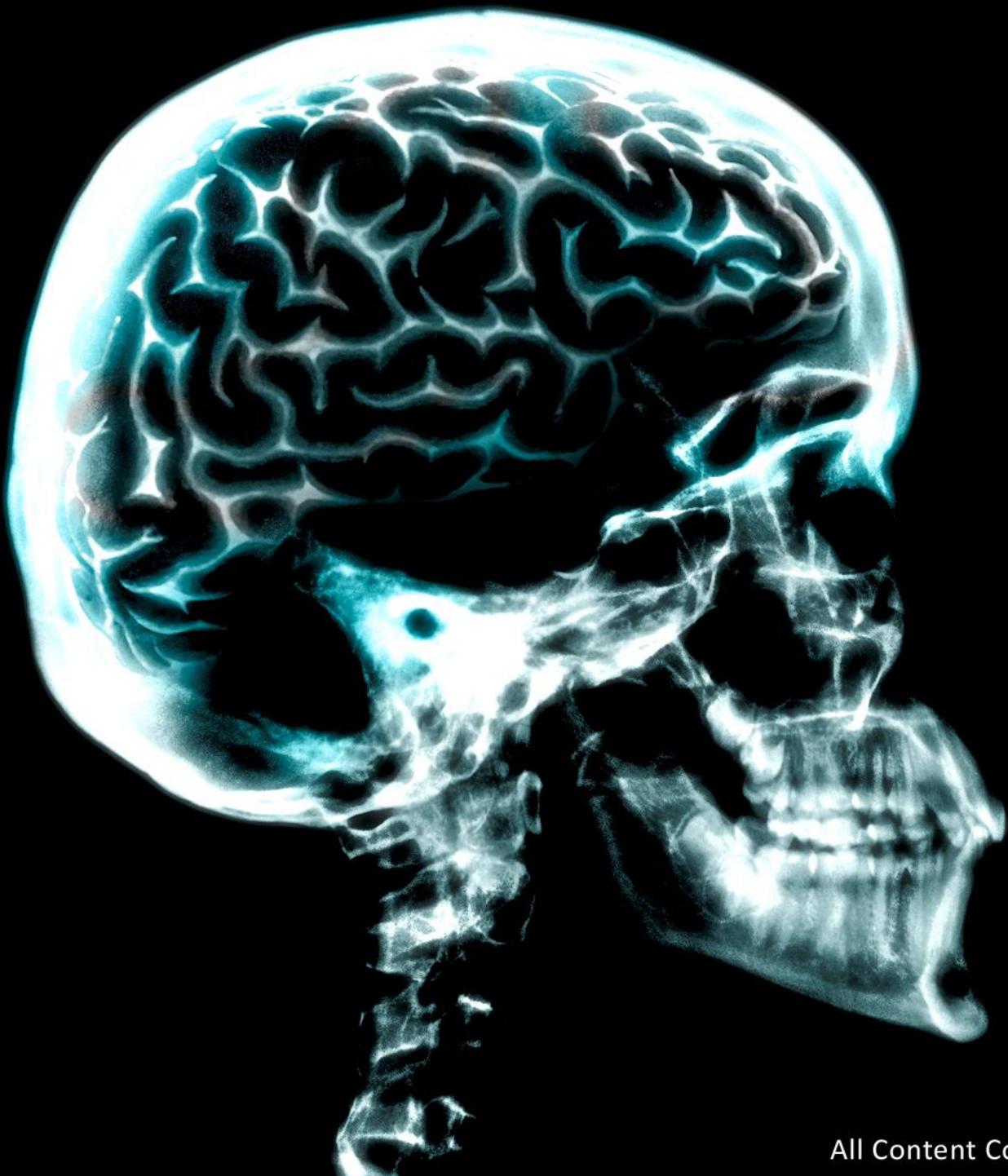


# BOA Training & Education Strategy



# The BOA Training and Education Strategy for 2013

## Background

The first BOA Training and Education Strategy document was published in 2012. It set out an action centred approach to development work across four community domains and eleven projects. A year later we have taken the opportunity to refresh the strategy in the light of work completed, and some new initiatives reflecting the ever changing dynamic of surgical training and education.

The BOA focuses its training and education resources on:

- Development of the T&O specialty training curriculum.
- Construction and delivery of an annual trainee instructional course, geared to a four year FRCS (Tr and Orth) cycle.
- Awards of fellowships and prizes.
- CESR courses for SAS surgeons aspiring to gain entry to the specialist register.
- Delivery of training the trainer and educational supervisor instructional courses.
- Delivery of MSK clinical assessment skills courses for those in Core Training.
- Revalidation of all T&O surgeons through our annual Congress with a series of clinical and other instructional content geared to a five year cycle.
- The development of our e-learning capability for both specialty training and broader revalidation purposes.

The full details of all these initiatives are set out in our website at <http://www.boa.ac.uk/TE/Pages/Strategy.aspx>.

## The need for continuing pace

The shape and diversity of the healthcare work force is evolving rapidly: all elements are doing more with less in order to contain NHS expenditure at a sustainable level. T&O in particular faces a unique set of challenges and the BOA has developed an action plan through which to address them: full details are contained in our Practice Strategy<sup>1</sup>.

Focused on high quality care for patients against the backdrop of a 15% and growing capacity gap in elective orthopaedics, the action plan highlights the need for better patient pathways, enhanced implant surveillance, strong partnerships between

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<sup>1</sup> Restoring your Mobility – the BOA Practice Strategy 2012



providers of acute care, multidisciplinary teams working seamlessly across the primary and secondary care divide, and clinical culture change within the T&O community.

All this needs to be instilled in surgeons from the outset of their careers, and the challenge for the BOA as a Surgical Specialty Association is to identify, recruit, educate and nurture the best talent from medical schools and throughout their formative and specialty training in order to create sufficient:

- High quality T&O capacity with surgical capability in depth to meet future demand.
- Future clinical academic capacity to sustain the UK's T&O research capability.  
The rationale for this is set out in the BOA Research Strategy<sup>2</sup>.

In addition, we need to:

- Care better for our patients throughout their treatment pathways by engaging effectively and productively with General Practitioners, Nurses and Allied Health Professionals with an interest in orthopaedics.

Accordingly we continue to broaden the scope of our training and education work.

This will be essential if we are to encompass more fully the needs of the T&O community and the wider musculoskeletal multi-disciplinary team.

### **Achieving this through an action centred, project based approach to Training and Education**

To achieve this we have identified four community domains and ten related projects to meet this aim:

#### **Community Domain 1**

Our first domain is potential future Orthopaedic Surgeons, including Undergraduate Medical Students, Foundation Years doctors and Core Trainees. We want to attract a pool of talent from these groups and ensure appropriate advice and training is available as they consider and commence specialty training. This will enable us to select the best surgeons to embark on a rigorous specialty training pipeline tailored to meet future demand (and appropriately balanced against other workforce planning factors). There are four projects in this domain:

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<sup>2</sup> Improving Mobility by Innovating and Developing Effective Treatments – the BOA Research Strategy 2012



### **Project 1 – FOSNet**

**Aim:** Revitalize an effective Orthopaedic Students Network (OSNet) under the new title FOSNet (Future Orthopaedic Surgeons Network).

Further scoping of existing provision and strategic areas for potential activity (see project 4) is required, but possible initiatives to consider would include:

- a) The creation of Podcasts for the BOA website with links to BOTA that explain to medical students the highlights of a career in Trauma and Orthopaedic surgery.
- b) Running an MSK bus/roadshow to bridge the current orthopaedic gap in medical school MSK curricula.
- c) Building and maintaining a database of medical school surgical societies to target for communications and/or meetings.

Throughout this project, engagement with Future Orthopaedic Surgeons<sup>3</sup> and BOTA will be important.

A dedicated member of the Education Committee will lead on this to elaborate and develop a clear approach to the tasks identified with the aim of having achieved outcomes by May 2013.

### **Project 2 – Coherent Training Journey**

**Aim:** Create a coherent training journey from Core Trainee to Specialty Trainee.

- a) The Training Standards Committee will map a viable pathway and allocate a specific lead.
- b) Potential innovations for examination include the introduction of a mentor or buddy system, and the possibility of collaboration with ARUK over Summer Studentships, acknowledging the inter-relationship here with implementation of the BOA Research Strategy.

### **Project 3 – BOA MRCS Training**

The first clinical examination course for CTs, which was successfully run at Congress 2012, will now be an enduring feature at the Annual Congress. As a result, Project 3 is now closed.

### **Project 4 – Career Intentions Project**

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<sup>3</sup> See <http://www.futureorthopaedicsurgeons.com/>



**Aim:** Analyse Foundation Years Doctors' and Core Trainees' career intentions to determine at what stage of their education/training people opt for a career in T&O and what factors influence their decision.

So far within this project, a survey has been designed and distributed to all BOTA members. We received 186 responses, with the vast majority of participants being in post at ST4+. Initial analysis suggests that there is no particular stage at which a commitment to a career within T&O is made. Future earnings potential was a main drive for their focus to the specialty and nearly all participants identified T&O as their ideal career choice. Next stages of this project would be

- a) Further analysis of the survey results and assessment of what these mean for our approach towards potential orthopaedic surgeons
- b) The analysed results of Project 4 will help to inform the development of FOSNet and our engagement with Future Orthopaedic Surgeons<sup>4</sup> (Project 1).

## **Community Domain 2**

This domain is for Pre-CCT trainees, for whom we want to provide even better support throughout specialty training. There are two projects in this domain:

### **Project 5 – Simulation**

**Aim:** To determine the scope, content and timelines of a deliverable simulation package to support the spectrum of pre CCT surgical training.

- a) The initial package of simulation was included in the 2012 Curriculum Review and submitted to the GMC via the JCST for approval. The GMC has posed further questions on simulation that will enable us to refine and enhance the simulation component of the T&O curriculum.
- b) The deadline for the completion of the enhanced simulation package is mid-January.

### **Project 6 – Communication of the Curriculum**

**Aim:** Create and implement a communication plan to improve awareness of the content and importance of T&O curriculum among trainees and trainers.

- a) Following the recent submission of the reviewed Curriculum the Training Standards Committee will disseminate a communication strategy, once GMC approval is received, in parallel with publication of the Curriculum.

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<sup>4</sup> See <http://www.futureorthopaedicsurgeons.com/>



## **Community Domain 3**

This domain comprises CCT holders not yet appointed to Consultant posts who are in urgent need of surgical employment to avoid skill fade; plus SAS surgeons and Consultants who will require educational support for revalidation purposes. There are three projects in this domain:

### **Project 7 – Post CCT Transitional Fellowships**

**Aim:** Create a pool of third party funded BOA post CCT transitional fellowships.

Following the success of the 2012 programme of Post CCT Fellowships, it is clear that a further round will be required in 2013.

This work is led by the Training Standards Committee, the application process has been initiated and will close in mid-December 2012. The requirement for further rounds in successive years will be determined in the light of the circumstances prevailing at the time.

### **Project 8 – Major Trauma Focus – New Project**

**Aim:** With the introduction of the trauma network and Major Trauma Centres it is timely for the BOA to introduce a revalidation instructional focus on major trauma as a key component of our educational offering.

In the first instance a concept document will be produced. This work will be led by the Trauma Group and supported by the Education Committee.

### **Project 9 – E-Learning Platform**

**Aim:** To produce a high-quality online learning resource for orthopaedics.

Led by the BOA Education Board, having developed the business case for a BOA e-learning platform, kick-started by the acquisition of an existing web based learning resource, this project will proceed as follows:

- a) Having now acquired the Orthoteers website content under licence, and in the process of conducting a similar acquisition of UKITE (UK and Ireland In-training Examination), and having agreed a suitably comprehensive editorial structure, the BOA is working on constructing a new e-learning platform.
- b) Initially this will meet the FRCS revision requirements of Specialty Trainees. The intention subsequently is to develop a revalidation tool for all surgeons as a BOA membership benefit, and eventually to roll out the capability as a public benefit for use by medical students and post graduate doctors in training.



## **Community Domain 4**

This domain encompasses the wider orthopaedic multidisciplinary team comprising General Practitioners with a Special Interest, Nurses and Allied Health Professionals. There is one initial outreach project in this domain:

### **Project 10 – Orthopaedics in Primary Care**

**Aim:** Identify opportunities to engage with and support the training of the wider orthopaedic multidisciplinary team, and ways to exploit these opportunities

- a) Engage with Clinical Commissioning Groups via the Royal College of GPs to ensure a coherent and consistent approach.
- b) Following initial engagement with the RCGP the BOA intends to introduce into its Annual Congress a session focussed on Primary Care.
- c) In addition we will explore the scope for a BOA symposium at the RCGP Annual Conference to develop further collaboration (NB RCGP dates in 2013 clash with Congress, 3-5 October).
- d) Develop the multi-disciplinary team, via engagement with the Chartered Society of Physiotherapists, and Society of Trauma and Orthopaedic Nurses through the Royal College of Nursing.

The project will be led by the TSC with oversight from the Education Board

The MindMap at Annex A sets out the projects and their leads in more detail.



## **Governance**

Stewardship and direction of our Training and Education Strategy resides with the Education Board, whose Chair is accountable to the BOA Council for effective implementation of the projects. Project management support is provided by the BOA staff.

## **Review**

The Training and Education Strategy is reviewed annually by the BOA Council at their December meeting. As existing projects are completed new ones will be identified – usually at an away day in the Autumn. Resources to support and fund this activity are taken into account in the BOA budget.



## Annex A

