



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



## Joint Committee on Intercollegiate Examinations

### Intercollegiate Specialty Examination in Trauma & Orthopaedic Surgery

### Regulations 2015

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## **Regulations Relating to the Intercollegiate Specialty Examination in Trauma & Orthopaedic Surgery (2015)**

(to be read in conjunction with appropriate Guidance Notes for Applicants)

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1. The applicant must hold a medical qualification recognised for registration by the General Medical Council of the United Kingdom or the Medical Council of Ireland. The applicant must have been qualified for at least six years.
2. The applicant must provide evidence of having reached the standard of clinical competence defined in the Intercollegiate Surgical Curriculum either for the award of the Certificate of Completion of Training (CCT) by the General Medical Council Postgraduate Board or for the award of Certificate of Specialist Doctor (CSD) by the Irish Surgical Postgraduate Training Committee (ISPTC). The required standard may have been achieved through training or qualifications, and experience considered together. The passing of the Intercollegiate Specialty Examination alone does not imply that the CCT, CSD (Ireland) or placement on the Specialist Register will be automatic; the Examination will form only part of the evidence required.
3. This evidence must consist of three structured references in the format prescribed by the Joint Committee on Intercollegiate Examinations (JCIE). These references must be completed by the appropriate senior colleagues with direct experience of the applicant's current clinical practice in the appropriate specialty as defined in the Guidance Notes for Referees.
4. Candidates will have up to a maximum of 7 years to complete the examination process as follows:  
  
Section 1:       Candidates will have a two year period from their 1<sup>st</sup> attempt with a maximum of 4 attempts with no re-entry.  
  
                    Candidates who have achieved the required standard in Section 1 and have been granted eligibility to proceed to Section 2 the following will apply:  
  
Section 2:       Candidates will have a maximum of 4 attempts with no re-entry.

All previous Regulations will be rescinded.

## Intercollegiate Specialty Examination in Trauma & Orthopaedic Surgery

### Guide to the Scope and Format of the Examination

**Section 1** will be a written test\* composed of a combination of Multiple Choice Questions (MCQ single best answer; 1 from 5) and Extended Matching Item questions (EMI). Each paper will be carefully prepared to cover the curriculum content which can be best assessed in this way. A process of standard setting will then be performed by trained and experienced examiners and this will set the pass mark for the paper.

Candidates must meet the required standard in Section 1 in order to gain eligibility to proceed to Section 2.

#### **Paper 1**

Single Best Answer [SBA] (2 hours)

#### **Paper 2**

Extended Matching Items [EMI] (2 hours 30 mins)

\* Case, S.M. & Swanson, D.B. (2001). Constructing written test questions for basic and clinical sciences. 3<sup>rd</sup> Edn. National Board of Medical Examiners (NBME), Philadelphia, USA.  
[www.nbme.org/PDF/ItemWriting\\_2003/2003IWGwhole.pdf](http://www.nbme.org/PDF/ItemWriting_2003/2003IWGwhole.pdf) (retrieved on 15/12/2006).

**SECTION 2** IS THE CLINICAL COMPONENT OF THE EXAMINATION. IT WILL CONSIST OF A SERIES OF CAREFULLY DESIGNED AND STRUCTURED INTERVIEWS ON CLINICAL TOPICS – SOME BEING SCENARIO BASED AND SOME BEING PATIENT BASED.

#### **Section 2 will comprise the following:**

Clinical Intermediate Cases (2 x 15 mins)

Clinical Short Cases (1 x 15 mins Upper Limb / 1 x 15 mins Lower Limb)

Four 30 minute orals in:

- Adult elective orthopaedics including spine
- Trauma including spine
- Children's orthopaedics / Hand and upper limb
- Applied basic sciences related to orthopaedics, including anatomy and surgical approaches, pathology, biomechanics, audit, methodology & outcome based medicine

#### **A. Elective Orthopaedics**

1. A wide knowledge of orthopaedic disease in both children and adults which includes congenital and genetically determined disorders, metabolic disorders, degenerative diseases and disturbances, and disabilities resulting from disorders of the central and peripheral nervous systems. This knowledge should extend from clinical diagnosis through management to rehabilitation.
2. A sound knowledge of the standard operative procedures used and their complications.
3. A knowledge of the standard investigative techniques used in orthopaedics.
4. A knowledge of specialised areas such as the spine, the hand, etc.

#### **B. Trauma**

1. A sound knowledge of the care of musculoskeletal trauma from the initial resuscitation through reconstructive surgery to complications and their management, and relevant aspects of rehabilitation. Musculoskeletal trauma includes fractures of limb bones, joint injuries, spinal injuries including neurological damage, pelvic fractures, injuries to muscle, tendon, ligament and nerve, hand injuries, multiple injuries and the principles of shock and resuscitation.
2. An adequate knowledge of visceral, neurosurgical and skin trauma, such as would enable an orthopaedic surgeon to undertake primary diagnosis and treatment of these injuries if specialist expertise were not immediately available.

### C. Basic Science

1. A knowledge of surgical anatomy relevant to the practice of orthopaedic and trauma surgery.
2. The development of the musculoskeletal system.
3. The physiology and biochemistry of musculoskeletal tissues.
4. The pathology of common conditions including tumours, degenerative and inflammatory arthritis, metabolic bone disease and fracture healing.
5. Bacteriology encountered in orthopaedic practice including operating theatre design and the role of antibiotics.
6. Tissue transplantation in orthopaedic and trauma practice.
7. The principles of genetics as applied to the musculoskeletal system.
8. The science of investigative techniques, including the principles of radiography and the effects of radiation on the skeleton, the physical basis of computerised tomography, ultrasound and magnetic resonance imaging, the scientific basis of electrophysiological investigations.
9. Biomechanics relevant to the musculoskeletal system. This would include the physical properties of the tissues we deal with (bone, cartilage, and implants for reconstructive surgery and fracture fixation), patterns of gait and limb movement and the effect of forces acting on the skeleton.
10. A sound knowledge of prosthetic and orthotic practice including the principles of design, prescription and fitting of standard prostheses, and the principles of orthotic bracing for the control of disease, deformity, and instability.
11. A working knowledge of statistics relevant to orthopaedic practice.

For further indication of the Examination Scope, candidates should consult the Curriculum as published by the SAC in Trauma & Orthopaedic Surgery [[www.iscp.ac.uk](http://www.iscp.ac.uk)]

Please note that the Intercollegiate Specialty Board in Trauma & Orthopaedic Surgery reserves the right to modify the format of the examination

#### **Sir Walter Mercer Medal**

The medal will be awarded annually, by the Board, to a candidate who achieves the highest mark in the examination at the first attempt. The winner of this prize will also be invited to become the British Orthopaedic Association Young Ambassador. All awards are made at the discretion of the Board.

#### **The Arthur Edward Burton Memorial Prize**

This Prize will be awarded annually, by the Board, to a candidate who has achieved the highest mark in the Section 1 written examination at the first attempt. All awards are made at the discretion of the Board.

A candidate who is an existing Member of one of the four participating Royal Colleges (Edinburgh, England, Glasgow, Ireland) and who is successful in the Intercollegiate Specialty Examination will be promoted to the Fellowship of their college, unless they indicate another preference. **Only those who are subsequently accorded and maintain the Fellowship of a College are entitled to use that College's associated post-nominals.**

June 2015