ASSOCIATION OF ORTHOPAEDIC & TRAUMA SURGEONS OF MALTA

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Post-graduate Training programme in Orthopaedics & Trauma in Malta.

1. INTRODUCTION

The following guidelines are intended to give the views of the Association of Orthopaedic & Trauma Surgeons of Malta regarding the training of Trauma & Orthopaedic specialists in Malta. Due consideration being given to the unique circumstances prevailing in our medical profession over the past 30 years and to meet the future challenges. This program is modified from a previous proposal which was presented in 2003.

Terms of reference

To propose a programme of training and post-graduate education in Trauma & Orthopedic Surgery, for those in Specialist training in Malta. To offer post-graduate training in Trauma & Orthopaedic Surgery to Maltese, EU and non-EU citizens.

Objectives of the programme

This is to ensure that the training programme produces Trauma & Orthopaedic Surgeons of the highest quality and able to practice at the level of Specialist within the Health Service of Malta. At the completion of the programme, Maltese-trained specialists should be recognised within the European Union.

2. BASIC SURGICAL TRAINING

2.1 Basic Surgical training precedes Specialist training in Trauma & Orthopaedic Surgery.

This may begin at any time after registration, which normally follows two years of preregistration work experience. It is the opinion of the AOTSM that the current two years of pre-registration offer a good preparation for Basic Surgical training.

2.2 The aim of BST should be the preparation of the trainee for membership of the Royal Colleges of Surgeons and/or equivalent. The Colleges publish separate regulations for eligibility to the Collegiate Examinations in Surgery.

2.3 Training takes place in posts which are approved by the Royal Colleges of Surgeons

and requires a minimum of three years practical experience in different surgical specialties.

2.4 After three years the BST is eligible to sit for the membership collegiate examination of any of the four Colleges.

2.5 It is also proposed that during BST the trainees are encouraged to prepare for a postgraduate degree in order to promote research and prepare for a higher degree.

2.6 It is proposed that selection into different specialties should start at the end of the second year.

2.7 A mentor or tutor should be appointed to each BST at the beginning of their Basic Surgical Training.

3. SPECIALIST TRAINING IN TRAUMA AND ORTHOPAEDIC SURGERY

3.1 The Association of Orthopaedic & Trauma Surgeons of Malta will supervise the training of Trauma and Orthopaedics in Malta.

3.2 After obtaining a Specialist training post, the trainee will register with the AOTSM and after inspection of his curriculum vitae will be given a provisional date of accreditation. This date may need to be reviewed on recommendation of the head of training.

3.3 The duration of specialist training should be for a minimum period of six years. There will be an exit examination for which the trainee can sit during the fifth year of specialist training. The AOTSM will issue a certificate of accreditation to the trainee on completion of the full six years of specialist training and once they have fulfilled all the criteria, including passing the exit examination.

3.4 The training programme should ensure that the trainee is prepared to sit for either a local exit examination in Malta or the equivalent in the EU.

3.5 A minimum of three years of Specialist training are to be done in Malta. It is recommended that all Specialist trainees gain a minimum of two years experience in recognised training posts abroad.

3.6 The AOTSM may retrospectively recognise Specialist training in individual cases allowing a certain degree of flexibility. Not more than one year will be recognised retrospectively.

3.7 Accreditation of a maximum period of 12 months full time research will be given to the trainee. This approval should be given prospectively.

3.8 An annual assessment of each trainee should be carried out under the chairmanship of the head of training. A trainee will only be allowed to progress to the next year of training if they fulfil the criteria at the annual assessment.

3.9 At the end of the six year programme the AOTSM record will be completed and signed by the head of training. This depends on the successful completion of all the requirements.

3.10 Log book.

i. this offers a detailed record of the operative experience during training.

ii. It is recommended that the trainee utilises currently available electronic log books.

iii. The trainee is responsible for their log book and ensuring that it is signed by the trainer.

iv. The log book is presented at the annual assessment.

v. The log book is presented at the exit examination.

vi. The log book is presented at the time of accreditation.

vii. The log book is registered as required by the Data Protection Act.

3.11 On satisfactory completion of the training programme and exit examination, the AOTSM will recommend accreditation to the SAC.

4. GUIDELINES FOR THE CONTENT OF A SPECIALIST TRAINING PROGRAMME IN TRAUMA AND ORTHOPAEDIC SURGERY

4.1 Academic programme. This is the responsibility of the Head of Training. Each programme should have a regular cycle of formal teaching at the highest level. A session each week should be set aside for the formal teaching programme. The teaching should aim at preparing the Trainee for the exit examination as well as instruction in the art of Trauma and Orthopaedic Surgery.

4.2 Regular teaching is important. This can take the form of Teaching ward rounds, out-patient teaching or in clinical conferences.

4.3 Knowledge of the literature is part of the teaching and time should be set aside for journal clubs.

4.4 Multidisciplinary conferences are considered to be part of the teaching programme.

4.5 Facilities should be made available to the Trainer and Trainee in order to be able to carry out the teaching sessions. It is advisable to have a departmental teaching room and library. This should have computer facilities to allow research work and clinical audit. Access to the internet is important to allow quick access to clinical information.

4.6 Surgical training.

i. The log book gives a record of the operative experience.

ii. The programme gives a balance between operations performed by the trainee alone, those with assistance and those in which the trainee assists the trainer.iii. It is hoped that there will be at least two lists a week that are done and/or supervised by the trainer.

4.7 Clinical audit. This should be a compulsory requirement of training.

4.8. Research.

i. Every trainer and trainee is allowed one session a week for research/audit.

ii. A period of full-time research by the trainee is desirable. The maximum period of accreditation for research is 12 months.

iii. The necessary facilities for research should be made available for the trainer and trainee.

4.9. Recommended Courses

i. Year I and II – Basic Trauma Course

	Basic Arthroscopy Course
	Basic Arthroplasty Course
ii. Year III and IV -	Advanced Trauma Course
	Intermediate / Advanced Arthroscopy Course
	Preparatory Courses for the Exit Examination (Eg. Basic Sciences,
	Hand surgery, Paediatric Orthopaedics).
iii. Year V and VI	Advanced Subspeciality Courses (Eg. Revision Arthroplasty
	Course, Foot and Ankle, Spine)

5. THE HEAD OF TRAINING.

5.1 The Head of Training should be appointed after local consultation. A university post may be made available for such a position.

5.2 The Head of Training is responsible for the organisation, running and supervision of the training programme.

- 5.3 The Head of Training appoints the relevant trainers.
- 5.4 Arrange an annual assessment.
- 5.5 Supervise the enrolment of Specialist Trainees.
- 5.6 Sign the training certificate at completion of training.
- 5.7 Be responsible for the counselling of trainees as necessary.

6. A MODEL WORKING WEEK FOR A SPECIALIST TRAINEE.

Suggested working week: Ward rounds 2 sessions Clinics 2 sessions Research 1 session Operating lists 2 – 3 sessions Core teaching 1 session Teaching/administration/audit/other 1 session