

A New Way Forward for Advanced Training Post (ATP) Fellowships

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Introduction

Over the past 20 years Trauma and Orthopaedic (T&O) Surgery has appreciated the additional value which our trainees gain from carrying out Advanced Training Post (ATP) Fellowships taken in years SpR 5 (StR7) and SpR6 (StR8). With the development of single centre training in the UK, these ATP Fellowships allow our trainees to see Orthopaedic Surgery carried out in another centre, often in different ways. As a consequence we, as a specialty, wish to retain these ATP Fellowships as part of our official training opportunities.

A number of changes are taking place in T&O training at present which require the SAC to look at such ATP Fellowships in more detail. There are 4 questions which have challenged us over the last 3 years:-

- a) Taking into account the reduced hours of training are ATP Fellowships still appropriate?
- b) If so should all trainees have a right to these ATP Fellowships?
- c) Are all ATP Fellowships equal?
- d) Are other Surgical Specialties re-evaluating their ATP Fellowship posts?

What is the Philosophy currently adopted by the T&O SAC

- a) The T&O SAC continues to support ATP Fellowships for a large number of T&O trainees.
- b) With the reduced training hours, the SAC in T&O has taken the view that only those trainees who have demonstrated adequate progress with their skills and knowledge in T&O such that they fall into the top 50% of trainees as evaluated by their ePortfolio surgical training exposure (eLogbook) and their Workplace Based Assessments (WBAs) (ePortfolio) should be considered for ATP Fellowships in future. Those in the bottom 50% might have to consider having their ATP Fellowship experience post CCT in the future.
- c) All ATP Fellowships are not equal and we have developed a method of evaluating future ATP Fellowships (vide infra) which we are proposing to the Joint Committee on Surgical Training (JCST) for general use within surgery.
- d) Discussion with other surgical specialties (Plastic surgery, General Surgery etc) has highlighted that they are also exploring ways of addressing ATP Fellowships in the future.

The Postgraduate Medical Education and Training Board (PMETB) approval of Training

The Postgraduate Medical Education and Training Board (PMETB) has recognised 3 different ways of recognising training outside the normal Surgical Training Programme:-

- a) Out Of Programme Training (OOPT) – time outside the formal programme recognised as part of training and included as part of the total time towards training
- b) Out Of Programme Experience (OOPE) – time outside the formal training programme recognised as experience but not recognised as training
- c) Out Of Programme Research (OOPR) – time outside the formal training programme recognised as part of training and included as part of the total time towards training

The Current T&O eLogbook Guidelines for recognising practical training in Surgery

The eLogbook for T&O became an essential requirement for T&O training in October 2003 the following rules were agreed. There were to be a number of categories of practical surgical training:-

A = Trainee was the Assistant during the operation

S-TS = Trainee was the surgeon for 70% or more of the operation supervised by Trainer Scrubbed

S-TU = Trainee was the surgeon for 100% of the operation supervised by Trainer unscrubbed

P = Trainee performed the operation personally with no in-theatre supervision

T = Trainee Trained or supervised a colleague who carried out the operation.

Later we added the category:-

O = Trainee Observed the operation being done.

For the Operations Performed by the Trainee we have used the equation:-

$$\text{Operations Performed (OP)} = \text{S-TS} + \text{S-TU} + \text{P}$$

The Trauma and Orthopaedic SAC Way Forward

The SAC in T&O would like to introduce three categories for those who choose to embark on ATP Fellowships. These Fellowships should be categorised into 3 distinct types:-

- a) **Gold ATP Fellowships** – These Fellowships provide high quality training in which the trainee gets an opportunity to train to a high advanced training level in T&O such that the trainee's knowledge and surgical skills are clearly developed and enhanced and will make a considerable contribution to their sub-specialty development
- b) **Silver ATP Fellowships** – These Fellowships provide good training in which the trainee gets an opportunity to train to a high advanced training level in T&O such that the trainee's knowledge are clearly developed and enhanced, their surgical skills are improved and this will make a contribution to their sub-specialty development
- c) **Bronze ATP Fellowships** – These Fellowships provide training in which the trainee gets an opportunity to be educated to an advanced training level in T&O such that the trainee's knowledge are clearly developed and enhanced, but their surgical skills may not necessarily be improved but their experience will make a contribution to their sub-specialty development.

How will these ATP Fellowships be evaluated?

Our ATP Fellowships will be evaluated by assessing the clinical and research contribution made by Trainers towards each of these Fellowship posts.

- a) **Gold ATP Fellowships** – Within the UK T&O trainees, during their whole training career, are provided with training opportunities for operating under supervision for over 50% of the operations which they attend. If an ATP Fellowship allows trainees with the same opportunities to operate – Operations Performed (OP) for over 50% of the operations that they attend then the ATP Fellowship should be recognised for 100% of the time that they occupy in the ATP Fellowship i.e. if they are appointed for 1 year they get 12 months recognised towards their training (or 12 months of OOPT recognition).
- b) **Silver ATP Fellowships** – If an ATP Fellowship allows trainees with the opportunity to operate – OP for over 30% of the operations that they attend then the ATP Fellowship should be recognised for 75% of the time that they occupy in the ATP Fellowship i.e. if they are appointed for 1 year they get 9 months recognised towards their training (or 9 months of OOPT recognition) + 3 months of OOPE recognition. However there will be an opportunity to “top up” their period of training if they carry out some high quality research (under the PMETB OOPR rules) – to be decided by the SAC after completion of the ATP Fellowship.

- c) **Bronze ATP Fellowships** – If an ATP Fellowship prevents the trainee from operating under supervision then the ATP Fellowship should be recognised for 50% of the time that they occupy in the ATP Fellowship i.e. if they are appointed for 1 year they get 6 months recognised towards their training (or 6 months of OOPT recognition) + 6 months of OPE recognition. However there will be an opportunity to “top up” their period of training if they carry out some high quality research (under the PMETB OOPR rules) – to be decided by the SAC on completion of the ATP Fellowship.

Why does the SAC in T&O wish to change the ATP Fellowships rules?


The SAC in T&O is aware that some of our current ATP Fellowships in T&O are weak with regard to training but they still clearly benefit the trainees who attend these ATP Fellowships.

- a) We are aware of a number of ATP Fellowships in Australia in which the Fellow has little opportunity to carry out surgery, but clearly the trainee is still gaining in the experience obtained from that Fellowship. Balanced against this are a number of excellent Fellowships in Canada and the US in which the trainees are part of the surgical team and do carry out many operations during that Fellowship.
- b) We wish to encourage those Trainers who take UK trainees to improve the practical surgical exposure which our trainees are provided with when they take up these ATP Fellowships.
- c) Within the UK and Ireland there are going to be an increasing number of opportunities for training in the non NHS (Public) sector and it is not always possible for surgeons to be the “Operating Surgeon” in this environment, and yet the trainee is often obtaining some very valuable experience. We need to use these opportunities in future and this scheme will capitalise on these opportunities.
- d) If these guidelines are adopted in future, they might then be applied to each UK & Irish training post in the future with potential improvements to training occurring as a result.

Conclusions

There are currently a number of problems with our ATP Fellowships in T&O, particularly those overseas. These new rules will introduce a level of clarity which has not previously existed. We believe that our T&O trainees will perceive these guidelines as being simple, easy for all parties to understand, and will encourage an improvement in ATP Fellowships in the future. In addition they are likely to have a knock-on effect on our current UK training posts if we adopted similar guidelines for these in the future.

We would also encourage other surgical specialties to develop similar transparent guidelines for their Gold, Silver and Bronze ATP Fellowships in the future.



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