## Summary Statement for Trauma and Orthopaedic syllabus review 2024-26

The Trauma and Orthopaedic syllabus has largely remained the same over the last ten years or more. In contrast to this, the specialty is changing rapidly. The roles and responsibilities of a day one consultant ten years ago are not necessarily those of a current day one consultant. The practice of trauma and orthopaedics varies widely across the country, and even within regions, there is a difference between practice in specialist and major trauma centres compared with district general hospitals. Given this situation, it remains challenging to formulate a syllabus that is essential for all trauma and orthopaedic surgeons, retaining the core principles of trauma management whilst allowing for the development of specialist practice.

The proposed changes for 2026 have been informed by representatives from all the subspecialties of Trauma and Orthopaedics in the UK, and the British Orthopaedic Trainees Association (BOTA) representatives have also been consulted. None of the changes are a major departure from the old syllabus. The proposed changes reflect the evolving practice in the specialty and are intended to bring the syllabus into alignment with this. Similarly, it is not anticipated that they will affect the portfolio pathway significantly, apart from the new mandatory WBAs.

A separate transition plan has also been provided, but essentially only trainees below the level of ST6 are expected to transition to the new curriculum. Derogations are also provided.

Details of the changes are given in the edited version of the curriculum and the proforma statement attached. A summary of the changes is given below:

**Appendix 2: Trauma and Orthopaedic Syllabus**

Several of the knowledge levels for phase 1 and phase 2 have been changed to reflect the level expected from core (phase 1) and specialty (phase 2) trainees.

Non-technical skills for surgeons has been added to the syllabus. Evidence demonstrates that these have a significant impact on surgical performance and surgical outcomes. We consider these skills to be an essential part of becoming a surgeon. The safe use of radiation in theatre has also been added, as this important topic has recently been brought to light, following the publication of some papers showing an increased incidence of breast cancer in female orthopaedic surgeons.

Certain topics have been combined to avoid repetition and to make them more holistic, for example, “Pain and pain relief” and “Behavioural dysfunction and somatization” have been combined into “Management of pain and pain-related behaviour”. This is a more respectful term and more in keeping with modern practice.

In the Foot and Ankle and Trauma sections, Weber B fractures has been changed to all ankle fractures. T&O consultants need to be able to manage all ankle fractures as part of a general unselected trauma take.

In the Spine section, several inconsistencies existed in that knowledge level 3 was required for some topics at phase 2, but these same topics were included in the Critical Conditions (Appendix 3) and required mandatory Case Based Discussion (CBDs) at level 4. These have been changed to reflect this. In addition, several procedures are no longer performed on the NHS and have therefore been removed. For other procedures, the knowledge level has been

left the same, but the competence level has been reduced to reflect the fact that most trainees will not have access to or be expected to perform such specialised procedures.

In the Paediatric section changes have been made to reflect the fact that some conditions present more frequently than others, so a different knowledge level would be expected in day to day practice at phase 2, for example cerebral palsy and developmental dysplasia of the hip (DDH) are commoner than other congenital/developmental abnormalities, so a higher knowledge level is required at phase 2 for these conditions. Regarding paediatric procedures, competence levels have been changed to reflect modern practice.

In the upper limb sections, competence levels for some specialised procedures have been reduced because they are only performed in specialist centres, and trainees will not have equal exposure to them, or be expected to perform them in phase 2.

**Appendix 3: Critical Conditions**

Three of the critical conditions have been changed as follows:

Spinal infections
The painful spine in the child
The painful hip in the child

Have been changed to:

Spinal infections (adult or child)
The acute painful hip in the child (not infection)
Primary bone or joint infection in a child (septic arthritis or osteomyelitis)

The reason for this is that it was previously possible to fulfil these critical CBDs without seeing an infection. This change in wording ensures the original intention of the critical CBDs (to ensure competency when on-call for conditions, which will have life changing consequences if not correctly treated) is restored. This oversight has been highlighted by TPDs, LMs and trainees, so we propose to rectify this. The proposal keeps the same number of CBDs as before.

**Appendix 4: Index procedures**

One procedure has been added; fixation of long bone fractures in children. This is a different skill set compared to fixation of adult fractures but is a necessary skill when managing an unselected take. Intramedullary elastic nails are a common method of stabilising long bones in children, but plating is also used. Exposure to elastic nails, however, is not equitable amongst the training regions. For this reason, we are using “Fixation of long bone fractures in children (excluding K-wires” as a generic term.

Application of limb external fixator requisite numbers have been increased from five to ten. This is because in modern practice many complex fractures and open fractures are temporarily stabilised in peripheral trauma units with external fixation and are then transferred to major trauma centres for definitive treatment. This is therefore an essential trauma skill for consultants on an unselected take.

Other changes to index procedures are minor. They concern bringing terminology up to date and aligned with modern practice.

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