

Trauma & Orthopaedic Curriculum Mapped to Simulation Options

To improve patient safety, many surgical/procedural, clinical and communication skills can be practiced in a simulated environment. This will also shorten the learning curve for trainees and allow them to focus their learning on their specific needs.

We aspire to provide equality of access to all trainees for opportunities in simulation, but recognise that cost and availability of some high tech facilities may limit access locally. There will be scope for a range of simulations from low to high fidelity and low to high technology. Many of these will be available locally but some will be provided at national or regional centres. This will help to provide uniformity of standards across training and orthopaedics (T&O) in the UK – deliverable and affordable for all trainees. Other benefits to the use of simulation include trainees who have 'timeout' eg maternity leave or longterm sickness, and who might be able to access these opportunities during their periods of absence, or as part of a return to practice period, to recover skills that have degraded during the period of absence; trainees not in full-time training may benefit if experiences can be accessed outwith clinical areas; and for the purpose of retraining surgeons whose skills are called into question.

The mapping of particular types of simulation against the requirement of the curriculum is an on-going process and will evolve over the next three years. We have focused on integrating simulation into day to day training in surgical practice. Through our bespoke two day Training Orthopaedic Trainers programme (TOTs) we have started to teach T&O trainers simple and accessible simulation techniques to use with their trainees.

Simulation refers to any reproduction or approximation of a real event, process or set of conditions or problems for the purposes of learning or assessment. It allows trainees to focus on developing skills without the fear of making a mistake or harming a patient. Facilities of variable levels of sophistication are available, both permanently in "skills centres" and through regular course provision.

Trauma and orthopaedics has a long and established track record in the area of simulation and simulated tasks. Whilst the Training Standards Committee is anxious to embrace technology enhanced learning, our priority must be the expert supervision of trainees and appropriate preparation of trainers. We have endeavoured to explore aspects of simulation, which can be easily and inexpensively accessed by T&O trainers and trainees throughout the country. Ideally, facilities should be available close to the clinical area, with expert supervision/feedback available, and accessed in a flexible way around patient workload. Although the focus is on error avoidance and risk management, we have worked hard to ensure this is not at the expense of innovation and creativity.

The key for T&O is the preparation of both trainees and trainers. We have created a suite of courses including “Training Orthopaedic Trainers” (TOTs), “Training Orthopaedic Educational Supervisors” (TOES) and “Training Orthopaedic Clinical Supervisors” (TOCS), which have integrated concepts of simulation at various levels. Feedback and performance debriefing lie at the heart of simulation based training. T&O as a specialty is committed to getting this aspect of teaching and learning right.

BACKGROUND

Kneebone et al (2010) have developed the concept of Distributed Simulation (DS), with the underlying philosophy to provide simulation facilities that are “good enough” to engage participants and achieve learning goals, yet are low cost, accessible and can be set up in a variety of clinical or non-clinical locations.

The framework for technology enhanced learning (DOH 2011) identified six key principles recommending that technology integrated into the curriculum should:

1. Be patient centred and service driven
2. Be educationally coherent
3. Be innovative and evidence based
4. Deliver high quality educational outcomes
5. Deliver value for money
6. Ensure equity of access and quality of provision.

Technology refers to the use of “information technology” such as computers, handheld devices, simulators and simulation facilities for individual, group, multidisciplinary and interprofessional use.

Recognising the difficulties associated with mapping the entire curriculum to simulation and acknowledging the sparse evidence base for orthopaedic simulation, the TSC has developed some general recommendations targeting generic/transferable skills for trainees in the first few years of training. The early years probably derive the greatest benefit from simulation but we suggest use in later years for focused training. Once we gather data from on going educational research world wide, we will be in a better position to formulate a more detailed simulation curriculum.

SIMULATION OPPORTUNITIES

On Site Equipment Assembly (equ)

For rarer procedures where the trainee is expected to take a low level of responsibility, they should be able to gather and assemble the appropriate equipment e.g. application of halo traction or application of a pelvic external fixator.

Low Tech/Cost Options

T&O trainees have to be able to practice surgical skills in a safe environment. Novel, accessible and cheap simulation models/trainers, using recycled and reusable items, will help trainees to fully integrate simulation into learning and achieve the deliberate practice and distributed simulation to accomplish automaticity.

Examples

Drainage of an abscess, bursa or removal of a ganglion or tumour and wound debridement.

Fill the end of a latex glove with 2 – 3 ml of toothpaste and tie off to create simulated pus. Insert to balloon underneath the skin of a chicken breast/thigh/wing. The trainee can then make an incision over the abscess, cyst or ganglion and must excise it without bursting. If it does burst, they must debride the wound.

Injecting mock purulent material under the chicken breast skin can replicate the classic palpable fluctuance and ultrasound findings of an actual abscess, and it can be surgically incised and drained in a similar fashion.

Removal of malignant tumour

Insert a balloon into the muscle mass of a chicken breast. The trainee must excise the balloon with appropriate margins. No part of the glove should be visible after excision.

To simulate a foreign body the balloon can be substituted with a pebble.

Scarf Osteotomy for Hallux Valgus

Take a peeled banana and plastic knife (available in the canteen) and make the scarf osteotomy cuts. Rotate the two pieces of banana to simulate straightening of the metatarsal. Use two cocktail sticks to pin the newly straightened banana in place and cut off protruding edges of the “bone” (banana).

Arterial and Nerve Repair

Place a cut piece of string under an operating microscope, and use fine suture to repair.

Tendon Repair, Decompression, Lengthening and Transfer

Pig's trotters offer realistic and good quality tendons on which to practice. They are readily and cheaply available.

Cementing Techniques

To be practiced using cement and a large barrelled syringe.

Debriding a Wound

A simulated wound covered with thick slough can be created on a pig trotter by excising an area of skin and then applying a layer of hydrocolloid paste (e.g. ADAPTTM, Hollister) on the denuded area. A layer of toothpaste may then be applied and covered with a piece of cling film to simulate the application of EMLA cream. A small curette is then used to debride the wound as in a human patient, after washing away the layer of toothpaste (=topical anaesthetic).

Use an orange to simulate debridement-the trainee is required to remove the peel and the white fibres (representing slough) off the orange without puncturing the inner orange itself.

Peer/Simulated Patient Skills Practice (PSP)

Some institutions have invested in the selection and training of simulated patients (SP). Whilst the educational value of such encounters with SP has been reported, they can be expensive and of limited availability. However, getting real patients to teaching meetings is a popular method and simulates an out-patients appointment. It provides an excellent opportunity to refine history and examination skills, and teaches skills in the management of the patient.

When trainees practice skills on each other, they have the unique opportunity of accessing insights into the patient experience. Application of casts and subsequent removal will help trainees to truly understand how hot a POP can become during the setting process and how threatening an oscillating saw can appear. Careful health and safety measures must be considered.

Trainees below practicing reduction of a Colles fracture taking the roles of surgeon, nurse and patient



Example of a patient with back pain

One trainee/ trainer to play the part of a patient with a large set of notes and chronic back pain for which no cause can be found, the other to assume the role of the surgeon in clinic. To explore options for handling breaking bad news:

1. I am really sorry but you have a condition for which medical science has no answer at present.
2. Your symptoms may worsen or improve over time - and if you still have symptoms in 2 years time we may have some answers..
3. Is your condition bad enough to warrant an operation?
4. Are your symptoms the same as you had on the other side? (in bilateral problems)
5. Can you put a % figure on how much better you are after your surgery/treatment?
6. For CRPS patients (who have a diagnosis). You have a poorly understood problem for which there is little that we can do apart from physiotherapy. After any trauma you get swelling, pain and stiffness of your joints. CRPS patient suffer from those symptoms much more and for much longer but by 2 years most of them will abate.

These high impact simulations can be conducted whilst waiting for a delayed patient in theatre, during the lunch break in clinic or indeed any other variable period of downtime.

Bone Models (bon)

Bone models can range from expensive commercially produced synthetic bone to wooden blocks or cardboard tubes fashioned to represent bone. Some bone models would be classed as low tech/cost simulators, others are only available commercially.

Models are available but are more costly than taking two pieces of wood and gluing them together at angles to simulate a mal-union.

Cadaveric Surgery (cad)

Approach and bone fixation can be two elements of same procedure. Whilst models can simulate the bone element, fresh frozen or soft fix cadavers provide an excellent opportunity to teach soft tissue approaches. Sharing cadavers between multiple disciplines can help with cost containment.

Grouping Simulations

Some procedures comprise similar skills e.g. evacuation of haematoma, incision and drainage of abscess and excision of cyst, so simulation of each individual procedure may not be necessary. Also, many fracture fixations require similar skills, and simulation for every type may not be necessary.

Paediatrics

Obviously there are no appropriate cadaveric opportunities but the following are available:

1. Radius and ulna fracture - dry bones
2. Elbow fractures
 - i. supracondylar fracture dry bones with foam covering
 - ii. lateral condyle - dry bones
 - iii. medial epicondyle - dry bones
3. Humeral shaft and shoulder - dry bones
4. Femoral neck shaft and distal femur - simulated periosteum covered dry bone and transparent for elastic nails
5. Tibia - dry bones for fracture fixation and osteotomy
6. Ankle for tri-plane and other complex fractures
7. Elective orthopaedics - there is a well-developed practical for corrective osteotomy in cerebral palsy and a suitable bone for pelvic osteotomy.

The surgical approaches are largely the same ones as in adult orthopaedics so trainees need to learn to do them carefully on small people. The unfamiliar

approaches (mainly anterior to the hip) can be learned on an adult cadaver.

Generally the purpose of an attachment in paediatric orthopaedics is to develop knowledge, attitudes and experience in respect of children. Trainees always do less operating in paediatric orthopaedics because paediatric orthopaedic surgeons do less operating and more clinics, plastering and injections.

Courses

A number of courses are available which include several opportunities for practicing skills in the simulated environment e.g.

1) Basic fracture fixation

- i) Left: learning about theatre set up using modified Playmobil
- ii) Right: positioning the patient safely on the operating table using Action Man



- 2) Basic arthroplasty
- 3) Basic surgical skills
- 4) Specialist courses including spine, hand and wrist, shoulder and elbow, foot and ankle, pelvic and acetabular, paediatric, and fragility fractures.

Trainees and trainers should give priority to courses based on educationally sound principles rather than driven commercially. They might also consider some of the programmes which are higher risk and rarer in terms of operative opportunities e.g. spine and paediatrics. Some of these will provide the best return on investment.

Other Technology Enhanced Learning

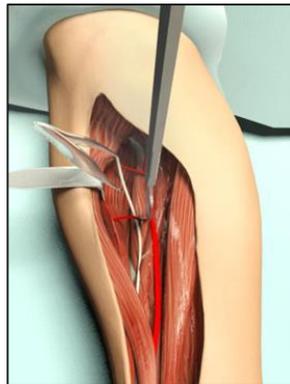
Virtual Learning Environment

A wide variety of Virtual Learning Environments or “Learning Management Systems” are available. Regardless of which system is used, it should facilitate student registration, deliver course materials, communicate, test and track, as well as being relevant and logically organised.

The barriers and facilitators to the use of the Virtual Learning Environment can be divided into two groups; issues that concern technical problems (including limited computer skills, limited access or lack of training) and issues around poor peer participation or lack of commitment. The most important facilitators to use of any VLE are flexibility, feedback and its perceived usefulness or relevance.

Touch Surgery

Touch Surgery is a mobile digital platform that outlines T&O procedures trainees to learn operative steps and be subsequently tested on the move, before and after surgery. It allows trainees to “carry out” operations step by step on their mobile touch screen device such as iPhones and iPads. It is accessible and completely free to the end user.



<http://www.touch-surgery.com>

Assessment

All these simulation techniques can be captured using the T&O workplace based assessment tools in current use. We have successfully used DOPs, CbD and CEX to record formative assessments/supervised learning events in trainee portfolios. This has had the added value of reinforcing the use of WBAs and bridging the theory/practice divide.

See below trainers and trainees completing assessments on tablets and phones after fixing fractures on bone models



AUDIT

The Training Standards Committee will plan an audit of access over the next three years. Accessibility to simulation opportunities for all trainees will be tracked, including appropriate time with trainers for exchange of feedback. Data will be sourced through

- Questionnaires via the training programme director network.
- Analysis of WBA activity via ISCP.

Once data has been analysed, results will be used to inform the next review of the T&O curriculum and to develop aspirational aspects into essential elements.

Applied Clinical Skills Mapped to Simulation Options

A trainee must be able to demonstrate their competence in the procedures below at the appropriately marked level and stage of training.

Competence Levels

0 = No experience expected	3 = Can manage whole but may need assistance
1 = Has observed or knows of	4 = Able to manage without assistance including potential common complications
2 = Can manage with assistance	5 = Able to manage complex cases and their associated potential complications

Strongly recommended for early years CT/ST1 – 4 by August 2013

Aspirational/optional or later years for focused training – by August 2013

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma General				
Compartment syndrome				
Fasciotomy for compartment syndrome	1	4	5	cad
Measurement of compartment pressures	1	4	5	equ
Correction of malunion or other deformity	0	4	5	bon
Evacuation of haematoma	2	5	5	LT/C
Excision / ablation of ingrowing nail	1	5	5	cad
Iliac crest bone graft harvesting	2	5	5	cad
Infection				
Incision and drainage of abscess	3	5	5	LT/C
Irrigation and debridement native joint for infection	1	4	5	equ
Metalware and frames				
Application of external fixator (not spanning or Ilizarov)	0	4	5	bon
Application of Ilizarov frame	0	3	5	bon
Application of skeletal traction	1	5	5	equ
Application of spanning external fixator	0	4	5	bon
Removal external fixator or frame	2	5	5	equ
Removal K wires or skeletal traction	2	5	5	equ
Removal metal	2	4	5	bon
Neurovascular injuries				
Arterial repair +/- graft	0	1	5	cad/ LT/C
Nerve repair	0	3	5	cad/ LT/C

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Open reduction and fixation of periprosthetic fracture	0	3	5	
ORIF osteochondral fragment in joint	0	3	5	cad
Removal foreign body from skin / subcutaneous tissue	2	5	5	LT/C
Tendon repair	1	4	5	LT/C
Wound management				
Free flap	0	1	1	cad
Full thickness skin graft	0	3	5	cad
Muscle flap	0	1	1	cad
Pedicle flap	0	1	1	cad
Split skin graft	0	3	5	cad
Transposition flap	0	1	1	cad
Wound closure	3	5	5	LT/C
Wound debridement	3	5	5	LT/C
Elective General (Site Non Specific)				
Aspirations / injections				
Aspiration / injection ankle joint	0	4	5	cad/man
Aspiration / injection elbow joint	0	4	5	cad/man
Aspiration / injection foot joint	0	4	5	cad/man
Aspiration / injection hip joint	0	3	5	cad/man
Aspiration/ injection hand and wrist	0	4	5	cad/man
Aspiration / injection knee joint	2	5	5	cad/man
Aspiration / injection shoulder joint	0	5	5	cad/man
Botulinum toxin injection - musculoskeletal	0	3	5	cad/man
Benign tumour excision (not exostosis)	0	3	5	LT/C
Biopsy bone - needle	0	3	5	LT/C
Biopsy bone - open	0	3	5	LT/C
Curettage pinsites	0	5	5	
Cyst bone curettage +/- bone graft	0	3	5	LT/C
Distraction lengthening of bone upper limb	0	2	5	equ
Endoprosthesis replacement for malignant bone tumour - not femur / humerus / tibia	0	1	5	
Epiphysiodesis	0	1	5	
Exostosis / osteochondroma excision	0	3	5	
Injection of bone cyst	0	1	5	
Malignant tumour excision	0	1	5	LT/C
Nerve decompression / neurolysis	2	4	5	
Osteomyelitis excision including sequestrectomy	0	3	5	LT/C
Soft tissue procedures				
Biopsy soft tissue	0	3	5	LT/C
Bursa excision	0	4	5	LT/C
Ganglion excision	0	4	5	LT/C

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Muscle biopsy	0	4	5	LT/C
Release contracture joint	0	3	5	
Synovectomy	0	3	5	cad/ LT/C
Tendon decompression	0	4	5	LT/C
Tendon lengthening	0	3	5	LT/C
Tendon transfer	0	3	5	LT/C
Tenodesis	0	3	5	DIY
Amputations				
Forequarter amputation	0	1	5	eqi
Above elbow amputation	0	2	5	cad
Below elbow amputation	0	2	5	cad
Finger amputation	0	4	5	cad
Hindquarter amputation	1	1	5	cad
Above knee amputation	0	3	5	cad
Through knee amputation	0	1	5	eqi
Below knee amputation	1	4	4	cad
Through ankle amputation	0	1	5	equ
Hindfoot amputation	0	2	5	cad
Midfoot amputation	0	1	5	cad
Toe amputation	0	4	5	cad

Applied Clinical Skills: Spine

A trainee must be able to demonstrate their competence in the procedures below at the appropriately marked level and stage of training.

Competence Levels

0 = No experience expected	3 = Can manage whole but may need assistance
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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Spine				
Cervical Spine				
Anterior column reconstruction cervical spine	0	1	5	cad,ani,equ
Anterior fixation fracture / dislocation cervical spine	0	1	5	cad,ani,equ
Application halo / tong traction cervical spine	0	1	5	equ, LT/C
MUA fracture / dislocation cervical spine	0	1	5	cad,ani,equ,bon
Non-classifiable cervical spine trauma procedure	0	1	5	cad,ani,equ,bon
Posterior column reconstruction cervical spine	0	1	5	cad,ani,equ,bon
Posterior fixation fracture / dislocation cervical spine	0	1	5	cad,ani,equ,bon
Brachial Plexus				
Exploration / repair / grafting brachial plexus	0	1	5	cad
Exploration of brachial plexus	0	1	5	cad
Repair +/- grafting brachial plexus	0	1	5	cad
Thoracic Spine				
Anterior column reconstruction thoracic spine	0	1	5	cad,ani,equ,bon
Anterior decompression / fixation thoracic spine	0	1	5	cad,ani,equ,bon
Anterior decompression thoracic spine	0	1	5	cad,ani,equ,bon
Posterior column reconstruction thoracic spine	0	1	5	cad,ani,equ,bon
Posterior decompression / fixation thoracic spine	0	1	5	cad,ani,equ,bon
Posterior decompression thoracic spine	0	1	5	cad,ani,equ,bon
Lumbar Spine				
Anterior column reconstruction lumbar spine	0	1	5	cad,ani,equ,bon
Anterior decompression / fixation lumbar spine	0	1	5	cad,ani,equ,bon
Anterior decompression lumbar spine	0	1	5	cad,ani,equ,bon
Posterior column reconstruction lumbar spine	0	1	5	cad,ani,equ,bon
Posterior decompression / fixation lumbar spine	0	1	5	cad,ani,equ,bon
Posterior decompression lumbar spine	0	1	5	cad,ani,equ,bon

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Elective Spine				
Cervical Spine				
Anterior column reconstruction cervical spine	0	1	5	cad,ani,equ,bon
Cervical disc replacement	0	1	5	cad,ani,equ,bon
Cervical laminectomy	0	1	5	cad,ani,equ,bon
Cervical laminoplasty	0	1	5	cad,ani,equ,bon
Cervical vertebrectomy for myelopathy	0	1	5	cad,ani,equ,bon
Excision hemivertebra	0	1	5	cad,ani,equ,bon
Fixation and fusion procedures				
Anterior decompression +/- fixation / fusion (C2 - C7)	0	1	5	cad,ani,equ,bon
Atlantoaxial fixation +/- fusion	0	1	5	cad,ani,equ,bon
C1 pedicle screws and C2 fusion	0	1	5	cad,ani,equ,bon
Occipital / cervical / thoracic fusion	0	1	5	cad,ani,equ,bon
Occipital cervical fusion	0	1	5	cad,ani,equ,bon
Occipito-cervical fusion +/- fixation	0	1	5	cad,ani,equ,bon
Posterior decompression +/- fixation / fusion (C2 - C7)	0	1	5	cad,ani,equ,bon
Transarticular screws C1/C2	0	1	5	cad,ani,equ,bon
Investigations and injections				
Biopsy cervical spine	0	1	5	cad,ani,equ,bon
Discogram	0	1	5	cad,ani,equ,bon
Epidural	0	1	5	cad,ani,equ,bon
Nerve root / facet joint injection cervical spine	0	1	5	cad,ani,equ,bon
Osteotomy for spine sagittal plain imbalance	0	1	5	cad,ani,equ,bon
Posterior column reconstruction cervical spine	0	1	5	cad,ani,equ,bon
Revision cervical discectomy	0	1	5	cad,ani,equ,bon
Thoracic outlet obstruction				
Excision cervical / 1st rib	0	1	5	cad,ani,equ,bon
Thoracic outlet release (not excision cervical / 1st rib)	0	1	5	cad,ani,equ,bon
Thoracic Spine				
Anterior column reconstruction thoracic spine	0	1	5	cad,ani,equ,bon
Costoplasty	0	1	5	cad,ani,equ,bon
Excision hemivertebra	0	1	5	cad,ani,equ,bon
Fixation or fusion procedures				
Anterior decompression +/- fixation / fusion	0	1	5	cad,ani,equ,bon
Posterior decompression +/- fixation / fusion	0	1	5	cad,ani,equ,bon
Investigations and injections				
Biopsy thoracic spine	0	1	5	cad,ani,equ,bon
Discogram	0	1	5	cad,ani,equ,bon
Kyphosis correction				
Kyphoplasty corpectomy	0	1	5	cad,ani,equ,bon
Kyphosis correction - anterior and posterior	0	1	5	cad,ani,equ,bon
Kyphosis correction - anterior only	0	1	5	cad,ani,equ,bon
Posterior column reconstruction thoracic spine	0	1	5	cad,ani,equ,bon
Scoliosis correction - anterior release +/- instrumentation	0	1	5	cad,ani,equ,bon

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Scoliosis correction - posterior fusion +/- instrumentation	0	1	5	cad,ani,equ,bon
Scoliosis correction				
Anterior release + posterior fusion and instrumentation for scoliosis	0	1	5	cad,ani,equ,bon
Growing rods for scoliosis	0	1	5	cad,ani,equ,bon
Lengthening of growing rods for scoliosis	0	1	5	cad,ani,equ,bon
Localiser cast for scoliosis	0	1	5	cad,ani,equ,bon
Scoliosis correction - anterior release +/- instrumentation	0	1	5	cad,ani,equ,bon
Scoliosis correction - posterior fusion +/- instrumentation	0	1	5	cad,ani,equ,bon
Thoracic disc replacement	0	1	5	cad,ani,equ,bon
Vertebroplasty	0		5	cad,ani,equ,bon
Thoracoscopic spinal procedures +/- instrumentation	0	1	5	cad,ani,equ,bon
Lumbar Spine				
Anterior column reconstruction lumbar spine	0	1	5	cad,ani,equ,bon
Decompression lumbar spine without fusion (not discectomy alone)	0	2	5	cad,ani,equ,bon
Discectomy open / micro	0	2	5	cad,ani,equ,bon
Excision hemivertebra	0	1	5	cad,ani,equ,bon
Fixation and fusion procedures				cad,ani,equ,bon
ALIF	0	1	5	cad,ani,equ,bon
Decompression lumbar spine with fusion +/- fixation	0	1	5	cad,ani,equ,bon
PLIF	0	1	5	cad,ani,equ,bon
TLIF	0	1	5	cad,ani,equ,bon
Investigations and injections				
Caudal epidural injection	0	3	5	cad,ani,equ,bon
Discogram	0	1	5	cad,ani,equ,bon
Epidural	1	3	5	PSP,man
Facet joint injection lumbar spine	0	1	5	cad,ani,equ,bon
Nerve root injection lumbar spine	0	1	5	cad,ani,equ,bon
Lumbar disc replacement	0	1	5	cad,ani,equ,bon
Lumbar spine - dynamic neutralisation system	0	1	5	cad,ani,equ,bon
Osteotomy for spine sagittal plain imbalance	0	1	5	cad,ani,equ,bon
Posterior column reconstruction lumbar spine	0	1	5	cad,ani,equ,bon
Revision lumbar discectomy	0	1	5	cad,ani,equ,bon
Vertebroplasty	0	1	5	cad,ani,equ,bon

Applied Clinical Skills: Shoulder

A trainee must be able to demonstrate their competence in the procedures below at the appropriately marked level and stage of training.

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Shoulder				
Clavicle				
ORIF clavicle fracture	0	4	5	bon/cad
ORIF non-union clavicle fracture	0	3	5	bon/cad
SC joint dislocation closed / open reduction	0	3	5	bon/cad
SC joint instability/open stabilisation	0	2	5	bon/cad
Shoulder				
Acromioclavicular joint dislocation acute ORIF	0	3	5	bon/cad
Anterior dislocation shoulder				
Anterior dislocation shoulder closed reduction	2	5	5	PSP
Anterior dislocation shoulder open reduction +/- fixation	0	3	5	bon/cad
Fracture proximal humerus				
Fracture proximal humerus hemiarthroplasty	0	3	5	bon/cad
Fracture proximal humerus interlocking IM nail	0	3	5	bon/cad
Fracture proximal humerus ORIF	0	3	5	bon/cad
Glenoid fracture ORIF	0	2	5	-
Irrigation and debridement native joint for infection - shoulder	0	2	5	-
Posterior dislocation shoulder				
Posterior dislocation shoulder closed reduction	0	3	5	PSP
Posterior dislocation shoulder open reduction +/- fixation	0	3	5	bon/cad
Scapula fracture ORIF	0	2	5	bon/cad
Humerus				
Fracture diaphysis humerus				
Fracture diaphysis humerus non-operative	1	4	5	PSP
Non-union ORIF +/- bone grafting	0	3	5	bon/cad
Fracture diaphyseal humerus application of external fixator	0	3	5	bon/cad
Fracture diaphyseal humerus non-union - ORIF +/- bone grafting	0	3	5	bon/cad
Fracture diaphysis humerus IM nailing	0	4	5	bon/cad

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Fracture diaphysis humerus ORIF plating	0	4	5	bon/cad
Elective Shoulder				
Clavicle				
Osteotomy and internal fixation of clavicle malunion	0	2	5	
Shoulder				
Arthroscopic procedures				man
Arthroscopic arthrolysis for capsulitis of shoulder	0	4	5	man
Arthroscopic biceps tenodesis	0	2	5	man
Arthroscopic subacromial decompression	0	4	5	man
Arthroscopic removal loose body - shoulder				man
Arthroscopy diagnostic - shoulder	0	4	5	man
Capsular / rotator cuff repair				man
Anterior repair for instability arthroscopic	0	2	5	man
Anterior repair for instability open including capsular shift	0	2	5	man
Posterior repair for instability including capsular shift	0	2	5	man
Rotator cuff repair (arthroscopic) +/- acromioplasty	0	2	5	man
Rotator cuff repair (open) +/- acromioplasty	0	2	5	man
MUA shoulder	0	4	5	PSP
Shoulder arthrodesis	0	1	5	-
Shoulder arthroplasty				
Hemiarthroplasty shoulder (elective)	0	2	5	bon/cad
Resurfacing hemiarthroplasty of shoulder	0	2	5	bon/cad
Reverse polarity (inverse) shoulder replacement	0	2	5	bon/cad
Shoulder replacement revision	0	1	5	bon/cad
Total shoulder replacement	0	2	5	bon/cad
Shoulder girdle procedures				
Acromioclavicular joint excision - arthroscopic / open / lateral clavicle	0	2	5	bon/cad
Acromioclavicular joint reconstruction (eg Weaver Dunn)	0	2	5	bon/cad
Acromioplasty open	0	3	5	bon/cad
Latarjet procedure	0	2	5	bon/cad
Levator scapulae transfer for trapezius palsy	0	1	5	bon/cad
Scapulothoracic fusion	0	1	5	bon/cad
Humerus				
Endoprosthetic replacement for malignant bone tumour - humerus	0	1	5	-

Applied Clinical Skills: Elbow

A trainee must be able to demonstrate their competence in the procedures below at the appropriately marked level and stage of training.

Competence Levels

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Elbow				
Elbow				
Application of spanning external fixator	0	2	5	bon/equ
Capitellum ORIF	0	3	5	bon/cad
Coronoid fractures				
Coronoid fracture ORIF	0	2	5	bon
Dislocated elbow +/- fracture:				
Dislocated elbow +/- fracture closed reduction	0	4	5	PSP
Dislocated elbow +/- fracture open reduction +/- fixation	0	3	5	bon/cad
Intraarticular distal humerus fracture ORIF	0	4	5	bon/cad
Irrigation and debridement native joint for infection – elbow	0	3		bon/cad
Lateral condyle fracture ORIF	0	4	5	bon/cad
Medial condyle / epicondyle fracture MUA / percutaneous wire / ORIF	0	4	5	bon/cad
Olecranon fracture ORIF	0	4	5	bon/cad
Radial head / neck fracture				
Radial head / neck fracture ORIF	0	3	5	bon/cad
Radial head excision	0	4	5	bon/cad
Radial head replacement for fracture	0	4	5	bon/cad
Supracondylar elbow fracture				bon
Supracondylar elbow fracture MUA +/- percutaneous wires	0	4	5	PSP
Supracondylar elbow fracture open reduction	0	4	5	bon/cad
Tendon repairs				
Repair of distal biceps tendon rupture	0	3	5	cad
Forearm				
Fasciotomy for compartment syndrome	1	4	5	cad
Fracture shaft radius / ulna:				
Fracture shaft radius / ulna IM nailing	0	3	5	bon/cad
Fracture shaft radius / ulna MUA & POP	0	4	5	PSP
Fracture shaft radius / ulna ORIF	0	4	5	bon/cad

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Galeazzi fracture ORIF	0	4	5	bon/cad
Monteggia fracture ORIF	0	4	5	bon/cad
Elective Elbow				
Elbow				
Arthrolysis elbow (open/arthroscopic)	0	2	5	man
Arthroscopy elbow diagnostic	0	2	5	man
Arthroscopy elbow therapeutic	0	2	5	man
Arthrotomy elbow	0	4	5	man
Excision radial head +/- synovectomy	0	2	5	man
OK procedure	0	2	5	man
Tennis / golfer elbow release	0	4	5	cad
Total elbow replacement				
Total elbow replacement	0	2	5	bon/cad
Total elbow replacement - aseptic revision	0	1	4	bon/cad
Total elbow replacement for trauma	0	1	5	bon/cad
Total elbow replacement revision 1st stage	0	1	4	bon/cad
Total elbow replacement revision 2nd stage	0	1	4	bon/cad
Ulnar nerve decompression / transposition	0	4	5	bon/cad
Forearm				
Forearm malunion correction or other deformity	0	1	5	bon/cad

Applied Clinical Skills: Hand

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Hand				
Wrist				
Fracture distal radius:				
Fracture distal radius – closed non-op	3	5	5	PSP
Fracture distal radius external fixation	1	4	5	bon
Fracture distal radius MUA & percutaneous wires	3	5	5	PSP
Fracture distal radius ORIF	1	4	5	bon/cad
Application of spanning external fixator	1	4	5	bon/cad
Arterial repair - wrist	0	1	5	cad/ LT/C
Vein repair – wrist	0	1	5	cad/ LT/C
Carpal fracture / dislocation:				
Carpal fracture / dislocation MUA & percutaneous wires	0	3	5	bon
Carpal fracture / dislocation MUA & POP	0	3	5	PSP
Carpal fracture / dislocation ORIF	0	3	5	bon
Irrigation and debridement prosthesis for infection – wrist	0	2	5	ani
Nerve repair - wrist	0	3	5	LT/C
Replantation of hand	0	0	1	cad
Revascularisation of hand	0	0	1	cad
Scapho-lunate ligament reconstruction	0	2	5	cad
Scaphoid fracture:				
Scaphoid fracture non-operative	2	3	5	PSP
Scaphoid fracture MUA & percutaneous wires	0	2	5	bon/cad
Scaphoid fracture non-union ORIF +/- graft (excluding vascularised graft)	0	2	5	bon/cad
Scaphoid fracture non-union using vascularised graft	0	2	5	bon/cad
Scaphoid fracture ORIF	0	2	5	bon/cad
Hand				
1st ray fracture / dislocation				
1st ray fracture / dislocation external fixation	0	2	5	bon/cad

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
1st ray fracture / dislocation MUA & percutaneous wires	0	3	5	bon/cad
1st ray fracture / dislocation MUA & POP	2	4	5	PSP
1st ray fracture / dislocation ORIF	0	2	5	bon/cad
Carpal fracture / dislocation				
carpal fracture / dislocation non-op	0	3	5	bon/cad/PSP
carpal fracture / dislocation MUA & percutaneous wires	0	3	5	bon/cad
carpal fracture / dislocation MUA & POP	0	3	5	bon/cad/PSP
carpal fracture / dislocation ORIF	0	2	5	bon/cad
5th ray fracture / dislocation				
5th ray fracture / dislocation external fixation	0	2	5	PSP
5th ray fracture / dislocation MUA & percutaneous wires	0	3	5	bon
5th ray fracture / dislocation MUA & POP	2	3	5	PSP
5th ray fracture / dislocation ORIF	0	2	5	bon/cad
Excision / ablation of ingrowing nail	2	5	5	man
Finger tip reconstruction				
Finger tip reconstruction - advancement flap	0	3	5	cad
Finger tip reconstruction - cross finger flap	0	3	5	cad
Finger tip reconstruction - homodigital neurovascular island flap	0	2	5	cad
Finger tip terminalisation	2	5	5	cad
Nail bed repair	2	4	5	cad
Hand compartment syndrome decompression	2	4	5	cad
Infection				
High pressure injection injuries	0	2	5	cad
Infection hand drainage (not tendon sheath)	1	3	5	cad
Infection tendon sheath drainage	1	3	5	cad
IPJ fracture / dislocation (PIPJ and DIPJ):				
IPJ fracture / dislocation external fixator	1	2	5	bon/cad
IPJ fracture / dislocation MUA & percutaneous wires	1	4	5	bon/cad
IPJ fracture / dislocation MUA +/- POP	2	4	5	PSP
IPJ fracture / dislocation ORIF	0	2	5	bon/cad
Ligament repair				
Ligament repair hand excluding thumb MCPJ ulnar collateral ligament	0	2	5	cad
Thumb MCPJ ulnar collateral repair	1	5	5	cad
MCPJ fracture / dislocation				
MCPJ fracture / dislocation external fixator	0	2	5	bon/cad
MCPJ fracture / dislocation MUA & percutaneous wires	1	4	5	bon/cad
MCPJ fracture / dislocation MUA +/- POP	1	4	5	PSP
MCPJ fracture / dislocation ORIF	0	3	5	bon/cad
Metacarpal fracture (not 1st or 5th) non-op	2	4	5	PSP
Metacarpal fracture (not 1st or 5th) MUA & percutaneous wires	1	4	5	bon/cad
Metacarpal fracture (not 1st or 5th) MUA +/- POP	2	5	5	PSP

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Metacarpal fracture (not 1st or 5th) ORIF	0	3	5	bon/cad
Metacarpal fracture (not 1st or 5th) external fixation	0	3	5	bon/cad
Neurovascular injuries				
Arterial repair +/- graft hand / digit	0	1	2	LT/C/cad
Nerve repair hand / digit	1	4	5	LT/C/cad
Revascularisation finger	0	1	2	LT/C/cad
Vein repair +/- graft hand / digit	0	1	2	LT/C/cad
Phalangeal fracture non-op	2	4	5	PSP
Phalangeal fracture MUA & percutaneous wires	1	4	5	bon
Phalangeal fracture MUA +/- POP	2	4	5	PSP
Phalangeal fracture ORIF	0	3	5	bon
Removal foreign body from skin / subcutaneous tissue	3	5	5	ani
Replantation finger	0	1	2	cad
Skin graft				
Free flap	0	1	5	cad
Full thickness skin graft	2	3	5	cad
Pedicle flap	0	2	5	cad
Reversed radial forearm flap	0	2	3	cad
Split skin graft	2	4	5	cad
Transposition flap	0	2	3	cad
Tangential excision of hand burns	0	1	2	cad
Tendon repair				
Spaghetti wrist	0	2	5	cad
Tendon repair extensor	2	5	5	ani/ LT/C
Tendon repair flexor zone 1	0	2	5	cad
Tendon repair flexor zone 2	0	2	5	cad
Tendon repair flexor zone 3-5	0	4	5	cad
Wound closure				
Delayed primary or secondary	1	4	5	LT/C
Wound debridement	1	4	5	LT/C
Elective Hand				
Wrist				
Arthrodesis wrist (includes partial arthrodesis)	0	3	5	cad
Arthroscopy wrist	0	2	5	man/cad
Carpal tunnel decompression	3	5	5	cad
De Quervain's decompression	1	5	5	cad
Decompression / synovectomy tendons	0	3	5	cad
Denervation wrist	0	3	5	cad
Excision distal ulna	0	4	5	cad
Ganglion excision at wrist	2	5	5	LT/C

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Proximal row carpectomy	0	2	5	cad
Radial shortening	0	2	5	cad
Surgery for chronic carpal instability	0	2	5	cad
TFCC				
Repair TFCC - arthroscopic	0	2	5	cad
Repair TFCC - open	0	2	5	cad
Ulna shortening	0	3	5	cad
Ulnar nerve decompression at wrist	0	3	5	cad
Wrist arthroplasty	0	2	5	cad
Hand				
Carpal tunnel decompression	3	5	5	cad
Congenital hand operation				
Congenital hand operation - clinodactyly	0	1	4	-
Congenital hand operation - complex reconstruction of congenital hand deformity	0	1	2	-
Congenital hand operation - camptodactyly	0	1	2	-
Congenital hand operation - correction of radial club hand	0	1	2	-
Congenital hand operation - lengthening procedures	0	1	2	-
Congenital hand operation - removal supernumerary digits	0	1	3	-
Congenital hand operation - separation of syndactyly	0	1	3	-
Dupuytren's contracture operation				
Dupuytren's contracture operation - dermofasciectomy	0	2	5	cad
Dupuytren's contracture operation - primary multiple digits	0	3	5	cad
Dupuytren's contracture operation - primary single digit	0	3	5	cad
Dupuytren's contracture operation - recurrent multiple digits	0	2	5	cad
Dupuytren's contracture operation - recurrent single digit	0	2	5	cad
Excision synovial cyst	0	3	5	LT/C
Finger malunion correction or other deformity	0	2	5	cad
Fusion of MCPJ or IPJ	0	3	5	cad
MCPJ replacement	0	2	5	cad
PIPJ replacement - hand (other)	0	2	5	cad
PIPJ replacement - hand (silastic)	0	2	5	cad
Soft tissue reconstruction hand	0	2	5	cad
Synovectomy	0	3	5	cad
Tendon procedures				
Tendon graft hand	0	2	5	cad
Tendon transfer hand	0	2	5	cad
Tenolysis hand tendon	0	2	5	cad

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Tenosynovectomy	0	2	5	cad
Trapezium excision or replacement	0	3	5	cad
Trigger finger release	2	5	5	cad
Trigger thumb release	1	5	5	cad

Applied Clinical Skills: Hip

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Hip				
Pelvis				
Acetabular fracture ORIF	0	2	4	bon/cad
Pelvic fracture:				
Pelvic fracture external fixator application	1	3	5	bon/equ
Pelvic fracture ORIF	0	2	5	bon/cad
Sacroiliac joint percutaneous screw fixation	0	1	5	bon/cad
Sacrum ORIF	0	1	4	bon/cad
Hip				
Dislocated hip				
Dislocated hip (no prosthesis) - closed reduction	1	4	5	PSP
Dislocated hip (no prosthesis) - open reduction +/- fixation	0	3	5	bon/cad
Dislocated hip hemiarthroplasty - closed reduction	2	4	5	PSP
Dislocated hip hemiarthroplasty - open reduction	0	4	5	bon/cad
Dislocated total hip replacement - closed reduction	2	4	5	PSP
Dislocated total hip replacement - open reduction	0	4	5	bon/cad
Extracapsular fracture				
Extracapsular fracture CHS / DHS	3	5	5	bon
Extracapsular fracture intramedullary fixation	0	5	5	bon
Extracapsular fracture other fixation	0	4	5	bon
Intracapsular fracture				
Intracapsular fracture bipolar hemiarthroplasty	0	5	5	bon
Intracapsular fracture hemiarthroplasty excluding bipolar	2	5	5	bon
Intracapsular fracture internal fixation	1	5	5	bon
Intracapsular fracture THR	1	4	5	bon
Irrigation and debridement native joint for infection - hip	0	4	5	cad/eqi
Irrigation and debridement prosthesis for infection - hip	0	4	5	cad/eqi

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Periprosthetic fracture of hip				
Open reduction and fixation of periprosthetic fracture - hip	0	3	5	bon/cad
Revision THR for periprosthetic fracture of hip	0	2	5	bon/cad
Femur				
Diaphyseal fracture				
Diaphyseal femur fracture application of external fixator	0	3	5	bon
Diaphyseal femur fracture intramedullary nailing	0	5	5	bon
Diaphyseal femur fracture plate/screw fixation	0	4	5	bon
Diaphyseal femur fracture spica cast application	0	3	3	PSP
Fasciotomy for compartment syndrome	1	4	5	cad
Femoral non-union				
Femoral non-union (application of frame) +/- bone grafting	0	2	5	bon/cad
Femoral non-union (without frame) +/- bone grafting	0	2	5	bon/cad
Reconstruction of avulsed proximal hamstrings	0	1	5	bon/cad
Subtrochanteric fracture				
Subtrochanteric fracture intramedullary fixation	0	4	5	bon
Subtrochanteric fracture plate/screw fixation	0	3	5	bon
Elective Hip				
Pelvis				
Sacrococcygeal joint injection / MUA	0	3	5	cad
Sacro-iliac joint injection	0	3	5	cad
Hip				
Adductor tenotomy - hip	0	3	5	cad
Arthrodesis hip	0	2	5	bon/cad
Arthroscopy hip - diagnostic	0	1	5	
Arthroscopy hip - therapeutic	0	1	5	
Arthrotomy hip	0	3	5	cad
Aspiration / injection hip joint	0	3	5	cad
Excision arthroplasty hip (e.g. Girdlestone)	0	3	5	cad
Femoral head AVN				
Core decompression of femoral head for AVN	0	3	5	cad
Vascular graft femoral head for AVN	0	2	3	cad
Femeroacetabular impingement				
Open hip debridement for femeroacetabular impingement syndrome	0	1	4	cad
Iliopsoas release / lengthening	0	2	5	cad
Osteotomy pelvis - not for DDH	0	1	3	cad

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Revision THR				
1 stg of 2 stg rev infected THR - removal of prosthesis +/-insertion of cement spacer / antibiotic beads	0	2	5	bon/cad
2 stg of 2 stg rev infected THR - removal of spacer/beads	0	2	5	bon/cad
Single stage revision THR acetabular component	0	2	5	bon/cad
Single stage revision THR both components	0	2	5	bon/cad
Single stage revision THR femoral component	0	2	5	bon/cad
Total Hip Replacement				
THR cemented	1	4	5	bon/cad
THR hybrid	1	4	5	bon/cad
THR surface replacement	1	2	5	
THR uncemented	1	4	5	bon/cad
Femur				
Endoprosthesis replacement for malignant bone tumour - femur	1	2	4	bon/cad
Femoral malunion correction or other deformity	0	2	4	bon/cad
Osteotomy corrective (not for DDH)	0	2	4	bon/cad

Applied Clinical Skills: Knee

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Knee				
Knee				
Acute arthroscopy for knee trauma	0	3	5	man
Application of spanning external fixator	0	2	5	bon
Intraarticular fracture distal femur ORIF	0	3	5	bon
Irrigation and debridement native joint for infection (open or arthroscopic) - knee	1	4	5	cad
Irrigation and debridement prosthesis for infection - knee	1	4	5	cad
Knee MUA +/- POP	2	5	5	PSP
Patella fracture				
Patella dislocation closed reduction +/- open repair	1	4	5	cad
Patella fracture ORIF	0	4	5	bon
Patellectomy	0	4	5	cad
Periprosthetic fracture of knee				
Open reduction and fixation of periprosthetic fracture - knee	0	2	5	bon/cad
Revision TKR for periprosthetic fracture of knee	0	3	5	bon/cad
Soft tissue repair				
Acute ligament repair	0	3	5	LT/C /cad
Patella tendon repair	0	4	5	LT/C /cad
Quadriceps tendon repair	0	4	5	LT/C /cad
Supracondylar fracture (not intraarticular)				
Supracondylar fracture (not intraarticular) DCS / blade plate etc	0	4	5	bon
Supracondylar femur fracture (not intraarticular) external fixation	0	4	5	bon
Supracondylar femur fracture (not intraarticular) Intramedullary fixation	0	4	5	bon
Supracondylar femur fracture (not intraarticular) MUA & POP	0	4	5	PSP

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Tibial plateau fracture				
Repair of tibial spine	0	3	5	bon
Tibial plateau fracture arthroscopically assisted fixation	0	2	5	cad
Tibial plateau fracture ORIF with plates & screws	0	4	5	bon
Tibial plateau fracture treatment with circular frame	0	2	4	bon
Tibia & Fibula				
Diaphyseal tibial fracture				
Diaphyseal tibial fracture external fixation (including frame)	1	3	5	bon
Diaphyseal tibial fracture intramedullary nailing	1	4	5	bon
Diaphyseal tibial fracture MUA & POP	1	5	5	PSP
Tibial shaft plating	0	3	5	cad
Fasciotomy for compartment syndrome	2	5	5	cad
Tibial non-union				
Tibial non-union circular frame management	0	2	3	eqi
Tibial non-union intramedullary nailing +/- bone grafting	0	2	3	bon
Tibial non-union ORIF +/- bone grafting	0	2	3	bon
Elective Knee				
Knee				
Arthroscopic partial meniscectomy	1	5	5	man/cad
Arthroscopic procedures				
Arthroscopic excision of Hoffa's fat pad	0	4	5	man/cad
Arthroscopic lateral release	0	4	5	man/cad
Arthroscopic meniscectomy	0	5	5	man/cad
Arthroscopic removal loose bodies knee	0	4	5	man/cad
Arthroscopic synovectomy	0	3	5	man/cad
Arthroscopy knee diagnostic	1	5	5	man/cad
Meniscal repair (arthroscopic)	0	3	5	man/cad
Aspiration / injection knee joint	2	5	5	man/cad
Below knee amputation	1	4	5	cad
Cartilage regeneration procedures				
Abrasion arthroplasty / microfracture - knee	0	2	5	man/cad
Mosaicplasty - knee	0	2	4	man/cad
Osteochondral allografting - knee	0	2	4	man/cad
Autologous chondrocyte implantation	0	2	5	man/cad
Knee arthroplasty				
Patella resurfacing alone	0	1	3	LT/C
Patello-femoral joint replacement	0	1	3	bon
TKR	1	4	5	bon/cad
Unicompartmental knee replacement	0	3	5	bon

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
MUA knee	2	4	5	PSP
Osteotomy distal femoral	0	2	4	bon/cad
Osteotomy proximal tibial	0	2	5	bon/cad
Patella realignment	0	3	5	bon/cad
Patella tendon decompression (open / arthroscopic)	0	3	5	cad
Release contracture knee	0	2	4	cad
Revision TKR				
1 stg of 2 stg rev infected TKR - removal of prosthesis +/- insertion of cement spacer / antibiotic beads	0	2	5	bon/cad
2 stg of 2 stg rev infected TKR - removal of spacer/beads	0	2	5	bon/cad
Revision TKR for periprosthetic fracture of knee	0	2	5	bon/cad
Single stage revision TKR	0	2	5	bon/cad
Soft tissue reconstruction				
ACL reconstruction - arthroscopic	0	2	5	man/cad
ACL reconstruction - open	0	2	5	man/cad
Reconstruction of posterolateral corner of knee	0	2	5	man/cad
PCL reconstruction	0	2	5	man/cad
Revision ACL reconstruction	0	1	5	man/cad
TKR	1	4	5	bon/cad
Tibia & Fibula				
Endoprosthetic replacement for malignant bone tumour - tibia	1	2	3	bon/cad
Tibia or fibula malunion correction or other deformity	0	2	4	bon/cad
Tibial lengthening	0	1	2	bon/cad

Applied Clinical Skills: Foot and Ankle

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Topic	CORE	ST3-ST8	SPECIALTY INTEREST	
Trauma Foot and Ankle				
Ankle				
Ankle fracture / dislocation				
Ankle fracture / dislocation MUA & POP	3	5	5	PSP
Ankle fracture / dislocation ORIF	3	5	5	bon/cad
Application of spanning external fixator	0	2	5	bon/cad
Irrigation and debridement native joint for infection - ankle	1	3	5	cad
Irrigation and debridement prosthesis for infection - ankle	0	2	5	cad
Pilon fracture				
Pilon fracture ex-fix	0	2	5	bon/cad
Pilon fracture ORIF	0	2	5	bon/cad
Pilon fracture treatment with circular frame	0	2	5	bon/cad
Foot				
Amputation toe / ray for trauma	0	3	5	cad
Calcaneal fracture				
Calcaneal fracture ex-fix	0	2	5	bon
Calcaneal fracture ORIF	0	2	5	cad
Metatarsal fracture ORIF	0	2	5	bon
Phalangeal fracture MUA +/- K wire +/- ORIF	1	3	5	bon
Removal foreign body from skin / subcutaneous tissue	2	5	5	LT/C
Talar subtalar or midtarsal fracture / dislocation				
Lisfranc fracture ORIF	0	3	5	bon
Midtarsal fracture / dislocation ORIF	0	3	5	bon
Subtalar fracture / dislocation ORIF	0	3	5	bon
Talar fracture / dislocation ORIF	0	3	5	bon
Talectomy	0	3	5	bon
Tarsometatarsal arthrodesis	0	2	5	bon

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	
Achilles tendon repair	1	4	5	cad
Tendon repair in foot	0	3	5	LT/C
Elective Foot and Ankle				
Ankle				
Arthrodesis ankle (open /arthroscopic)	0	2	5	bon/cad
Arthroplasty ankle	0	2	4	bon/cad
Arthroscopic procedures				
Arthrodesis ankle - arthroscopic	0	1	4	man/cad
Arthroscopy ankle diagnostic	0	2	5	man/cad
Arthroscopy ankle therapeutic	0	2	4	man/cad
Arthrotomy ankle	0	2	5	cad
Aspiration / injection ankle joint	0	3	5	man/cad
Ligament repair / reconstruction				
Ankle - lateral ligament reconstruction	0	2	5	cad
Ankle - lateral ligament repair	0	2	5	cad
Ankle - medial ligament repair	0	2	5	cad
Pantalar arthrodesis	0	2	5	cad
Tendon procedures				
Decompression tendons at ankle	0	2	5	cad
Gastrocnemius lengthening	0	2	4	cad
Tendo achilles reconstruction for neglected rupture	0	2	4	cad
Tendo-achilles lengthening	0	2	4	cad
Foot				
Akin osteotomy of proximal phalanx great toe	0	2	5	bon/cad
Amputation toe / ray	0	3	5	bon/cad
Ankle chielectomy	0	2	5	bon/cad
Arthrodesis procedures				
Ankle	0	2	5	bon/cad/ LT/C
Hindfoot	0	2	5	bon/cad/ LT/C
Midtarsal	0	2	5	bon/cad/ LT/C
Forefoot and toes	0	2	5	bon/cad/ LT/C
Aspiration / injection foot joint	0	3	5	bon/cad/ LT/C
Calcaneal osteotomy	0	2	5	bon/cad/ LT/C
Excision Haglund's deformity	0	2	5	bon/cad/ LT/C
Excision of accessory navicular	0	2	5	bon/cad/ LT/C
Excision of tarsal coalition	0	2	5	bon/cad/ LT/C
First metatarsal osteotomy				
First metatarsal osteotomy - basal	0	2	5	bon

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	
First metatarsal osteotomy - distal	0	3	5	bon/cad
First metatarsal osteotomy – other	0	3	5	bon/cad
First metatarsal osteotomy - Scarf	0	3	5	bon/cad
First MTPJ procedures				
First MTPJ arthrodesis	0	3	5	bon/cad
First MTPJ cheilectomy	0	3	5	bon/cad
First MTPJ excision arthroplasty	0	3	5	bon/cad
First MTPJ replacement arthroplasty (silastic or other)	0	2	4	bon/cad
First MTPJ soft tissue correction	0	3	5	bon/cad
Foot malunion correction or other deformity				
Forefoot arthroplasty (Mann Thompson / Stainsby / Other)	0	2	5	bon/cad
Ingrowing toenail operation	2	5	5	bon/cad
Lesser metatarsal osteotomy	0	2	5	bon/cad
Lesser toe excision part/all phalanx	0	3	5	bon/cad
MTPJ cheilectomy - not 1st	0	3	5	bon/cad
Soft tissue procedures				
Excision of Morton's neuroma	0	3	5	cad
Fifth toe soft tissue correction	0	3	5	cad
Lesser toe tenotomy	0	3	5	cad
Plantar fascia release	0	3	5	cad
Tendon decompression or repair	0	3	5	cad
Tendon transfer foot	0	3	5	cad
Tibialis posterior reconstruction	0	3	5	cad
Talectomy				
Talectomy	0	2	5	cad
Wedge tarsectomy				
Wedge tarsectomy	0	2	5	cad

Applied Clinical Skills: Children's Trauma and Orthopaedics

A trainee must be able to demonstrate their competence in the procedures below at the appropriately marked level and stage of training.

Competence Levels	
0 = No experience expected	3 = Can manage whole but may need assistance
1 = Has observed or knows of	4 = Able to manage without assistance including potential common complications
2 = Can manage with assistance	5 = Able to manage complex cases and their associated potential complications

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
Trauma Paediatrics				
Supracondylar elbow fracture				
Supracondylar elbow fracture MUA +/- percutaneous wires	1	4	5	PSP/bon
Supracondylar elbow fracture open reduction	0	3	5	bon
Forearm fractures				
Manipulation and POP forearm	1	5	5	PSP
Manipulation and K wire forearm	0	4	5	LT/C/bon
Titanium elastic nailing paediatric long bone	0	2	5	bon
Slipped upper femoral epiphysis				
Dunn procedure for slipped upper femoral epiphysis	0	2	5	bon/cad
Slipped upper femoral epiphysis percutaneous cannulated screw fixation	0	2	5	bon/cad
Drainage of septic arthritis of the hip	0	2	5	cad (adult)
Repair of avulsion of tibial eminence	0	2	5	bon
ORIF paediatric ankle fracture	0	4	5	bon
Obstetric brachial plexus injury: exploration / repair / grafting	0	1	2	cad (adult)
Elective Paediatrics				
Cerebral Palsy				
Adductor tenotomy - hip	0	2	5	cad (adult)
Botulinum toxin injection - musculoskeletal	0	2	5	LT/C
Hamstring lengthening	0	2	5	cad (adult)
Iliopsoas release / lengthening	0	2	5	cad (adult)
MTPJ arthrodesis	0	2	5	bon
Patella realignment	0	2	5	bon
Steindler's release	0	1	5	cad (adult)
Tendo-achilles lengthening	0	2	5	bon
Tendon transfer foot	0	1	5	cad (adult)
Tendon transfer not hand / foot	0	1	5	cad (adult)

Topic	CORE	ST3-ST8	SPECIALTY INTEREST	simulation
CTEV correction				
Arthrodesis for recurrence for CTEV	0	1	5	bon
Bony release for recurrence for CTEV	0	1	5	cad (adult)
CTEV correction	0	1	5	bon/cad
Ilizarov correction for CTEV	0	1	5	bon
Percutaneous tendo-achilles release for CTEV	0	2	5	cad (adult)
Posterior release for CTEV	0	1	5	cad (adult)
Postero-medial release for CTEV	0	1	5	cad (adult)
Soft tissue release for recurrence for CTEV	0	1	5	cad (adult)
Tibialis anterior transfer for CTEV	0	1	5	cad (adult)
DDH				
Application of hip spica	0	2	5	LT/C
Hip MUA	0	2	5	PSP
Open reduction for DDH	0	1	5	bon/cad
Osteotomy hip - pelvic for DDH	0	1	5	bon/cad
Osteotomy hip - proximal femoral for DDH	0	1	5	bon/cad
Distraction lengthening of bone upper limb	0	1	5	bon/cad
Excision of physeal bar (Langenskjold procedure)	0	1	5	bon/cad
Femoral lengthening	0	1	5	bon/cad
GA change of POP	0	3	5	bon/cad/equ
Repair of avulsion of tibial eminence (child)	0	2	5	bon/cad
Sternomastoid release (torticollis)	0	1	5	bon/cad
Tibial lengthening	0	1	5	bon/cad