

Appendix 4: Index procedures / Indicative numbers / Waypoint checklist

Certification (end of phase 3) All trainees

Breadth and depth of experience is essential in operative surgery to ensure trainees have a range of strategies available to manage the variations in operative pathology they will be presented with as consultants.

- Indicative number of total operations [P, T, S-TU, S-TS or A] expected as a requirement for certification = 1800 ^[L]_[SEP]
- Indicative number of cases performed as first surgeon (P, T, S-TU, S-TS) = 1260
- Indicative number of specific operation groups expected as a requirement for certification (usually over 72 months of training). These procedures must be supported by evidence from PBAs over a range of trainers and periods of time i.e. what is not acceptable is bunching of PBAs immediately prior to ARCPs. ^[L]_[SEP]
- PBAs ^[L]_[SEP] 3 x Level 4 PBAs in each specific operation group listed above by two or more trainers except for supracondylar fracture and application of external fixator.
- For supracondylar fracture and external fixator application, an indicative number of 1 x PBA level 4 in a non-simulated setting is acceptable. One PBA may be assessed in simulation with agreement of AES, TPD.
- Injections in any site do not count as part of the indicative numbers.

PBA Level 4:

a: Procedure performed fluently without guidance or intervention

b: As 4a and was able to anticipate, avoid and/or deal with common problems/complications

Competency	Indicative number	Notes
Elective		
Major joint arthroplasty	80	total elbow, hip, knee, shoulder, ankle replacements
Osteotomy	20	1st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal. NOT allowed are Akin, lesser toe and MT 2-5 osteotomies
Nerve decompression	20	carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy
Arthroscopy	50	knee, shoulder, ankle, hip, wrist, elbow
Emergency / trauma		
Compression Hip Screw for Intertrochanteric Fracture Neck of Femur	40	
Hemiarthroplasty for Intracapsular Fracture Neck of Femur	40	
Application of Limb External Fixator	5	

Tendon Repair for trauma	10	Any tendon for traumatic injury (includes Quadriceps and patella tendon)
Intramedullary nailing including elastic nailing for fracture or arthrodesis	30	femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis e.g. knee
Plate fixation for fracture or arthrodesis	40	ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist
Tension band wire for fracture or arthrodesis	5	patella, olecranon, ankle, wrist, hand
K wire fixation for fracture or arthrodesis	20	Wrist, hand, foot, paediatric
Children's displaced supracondylar fracture	5	displaced fracture treated by internal fixation or application of formal traction
Total	365	

Principles of counting cases

Unbundling of cases, i.e. splitting up standard operations into two or more parts, in order to count operations as multiple cases on one patient is forbidden. As a principle, one patient counts as one operation. Exceptions include the following:

- Bilateral cases may count as two operations.
- Two or more operations on the same patient in different anatomical sites may count as multiple operations e.g. wrist and ankle
- Two large operations on one patient may count as two operations e.g. pelvic and femoral osteotomy for DDH.
- In cases where there is uncertainty, it is expected that the decision to count multiple operations or not will be decided by agreement of the TPD and SAC liaison member.