

## 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.

- a. Indicative number of total operations [P, T, S-TU, S-TS or A] expected as a requirement for certification = 1800
- b. Indicative number of cases performed as first surgeon (P, T, S-TU, S-TS) = 1260
- c. 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.
- d. PBAs - 3 x Level 4 PBAs in each specific operation group listed above by two or more trainers except for supracondylar fracture and fixation of long bone fractures in children (excluding K-wires).
- e. For supracondylar fracture and fixation of long bone fractures in children (excluding K-wires) an indicative number of 1 x PBA level 4 in a non-simulated setting is acceptable.
- f. For external fixation a maximum of two cases in a simulated setting are acceptable. An indicative number of 3 x Level 4 PBAs is required for this procedure, one of which may be assessed in simulation with agreement of AES or TPD.
- g. For the category of osteotomy and arthrodesis, trainees are expected to have EITHER 3 x level 4 PBA for osteotomy OR 1 x level 4 PBA for osteotomy + 1 x level 4 PBA for arthrodesis + 1 x level 4 PBA for osteotomy or arthrodesis.
- h. 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 - by either - Osteotomy (20) OR Osteotomy (10 or more) + arthrodesis (10 or fewer) to make up a total of 20 cases	20	1 <sup>st</sup> metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal NOT allowed are Akin, lesser toe, and MT 2-5 osteotomies
Nerve Compression	20	Carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy
Arthroscopy	50	Knee, shoulder, ankle, hip, wrist, elbow
Emergency Trauma		

Internal fixation of fractured neck of femur	40	
Hemiarthroplasty for Intracapsular Fracture Neck of Femur	40	
Application of Limb External fixator	10	
Tendon Repair for trauma	10	Any tendon for traumatic injury (includes quadriceps and patella tendon)
Intramedullary nailing for fracture of arthrodesis	30	Femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hind foot nail, arthrodesis e.g. knee
Fixation of long bone fractures in children (excluding K-wires)	5	Any long bone, radius OR ulna OR both counts as one case
Plate fixation for fracture or arthrodesis	40	Ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist
Cerclage compression technique	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 NUMBER	375	

### 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. OR calcaneal osteotomy and soft tissue reconstruction for flat foot.
- 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.