**Logo, company name

Description automatically generated**

**TRAINING PROGRESSION CHECKLIST**

**(Each Trainee to complete before Annual ARCP & Interim Review)**

**COMPLETE AND SAVE TO ISCP UNDER “OTHER EVIDENCE” WELL IN ADVANCE OF YOUR ARCP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **NTN** |  |
| **GMC Number** |  | **Confirmed CCT Date** |  |
| **Date started ST3 training** |  | **Date Checklist Completed** |  |

**FRCS (Tr&Orth) Exam**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date FRCS 1 Passed |  | No attempts |  | Month / year planned |  |
| Date FRCS 2 Passed |  | No attempts |  | Month / year planned |  |

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| **Clinical Experience** |

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| --- | --- | --- | --- | --- |
| Please list all previous ARCP outcomes (add extra rows if needed): | | | | |
| Level | Outcome | Hospital | Specialty | AES / CS |
| ST3 |  |  |  |  |
| ST3 |  |  |  |
| ST4 |  |  |  |  |
| ST4 |  |  |  |
| ST5 |  |  |  |  |
| ST5 |  |  |  |
| ST6 |  |  |  |  |
| ST6 |  |  |  |
| ST7 |  |  |  |  |
| ST7 |  |  |  |
| ST8 |  |  |  |  |
| ST8 |  |  |  |

**Timetables**

Evidence of at least 3 sessions of theatre lists & 2 sessions of clinics per week (inc. fracture clinics)

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| --- | --- | --- | --- |
| Job | No sessions theatre | No sessions clinic | Date timetable uploaded to ISCP |
| ST3 |  |  |  |
| ST3 |  |  |  |
| ST4 |  |  |  |
| ST4 |  |  |  |
| ST5 |  |  |  |
| ST5 |  |  |  |
| ST6 |  |  |  |
| ST6 |  |  |  |
| ST7 |  |  |  |
| ST7 |  |  |  |
| ST8 |  |  |  |
| ST8 |  |  |  |

**WBAs completed**

*Minimum required per 6 month job are: PBA/DOPS (20), CBD (5), CEX (5)*

*CEXC – 1 for each indicative procedure, see list below*

*MSF – minimum of 1 per year, OOT – minimum of 1 per job*

*AOA – minimum of 1 per year*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | PBA | DOPS | CBD | CEX | CEXC | MSF | OOT | AOA | **TOTAL** |
| ST3 |  |  |  |  |  |  |  |  |  |
| ST4 |  |  |  |  |  |  |  |  |  |
| ST5 |  |  |  |  |  |  |  |  |  |
| ST6 |  |  |  |  |  |  |  |  |  |
| ST7 |  |  |  |  |  |  |  |  |  |
| ST8 |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**Critical Condition CBD / CEX**

Must have achieved level 4 for each of the critical conditions by CCT

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| --- | --- | --- | --- |
| **Condition** | **Assessor** | **Highest Level Achieved** | **Date Achieved** |
| Compartment syndrome (any site) |  |  |  |
| Neurovascular injuries (any site) |  |  |  |
| Cauda equina syndrome |  |  |  |
| Immediate assessment, care and referral of spinal trauma |  |  |  |
| Spinal infections |  |  |  |
| Complications of inflammatory spinal conditions |  |  |  |
| Metastatic spinal compression |  |  |  |
| The painful spine in the child |  |  |  |
| Physiological response to trauma |  |  |  |
| The painful hip in the child |  |  |  |
| Necrotising fasciitis |  |  |  |
| Diabetic foot |  |  |  |
| Primary and secondary musculo-skeletal malignancy |  |  |  |
| Major trauma resuscitation (CEX) |  |  |  |

**CEX FOR CONSENT**

Trainees should complete a CEX for Consent for all indicative procedures.

These need to be all at level 4 by CCT.

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure** | **Date** | **Level** | **Assessor** |
| Major joint arthroplasty |  |  |  |
| Osteotomy |  |  |  |
| Nerve decompression |  |  |  |
| Arthroscopy |  |  |  |
| Compression Hip Screw for Intertrochanteric Fracture NOF |  |  |  |
| Hemiarthroplasty for Intracapsular Fracture NOF |  |  |  |
| Application Limb External Fixator |  |  |  |
| Tendon Repair for trauma |  |  |  |
| Intramedullary nailing including elastic nailing for fracture or arthrodesis |  |  |  |
| Plate fixation for fracture or arthrodesis |  |  |  |
| Tension band wire for fracture or arthrodesis |  |  |  |
| K wire for fracture or arthrodesis |  |  |  |
| Children’s displaced supracondylar fracture |  |  |  |

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| **Operative Experience & Competence** |

**Logbook Numbers**

These have to be completed between ST3 and ST8.

* 1,800 cases in total by CCT, averages as 300 per year (A, STU, STS, T, P).
* 1,260 (70% of the 1,800) cases as first surgeon, averages as 210 per year (STU, STS, P).
* Multiple operations at the same sitting, in the same anatomical area, must not be unbundled (e.g. within the same foot).
* Bilateral cases may count as two operations.
* Injections in any site do not count as part of the indicative numbers.

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| --- | --- | --- | --- |
| Year | Total Number | Total Excluding Injections | Total as first surgeon |
| ST3 |  |  |  |
| ST4 |  |  |  |
| ST5 |  |  |  |
| ST6 |  |  |  |
| ST7 |  |  |  |
| ST8 |  |  |  |
| **TOTAL** |  |  |  |

**SAC Indicative Procedure Numbers**

These must be completed between ST3 and ST8

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| --- | --- | --- | --- |
| **Procedure / Competency** | **Acceptable / Unacceptable Cases** | **Number Required** | **Number Achieved** |
| Major joint arthroplasty | Total hip, knee, shoulder, ankle replacements | 80 |  |
| Osteotomy | 1st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal. NOT allowed are Akin, lesser toe and MT 2-5 osteotomies | 20 |  |
| Nerve decompression | Carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy | 20 |  |
| Arthroscopy | Knee, shoulder, ankle, hip, wrist, elbow | 50 |  |
| 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 | Any tendon for traumatic injury (includes quadriceps and patella tendon) | 10 |  |
| Intramedullary nailing including elastic nailing for fracture or arthrodesis | Femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis e.g. knee | 30 |  |
| Plate fixation for fracture or arthrodesis | Ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist | 40 |  |
| Tension band wire for fracture or arthrodesis | Patella, olecranon, ankle, wrist, hand | 5 |  |
| K wire fixation for fracture or arthrodesis | Wrist, hand, foot, paediatric | 20 |  |
| Children’s displaced supracondylar fracture | Displaced fracture treated by internal fixation or application of formal traction | 5 |  |

**Indicative Procedure PBAs**

* 3 x Level 4 PBAs in each specific operation group listed below by two or more trainers except for supracondylar fracture and application of external fixator by CCT.
* For supracondylar fracture and external fixator application, 1 x PBA level 4 in a non-simulated setting is acceptable.
* One PBA may be assessed in simulation with prior agreement of AES & TPD.

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| **Procedure** | **Date of level 4 PBA x 1** | **Assessor** | **Date of level 4 PBA x 2** | **Assessor** | **Date of level 4 PBA x 3** | **Assessor** |
| Major joint arthroplasty |  |  |  |  |  |  |
| Osteotomy |  |  |  |  |  |  |
| Nerve decompression |  |  |  |  |  |  |
| Arthroscopy |  |  |  |  |  |  |
| Compression Hip Screw for Intertrochanteric Fracture NOF |  |  |  |  |  |  |
| Hemiarthroplasty for Intracapsular Fracture NOF |  |  |  |  |  |  |
| Application Limb External Fixator |  |  |  |  |  |  |
| Tendon Repair for trauma |  |  |  |  |  |  |
| Intramedullary nailing including elastic nailing for fracture or arthrodesis |  |  |  |  |  |  |
| Plate fixation for fracture or arthrodesis |  |  |  |  |  |  |
| Tension band wire for fracture or arthrodesis |  |  |  |  |  |  |
| K wire for fracture or arthrodesis |  |  |  |  |  |  |
| Children’s displaced supracondylar fracture |  |  |  |  |  |  |

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| **Research** |

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| **Evidence** | **Yes** | **No** | **Date / details** |
| **All trainees must complete during training:** | | | |
| Good Clinical Practice course (GCP) within 3 years of certification |  |  |  |
| Research methods training or a research methodology course |  |  |  |
| Evidence of Journal Club (CBDs and reflection) |  |  |  |
| **Trainees must also complete two of the following:** | | | |
| Higher degree (MSC, MPhil, MD, PhD |  |  |  |
| 2 PubMed cited papers relevant to specialty (not case reports) |  |  |  |
| Minimum 2 presentations, national or international |  |  |  |
| Recruiting ≥5 patients into a REC approved study or ≥10 patients into a MCO study |  |  |  |
| **Advanced research evidence (May be used as alternatives to the requirements above):** | | | |
| Membership of a trainee research collaborative with either a committee role of ≥24 months or running a collaborative project on a steering group or as a local lead |  |  |  |
| Membership of an NIHR portfolio study management group. |  |  |  |
| Co-applicant on a clinical trial grant application to a major funding body. |  |  |  |

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| **Quality Improvement** |

Minimum of 1 audit per year, evidenced by an AOA

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| **Date of AOA** | **Title of Audit** |
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Minimum of 2 closed loop audits during training, evidenced by an AOA

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| **Date of AOA** | **Title of closed loop Audit** |
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| **Medical Education & Training** |

Trainees should provide evidence of their commitment to teaching by attending a ‘Train the Trainers’ course or equivalent

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| **Date of course** | **Awarding organisation** |
|  |  |

Trainees must complete at least 1 lecture / presentation / teaching session per job, evidenced by an OOT

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| --- | --- | --- | --- |
| **Date of OOT** | **Level** | **Assessor** | **Title of teaching & who delivered to** |
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| **Management & Leadership** |

Trainees must provide evidence of leadership and management by completing an appropriate course

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| **Date of course** | **Awarding organisation** |
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| **Additional Courses** |

ATLS (or ETC) – qualification must be current at time of CCT

ATLS Instructor. YES / NO

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| **Date of course** | **Awarding organisation** |
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Equality & Diversity

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| **Date of course** | **Awarding organisation** |
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| **Commitment to CPD** |

Trainees must provide evidence of commitment to CPD through attending courses / conferences and meetings throughout training.

**Courses**

|  |  |  |
| --- | --- | --- |
| **Date** | **Title** | **Venue / Organised by** |
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**Conferences**

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| **Date** | **Title** | **Venue / Organised by** |
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**Other Meetings**

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| **Date** | **Title** | **Venue / Organised by** |
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**Journal Club**

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| **Date** | **Title & Venue** | **How / where evidenced in Portfolio** |
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**This form will build as your training progresses to provide evidence of your development as a Trauma & Orthopaedic Surgeon and will ultimately provide the evidence required for your CCT.**