st3-8/special interest. The special interest indicates the level for those choosing this area in the phrase 3 -st7-8 years.

Applied clinical knowledge

1. Introduction paragraphs on pages 28-29 have been condensed and clarified.
2. p32(p6) audit/quality improvement core level upgraded from level 2 to 3

3. p33 (p7) Biomechanics of tendon transfer techniques upgraded from level 3 to 4
4. p33 (p8) additional critical condition 'diabetic foot management'
5. p339(p11) arthroscopy of foot and ankle upgraded from level 3 to 4
6. p35(p11) investigations; diagnostic and therapeutic injections separated and upgrade to level 3
7. p39 (p17) Spine section; extensively restructured and rewritten. No changes to levels.
8. p39 (p16) the six spinal critical conditions from certification requirements are included
9. p40-41 (18-20) Hand; additions to pathology and pain, assessments, treatments
10. p41 Elbow; Amputation added
11. p43 (24) shoulder amputation added
12. p44 (26) Trauma restructured section and additions in assessment, operative
13. p44 (26) additional critical condition – Necrotising fasciitis
14. p45 (28) additions to hand section
15. p47 (30-32) Paediatric orthopaedics; extensive restructure and descriptions but not changes in levels

Applied clinical skills

1. p48-50 (32-34) Introduction rewritten
2. p51-52 (35-38) Trauma; restructured, rewritten descriptions but levels unchanged
3. p54-57 (39-43) Spine; restructured and rewritten extensively.
4. P54 (39) brachial plexus removed and put in hand
5. P54 (39) Application of halo/tong traction – level upgraded to level 3
6. P58 (44) Shoulder; SC joint dislocation downgraded to 2
7. P58(45) posterior dislocation shoulder closed reduction upgrade to level 4
8. P59 (46) arthroscopic arthrolysis/subacromial decompression downgraded to level 3.
9. P61-62 (48-50) Elbow; application of external fixator upgraded to level 3. Coronoid fracture orif upgraded to level 3, irrigation/debridement joint for infection to level 4,
10. P 61 (49) Radial head replacement for fracture downgraded to level 3. Repair of distal biceps tendon to level 2
11. P63-66 (51-58) Hand; scaphoid fracture non operative, 1st ray fracture, 5th ray fracture mua &wires, upgraded to level 4.
12. P64 (53) fingertip reconstruction / infection; several downgrades of level
13. (P54) Brachial plexus moved from spine section
14. p65 (55) downgrading of fixation of phalangeal fracture, skin grafts, denervation wrist
15. p67-69 (p59-63) Hip
16. Acetabular/pelvic fracture fixation downgrading to level 1
17. P68 (61) Excision arthroplasty upgraded to level 4
18. p68 removed; sacro-coccygeal mua/injection/infection
19. p68-69 (62) addition arthroscopic hip debridement for FAI.
20. P69 (62) 1 stage of 2 revision THR - downgraded to level 1
21. P70 -71(64-68) Knee; application of spanning external fixator; upgraded to level 4
22. P70 -71(64-68) Revision TKR for fracture – downgraded to level 2

23. P71 (66) meniscal repair downgraded to level 2. Amputation below knee removed
24. P73-75 (69-73) Foot/ankle; Irrigation for infection & pilon fracture external fix & tendon repair in foot, ankle arthrotomy & aspiration/injection all upgrade to level 4
25. P74 (71) Ankle lateral ligament repair removed, tendons procedures upgraded to level 3. Foot- downgrading Akin osteotomy and ray amputation to level 3
26. P74-75 (72-73) First ray procedures downgraded to level 3. In growing toe nail level 4
27. And 5th toe correction, plantar release, tibialis posterior reconstruction all to level 2
28. P76-77 (74-77) Paediatric orthopaedics; extensively restructured and rewritten;
29. P74 (74) Supracondylar elbow fractures upgrade to level 4,
30. Otherwise paediatric levels similar