UK Fellowship Questionnaire

Did the Fellowship fulfil the BOFAS criteria  
Yes☐  No☐

Please answer these questions in the free text box below.

1. Which Year?

2. What was the annualised total number in your log book? (ie if 6/12 then double)

3. What was the % of cases that you were the lead surgeon for most of the procedure?

4. How many academic publications are you highly likely to submit from your Fellowship (be honest)?

5. What were the highlights?

My time in Exeter ran from January – November 2018. The annualised logbook for this fellowship is around 400 cases, 90% are as lead surgeon with supervision appropriate to the complexity of the case. During the fellowship I completed and submitted for publication two academic papers.

This is an excellent fellowship with a balance of training and independence. You work with three surgeons all with different areas of interest. Ian Sharpe is an ankle replacement and revision specialist, Nick Talbot complex deformity and sports medicine and Adrian Hughes trauma and limb reconstruction. You spend equal amounts of time with each of them but you can tailor your experience to your needs. During any given week there are likely to be three or four all day lists including an all day trauma session. Trauma lists tend to be foot and ankle specific but can be general hips/wrists etc. The complexity of trauma is mostly DGH but with regular cases of high energy/open fracture/complex foot and ankle. There is no on call commitment but there were opportunities to become involved in the on call / locum.

There were opportunities for independent lists although these were adhoc.

There are regular MDT and Radiology meetings, which give you the opportunity to discuss complex cases. There is time in the timetable for research, which is flexible but protected.

Overall this is an excellent fellowship and great preparation for consultant practice.
By completing this and returning it to administrator@bofas.org.uk, you are giving your consent for us to publicise this on the BOFAS Website.