



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



RCSI SURGICAL
AFFAIRS

COVID Era Post-CSCST Fellowships July 2021 Fellowship in Orthopaedic Spine Surgery

The Health Service Executive, in partnership with the Postgraduate Training Bodies, are establishing a number of Covid Era Post CSCST Fellowships to commence in July 2021 in key areas of need within the Health Service.

Applications for a COVID Era Post CSCST Fellow in Orthopaedic Spine Surgery are now open.

Details on Fellowship are outlined below

FELLOWSHIP DETAILS			
Fellowship Title:	Fellowship in Orthopaedic Spine Surgery		
Sub-Specialty area:	Spine Surgery'		
Duration of Fellowship: (it is expected that most fellowships will be of a 12-month duration, however Fellowship proposals up to 24 months will be considered if funding has been identified)	12 months		
Main training site:	National Spinal Injuries Unit, Mater Misericordiae University Hospital, Eccles St., Dublin 7		
Associated sites :	National Orthopaedic Hospital, Cappagh		
Category:			
Clinical Component:	Provision of operative and non-operative care for patients presenting with spinal pathologies including trauma, tumors, deformity and degenerative conditions.		
Non-Clinical Component:	Protected opportunities to engage in active research, teaching and quality improvement programs on site on the Mater campus in addition to UCD and RCSI		
Primary Clinical Lead	Associate Professor		
Surname:	Morris		
First:	Seamus		
Mobile telephone number:	086 8291 1776	Other telephone number:	086 108 1783
E-mail address:	smorris@mater.ie		
OTHER CONSULTANT TRAINERS WHO WILL TEACH OR SUPERVISE THE FELLOW (e.g. Assigned Supervisor)			
Title of Consultant Trainer 1:	Mr		
Surname:	Synnott		
First name:	Keith		

Title of Consultant Trainer 2	Mr
Surname:	Timlin
First name:	Marcus
E-mail address:	mtimlin@mater.ie
Title of Consultant Trainer 3	Prof
Surname:	Butler
First name:	Joseph
E-mail address:	josephsbutler@gmail.com
OTHE RELEVANT CONTACT DETAILS	
<p><u>Consultant Trainer 5</u> Mr Michael Dodds, Consultant Orthopaedic Surgeon, NSIU, Mater Misericordiae University Hospital, The Childrens University Hospital, Temple Street.</p> <p><u>Consultant Trainer 6</u> Ms Noelle Cassidy, Consultant Orthopaedic Surgeon, NSIU, Mater Misericordiae University Hospital, The Childrens University Hospital, Temple Street.</p>	

BACKGROUND AND RATIONALE FOR THE FELLOWSHIP POST

Please outline the rationale to the fellowship post, See Sections 1.7, 1.9, 2.2.1, 2.2.3 on the Criteria and Standards document.

Spine surgery was traditionally undertaken by all generalist orthopaedic surgeons. However, the increasing complexity and litigious nature of spine surgery has led to the current situation where spine surgery is now only undertaken by specialist spine surgeons. This has led to an overwhelming demand for access to spine surgery provided by a decreasing pool of adequately trained surgeons.

With an increasing population who are aging, demand for spinal procedures continues to increase. In addition, improved longevity in cancer patients and changes in treatment modalities since 2005 has led to a massive increase in the operative case load in relation to spinal metastatic disease.

Spine surgery is a recognised subspecialist area in orthopaedic surgery, mandating specialist training. Spine surgery requires a highly specific skill set to allow the diagnosis and surgical management of the wide range of conditions that can affect the spine. Spine surgeons are drawn from both orthopaedic and neurosurgical training programs with the specific skill set required for spine surgery lying at the interface between these two specialities. Patients may present with a broad range of conditions including degenerative, deformity, infective, traumatic, and neoplastic diagnoses. Thus, acquiring the requisite highly specialized skills demands specific training at fellowship level, beyond that offered by HST programs in orthopaedic or neurosurgical training. This training has traditionally been undertaken overseas. The National Spinal Injuries Unit (NSIU) / Mater Misericordiae University Hospital is accredited by JCST and the European Spine Society (Eurospine) as appropriate for fellowship training in spine surgery and is unique in the Irish context of having sufficient spinal case volume for training purposes. The unit hosts 1 - 2 international spinal courses per annum including cadaveric courses in the in-house cadaveric laboratory in the Pillar centre. The unit currently hosts a fellow in spine surgery, with training provided by six fellowship trained consultant spine surgeons. Access to the latest techniques in spine surgery is available, including spinal navigation and robotic surgery. An active academic and

research program is ongoing, with multiple training sessions and multidisciplinary meetings held weekly. Access to spine theatre is available 7 days a week.

AIMS, CURRICULUM AND LEARNING OUTCOMES

Please outline the aims, curriculum and learning outcomes of the fellowship, See Sections 1.2, 1.3, 1.4, 1.11, 1.12, 1.13, 2.2.5, and 2.4 on the Criteria and Standards document.

Aim: On completion of spine fellowship program at NSIU, the fellow will have attained competence allowing safe independent autonomous practice at the level of a consultant spine surgeon.

Curriculum & Learning Outcomes:

The curriculum encompasses all subspecialist areas of spine surgery including trauma, degenerative conditions, adult and paediatric deformity correction, primary and metastatic spinal oncology, infective cases, and spondyloarthropathies.

The fellow's progress will be evaluated according to the EPA framework (Entrustable Professional Activities). Satisfactory progress will be assessed by the fellow's satisfactory completion of key competencies (defined learning outcomes) which are further elaborated on in the following pages (pp 8 - 13 for learning outcomes). The fellow's competence in each subspecialist area will be evaluated in the delivery of care at every step throughout a patient's treatment pathway (see below).

Steps Evaluated in Delivery of Care

Establish a diagnosis

Develop a plan of care

Counsel patient on treatment options.

Multidisciplinary team discussions

Satisfactorily perform appropriate operative procedure

Assess patient's progress and prevent or manage complications

Participate in quality improvement activities

The framework allows the fellow to progress from high levels of supervision to more autonomous levels as they are deemed to have gained the necessary competencies in all aspects of spine surgery.

Assessment of Progress on Fellowship Expected Learning Outcomes

Trauma

EPA

Key competencies

Make a diagnosis

Examine the patient for a possible spinal cord injury and reexamine serially if a neurological deficit is found

Suspect a spinal injury in the unconscious polytrauma patient

Maintain spinal immobilization until spinal trauma is excluded

Arrange appropriate imaging

Recognize the radiographic features of instability and cord injury

Formulate a treatment plan

Classify the spinal injury

Use evidence-based decision-making for treatment of the spinal injury, including spinal cord injury management

Explain treatment options to patients

Describe the risks and benefits of surgical versus conservative management and consider the patient's preferences and expectations

Collaborate with MDTs

Be involved in rehabilitation planning

Perform appropriate procedures

Reduction/stabilization/decompression/fusion when indicated

Use safety protocols to protect the patient and team members

Preserve function at uninjured levels where possible

Manage or prevent complications

Postinjury, intraoperative, and postoperative

Participate in quality improvement

Perform surgical audit on outcomes and complications

Enroll patients in a trauma registry/database

Degeneration

EPA	Key competencies
Make a diagnosis	Analyze the patient history, comorbidities, disability, and quality of life
	Examine the patient, including neurological assessment, to exclude myelopathy/radiculopathy
	Select the appropriate diagnostic tests and exclude non-spinal conditions
	Measure and interpret spinal alignment and spinopelvic parameters
	Correlate clinical and imaging findings, distinguishing between aging changes and pathology
Formulate a treatment plan	Critically review the best available evidence when considering operative and nonoperative interventions
	Describe the bio-psycho-social model of pain and recognize the risks for chronification
Explain treatment options to patients	Consider the patient's preferences and expectations
	Recognize the indications for, and limitations of, surgical intervention
Collaborate with MDTs	Recognize the importance of a multidisciplinary approach in nonoperative treatment, including pain management
	Describe the importance of postoperative activity and rehabilitation
Perform appropriate procedures	Reduction/stabilization/decompression/fusion when indicated
	Use safety protocols to protect the patient and team members
	Describe the biological agents and other techniques available to increase fusion rate
Manage or prevent complications	Intraoperative and postoperative
Participate in quality improvement	Use validated outcome measures to assess effectiveness of interventions
	Enroll patients in a surgical registry/database

Adult deformity

EPA	Key competencies
Make a diagnosis	Analyze the patient history, comorbidities, disability, and quality of life
	Examine the patient for spinal imbalance and neurological deficit
	Order appropriate imaging, including bone density
	Measure and interpret spinal alignment and spinopelvic parameters
	Describe the classifications of adult deformities
Formulate a treatment plan	Critically review the best available evidence to support surgical intervention
	Assess the need for medical optimization of the patient before surgery, including osteoporosis treatment
	Plan for augmentation of instrumentation and dealing with the proximal junction
	Discriminate between deformity with and without stenosis and the different management required
Explain treatment options to patients	Discuss with patients the risks and benefits of surgery compared with conservative treatment
	Consider the patient's preferences and expectations
Collaborate with MDTs	Involve medical colleagues in preoperative optimization and postoperative care
Perform appropriate procedures	Address spinal balance and consider osteotomies, stabilization, augmentation, distal fixation, proximal junction, posterior and/or anterior fusion
	Use safety protocols to protect the patient and team members
Manage or prevent complications	Be prepared for the challenges of revision surgery
Participate in quality improvement	Use validated outcome measures to assess effectiveness of interventions
	Enroll patients in a surgical registry/database

Pediatric deformity

EPA

Key competencies

Make a diagnosis	Analyze the patient history and understand the conditions associated with spinal deformity
	Examine the patient with spinal deformity, including neurology, abdominal reflexes, and syndromic features
	Order and interpret appropriate imaging to assess spinal alignment
	Describe the classifications of pediatric deformities: scoliosis, kyphosis, spondylolisthesis
Formulate a treatment plan	Critically review the best available evidence to support surgical intervention for severe or progressive deformity
	Monitor mild to moderate deformities and identify factors that indicate the possibility of progression
	Understand the natural history of untreated deformity and future disability
Explain treatment options to patients	Discuss with patients/parents the risks and benefits of surgery compared with conservative treatment
	Consider the patient's/parents' concerns and expectations
Collaborate with MDTs	Involve medical colleagues in preoperative assessment and postoperative care
Perform appropriate procedures	Consider the need for reduction, osteotomies, instrumentation, distal fixation, posterior and/or anterior fusion
	Use safety protocols to protect the patient and team members
Manage or prevent complications	Monitor spinal cord function intraoperatively
	Identify postoperative complications early and treat promptly
Participate in quality improvement	Use validated outcome measures to monitor safety and quality
	Enroll patients in a surgical registry/database

Oncology

EPA

Key competencies

Make a diagnosis	Clinically assess and stage patients with spinal neoplasm
	Classify spinal column neoplasms
	Describe the pathology of tumors of the spinal column and spinal cord
	List diagnostic imaging appropriate for tumors of the spine
	Describe mechanical instability as it relates to spinal column tumors
Formulate a treatment plan	Establish a diagnosis based on histological verification (biopsy)
	Critically review the evidence supporting surgical versus nonsurgical treatment of spinal tumors
	For primary tumors, discuss the balance between cure and morbidity
Explain treatment options to patients	For metastatic tumors, discuss the balance between prognosis and quality of life
	List the options for radiotherapy and chemotherapy for primary and secondary tumors
	Discuss with patients and family the surgical and nonsurgical options in view of expected prognosis, risks, outcomes, and quality of life
Collaborate with MDTs	Review the unique considerations in the management of pediatric spinal column tumors
	Discuss the importance of a multidisciplinary team approach to the management of spinal column tumors
Perform appropriate procedures	Discuss the surgical principles of resection of primary vertebral tumors
	Describe the principles of surgical tumor resection for metastatic tumors
	Review the role of minimally invasive surgical techniques/separation surgery for treatment of spinal metastases
	Discuss reconstruction options for resected spinal tumors
	Use safety protocols to protect the patient and team members
Manage or prevent complications and review patient progress	Recognize the increased risk of wound problems in patients with debility, prior surgery, or radiation
	Anticipate intraoperative complications
	Recognize recurrent disease postoperatively
Participate in quality improvement	Use validated outcome measures to monitor safety and quality
	Enroll patients in a tumor registry/database

Infection

EPA

Key competencies

Make a diagnosis

Describe the clinical features of and differences between pyogenic spondylodiscitis, epidural abscess, and spinal tuberculosis

Describe the general risk factors for spine infections

Order and interpret hematological, microbiological, and imaging tests to confirm spinal infection

Isolate and identify the causative organism by aspiration or biopsy, if possible

Formulate a treatment plan

Identify preoperative risk factors for developing surgical-site infections after spine surgery and discuss the preventive strategies to minimize risks

Consider surgical intervention for neurological compression, spinal instability, and debridement

Explain treatment options to patients

Discuss with patients the indications for surgical intervention in spinal infection and the potential risks and benefits

Collaborate with MDTs

Collaborate with the infectious diseases team to prescribe appropriate antimicrobial therapy according to the sensitivities of the isolated organism and evidence-based guidelines

Perform appropriate procedures

Debridement, decompression, reconstruction, fusion

Use safety protocols to protect the patient and team members

Describe the place of instrumentation in spinal infection

Manage or prevent complications and review patient progress and outcomes

Manage post-infective complications, including deformity, loss of fixation, pseudarthrosis

Emphasize and review patient compliance with frequency and duration of treatment

Perform regular clinical and hematological review until resolution of the infection

Participate in quality improvement

Regularly review the incidence and outcomes of spinal infections in the local healthcare setting

UNIQUE LEARNING OPPORTUNITIES

Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (marks):

It is recognised that the priority for the fellow is to gain competence in spine surgery. The spine fellowship in NSIU is unique in that clinical work is solely focused on spinal patients with the full breadth of spinal pathology covered. The unit offers secondary, tertiary and quaternary spinal care, acting as the national centre for emergent and elective spinal conditions. Training is offered by six highly experienced fellowship-trained spinal surgeons. The fellowship includes clinical access to dedicated spinal outpatient clinics one day a week, in addition to the opportunity to attend theatre three days a week and a protected research / reading day. In the outpatient department the fellow will gain competence in the assessment and non-operative care of secondary and tertiary referral patients, including the use of braces and the application of neofrakt jackets. The fellow will gain competence in the complex care required by spinal patients at ward level, including exposure to weaning protocols from ventilators on the 9 bedded spinal HDU, which is staffed by highly experienced nursing staff and a dedicated PA and consultant rehabilitation physician. Experience in more complex management issues will be gained in the 20 bed ICU. Further competence in the clinical management of these patients will be gained through attendance at weekly MDTs with physiotherapy, occupational therapy, anaesthesia, rehabilitation medicine and social work. Theatre access occurs seven days a week with the full gamut of spinal approaches being undertaken, including trans- and retroperitoneal, presacral, retrosternal, transthoracic and anterior cervical, in addition to posterior approaches from occiput to pelvis. Procedures range from intermediate procedures such as discectomies and lumbar decompressions, through spinal instrumentation from occiput to pelvis, anterior and posterior, using both free hand and intra-operative navigation techniques. Complex procedures are regularly undertaken such as multiplanar spinal osteotomies for deformity correction and en bloc resection for primary tumours. The complexity of the caseload is unique to NSIU in the Irish context.

DETAILS OF THE CLINICAL COMPONENT

Please provide full details of the clinical components of this post. See Section 1.4 on the Criteria and Standards document.

Weekly Schedule

Monday: Out patient clinic (8 hours: 2 sessions)
Tuesday: Operating theatre (8 hours: 2 sessions)
Wednesday: Operating theatre (8 hours: 2 sessions)
Thursday: Out patient clinic (1 session: 4 hours) Protected Research Time (1 session: 4 hours)
Friday Operating theatre (8 hours: 2 sessions)

Rotations

July - Oct: Dodds / Cassidy

Specialist Interests: Paediatric Deformity / Adult Trauma / Adult General Spine- Emergent & Elective

Oct - Jan: Morris / Synnott:

Specialist Interests: Adult Deformity / Trauma / Adult Spinal Oncology / MIS Spine /Adult General Spine- Emergent & Elective

Feb- Jun.: Timlin / Butler

Specialist Interests: Cervical Spine / Robotic Spinal Surgery / MIS Spine /Adult General Spine- Emergent & Elective

The fellow will gain increasing competence, with their clinical activities being adjusted to reflect this over the course of the rotation, working towards clinical autonomy in their practice in theatre, OPD and the wards as they gain experience.

INDICATIVE CASE NUMBERS TO BE COMPLETED DURING THE FELLOWSHIP

Typ

PROCEDURE NAME	No. As Primary Operator	No. As Secondary Operator
Degenerative spinal conditions (average annual caseload 180)		
<u>Microdiscectomy</u>	8	11
Laminectomy incl decompression of cauda equina	9	22
<u>Nerve decompression</u>	8	12
Decompression & instrumentation lumbar	8	15
Decompression & instrumentation cervical	9	18
Primary Tumours Metastatic Spinal Tumours (average annual caseload 74)		
<u>Posterior decompression and instrumentation</u>	8	12
<u>Anterior Decompression & instrumentation</u>	1	6
<u>Combined approach</u>	5	11
<u>En bloc tumour resection</u>	1	5
Inflammatory (average Caseload 28)		
Osteomyelitis / Discitis - decompression / debridement & stabilisation	5	5
Infected dmetalwork	2	3
Trauma / Injury (average caseload 180)		
Anterior Cervical Discectomy & Fusion	15	12
Posterior Cervical fusion	12	9
Cervical corpectomy	3	6
Combined anterior / posterior cervical fixation	4	10
Thoracic Fixation	21	17
Occipitocervical fixation	3	6
Odontoid screws		2
Lumbosacral fixation	1	4
Deformity (average caseoload 31)		
extension of instrumentaion for adjacent segment degeneration		
Single level osteotomy	5	
Multilevel osteotomies & fixation	2	6
Vertebral column resection		2
Pedicle subtraction osteotomies		2
Scoliosis correction	2	10

ASSESSMENT

Please include details of the assessment framework and methods that will be used to assess the fellow's satisfactory performance in training, including how this will be recorded and fed back to the fellow.

Initial appointment to the post will be by competitive interview. It is anticipated that the successful applicant will have completed HST in trauma and orthopaedic surgery or neurosurgery. Satisfactory progress on the fellowship program will be assessed according to the EPA framework previously outlined. All fellowship trainers are permanent appointments whose practice is dedicated to spinal surgery, being accredited trainers in trauma and orthopaedic surgery.

On commencement, an entry interview will be undertaken with the fellow, with further assessments at 2 monthly intervals to assess the fellow's progress. The fellow's progress will be documented and updates on the fellow's progress outlined to the fellow at each 2 monthly meeting. The focus in training will be to progress the fellow's skills and facilitate satisfactory progress by the fellow.

In the event that the fellow's progress is unsatisfactory in one or multiple dimensions of their practice, targeted training will be undertaken with a named trainer, with formal follow up at monthly intervals. Clear documentation of such meetings will be maintained with outcomes communicated at all times to the fellow.

AUDIT & QUALITY IMPROVEMENT OPPORTUNITIES

Please outline any quality improvement opportunities that will be available to the fellow when undertaking the fellowship. (marks)

It is anticipated that the fellow will complete at least one quality improvement project during their tenure. Weekly morbidity and mortality meetings are held in addition to 6 monthly reviews. As part of their project the fellow will have the opportunity to complete a lean six sigma training program, with training provided by the in-house lean training program. In addition, working with the Mater Hospital innovation office, the fellow will be expected to identify an area in which they wish to pursue a quality improvement project, identify barriers to progress and implement solutions. Mentoring will be provided by the fellowship director and the hospital innovation office. Previous successful projects include implementation of electronic referral pathways from secondary and tertiary centres to the NSIU, automation of data collection, implementation of streamlined intra-team communications, and implementation of clinical governance.

Weekly and six-monthly audits and morbidity and mortality meetings will be coordinated by the fellow.

TEACHING COMMITMENTS

See Section 2.1.3 on the Criteria and Standards document.

It is anticipated that the fellow will have successfully completed a HST program in orthopaedic or neurosurgery prior to embarking on the fellowship position. On their appointment the fellow will support and coordinate teaching related to spinal conditions in consultation with the consultant spinal trainer. There will be a specific trainer responsible for the fellow's activities during each 4 month rotation and teaching activities will be discussed prior to commencement on the rotation in addition to the half way point.

As the fellow progresses to acquire more advanced clinical skill sets, they will play a role in the clinical supervision and training of more junior colleagues at SpR and SHO level in caring for patients throughout the clinical pathway including operative cases, commensurate with activities they will undertake as a consultant. The fellow's clinical teaching activities will continue to be monitored by their trainer.

Specific teaching responsibilities of the spine fellow on a weekly basis will include coordination of Spinal Journal Club (Tuesday), Multidisciplinary Spinal Oncology Meeting (Wednesday), Spinal Clinical Teaching (Thursday). These activities will include reviews of current relevant literature and case presentations to facilitate the application of evidence-based medicine. The fellow will be responsible for coordinating an annual in-house cadaveric laboratory to facilitate teaching of spinal approaches and complex procedures such as spondylectomy. The fellow will be expected to deliver tutorials to medical students once a month.

PROPOSED RESEARCH PROJECT

See Section 1.5 and 2.1.3, on the Criteria and Standards document.(marks)

A well-established research group exists in the NSIU headed up by Prof Butler, and staffed by Dr Grainne Cunniffe as the Spinal Research Coordinator. A diverse program of research is ongoing, including basic science and clinical research projects. Close ongoing links exist between NSIU and RCSI, UCD, NCAD and TCD in addition to international collaborations with the Rothman Institute at Thomas Jefferson University (Philadelphia, USA) and the Royal National Orthopaedic Hospital (Stanmore, UK)..

Current areas of research include basic science research in bone and intervertebral disc regeneration, and medical device innovation and design. In addition ongoing clinical themes being examined include advanced intra-operative spinal navigation, robotic assisted spine surgery, artificial intelligence and augmented/mixed reality. Data analysis of clinical outcomes in patients presenting with spinal metastases and traumatic spinal injuries are a key area of interest of the NSIU research group. Monthly research meetings are attended by all members of the research team to present their progress in the previous month.

All research projects are approved by the ethics committee at the Mater Hospital. There are >25 publications from the NSIU research group every year with regular presentations at national and international meetings. On their appointment and prior to their commencement the fellow's research interests and goals will be discussed to tailor their research to their areas of interest as much as possible.

It is anticipated that the fellow will complete at least one first author publication during their fellowship, in addition to supporting the research work of other members of the research team.

AVAILABLE INFRASTRUCTURE AND SUPPORT SERVICES

See Section 2.1.3, 2.1.7, 2.3.1 on the Criteria and Standards document.

Clinical

Dedicated Spinal Operating Theatre with 7 day cover
Intra-operative Medtronic O arm / Stealth Spinal Navigation
Dedicated 9 bed spinal HDU with highly specialised cadre of spinal nursing staff
20 bed orthopaedic ward
Dedicated spinal OPD with highly specialised nursing staff
Cross specialty cases routinely undertaken with cardiothoracic, vascular and plastic surgery

Research

National Spinal Referral Centre with Electronic Referral Portal
Spinal database: 16 year follow up
PhD trained spinal research lead
Access to in house cadaveric lab / cadaveric training
Support for attendance at 1 overseas meeting
Close links with UCD, RCSI, TCD including bioengineering and tissue engineering

Education

Training provided by 6 fellowship trained spinal consultants
Caseload >500 cases per annum
In house cadaveric laboratory facilitating advanced training
24/7 access to online publications / textbooks, 24/7 accessibility to office space

OUTLINE HOW THIS POST CSCST Fellowship would provide a quality experience, protected training time & less focus on service delivery commitment (marks)

The fellowship post in NSIU offers a unique opportunity for the successful candidate to gain clinical exposure to a large number of spinal cases, with substantial mentoring from consultant trainers and protected research / reading time. Over a thousand emergency spinal referrals are received annually, in addition to substantial outpatient clinical exposure. The fellow will be mentored in both arenas, facilitating development of mature clinical decision-making, requisite to the successful practice of spine surgery. The fellow will have the opportunity to attend spine theatre 3 - 4 days a week, working under the direct supervision of a scrubbed spinal consultant, with approx 500 cases undertaken annually in the unit, thus facilitating exposure to the full gamut of spinal conditions, instrumentation, and surgical techniques used.

A dedicated protected research / reading half day is provided for the fellow facilitating development of their academic / research interests. Substantial research supports are in place including a well-developed research group with a full time PhD trained research coordinator. In house lean six sigma training is available to develop the fellow's ability to pursue quality improvement projects. discussions,

Weekly clinical training opportunities include:

Monday: X ray conference (30 minutes)

Monday: Multidisciplinary meeting (30 minutes)

Tuesday: Journal Club (60 minutes)

Wednesday: Spinal Multidisciplinary Oncology Conference (60 minutes)

Thursday: Clinical Spinal Tutorial (30 minutes)

Monthly: Complex spinal meeting (60 minutes)

EVALUATION AND FEEDBACK

How do you plan to provide relevant feedback and evaluation of the Fellowship Post to the College?

The fellow will be initially assessed with an entry interview with further follow up undertaken at two monthly intervals. Clinical progress will be assessed by consultant trainers using the EPA framework with contemporaneous feedback to the fellow following each meeting. The fellow will be expected to maintain a logbook of their surgical caseload in addition to completing a minimum of 20 WBAs.

Please note the application form will also be used by RCSI to assist in the accreditation of the post and therefore we may request additional information if required for this purpose.

Signature of the Clinical Lead/Assigned Supervisor (electronic signature is acceptable)

James Morris

Inflammatory spondyloarthropathy



EPA

Key competencies

Make a diagnosis	Assess the patient history, physical findings, disability, and quality of life
	Describe the classification of inflammatory spondyloarthropathy
	List diagnostic tests and imaging modalities
	Recognize the radiographic features of spinal instability or ankylosis
Formulate a treatment plan	Describe the principles of medical management of inflammatory arthritis
	List indications for surgical intervention in spondyloarthropathy
	Describe surgical strategies in ankylosing spondylitis for kyphosis correction, fracture fixation
	Describe surgical strategies in rheumatoid arthritis for occipitocervical decompression/stabilization
Explain treatment options to patients	Discuss with patients the indications for surgical intervention in spondyloarthropathy and the potential risks and benefits
	Consider the patient's preferences and expectations
Collaborate with MDTs	Involve rheumatology colleagues in preoperative optimization and postoperative care
Perform appropriate procedures	Reduction/stabilization/decompression/osteotomies/fusion
	Use safety protocols to protect the patient and team members
	Preserve function at unaffected levels where possible
Manage or prevent complications	Intraoperative and postoperative
Participate in quality improvement	Perform surgical audit on outcomes and complications
	Enroll patients in a registry/database