Training

Regional orthopaedic courses – rationale and practice

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Background: The intensity and length of higher surgical training has changed, and with this the need for a more formalised training programme has been recognised. With limited budgets for training and the high cost of national training days, it was proposed that within the Wessex Deanery regional courses should be run to complement the existing weekly training session.

Methods: In 1998, a questionnaire was sent to all the orthopaedic consultants and specialist registrars within the region to identify the training requirements of the specialist registrars and the availability of consultants to organise and teach during these training courses.

Results: A regionally published report based on the questionnaire's findings identified these training requirements as indicated by both the specialist registrars and the consultants. This information has been used to organise eight 1-day training courses using the expertise of consultants within the region with more planned in the near future.

Conclusions: Four years following this report, we identified the training requirements within the Wessex region and have successfully run regional courses to meet this requirement.

Key words: Regional orthopaedic courses – Formalised training

Since the implementation of the Calman report¹ in 1993 and with the reduced working hours as implemented by the New Deal,² surgical training time has been markedly reduced by up to two-thirds of the level a decade ago.³ These training hours may be further decreased as we move towards a European-based working pattern. There has subsequently been an emphasis on a more structured training programme to enhance surgical training.^{4,5}

Orthopaedic specialist registrars within the Wessex Region at present have a weekly half-day teaching session on Friday afternoons. The annual study budget for a trainee within the region is £800, to cover course fees and attendance at meetings. With the high cost of national courses and attending meetings, trainees are very limited as to the number of courses and meetings that they can attend.

A report was commissioned to identify the training

requirements of the registrars as perceived by the consultants and registrars within the Wessex region. We wished to know if there was a need for locally run courses and, if so, in which areas should our efforts be directed. We also wished to identify if there was sufficient consultant enthusiasm to run these courses within the region.

Methods

The senior author (NPT), in his capacity as regional course advisor, compiled a questionnaire that was then sent to all of the registrars and consultants within the region inviting their views on the proposed course. Separate postal questionnaires on regional training courses were sent to all the region's registrars (Table 1) and consultants (Table 2).

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Table 1 Questionnaire sent to all registrars

1. Do you think there is need for regional courses?	Yes/No
2. If Yes, when should these take place?	
a. During the working week	
b. Fridays within the normal postgraduate term time	
c. Weekend or public holiday	
3. If Yes, how frequently should the courses take place?	
a. One course a year	
b. Two courses per year	
c. Four courses per year	
4. List the courses that you feel would be beneficial if convened on a regional basis	

Table 2 Questionnaire sent to all consultants

1. Please list any course you would like to convene
2. Please list any course on which you would be prepared to be on the faculty
3. List topics that you feel would make useful regional courses

Trainees were asked if they felt regionally run courses would be beneficial to training. If they felt they were of use, they were invited to comment on the format and frequency of the proposed courses, as well as listing the topics that they felt were most relevant to the proposed format.

Consultants were asked if they wished to convene a specified course or be part of the faculty on named courses. They were also invited to list the courses that they felt would benefit the registrars' training.

The completed questionnaires were returned to the regional course advisor. The information within the questionnaire was analysed by the authors and used to compile a report on regional courses. The report determined if there was a need for these courses and, if so, which courses were required. Once courses were identified, it had to be determined if there was sufficient regional expertise to run the necessary courses.

The completed report was presented at the Wessex Deanery Orthopaedic Surgery Speciality Committee meeting and was subsequently distributed to all the consultants and registrars within the region. The report became the working framework for the proposed teaching courses.

The information within the report was used to identify consultants within the region who were able to convene the required courses. CME was applied for from the British Orthopaedic Association. Course evaluation forms were provided to all of the trainees following each course and verbal feedback was invited. The progress and evaluation of courses was considered at the Wessex Deanery Orthopaedic Surgery Speciality Committee meetings prior to planning the subsequent course.

Results

At the time of the questionnaire, there were 43 registrars within the region and 53 consultants. Of these, 23 (53%) of the specialist registrars returned the questionnaires and 35 (67%) of the consultants.

Of the 23 registrars who returned their questionnaires, all felt that there was a need for regional courses; 14 (60%) felt that the courses could be held during the week, while 17 (74%) felt they could be held on Fridays attached to the regular teaching sessions. Only 6 (23%) wanted the courses on weekends or public holidays. Fourteen (60%) of registrars felt that the courses should happen twice a year as opposed to 3 (13%) who felt it should be once a year and 6 (26%) who wanted the course four times a year. The trainees expressed interest in 27 different courses. The 10 most frequently proposed courses, as identified by the specialist registrars are illustrated in Figure 1.

Figure 1 The ten most popular courses as identified by registrars.

Figure 2 The ten most popular courses that consultants wished to convene or be on the faculty.

Table 3 Wessex regional 1-day courses for specialist registrars

1.	Basic Knee Arthroscopy, Basingstoke/RCS (Spring 1998)
2.	Hip Arthroplasty, Portsmouth (Spring 1999)
3.	Knee Arthroplasty, Southampton (Spring 2000)
4.	Intramedullary Nailing, Bournemouth (Summer 2000)
5.	External Fixation, Southampton (Summer 2001)
6.	Paediatric Trauma, Southampton (Spring 2002)
7.	Basic Sciences, Southampton (Summer 2002)
8.	Shoulder, Basingstoke (Autumn 2002)
9.	Revision Hip, Bournemouth (Spring 2003)

Of the 35 consultants who returned their questionnaires, 33 (94%) wished to be a faculty member on at least one course and 16 (45%) expressed a wish to convene at least one course. The consultants identified 29 courses that they felt they could run as regional courses. The 10 courses that the consultants identified as being the most useful for training are shown in Figure 2, along with the number of consultants who wished to either convene that course or be a faculty member.

Following the publication of the report, eight regional courses have been organised and run within the Wessex Region as detailed in Table 3, with further courses already planned.

These courses were 1-day long and were held on a Friday within the postgraduate teaching terms. They were attended by all of the specialist registrars from within the region, with a faculty of consultants from the Wessex Region. Outside speakers attended at the invitation of the course convenor. The registrars were asked to pay a nominal fee from their study budget, and were granted a full day's study leave. Clinical commitments within the region's hospitals were reduced to allow all the registrars to attend.

The evaluation sheets were assessed following each of the courses. The overwhelming response to the courses was positive with a strong desire for them to be continued and expanded. Following the initial courses, trainees expressed a wish to have a larger proportion of the time allocated for practical sessions.

Discussion

Our regionally compiled report clearly showed that both the specialist registrars and consultants felt that there was a need for regular regionally-based training courses. It indicated that the courses should be held twice a year and on a Friday so they could be integrated with the existing regional training afternoon and thus reduce the disruption to clinical commitments. The report also enabled us to define the exact training requirements of the registrars and to identify the expertise of the consultant

body within the region to provide the desired courses. There was good correlation between the perceived training needs of the trainees and the deficiencies identified by the consultants.

To date, this approach has led to eight regional 1-day training courses. Seven of these were topics identified amongst the ten most frequently selected courses from the trainees' questionnaire responses. Written and verbal evaluation from the courses was used to structure future courses. Feedback from the early courses showed strong enthusiasm for the courses to continue. Trainees expressed a wish for a greater emphasis on the practical sessions, and this has been reflected in the subsequent courses where it was applicable.

CME recognition was obtained from the British Orthopaedic Association for the first two courses. Because the courses formed part of the postgraduate training programme, this was deemed to be unnecessary and the process was not repeated for subsequent courses.

Since the Calman report¹ and the decrease in working hours,² the exposure to clinical cases is being reduced. The emphasis on training has, and must continue to be, in the form of an increasingly structured learning pattern if potential deficiencies in higher surgical training are to be avoided, as highlighted by Crofts *et al.*⁴

The cost of national training courses is, however, significant. Haddad,⁶ in his audit of orthopaedic training, showed that orthopaedic registrars in their final two years of training attended an average of 5–6 courses a year. He estimated the cost of this in 1995 to be £2000. The annual training budget at the Wessex Deanery is currently £800 per annum per trainee. If a registrar had attended our eight regional courses out of region, the estimated cost today would have been £2100 in course fees alone. This excludes the extra costs incurred due to travelling and accommodation. Registrars attending the regional courses were charged a maximum of £30 per course from their study budget. This increased the funds available to trainees to attend further specialist courses in other regions.

The regional courses have also given consultants in the region, who are usually unavailable to teach on the core curriculum teaching programme, the opportunity to train the region's registrars in a formalised setting. Without the regional training courses, this experience would not have been used. Over two-thirds of the regional consultants replied to the questionnaire, with 94% of these expressing a wish to either convene a course or be a member of the faculty. This enthusiastic response highlights the wish of the majority of consultants to be involved in training when the appropriate forum can be provided. By identifying the resources available, courses have been provided with the minimum disruption to clinical practice.

Since Calman, training increasingly has been limited to a single region; thus, despite the success of the regional training courses, it is increasingly important that trainees have the opportunity to attend national meetings and courses. By drawing on regional consultants' knowledge for core training requirements, this has allowed trainees to use their limited study budgets to attend courses in other regions and thus be exposed to different concepts and approaches during their training.

Conclusion

By a co-ordinated approach, a single region can identify and efficiently provide regional training courses with benefit to both trainee and trainer.

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