



**IITOS**  
THE IRISH  
INSTITUTE OF  
TRAUMA AND  
ORTHOPAEDIC  
SURGERY

The **Irish National Orthopaedic Register** is now live in SIVUH, Tullamore, Croom and Kilcreene. It recently went Live in Navan in early September. It is planned to go live in Cappagh at the end of the year followed by Merlin Park in early 2019.

**INOR** Irish National  
Orthopaedic Register

UPDATE

# IITOS Training Times

September 2018, Issue 28

## Rolling Stone

Living in 8 different 'homes' since qualifying in Medicine



Win a Copy of Orthopaedica Hibernica - What lies behind the dungeon door?

## GOING GLOBAL

The 7th FFN Global Congress  
Royal College of Surgeons  
with over 400 attendees



## Irish Paediatric Orthopaedic Society Annual Meeting 2018

12th and 13th October

Royal College of Surgeons

Surgical safety in paediatric orthopaedics

Natural History of common conditions - :  
primum non nocere

Process improvements in Childrens  
Orthopaedics

Irish  
Paediatric  
Orthopaedic  
Society



Convener  
Mr David Moore

[Registration](#)

## ATLANTIC ORTHOPAEDIC MEETING

23-25th November 2018

Radisson Blue Hotel & Spa, Sligo  
Abstracts - AtlanticSligo@gmail.com  
Convener: Mr Barry O'Neill



## AOTRAUMA COURSE Basic Principles of Fracture Management

Monday 21st - Thursday 24th January,  
Radisson Blu, Dublin 8

[Link](#)



## IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY

# IITOS TRAINING TIMES

Editorial Director: Mr David Moore, Editor: Mr Tom McCarthy

Associate Editor: Ms Amanda Wilkinson

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### The Rolling Stone Gerry Sheridan

When asked to write this article by Amanda I thought about what was really involved with moving post every 6 months. At the time of writing I have lived in 8 different 'homes' since qualifying from Medicine in Trinity in 2012. Some homes were nicer than others but all were more expensive than the last thanks to inflation and the rental bubble in Dublin. Once the accommodation is sorted, one needs to adjust all the other aspects of their life to fit in a car every 6 months for ease of travel. I have 2 green plastic crates (long overdue for return to the Tesco delivery guy) that are full of books. Every 6 months I balance these on top of a stack of clothes, speakers, golf clubs and an old GAA bag to be transported to the next destination. I would love to say I have the drive to unpack these crates every 6 months and add some homely touches to the place. The truth is, as soon as you arrive at new lodgings, some part of your mind has flown forward 6 months in time to when you will be lugging the crates back down the stairs you just came up.

Next is to buy a bicycle with detachable wheels and a car with fold down seats is a must. Either that or find a friend with a jeep who owes you a favour. Then you're more than able to transport your entire life's possessions every 6 months. Relationships can be tricky if you're moving every 6 months but there are a few options here also-stay single, get married (I married in April), get divorced or download Tinder. Your choice really depends on your stage of training, marital status and the storage space available for app downloads on your iPhone. Having a family home helps a lot. It provides some sense of stability and more than that, it provides you with a permanent address for all those letters to pile up in. This makes it easier for the friendly Gardaí to contact you and kindly let you know about the penalty points you picked up whilst moving your possessions to your latest settlement. Cont'd p 5

## UPCOMING EVENTS

### SEPTEMBER

**7th, 8th, Friday, Saturday**

Sir Peter Freyer Surgical Symposium, Galway

**15th, Saturday**

FSEM Annual Scientific Conference,  
"Return to Play - The Shoulder", [link](#)

**24th, Tuesday**

Core Curriculum, Limerick. Primary and revision total hip replacement Mr Finbarr Condon, Mr Paul Curtin

### OCTOBER

**12th, 13th Friday, Saturday**

Irish Paediatric Orthopaedic Society Meeting, RCSI, Convener-Mr David Moore

**13th, Saturday**

Irish Spine Society Meeting  
Convener, Mr John McCabe

**13th, Saturday**

XXVIII Waterford Surgical October Meeting.  
Invited Orthopaedic Speaker - MR JCLEGG.

**20th, Saturday**

FRCS Orth basic Sc. Course, Mr Anant Mahapatra

**24th, Wednesday**

Core Curriculum, Tallaght Elective  
Shoulder and elbow elective, Mr Diarmuid Molony, Mr Hannan Mullett

### NOVEMBER

**9th, Friday**

Millin Meeting, RCSI, [link](#)

**22nd, Thursday**

Core Curriculum, Navan/Drogheda  
Fractures, hip and knee, Mr Alan Walsh  
Mr Eoin Sheehan

**23rd-25th, Friday-Sunday**

Atlantic Orthopaedic Meeting  
Radisson Blu, Sligo, Convener-Mr Barry O'Neill

**30th, Friday**

IITOS AGM and Annual Dinner, RCSI

### DECEMBER

**8th, Saturday**

UKITE Exam, RCSI

**14th, Friday**

Core Curriculum, Beaumont, Foot and ankle,  
Mr James Walsh, Mr Stephen Kearns

### JANUARY

**18th, Friday**

Mock Clinicals, Mater  
Convener - Mr Keith Synnott

**26th, Saturday**

Mock Vivas / Trainee Reviews, RCSI

### FEBRUARY

**5th-9th, Tuesday-Saturday**

Charter Day, RCSI

**8th, Sunday**

Intercollegiate Exam, hosted by Cappagh  
Convener - Mr Gary O'Toole, [details](#)

## HORC

### RCSI Healthcare Outcome Research Centre



**Jan Sorensen**

Professor of Health Economics & Director of RCSI Healthcare Outcome Research Centre

Good orthopaedic surgery improves health and quality of life, and may also extend the life of patients. Despite such promising health outcomes access to orthopaedic surgery is restricted in Ireland. This is witnessed by the long waiting times by most standards. Current waiting list statistics suggest that patients seeking planned orthopaedic treatment from public hospitals must wait at least 18 months after it has been determined that surgery is clinically indicated. Such long waiting times have not only adverse consequences for the patients and their families, but also on the wider society as patients with hip, knee and back problems have lower productivity and therefore contribute less to the Irish economy. The long waiting time encourages patients to seek treatment outside the public health system, and a flourishing private sector exists to accommodate the privately funded demand for orthopaedic surgery. It has obvious social consequences when access to care is determined by ability to pay rather than capacity to benefit.

The current allocation of tax-based resources to orthopaedic services is politically determined by the HSE and local hospital management. This current allocation suggests that the value to the Irish population from orthopaedic services is deemed lower than many other healthcare services. This could be true – it could be false. It depends on the eyes of the beholder.

When judging the value of healthcare there needs to be a clear identification of what determines value. Is saving a person's life more important than improving the quality of life? Is saving the life of an elderly person more important than saving the life of a young person? Is improvement through treatment of health problems better than preventing that health problems arise?

These questions are difficult to answer but without clear answers there is substantial risk of wasting human and financial resources. When resources are wasted, it means that people who could have benefitted from healthcare, are deprived from such benefit, and therefore suffer with shorter and poorer quality of life.

The Royal College of Surgeons in Ireland plays an important role in discussions of Irish healthcare. The Healthcare Outcome Research Centre (HORC) was established to contribute to the debate about the future healthcare development and efficient use of resources. HORC contributes to the discussion by providing data-driven, timely and relevant outcome research, mostly based on external funding, that will inform and influence the future Irish healthcare resource allocation.

HORC is currently developing a research programme within orthopaedics. In this programme we collaborate with surgeons and other healthcare professionals in developing outcome research within the orthopaedic specialty. The research programme includes analysis of the prevalence and service provision of care provided to patients who have experienced hip fractures or major trauma. We are working with colleagues from the National Office of Clinical Audit using data from the national clinical audit databases. Within the National Clinical Programme in Trauma and Orthopaedic Surgery, we have several ongoing projects on hip and knee surgery aimed at assessing the consequences for Irish healthcare from the future demographic changes with substantially more elderly patients.

Cont'd on p 5

## RETIREMENT



**We would like to wish Mr Gerry McCoy** much happiness in his retirement. Gerry started working in UHW in 1999. He previously worked in the Royal Victoria Hospital, Belfast for 10 years (1989 – 1999) Gerry was a consultant in the Belfast City Hospital for 9 years (1991–1999) President IOA June 2015 to June 2017, ATLS Co-director, Director of Trauma in the Royal Victoria Hospital, 1991–1995 He was one of the International Faculty of the AO Member of the British Trauma Society and an Irish Delegate to the UEMS. As In-coming Chairman of the Girdlestone Oxford Orthopaedic Society, his term will start in 2020. Gerry was also one of the visiting Surgeons on “Operation Walk” Ireland and visiting surgeon to Sarajevo during the Bosnian War - May and September 1994. He went as a volunteer surgeon to Kenya in about 2006. He was in receipt of the Robert Jones medal British Orthopaedic Association Prize 1988 and Silver Scalpel Lifetime Trainers award 2013. Gerry will be sadly missed by his colleagues and trainees who were fortunate enough to work and learn from Gerry with his vast experience especially in trauma. No doubt he and his wife 'extraordinaire' Noelle will be doing more travelling, immersing themselves in hobbies and spending time with their grandchildren.

## New Appointments

New Irish Surgical Postgraduate Training Committee (ISPTC) Chair is **Mr David Moore**

**Mr Barry O'Neill**-Sligo, **Mr Neil Burke**-Beaumont, Cappagh, **Mr Fiachra Rowan**-Waterford.

## TIPS FOR PASSING THE FRCS Part 1

### Rajiv Merchant

Here were a few things that helped me study for the part 1 Its good the start in August the year before, if you are sitting in June.

If you are going to use miller you need to start early. I only used it as a reference book. Its important to practice as many questions as you can. Initially aim to practice in sets of 50 and then close to the exam you will be able to do between 200-500 a day.

Question banks: I used the UKITE, Blackbook, Orthobullets, 1000 EMQs (not great but good for practice), Postgraduate orthopaedics EMQs and MCQs.

Important points:

Its very easy to miss details in the question. So make a habit of breaking the question into 3 parts:

- Part 1: Demographics of patient,
- Part 2: Parameters given,
- Part 3: What is being asked.



L-R Mr Conor Hurson, Ms Louise Brent, Dr Emer Ahern, Prof. Paolo Falaschi (President) and Prof Matt Costa.

## The 7th FFN GLOBAL CONGRESS took place in the Royal College of Surgeons from the 5-7th of July.

Conveners - Mr Conor Hurson, Prof Paolo Falaschi and Dr Emer Ahern. There were over 400 participants from as far away as Japan. This three day event ran very smoothly thanks to MCI Deutschland GmbH , in particular Amira Hussein, Project Manager, Gino Thiel, Project Manager, Astrid Wilch, Account Manager, and Team. This congress addressed the full pathway of care for fragility fracture patients. Its themes included perioperative care, surgical treatment, rehabilitation, secondary prevention, research and policy change.

Link to highlights [here](#)

Do not answer until you are happy all 3 parts are understood. Its difficult at first but gets quicker with practice and reduces the chances of silly errors.

2. Make good reading habits early. If you think of something during work or learn something new, note it down in your phone. If you are preparing a presentation or reviewing an article note down the salient features for future use. I used iPhone Notes over the last 3 years which is now a very handy and accessible repository of information to revise.
3. When you practice mcqs you will come across a ton of useful nuggets, ways to remember and mnemonics. Note these
4. Do not hand write your notes, it will be difficult to add or edit stuff as your knowledge evolves.
5. If you are bored google the various Syndromes and look at the images. It breaks the monotony and also helps you remember them.
6. In the end its about time. Limit your time to 50-60 seconds per question

Just keep plugging away and the results will follow. Don't be demoralised by bad scores.



ST2 Information Session, ST3 Induction on Friday, 29th June in the RCSI. Convener, Mr Eoin Sheehan, Assistant Director of Training.

#### Rolling Stone, cont'd from p2

It's not all negative though, you do get to see the country. To date I have lived in Dublin, Galway and Donegal-all great in their own right. By the end of your training you will at the very least be able to navigate your way around Irelands beautiful narrow backroads without even the use of a map (map advised).

Six or 12 months in a clinical post is actually a relatively short time. It really takes 2-3 weeks to become completely familiar with the inner workings of a new hospital and everything that goes with it. If you are new to a unit and the consultants have never worked with you, it is important to make a good first impression and build rapport. Some genuine advice is to adapt to the system you're working in. The hospital staff, theatre personnel and all the systems in place were there long before you arrived and will be there long after you are gone. The challenge is to adapt quickly. I find that speaking to whoever is "in charge", be it the ward CNM or theatre coordinator, and asking how they usually "run things" will hold you in good stead and help you to integrate well in to the new system.

Usernames, passwords and access to computer systems can be tricky. An obliging intern who is open to the questionable practice of sharing login details will come in very handy here. Luckily for us in Orthopaedics, once you get access to X-rays, you're back in your comfort zone (only until you have to go to the ED to actually see a referral-then like most people in the A&E, you don't feel comfortable at all!).

## ITOS CORE CURRICULUM

**New Timetable Out Soon!**



Copy of the 2017- 2018  
Timetable [here](#)



### XXVIII Waterford Surgical October Meeting

Invited Orthopaedic Speaker - J CLEGG, Associate Clinical Professor, University of Warwick Medical School. [Short Bio](#), [Leaflet](#).

#### HORC, cont'd from p 3

We have initiated a project focusing on the consequences on demand for surgery related to the growing proportion of obesity populations, and a project that investigates the opportunities for improving efficiency by changing the allocation of resources in operating theatres. Finally, we have ongoing projects where we based on data from clinical trials assess the cost-effectiveness of e.g. partial knee prosthesis in comparison with full knee prosthesis.

Staff at HORC have strong background in methodological health services research and specialise in epidemiology, biostatistics, health economics, and other health services research disciplines. We have no clinical background. Therefore, most of our research relies on collaboration with clinical experts. We are continuously developing our network of research-interested clinicians and expanding our portfolio of clinically relevant research projects.

We therefore encourage orthopaedic surgeons who are interested in conducting health services research to consider collaboration with HORC. The collaboration can take different forms and can be initiated at different stages.

**Interested clinicians should make informal contact to [jansorensen@rcsi.ie](mailto:jansorensen@rcsi.ie) for further discussions.**

### RCSILogbook Launch – First Irish Logbook for Core Surgical Trainees

On July 9th, to coincide with the new 2018 intake of Core Trainees, RCSI launched their own custom built logbook for year one and two trainees. Prof. Sean Tierney was the driving force behind the move and a very special thanks goes to Mr. Eoin Sheehan for both his advice and for his support. The design and development was carried out by Donncha Ryan (Lead Technology Officer with DOSA), and Fintan Guihen (I.T) with the support of the I.T. department. Two trainees, Kevin Clesham and Kunal Mohan, used this logbook for three months before its release to field test and were instrumental in the successful rollout. This logbook is different from others in that it automatically scores the operative experience of each operation to give an overall score that forms part of the trainee's assessment, as well as giving an easy way to talk about their operative experience with their trainers. The system sits on top of a technology called "Power BI" which is a Microsoft Business Intelligence system that allows for advanced data analysis and in turn accurate information on trainee experience that will allow trainers and the supporting DOSA team to form meaningful ways to improve training. This data is also used in the analysis of posts. As the system continues to grow, we welcome feedback and suggestions. Thanks to all those who supported the development.

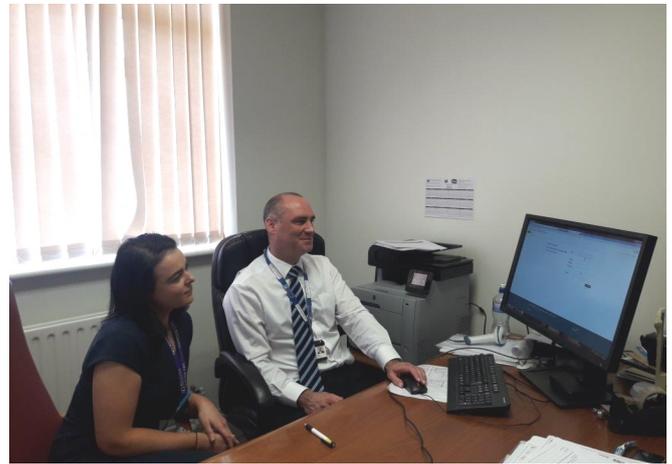
#### Donncha Ryan

Lead Technology Officer Surgical Affairs, RCSI

## Order Your Copy of Orthopædica Hibernica

Mr David FitzPatrick, Mr Ossie Fogarty and Mr James Nixon would like to thank the IITOS, the RCSI, the IOA and the North of Ireland Regional Orthopaedic Training Committee for their generous support. Special acknowledgement goes to the Publisher, A&A Farmar. Write up by Fergal Bowers, Health Correspondent, RTE [here](#)

To order your copy, email: [davfitzdj12@gmail.com](mailto:davfitzdj12@gmail.com)  
Cost: €45 to collect from IITOS office or €55 to have posted. Make cheque out to, "Fogarty and FitzPatrick".



Lisa Donnelly, Arthroplasty Nurse Specialist and Mr Aaron Glynn, Clinical Lead INOR. Our Lady's Hospital, Navan.



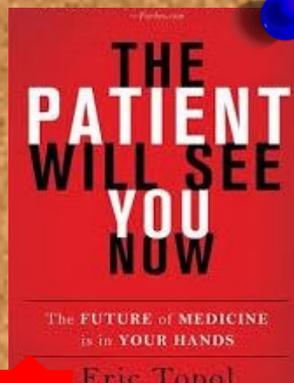
Dr Sam Lynch and Mr Padhraig O'Loughlin

## The FRCS exam is returning to Cappagh for 2019

This will be the biggest exam since its inception and suitable patients are urgently required. If you have patients that you consider to be suitable candidates we would very much appreciate if you could try recruit them for the exam. From their point of view they will get the opinion of the many examiners on the day which will be officially fed back to the consultant in charge of their care. We are looking for patients suitable for short and long cases. Upper limb pathology (arthritis, rotator cuff pathology, impingement, Erb's / brachial plexus palsy or other neurological conditions), lower limb (CMT, polio, arthritis, hallux valgus, foot drops etc) and spine conditions such as scoliosis etc. Essentially patients demonstrating the broad breath of Orthopaedics. Patient form available on the Discussion Board.

For further details, contact Ursula Gormally- [ursula.gormally@cappagh.ie](mailto:ursula.gormally@cappagh.ie) or Adrian Gheiti - [adriancassargheiti@gmail.com](mailto:adriancassargheiti@gmail.com)

# Info Board



**#1**  
Editor's Choice  
David Moore



[ST3-8 Policies and Procedures](#)