

# BSSH

The British Society for  
Surgery of the Hand



The University of Manchester

# Diploma in Hand Surgery

Dip Hand Surg (Br)

## Course Manual

School of Biological Sciences,  
Faculty of Biology, Medicine and Health  
at the University of Manchester  
and  
British Society for Surgery of the Hand

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# 1. INTRODUCTION

## 1.1. Welcome statement from BSSH

We are very pleased to welcome you as a Higher Surgical Trainee or consultant with a committed interest in Hand Surgery. The purpose of this manual is to act as a reference and resource for those who are contemplating or have signed up to the diploma course. It aims to inform you of the steps needed to enrol on and then successfully complete the programme. It is worthwhile reading this manual before you commence your studies and reference it throughout.

The British Society for Surgery of the Hand (BSSH) has, since its inception in 1968, promoted good practice and training in hand surgery. Serial developments have included the establishment of: annual national and international meetings, the European (formally British) Journal of Hand Surgery, a full program of practical and instructional courses (including those in liaison with the Department of Education at the Royal College of Surgeons of England) and a system of nationally-appointed Training Interface Group (TIG) Fellowships in Hand Surgery (previously Advanced Training Posts).

In the early 2000s the members of the BSSH felt it timely to develop a specified program of study leading to a formal qualification in hand surgery aimed at senior trainees and recently appointed consultants. The diploma course confers a clear advantage to candidates including the receipt of high quality structured training and access to a network of tutors and mentors. These factors combine to support the ultimate aim of delivering optimal patient care. The Diploma has been developed in partnership with, and is academically validated by, the University of Manchester (UoM). The Diploma is awarded by the University as a postgraduate qualification after completion of the specified syllabus followed by success in a final examination.

The Diploma:

- Defines the standard of the practising hand surgeons in the UK
- Promotes recognition of Hand Surgery as a postgraduate specialty
- Allows the profession to define its own paradigm of specialist education
- Promotes networking of Hand Surgeons throughout the UK and beyond
- Tests the training program – ‘closing the training loop’
- In addition:
  - Formal examinations enjoy the confidence of both profession and public as a signal of attainment and competence
  - Elements of the program could be incorporated into future revalidation of all practising hand surgeons
- It enables progression to the Masters in Hand Surgery course, also validated by the University of Manchester

The Hand Diploma runs on a ‘distributed-learning’ basis which we take to mean ‘a course of instruction taking place remote from the University of Manchester at specialist hand surgery

centres around Great Britain and Ireland, and abroad (with appropriate tutors and limited to 3 modules ([See Section 2.5](#)).' 'In-house' teaching and assessment is supplemented by the national system of practical and lecture courses and conferences affiliated to the programme.

An essential component to a candidate's course and exam experience is an identified Diploma Consultant Supervisor. This person is often, but not always, the candidate's local Clinical Supervisor for training and/or appraisal.

Most candidates will be in their final year of higher surgical training or on Hand Fellowship at registration.

It is the mutual responsibility of the candidate and Diploma Consultant Supervisor to ensure that the candidate will be able to fulfil the requirements of the course.

This Manual will cover:

- The Diploma Journey and Timeline
- Eligibility criteria to enrol on the course
- Hand Diploma syllabus
- Assessment Criteria
- Provisions for support and supervision
- Administrative matters

## 1.2. Standard of the Course

This is set as the level of a Day 1 Consultant in the sub-specialty of Hand Surgery with Orthoplastic Hand experience in Great Britain and Ireland.

On successful completion of the exam we envisage a candidate would be imminently ready to become an independent practicing clinician in the sub-specialty of Hand surgery.

Existing consultants may wish to take the Diploma and are welcomed. They will need to identify a colleague to act as a Diploma Consultant Supervisor and Module Tutors in the same manner to surgeons who are still in the training grade. Previous Fellowship experience in hand surgery will be considered on an individual basis. It would be anticipated that existing consultants would have sufficient familiarity with the course content that their assimilation of material would be relatively quick. There would still need to be at least 6 months from registration to sitting of the final exam and a period of 12 months is advised.

## 1.3. Requirements for registration

***At registration we expect the following eligibility criteria to be met:***

- A. Commitment of the candidate to pursue a career in the sub-specialty of Hand Surgery
- B. Holds current medical registration from Great Britain or Ireland (GMC/IMC)
- C. Has completed a minimum of 4 years of Higher surgical training in Orth/Plast (ST3-ST6 or equivalent)
- D. Has secured a dedicated Diploma Consultant supervisor and Module Tutors (all approved by BSSH and the University of Manchester)
- E. Commitment to the Diploma by agreeing to the following educational contract:

**“By 3 months prior to my exam (along with my “Intent to sit exam” form) I will be able to provide evidence of the following:**

Criterion	Evidence
I. I have completed a minimum of 5 years of Higher Surgical training with successful yearly appraisal/ARCP (or equivalent)	This will be evidenced by :  a. CCT/CESR certificate OR  b. Written confirmation from your clinical supervisor/Training Programme Director
II. I have worked in Hand Surgery for a minimum of 6 months at Senior Higher Surgical Training level (ST7+ or equivalent) AND Have completed a minimum of 6 months sub-specialty Hand Fellowship in a recognised <sup>1</sup> unit	The above dates and location will be evidenced by a Mini CV submitted on your “Intent to sit exam” form approximately 3 months prior to sitting the exam.

<p><b>NOTE : a minimum of 6 months of this training must be in Great Britain and/or Ireland</b></p> <p><b>NOTE<sup>1</sup>: “Recognised unit” includes TIG Fellowship posts - any other posts should be discussed with the Diploma Director and/or require escalation to Committee to ensure your learning needs will be met</b></p>	
<p>III. I have gained exposure to Hand Surgery beyond parent speciality during HST or Fellowship</p> <p><b>NOTE: i.e. a plastic surgeon should have worked with orthopaedic hand surgeons in clinics/theatres/specialty clinics of elective and trauma etc. and vice versa, or if coming from another surgical speciality should demonstrate experience of all aspects of sub-specialty orthoplastic hand surgery indicated in the Module 1-8 “Intended Learning Outcomes” in the Diploma Manual. This is in order to gain adequate knowledge and experience to pass the exam -any queries with eligibility will be discussed with your Diploma Consultant Supervisor or the Director and Diploma Committee.</b></p>	<p>The exact nature of this experience will be left to you and your Diploma Consultant Supervisor to ensure your learning needs for the course have been met, or can be met.</p> <p>A mini CV of dates/locations/speciality will be requested at time of submitting your “Intent to sit the exam” form approximately 3 months prior to sitting.</p>
<p>IV. I will complete my Diploma Record of Coursework book and submit my External assessments</p> <p><b>NOTE: a minimum 12 WBAs (out of a total of 19 compulsory WBAs) and 20 tutorials (out of a total 32 compulsory tutorials) must be completed <u>Face to Face in Great Britain and/or Ireland</u></b></p>	<p>By 3 months prior to the exam <i>most</i> External Assessments should be submitted and more than 85-90% of Tutorials and WBAs should have been completed.</p> <p>Approximately 6 weeks prior to sitting the exam your completed “Record of Coursework and Assessments” book along with details of the location of Approved Tutors/Signatories is required to be submitted.</p>

The above text will be required to be signed by the candidate and their Diploma Consultant Supervisor in order to enrol on the course as follows:



**Candidate:** I have read and understood the above information about eligibility to sit the exams

**Signature:**.....

**Name:**.....

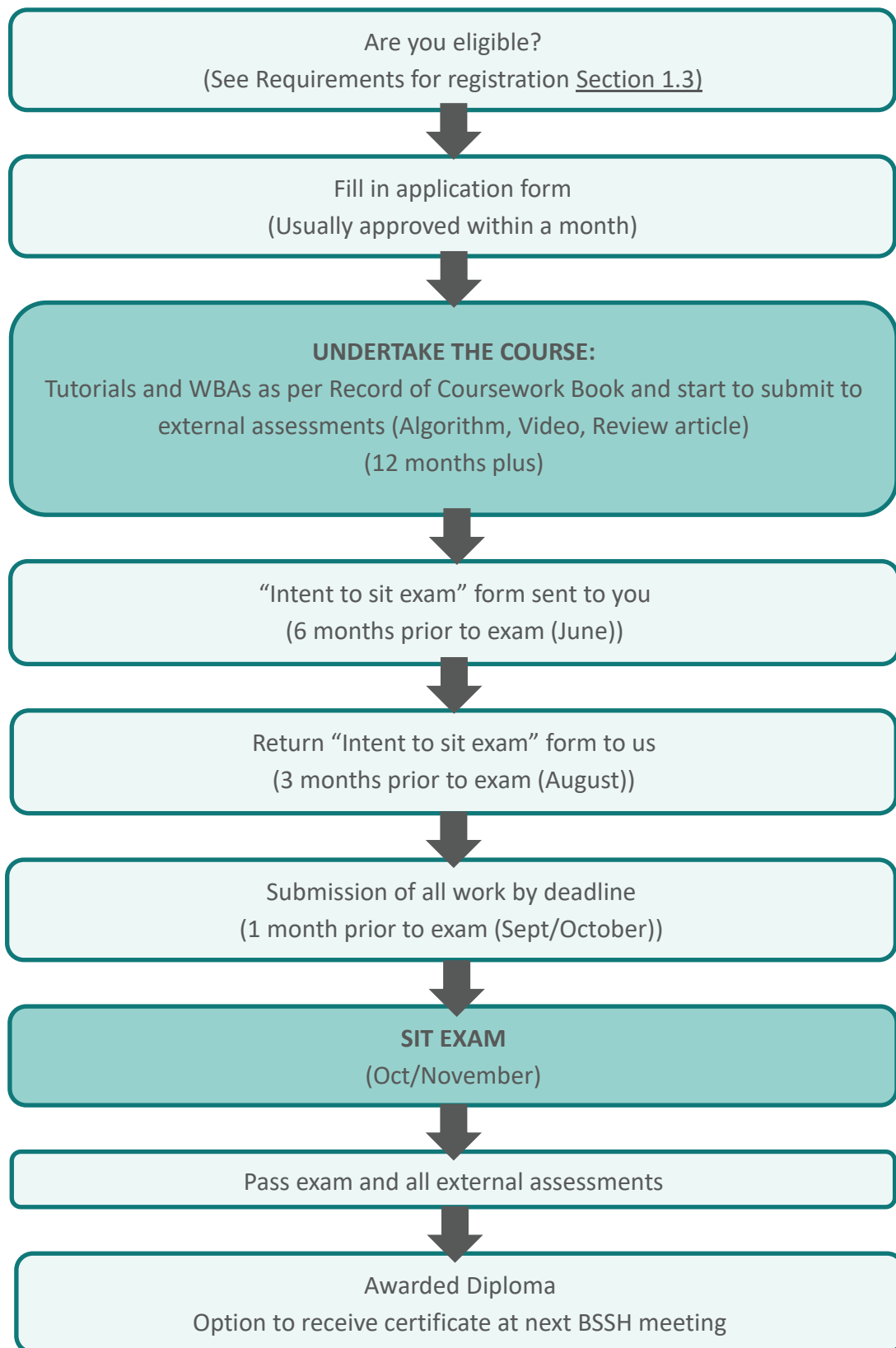
**Diploma Consultant Supervisor:** I validate the above eligibility criteria have either already been met or are achievable by this candidate

**Signature:**.....

**Name:**.....

## 2. DIPLOMA JOURNEY

### 2.1. Diploma Journey flowchart



## 2.2. Eligibility Criteria to sit the exam and “Intent to sit the Exam” form

3 months prior to the exam date candidates will be required to submit evidence of any remaining elements of the Eligibility criteria (See section 1.3) along with the “Intent to sit the exam” form.

It is recommended that by the time of returning this form 85-95% of Tutorials and WBAs have been completed by the candidate and External Assessments are ready to be submitted, in order to allow the candidate adequate preparation time for revision.

The completed Record of Coursework and Assessment book and all External assessments (Algorithm, Review article and Video) **MUST** be submitted by the deadline set approximately 6 weeks prior to the exam.

**Candidates should not commit to sitting the exam if they cannot guarantee they will be able to submit the information stipulated by the 6 week deadline as their exam will have already been scheduled. SEE SECTION 2.3.1 below** Withdrawing from the exam

## 2.3. Fees

The fee for the Hand Diploma will be kept to the lowest level possible by a significant and generous subsidy, courtesy of the BSSH. The exact fee will be available on application to the BSSH office.

The candidate is required to pay the course fee in advance of commencing your studies.

Once payment is received, the candidate will receive their *Record of Coursework and Assessments Book*, a timeline and a University Enrolment form to fill in and return.

The fee covers the costs of:

- standards, quality assurance and enhancement procedures by the University of Manchester
- the *Record of Coursework and Assessments* book
- course materials as provided from the BSSH
- the cost of sitting the Final Examination (see below)
- resitting the Final Examination on one occasion if needed (see below)
- the award of the Diploma Certificate by the University of Manchester
- the Introduction to the Diploma Day
- the Diploma Booster Day

The fee does NOT cover the costs of attending other courses and conferences linked to the Diploma or BSSH (such as the Instructional Courses, BSSH Scientific meetings nor other courses needed to obtain Diploma Course Credits). Travel, accommodation or incidental expenses are NOT included.

The Diploma Consultant Supervisors and Diploma Module Tutors are not remunerated for their important contribution, but participation will be acknowledged in their job plan as part of their teaching activities.

Involvement in the course is a useful inclusion in the annual appraisal process and thence revalidation.

At the time of launch the BSSH made a major financial commitment to underwrite and subsidise the true costs of running the Hand Diploma and the package as offered is, we feel, highly advantageous to the participating surgeon.

**Please note:**

***The Diploma Registration fee includes access to sit one exam diet (written and orals) and one resit, if required.***

***The written and oral exams both need to be retaken even if one exam element is passed so that all elements are passed in one diet - this is due to the breadth of the syllabus being carefully covered over the two exams as a whole.***

***In the unfortunate circumstance that the candidate sits the exam twice and fails, no further attempts are allowed and they are removed from the course without a qualification.***

### **2.3.1. Withdrawing from the exam**

***If a candidate withdraws from the exam AFTER the affirmative “Intent to sit the exam” form has been returned (approximately 3 months prior to the written exam date) the candidate will be required to pay an administration fee of £250 to access the next exam sitting.***

***Please note the only exception to this fee is when a candidate experiences Mitigating Circumstances which are evidenced (as necessary) and accepted by the Diploma Director (see [Section 19.2.2 Manual](#)). Controversial cases will be escalated to the Diploma Committee and Exam Board for discussion.***

**Unequivocally no late submissions of External Assessments or Record of Coursework Book will be considered.**

## **2.4. Part-time study**

Participating surgeons must complete the Diploma within 5 years from registration. It is anticipated that participants will undertake the course on a part-time basis as they will also be working in a patient focused clinical role.

Should the necessity for a delay in the completion date arise (called an “interruption to study”), participating surgeons should contact the BSSH Diploma Course Co-ordinator via [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk). A form will be supplied and applicants will be required to submit their request via email as above. Interruptions are only granted prospectively and in exceptional circumstances. It is the responsibility of the participating surgeon to advise the BSSH Diploma Course Co-ordinator of changes of circumstances that affect their status on the course. **[See Section 19. Mitigating Circumstances](#)**

## **2.5. Working Outside Great Britain and Ireland**

Candidates may apply for up to three modules (12 of the 32 Tutorials and 7 of the 19 of WBAs) to be undertaken in a recognised Hand Unit abroad. Named Diploma Module Tutors (These should be recommended by the BSSH to the University of Manchester as Approved Tutors) must be identified

for each module as standard for all applications. They should be familiar with the Diploma process and have read and understood the Diploma Course Manual (Available on the BSSH website). Applications for module completion abroad should be made to the BSSH office in writing six months ahead of travel.

A minimum of 62.5% of Tutorials (20 of the 32) and 62.5% of WBAs (12 of the 19) must be completed face-to-face within Great Britain and Ireland.

## 2.6. Induction arrangements

This Course Manual is available on line on the [BSSH Website](#). Please make sure you continue to refer to it throughout your course of study, especially with regard to external assessment guidance and marking descriptors.

In addition, the participating surgeon will receive a book entitled '*Record of Coursework and Assessments*' that specifies the required assessments for each Module and provides space for documentation. The workplace based assessments are adapted from those that are widely used in surgical training. Examples of the different types of internal assessment can be viewed via the ISCP web site at [www.iscp.ac.uk](http://www.iscp.ac.uk). It is important that both the participating surgeon and the supervising consultant view these, particularly at the outset if this type of format is unfamiliar. At commencement of the course, the Diploma Consultant Supervisor and candidate should plan to meet and specify a personal development plan (see also [Section 3](#)).

The BSSH Diploma Course Co-ordinator ([diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)) can answer questions regarding the course and be a first point of contact if any difficulties arise. They will be able to contact the Diploma Director. Participants are strongly recommended to apply to be an Associate Member or Fellow of the BSSH. The benefits of this include full text access to the European edition of the Journal of Hand Surgery, which will be invaluable during the course. Please see the relevant page of the BSSH website [https://www.bssh.ac.uk/about/join\\_bssh.aspx](https://www.bssh.ac.uk/about/join_bssh.aspx) for details of the application process and membership.

## 2.7. Administrative records

BSSH will use your personal information to administer your application to and, if applicable, progress within the Diploma in Hand Surgery scheme and to provide information or request feedback about your application, or products or services you order from us. Please go to [http://www.bssh.ac.uk/privacy\\_policy.aspx](http://www.bssh.ac.uk/privacy_policy.aspx) for further information on how your data is used or stored. The applicant's signature on the application form is taken as confirmation of understanding and acceptance of this Privacy and Data Protection statement.

It is the candidate's responsibility ensure that their contact details and email remain up to date with the Diploma Course co-ordinator in case of important updates, notification of changes and for timely exam application notification emails.

### 3. PERSONAL DEVELOPMENT PLANNING

At the beginning of the course it is required that you sit down with your diploma consultant supervisor and together plan the time-course of the programme along with provisional dates by which you intend to undertake the respective assessments. This should then serve as an indicator if you start to fall behind and required additional time or other help. It is helpful if you can review your progress on a regular basis with your supervisor. The timeline can facilitate this process. (See below: Section 3.1)

You should aim to keep an up to date operating logbook to inform your appraisal process. Although surgical skills are assessed as part of the Hand Diploma there is no need to complete a checklist of different operations or competencies. It will be for you to decide which operations you wish to demonstrate as part of your internal assessments and you will initiate that process in consultation with your supervisor or Diploma module tutor.

### 3.1. Candidate Timeline

This time line is provided as an editable PDF form when you register for the Diploma.

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## Diploma Coursework Timeline

Keep track of your progress: Fill in the dates of your tutorials, assessments, and the completion date for each element or module.

The \* Externally Marked Assessments require submission to the BSSH office via email (diploma@bssh.ac.uk) for external marking. These can be submitted any time after registration, and at least 5 weeks prior to exam at the latest. See Record of Coursebook and Assessment Book for topics and Handbook for marking descriptors

#### Module 1 Basic Science/rehab

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	Cb D	Rehab lecture	Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 2 Skin/cover/infection

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	CE x		Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 3 Fractures/wrist

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	DOP s		Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 4 OA/ Rh A

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	CE x	DOP s	Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 5 Tendon

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	DOP s		Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 6 Child

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	CE x	Cb D	Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 7 Nerve

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	CE x	Cb D	Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Module 8 Tumour/Vasc/Dup

Tutorial 1	Tutorial 2	Tutorial 3	Tutorial 4	KB A	Cb D	Conference critique	Complete Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Externally Marked Assessments\*

Video operation	Trauma algorithm	Review Article			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

#### Diploma Days - Optional

Prep Course	Booster Day				Examination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Exam date
					Complete Date

## 3.2. Courses included with the Diploma Registration Fee

Details will be provided to all candidates prior to these events. Both the below courses are free to Diploma candidates and provide not only unique access to Diploma tutors but also an excellent opportunity to network with other participants. Further details can be obtained by emailing [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)

### 3.2.1. Introduction to the Diploma Day

Each year a BSSH Diploma Introduction Day is held. We strongly recommend that you attend this around the time of registering as it provides an excellent overview of the Diploma, gives an insight into the *Record of Coursework and Assessments* book and what to expect in the written and oral exam elements. This course is free to attend for all peri-registration Diploma candidates. It can be attended more than once if required.

### 3.2.2. Diploma Booster day

This is **independently** run by The Pulvertaft unit in Derby. A booster day occurs approximately once per year, prior to the submission deadline for the *Record of Coursework and Assessment* book. This day is designed to allow a candidate to sign off some difficult to arrange tutorials and WBAs. Assessments in Children's Hand or Peripheral Nerve Surgery are particularly appropriate to be undertaken here however, please do consider completing these in a virtual format with a remote approved tutor where possible.

This course is free to attend for all registered Diploma candidates.

A candidate can attend as many booster days as they wish during the period of study for the Diploma. However, they will only be allowed to sign off a total of 5 items from all booster days. "One item" is considered to be either a tutorial, KBA or CBD. For example, if a candidate signs off 3 items on one booster day then they are only able to sign off 2 further items on another booster day making a total of 5. booster days do not qualify as courses eligible for Diploma credit points.

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## 4. COURSE OUTLINE

### 4.1. Course overview

The Hand Diploma is delivered as a distributed learning model, which means that you learn where you are based or where the Diploma module tutors are based. The foundation from which this learning stems is outlined in the *Record of Coursework and Assessments* book and Course Outline (this Section: 4).

The diploma is complimented by the comprehensive series of courses, both practical and lecture based available from the BSSH and other professional bodies. In addition there are also Diploma Candidate specific opportunities. ([See above section 3.2](#)).

The Diploma carries 120 credits at Higher Education level where 1 credit equates to 10 hours of learning/assessment. Thus the total number of hours of learning and assessment is 1200 – this includes clinical training time, coursework assessments and the examination. It is not all private study. To put this in context, a degree requires a total of 180 credits; this is, therefore, no small undertaking. The study course units can be undertaken in any convenient order but the examination can only be attempted after submission of a completed *Record of Coursework and Assessments* book and all external assessments have been submitted.

The Diploma consists of several compulsory components:

- Coursework:
  - Tutorials
  - Workplace Based Assessments (WBAs)
  - External assessments (Algorithm, Video, Review Article)
  - Internal Assessments (Rehabilitation Lecture, Conference Critique)
- Exam:
  - Written and Oral

### Tutorials

There are 4 tutorials required per module (suggested topics for these can be found in the [Section 10. Modules](#))

Tutorials are an opportunity to discuss the areas under scrutiny and flesh out the information from text books etc. It is not intended that the candidate should simply recite what they have read or for the tutor to give a “lecture”. Each tutorial will usually take between 60 and 120 minutes. It is suggested that tutorials are usually planned for a maximum of 4 enrolled Diploma candidates in order to preserve the interactive nature and quality of the experience but this is at the tutor’s discretion.

## Workplace Based Assessments

Many of the in-course Workplace Based Assessments (WBA) are of the same type as surgeons in training already undertake through the ISCP and it makes sense to request an assessor to complete both the ISCP and diploma documentation for any given training encounter, if appropriate. This is a perfectly valid, efficient approach and optimises your likelihood of achieving success on both accounts.

Please see [Sections 3.1](#) for Candidate Timeline and [Section 6](#) and [10.2.1](#), [10.3.1](#) and [10.5.1](#) for more information about Internal and External Assessments and the Exam.

The University recommends a candidate studying part-time for a Diploma takes 1-2 years before application to sit the exam. The University advisor to the course has discussed with the Post Graduate Training lead for the School and they agree that "it is ok to allow the candidate to undertake the exam early as long as it's made explicitly clear that they are doing so through their own volition, and any potential repercussions of this decision would not be grounds for mitigation or appeal."

Since the commencement of the course records have been kept, they show us that the mode for completion is 11 months and the mean 20 months from registration. This is a taught programme, designed to inspire learning and development in the candidate's chosen sub-specialty. It is not simply an examination to be studied for as quickly as possible. **Allowing oneself enough time to complete it is vital to achieving this holistic aim.**

***The regulations allow a maximum of five years from date of registration to completion of the course.*** It is possible to step off the course and step back on within a reasonable period of time although it is still required that the total time to complete the course shall be five years unless a formal "Interruption" has been granted. ([See above section 2.3](#)). The Diploma Director will consider individual circumstances on a case-by-case basis. It is important that you discuss any changes to your status on the course with your consultant supervisor at an early stage and make the BSSH Diploma Course Co-ordinator aware as soon as possible.

## 4.2. Course Specification

### General Description

Award	Programme Title	Duration	Mode of study
Postgraduate Diploma	Diploma in Hand Surgery	Equivalent to 12 – 60 months of part time study	Distributed learning

School	School of Biological Sciences
Faculty	Biology, Medicine and Health
Awarding Institution	University of Manchester
Course Accreditation	British Society for Surgery of the Hand
Relevant QAA benchmark(s)	N/A

### 4.3.Aims of the course

The course aims to:

- |  |
|--|
| 1. Link and integrate the acquisition of detailed specialist knowledge with the range of practical, technical and professional skills in a way that enhances the care of patients presenting with disorders of the hand        |
| 2. Equip the surgeon with the specialist knowledge and range of skills necessary for the practice of hand surgery at the level of a newly appointed Consultant Hand Surgeon  |
| 3. Encourage detailed exploration of the evidence-base for hand surgery practice thus promoting a culture of innovation and scientific enquiry   |
| 4. Provide a model for ongoing integrated learning with appropriate internal and external assessments; elements of which could subsequently be adapted for use in consultant revalidation by the General Medical Council (GMC) |
| 5. The Programme will effectively define the standard for the practising hand surgeon in the UK allowing the profession to define its own paradigm of specialist education   |
| 6. Promote recognition of Hand Surgery as a postgraduate specialty   |
| 7. Improve the standard of care for disorders of the hand in Great Britain, Ireland and beyond   |

#### 4.4. Structure of the course

Course unit Number	Subject	Coursework assessment weighting	Final Examination weighting	Credit Points for module
1	Basic sciences pertinent to the upper limb / Rehabilitation	40%	60%	15
2	Skin, soft tissues & infection	40%	60%	15
3	Fractures and joint injuries of the hand and wrist, including wrist instability	40%	60%	15
4	Osteoarthritic and inflammatory disorders of the hand and wrist	40%	60%	15
5	Tendon disorders	40%	60%	15
6	The Child's Hand	40%	60%	15
7	Nerve disorders	40%	60%	15
8	Dupuytren's Disease, tumours & vascular disorders	40%	60%	15
			TOTAL	120

Course Units 1-8 (and their associated Tutorials, WBAs and Internal/External assessments) may be completed in any order, but the final examination can only be taken following submission of the **completed** *Record of Coursework and Assessments* book and submission of all External assessments. All units are compulsory. One credit equates to 10 hours of study

## 4.5. Definition of required standard

*The Hand Diploma course aims to equip you with the knowledge expected of a specialist Hand Surgeon with Orthoplastic Hand Experience on their first day in independent practice in Great Britain and Ireland*

The course is designed to encourage the development and application of higher order thinking in your practice of hand surgery. It is helpful to think of the elements of learning as fitting together in a hierarchical fashion:

### **Level 1: Knowledge**

The ability to recall a range of facts and experiences, both specific and generalised.

### **Level 2: Understanding**

The ability to comprehend the meaning of acquired knowledge and to interpret, translate and extrapolate from this.

### **Level 3: Application**

The ability to apply knowledge and comprehension in different situation and to infer conclusions from facts

### **Level 4: Analysis**

The ability to identify key components and to dissect arguments

### **Level 5: Synthesis**

The ability to combine elements and to produce coherent logical conclusions

### **Level 6: Evaluation**

The ability to assess, justify, criticise and defend a hypothesis, theory or argument.

This is placed at the top of the hierarchy as it requires elements of all the other levels to be carried out successfully.

At Diploma level, most learning occurs at Levels 4-6 and in essence comes down to developing the following skills:

**Critical appraisal** – the ability to analyse complex theories and evaluate both the positive and negative aspects of the component parts

**Evaluation** - the ability to judge the worth of scientific literature in relation to the findings of critical appraisal

**Reflection** – the ability to reflect on your own clinical practice and to recognise strengths and weaknesses

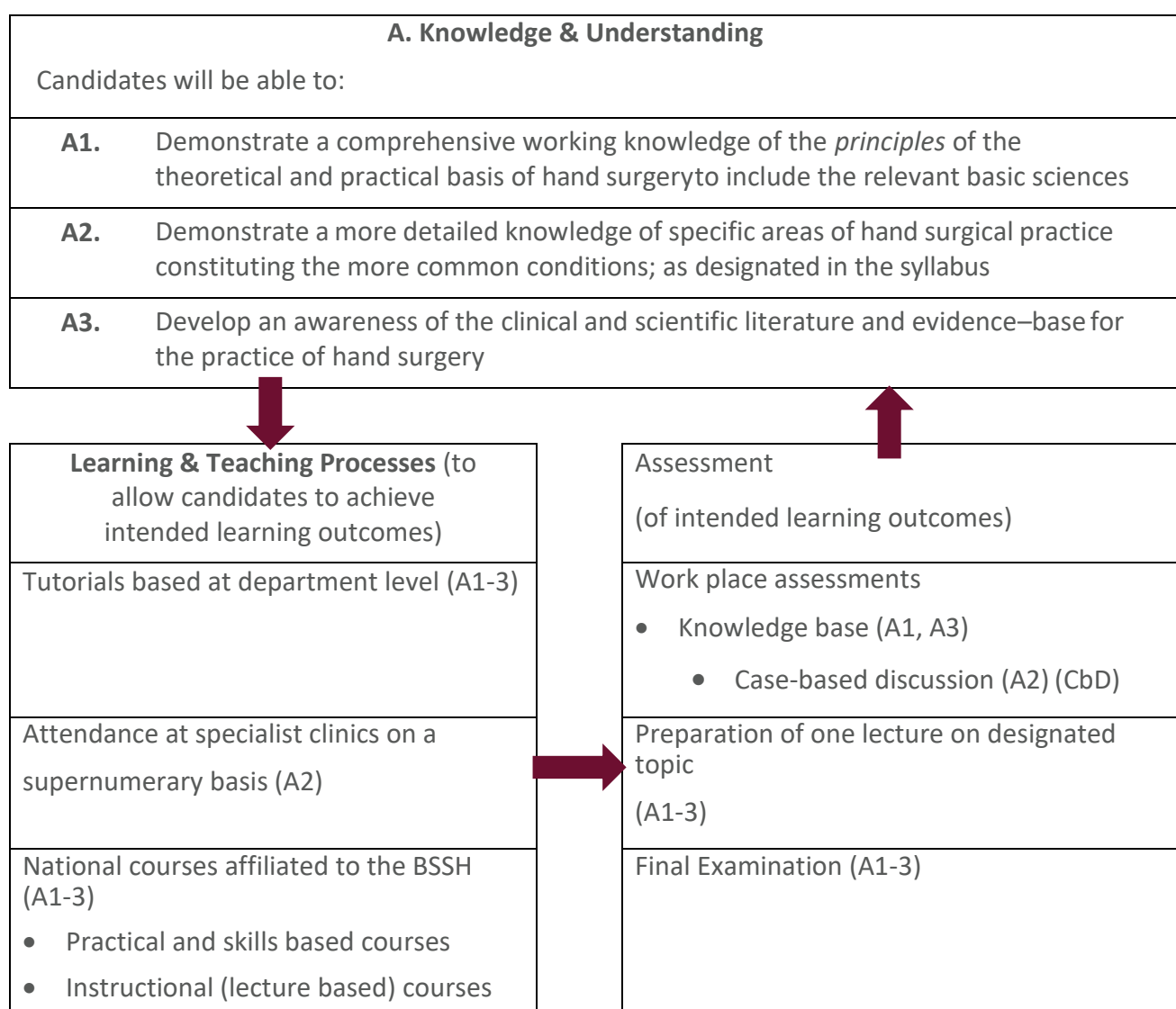
These skills are an integral part of the stated learning outcomes for each individual course unit in the programme and are stated as such in the learning materials for each course unit.

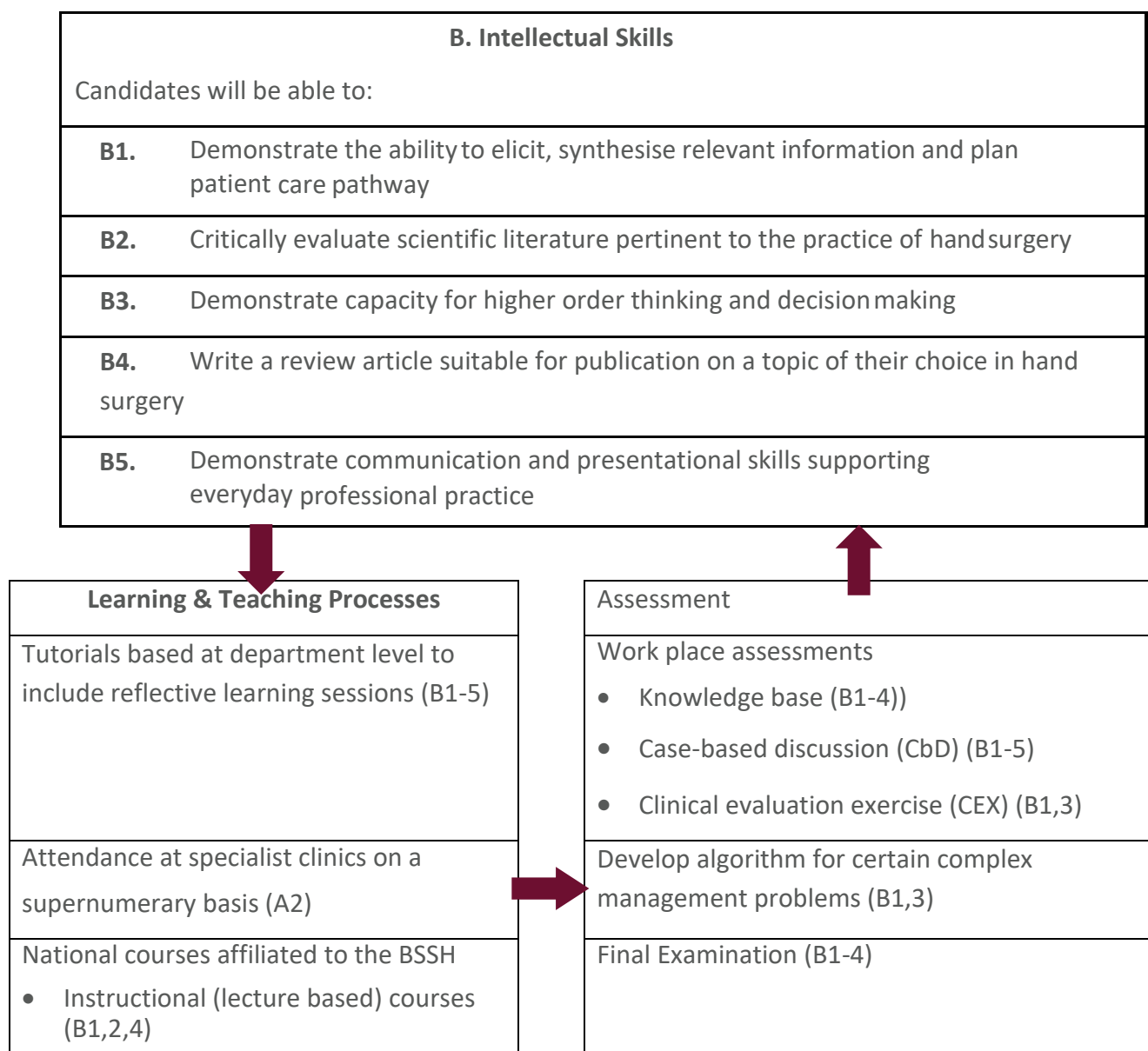
You will find full details of what you are expected to achieve in Learning Outcomes ([See below: Section 4.6](#)) and in the details of individual Course units ([Section 10](#)). In general terms you should be able to demonstrate:

- That you have built on your prior knowledge and experience e.g. from your surgical training programme
- Ability to deal with complex issues both systematically and creatively and to make sound judgements in the absence of complete data
- Ability to communicate conclusions clearly to specialist and non-specialist audiences
- Ability to work as an independent, reflective practitioner
- That you can work effectively individually and in a team

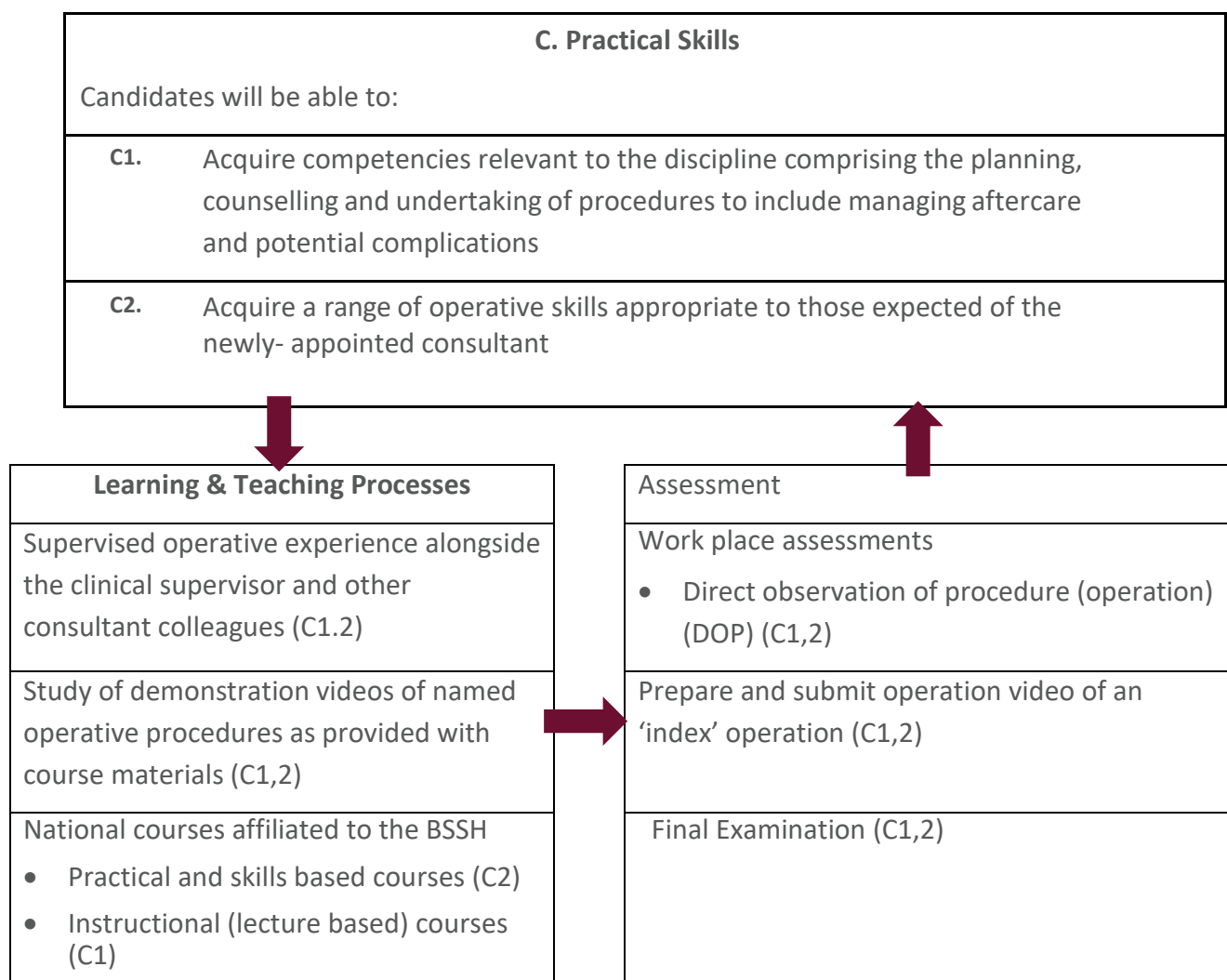
However, please note that this qualification does not automatically imply clinical competence and should not be used as such.

#### 4.6. Intended learning outcomes of the programme









<b>D. Transferable Skills and Personal Qualities</b>	
<b>Candidates will be able to:</b>	
<b>D1.</b>	Demonstrate presentational skills facilitating communication with patients, colleagues and to larger audiences as appropriate
<b>D2.</b>	Demonstrate the ability to work with, organise and lead a team
<b>D3.</b>	Function as a competent surgeon practising according to Good Clinical Practice guidelines
<b>D4.</b>	Access literature databases and online journal facilities
<b>D5.</b>	Critically evaluate scientific and clinical literature
<b>D6.</b>	Be capable of designing an audit project
<b>D7.</b>	Be capable of designing a research paper



<b>Learning &amp; Teaching Processes</b>
Work place activity based on the Personal Development Plan and identifying individual projects of interest that will assist in developing the above skills (D1,2,3)
Sessions with Consultant Supervisor to develop the personal portfolio along Good Clinical Practice guidelines (GMC) (D1,2,3,4,5,6,7)
Participation in local, regional and national scientific meetings (D1,4,5,6, 7)



<b>Assessment</b>
Work place assessment (D1-7) <ul style="list-style-type: none"> <li>• Knowledge-based assessment</li> <li>• Case-based discussion (CbD)</li> <li>• Clinical evaluation exercise (CEX)</li> <li>• Direct observation of procedure (DOP)</li> </ul>
Successful Annual appraisal
Submit review article suitable for publication on topic of the participant's choice (D5, 6, 7)



#### 4.7. Candidate induction, support and development

Existing Trust-based induction programmes at commencement of clinical post.

Participating Diploma candidates are provided with an induction email, *Record of Coursework and Assessments* book, and the opportunity to attend the annual introduction to the diploma day.

System of approved Diploma Consultant Supervisors and Diploma Module Tutors who can appropriately escalate queries that cannot be resolved locally.

Candidate representative selected from the candidate body by the participants.

## 4.8. External assessments

It is important to the validity and reproducibility of this course that all participants should be marked to the same standard. This is an important part of the quality assurance framework. To this end there are a number of elements in the course units that require external marking. The external assessors are selected UK Hand Surgeons with a thorough knowledge of the diploma course. Specifically, the participant is asked in Module 2 to prepare a digitised video of themselves undertaking an operation for one of the listed procedures, in Module 3 to develop an algorithm for management of a specified disorder and in Module 5 to prepare a review article on a topic of choice such as would be suitable for publication in a hand surgery journal. The editor of the Journal of Hand Surgery, European edition has advised that work from the Diploma can be submitted for publication after approval from the committee. Similarly, candidates who are associate members of the BSSH can consider submitting their article for the [Pulvertaft Prize](#). Diploma study may incorporate work for a Cochrane review with the approval of the committee. Examples of the structured assessment processes for each of these assessments can be found below ([Sections 10.2.1, 10.3.2, 10.5.4](#))

A *Record of Coursework and Assessments* book is provided with your induction materials. This is an important document that lists and records all of the assessments on the course. The pass mark for all coursework is 60%. Further details on its completion are detailed in the booklet itself.

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## 5. COURSES RECOGNISED FOR CREDIT POINTS IN THE DIPLOMA

In conjunction with your studies on the Diploma you should take the opportunity to attend other courses according to your interests within the subject. The list of courses below represents educational opportunities that map closely with the Diploma syllabus and philosophy. These courses are strongly recommended by the committee and attendance on them is recognized by the allocation of points. It is not expected that you go on all of these, but you should plan to attend a number of them after due discussion with your consultant supervisor.

You should acquire a minimum of 14 points on these courses prior to the examination.

Appropriate courses attended up to five years prior to registration can be included.

Evidence of attendance will need to be provided on submission of your *Record of Coursework and Assessments* book in order for the credit points to be given.

If you cannot reach the number of required credit points by the time you sit the exam you can continue to accrue points afterwards, although this will delay awarding your Completion of Diploma Certificate.

### 5.1. Calculating “Credit Points”

- Only Hand surgery courses which have accredited CPD points are accepted. (Exceptions to this are on a case-by-case basis.)
- Please note "Credit Points" differ in scale to CPD points. CPD points are credited at approximately 1 point for 1 hour of active learning. 1 hour of active learning equals 1/6th of a credit point. E.g. you would need to attend 6 hours of Pulvertaft lectures for 1 credit point.
- Please add an additional page to your Coursework Record Book if you participate in more courses.

## 5.2. BSSH Instructional Courses

Instructional Courses in Hand Surgery 3 Credit points for each 2 day course.

Series of 8 two-day courses running over 4 years.

1. Skin and Soft tissue, Infection and Burns
2. Congenital Hand Surgery and Tumours
3. Tendon Injury, Rehabilitation and the Absent Adult Hand
4. Arthritis
5. Nerve Injury, Compression and Brachial Plexus
6. Fracture management and Joint Injuries
7. Neuro muscular disorder and rehabilitation
8. Wrist

### **5.3. Scientific Meetings**

1 credit point will be awarded for each day of attendance.

A certificate of attendance must be submitted to confirm the days attended.

NB: BSSH Trainee Days do not count towards credit points as their scope is more generic.

### **5.4. Practical skills acquisition courses**

Providing that they are related to hand surgery all other courses will be awarded 1 credit per day

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## 6. FORMAL ASSESSMENTS

*In general terms, the standard expected is that of a United Kingdom specialist Hand Surgeon with Orthoplastic Hand Experience on their first day in independent practice.*

### 6.1. Internal assessments (Delivered and marked locally to the candidate)

All of the 8 Modules include a series of work-place based assessments (WBAs) conducted by the local diploma consultant supervisor and diploma module tutors. Standardisation of the marking scheme will be achieved by detailed initial advice including standard marking proforma. Mark sheets are submitted via the *Record of Coursework and Assessments* book and sent in as a hard copy to the BSSH office prior to the exam and are kept on the participating surgeon's file. Details of the individual assessment tools are shown below ([Section 6.2](#)). Specific advice on the conduct and requirements of these assessments can be obtained first from the ISCP web site ([www.iscp.ac.uk](http://www.iscp.ac.uk)) and then, if there are particular issues arising, the Diploma Director.

We believe that in regard to DOPs/PBAs, CbDs & CEXs that it is in the interest of the candidate to undertake more than the official requirements and extra pages can be added for this purpose to the *Record of Coursework and Assessments* book.

For all of the 8 taught Modules, there is also a knowledge based assessment (KBA) which is often based around the Tutorial material.

There are 2 further assessments delivered and marked local to the candidate: Module 1 requires the preparation and delivery of a rehabilitation lecture to the candidate's department, and Module 8 requires the participant to prepare a critique of papers from a relevant scientific meeting to present within their department.

Should a candidate be unsuccessful in an internal assessment, one further attempt should be made locally. Were this to also be unsuccessful then the BSSH Diploma Course Co-ordinator should be contacted and a third and final attempt may be arranged with a member of the Diploma and Masters Committee at a mutually convenient location.

The *Record of Coursework and Assessment* book may be used as supporting evidence when discussing any candidates who are on the borderline of passing any elements of the Diploma Director, including the examination.

.

## **6.2. Assessment Instruments For Internal Assessments**

(Please see the following pages)



### 6.2.1. Case-based Discussion



## Case-based Discussion (CbD)

Supervising Trainer Full Name:	
Participating Surgeon Full Name:	
GMC Number:	
Date of Assessment:	
Training Post:	

Module: ..... Topic: .....  
 [tick box for score out of ten]

	1	2	3	4	5	6	7	8	9	10
1. Medical record keeping										
2. Clinical assessment										
3. Investigation and Referrals										
4. Treatment										
5. Follow-up and Future Planning										
6. Professionalism										
7. Overall Clinical Judgement										
8. Other comments										

Total Score: /80  
 Pass Mark: 48/80

For BSSH Office Use Only  
 Percentage Mark: %

Suggestions for development (if applicable)

Agreed action (if applicable)

Trainee satisfaction with CbD

Low	1	2	3	4	5	6	7	8	9	10	High
-----	---	---	---	---	---	---	---	---	---	----	------

Trainer's signature:	Trainee's signature:
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## 6.2.2. Clinical Evaluation Exercise



# Clinical Evaluation Exercise (CEX)

Supervising Trainer Full Name:	
Participating Surgeon Full Name:	
GMC Number:	
Date of Assessment:	
Training Post:	

Module: .....

Topic: .....

[tick box for score out of ten]

	1	2	3	4	5	6	7	8	9	10
1. History Taking										
2. Physical Examination Skills										
3. Communication Skills										
4. Knowledge of Condition										
5. Clinical Judgement										
6. Professionalism										
7. Management										
8. Other comments										

Total Score: /80

Pass Mark: 48/80

For BSSH Office Use Only

Percentage Mark: %

Suggestions for development (if applicable)

Agreed action (if applicable)

Trainee satisfaction with CEX

Low	1	2	3	4	5	6	7	8	9	10	High
-----	---	---	---	---	---	---	---	---	---	----	------

Trainer's signature:	Trainee's signature:
----------------------	----------------------

### 6.2.3. Direct Observation of Procedural Skills



## Direct Observation of Procedural Skills (DOPS)

Supervising Trainer Full Name:	
Participating Surgeon Full Name:	
GMC Number:	
Date of Assessment:	
Training Post:	

Module: .....

Topic: .....

(tick box for score out of ten)

	1	2	3	4	5	6	7	8	9	10
1. Understands Indications, Relevant Anatomy, Technique of Procedure										
2. Pre-procedure preparation (Informed Consent, Marking Side, Anaesthesia, Tourniquet Management)										
3. Technical Aspects (Aseptic Technique, Tissue Handling, Dissecting Skill)										
4. Post-procedure Management (Analgesia, Splints, Specifying ongoing Care)										
5. Communication Skills										
6. Consideration of Patient/Professionalism										
7. Overall Ability to Perform Procedure										

Total Score: /70  
Pass Mark: 42/70

For BSSH Office Use Only  
Percentage Mark: %

Suggestions for development (if applicable)
---

Agreed action (if applicable)
-------------------------------

Trainee satisfaction with DOPS

Low	1	2	3	4	5	6	7	8	9	10	High
-----	---	---	---	---	---	---	---	---	---	----	------

Trainer's signature:	Trainee's signature:
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## 6.2.4. Knowledge-based Assessment



# Knowledge-based Assessment (KBA)

Supervising Trainer Full Name:	
Participating Surgeon Full Name:	
GMC Number:	
Date of Assessment:	
Training Post:	

Module: .....

Topic: .....

(tick box for score out of ten)

	1	2	3	4	5	6	7	8	9	10
1. Understanding of principles										
2. Familiarity with relevant literature										
3. Knowledge of applied science										
4. Understanding of pathology										
5. Familiarity with patterns of disease of injury										
6. Use of appropriate diagnostic methods										
7. Knowledge of appropriate treatment										
8. Overall grasp of subject										

Total Score: /80

Pass Mark: 48/80

For BSSH Office Use Only

Percentage Mark: %

Suggestions for development (if applicable)

Agreed action (if applicable)

Trainee satisfaction with KBA

Low	1	2	3	4	5	6	7	8	9	High
-----	---	---	---	---	---	---	---	---	---	------

Trainer's signature:	Trainee's signature:
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### 6.2.5. Module 1 Project - Rehabilitation lecture

Prepare and give a lecture on a rehabilitation topic of your choice to one of the following:

Departmental training meeting / Regional meeting / National meeting

<b>Lecture title:</b>		
<b>Structure of talk:</b> Was the talk well structured? Did it follow a logical pattern of thought?		/10
<b>Content:</b> Was there an adequate explanation of the relevant background? Did the candidate emphasise how his/her topic is applicable to clinical practice? Was the material an accurate and pertinent representation of the current knowledge in this area of rehabilitation?		/10
<b>Slides:</b> Were the slides clear and easy to follow? Were the sizes of font, lines, graphs, images etc. appropriate and readable? Was an appropriate amount of text included on the slides? Were any data slides clear?		/10
<b>Questions:</b> Did the candidate handle the questions well? Did they understand the question and give a suitable answer? Did they demonstrate adequate knowledge of the subject area?		/10
<b>Delivery:</b> Did the candidate speak clearly? Did they speak to the audience? Did they present the material in an accessible way? Did they use appropriate body language?		/10
<b>Total Mark (pass mark 30/50):</b>		<b>/50</b>
<b>FOR BSSH OFFICE USE ONLY – PERCENTAGE SCORE</b>		<b>%</b>
<b>Trainer's Name:</b>	<b>Trainer's Signature:</b>	
<b>Candidate's Name:</b>	<b>Candidate's Signature:</b>	
<b>Date of Assessment:</b>		
Suggestions for development (if applicable)		
Agreed action (if applicable)		

(Guidance notes: The Lecture should be on any topic related to rehabilitation. The length of presentation is not critical and will depend on the forum in which it is delivered. The consultant supervisor or nominated lead consultant for this module will need to be present and should complete this form)

### 6.2.6. Module 8 project – Paper Critique Lecture

Prepare a critique of a paper, or papers presented at a scientific conference and present this to a departmental audience or present at the BSSH Journal Club

<b>Lecture topic title:</b>	
<b>Structure of talk:</b> Was the critique well structured? Did it follow a logical pattern of thought?	/10
<b>Content:</b> Was there an adequate explanation of the relevant background? Was the context for the presentation explored? Did the candidate state any reason for selection of the papers discussed?	/10
<b>Critique:</b> Did the candidate show the limitations of the papers? Did the candidate recognise the novel findings?	/10
<b>AV aids:</b> Were the slides or handouts clear and easy to follow? Were the sizes of font, lines, graphs, images etc. appropriate – could everything be read? Was an appropriate amount of text included on the slides? Were any data slides clear?	/10
<b>Questions:</b> Did the candidate handle the questions well? Did they understand the question and give a suitable answer? Did they demonstrate adequate knowledge of the research area?	/10
<b>Delivery:</b> Did the candidate speak clearly? Did they speak to the audience? Did they use appropriate body language? Did they keep to time?	/10
<b>Total Mark (pass mark 36/60)</b>	<b>/60</b>
<b>FOR BSSH OFFICE USE ONLY – PERCENTAGE SCORE</b>	<b>%</b>

<b>Trainer Name:</b>	<b>Trainer Signature:</b>
<b>Candidate Name</b>	<b>Candidate Signature:</b>
<b>Date of Assessment:</b>	
<b>Suggestions for development (if applicable)</b>	
<b>Agreed actions (if applicable)</b>	

**Guidance notes:** The aim of this assignment is to have you assimilate and critically evaluate work that has been presented at one of the scientific meetings you have attended or for a BSSH journal club. You should prepare a synopsis of a selection of the papers, summarise and present the hypothesis,

methods and main findings, reaching your own judgement about the value and impact of the work presented.

An approved Diploma tutor will need to be present to assess your presentation. The assessor does not need to have attended the same conference but should at least be in possession of the abstract book for that conference at the time you give your presentation.

Note: If your presentation is to be assessed at a BSSH Journal Club you will need to highlight this to the Journal Club team and arrange for “Questions” to fulfil that section on the mark scheme to be posed either during rehearsal or afterwards from your supervisor.

### 6.3.External Assessments: Marked Assignments

Please see individual Module entries for Module 2, 3 and 5:

**10.2.1:       Module 2: Video of operation**

**10.3.2:       Module 3: Algorithm**

**10.5.2:       Module 5: Review article**



## 6.4. Examination

- On successful completion of the *Record of Coursework and Assessments* book and after submission of all external assessments the course participant will be eligible to sit the Hand Diploma written and oral examinations.
- There are no APL / APEL: (Accreditation of Prior Certificated Learning/Accreditation of Prior Experiential Learning exemptions) applicable to this course. All course units are compulsory, and the entirety of the subject matter will be assessed in the examination.
- The examination must be passed in its entirety in order for the surgeon to be awarded the Diploma. It is a summative assessment of the entire body of learning and conducted at the standard of what would be expected of a specialist Hand Surgeon with Orthoplastic Hand Experience on their first day in independent practice in the UK.
- There are no optional elements within the examination as this is a professional qualification.
- This examination will be held annually.
- The examination consists of a written and an oral component.
- The written exam is 2 hours duration and consists of two elements: 60 'best answer' multiple choice questions (MCQs, 60 marks) and 15 extended matching questions (EMQs) each with 5 stems (75 marks).
- The pass mark for the written exam is 60%.
- The oral examination comprises of a series 9 OSCE-style stations spread over 2 days. These stations are structured viva voce stations, practical stations and some clinical 'short' cases. Both components (written and oral) must be passed at the same sitting. There is no cross-compensation or carry-over of marks gained in one section to the other.
- The OSCE style questions are marked using specific marking descriptors ([See Section 12](#)). The maximum score for each skills station is 32. To pass an individual station you must achieve a score of 60% or above (19 out of 32 (or more)).
- Scores of 11-18 out of 32 (fail) can be compensated by other higher scoring stations, however the average score of all 9 stations must be 60% or more.
- A "catastrophic fail" station is a score in an individual station scoring 0-10 marks. If a candidate has a catastrophic fail in 2 or more stations they automatically fail the exam. The average score for all 9 stations is still required to be 60% or more for an overall pass.
- At the end of the examination there will be an examiners' meeting at which the scores for each station will be detailed. The examiners for each station will comment and take into account the standard as noted above.
- Failure of the written OR oral exam component will result in an overall failure of the exam. One further attempt at the written and oral exams at the next appropriate exam diet will be permitted. There will NOT be any additional exam fees for this.
- No further attempts at the exam are allowed if the second attempt is failed.
- An extension may be needed if the re-sit exam is more than 5 years from registration.
- The candidate achieving the best successful performance in the overall written and oral examination will be the recipient of the "Vivien Lees Gold Medal."

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## 7. COURSE RESOURCES AND ASSESSMENTS

Details of course units are outlined in [Section 10](#). Reading materials are reviewed yearly after the exam and can be found online and downloaded from:

[https://www.bssh.ac.uk/professionals/reading\\_lists\\_-\\_diploma.aspx](https://www.bssh.ac.uk/professionals/reading_lists_-_diploma.aspx)

### 7.1. Learning resources and tips

Most candidates will be very familiar with self-directed study as a trainee on a recognised programme with the aim of completing FRCS (Orth) or FRCS (Plast). The following advice is respectfully offered:

Time management skills will be key to your success in this course and it is important to sit down with your consultant supervisor and identify the times when you can both commit to the tutorial sessions, supervised clinics and supervised operating sessions.

The course is easier to undertake when working in a Hand Surgery unit or for a Hand Surgeon. Plan to undertake the practical aspects of the course during this time.

Aim to spend 12 hours per week in private study – at least some of this time should be scheduled in your formal timetable

There are specific texts available that will help you to gain the most out of the time you have available for study e.g. Northedge A (last ed, 2007) The Good Study Guide. Open University, Milton Keynes. <https://help.open.ac.uk/postgraduate-study-skills>

Prepare for tutorials – these are meant to be interactive sessions reflecting an exchange of knowledge and ideas between senior professionals. Your tutors may have different preferences as to what kind of presentation may be offered/required.

Consider making brief summary notes / cards / mind maps of material you have studied. Pass rates for examinations in general are higher for candidates who assimilate and order their knowledge base.

Track your progress using the timeline supplied. Here you can log tutorials completed, see what coursework remains and your supervisor can review your status. ([See section 3.1](#))

## 7.2. Access to scientific and clinical journals

It is intended that the participating surgeon will have the library and educational resources of the Trust in which they work. Your local hospital or affiliated local University library should give access to Internet journals stocked by that library via ATHENS. This is a search engine which allows access to full text versions of articles in many key journals. All NHS employees are entitled to free access to ATHENS and your Trust's librarian or educational advisor will help you to set this up and show you how to use the programme. You will be given a username and password and may then access the journals belonging to this facility from any computer linked to the Internet using your password. Many journals nowadays will allow purchase of individual articles for a one-off fee. Alternatively, individual articles can be purchased in the traditional way via order made by the interlibrary loans service. Fellows and members of the Royal Colleges of Surgeons also have access to the excellent online library services of those institutions.

As an Associate Member of the BSSH, a surgeon has access to the Journal of Hand Surgery (European). Fellows of BSSH have access to the American edition in addition to European volume. For access to the American addition, as an Associate, you would have to subscribe separately through SAGE journals.

You may find it useful to access medical information sources via the Internet. There are a number of useful websites such as Medscape (<https://www.medscape.com/>) PubMed ([www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/)). These give you access to peer reviewed clinical articles, literature reviews on medical specialties, practice guidelines and news.

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## 8. PARTICIPANT SUPPORT AND GUIDANCE

### 8.1. Consultant supervisors

Your locally based Diploma Consultant Supervisor will be a hand surgeon approved by the BSSH as a Diploma tutor and registered with the University of Manchester (UoM). The supervisor(s) must be an orthopaedic or plastic surgeon with a major interest and practice in hand surgery. The department must already have been recognised for the teaching of hand surgery at FRCS (Orth/Plast) level and be in possession of a satisfactory review by the relevant SAC. For the purpose of registration there must be a named Consultant Supervisor for each registered candidate. The tutorial work is to be shared between the Diploma tutors of a given department or group of departments according to their particular interests. All Diplomas Module Tutors and Diploma Consultant Supervisors must submit a summary CV (proforma provided: [See Section 8.4.](#)) in order to achieve UoM approval to teach on the course. A timeline has been provided ([See Section 3.1](#)) to facilitate with documentation and tracking of candidate progress. It is expected that the supervisor will both prompt the participating surgeon to complete this in a timely manner and check it periodically to ensure satisfactory progress is being made.

The Diploma consultant supervisor should meet with the participating surgeon on a regular basis. There needs to be prior clear agreement on the frequency, length and nature of face-to-face meetings and other contacts. A record of that tutorial should be documented in the appropriate module section of the *Record of Coursework and Assessments* book. It will need to include a brief description of the topic covered in that tutorial and be signed and dated by the tutor. It is important that both supervisor and participant keep their own copy of these forms and it is ultimately the responsibility of the participant to ensure these are returned expeditiously. In addition, it is important that both parties should keep copies of all correspondence and keep copies of key areas covered in tutorials and meetings.

The Consultant Supervisor should ensure that any Diploma Module Tutors who teach on the course have the knowledge and expertise to deliver a level of education required for the Diploma and are on or will apply to be on the list of approved Diploma tutors. It is expected that some departments will not be able to provide tutorials in certain specialised subjects such as congenital hand surgery and brachial plexus surgery. The Consultant Supervisor may be able to help arrange tutorials with appropriate tutors elsewhere. If not the Diploma and Masters Committee may be able to help to put the candidate in touch with an appropriate person or department to arrange these tutorials either face to face or virtually. Availability of the consultant supervisor and tutors is key to making this distributed learning course effective. It is recommended that any consultant thinking of taking on such a role should have this formally incorporated into and recognised on their job plan. There needs to be a period of time devoted to the tutorials and internal assessments. Tutorial time needs to be protected and free of competing duties.

The consultant supervisor will meet or communicate with their participating surgeon on a regular basis excepting holidays, study leave etc. Time spent on internal assessments is over and above that

allocated to the tutorials. The named supervisor should not personally deliver each and every tutorial on the course but is ultimately responsible for making sure that, between the consultant colleagues of a department, the course has been delivered in the specified format. The participating candidate should have access to their supervisor by e-mail and by phone at all times except when the supervisor is on leave.

Supervisors may benefit from familiarisation with the content of University of Manchester Supervisor Quality, Diversity Inclusiveness and Equal Opportunities courses although most will have already undertaken equivalent courses as part of their NHS duties.

## **8.2. Responsibilities of the Diploma Consultant Supervisor and Diploma Module Tutors**

The Diploma consultant supervisor and other Diploma Module Tutors should:

- Have read the tutors guide ([See Section 8.3](#) below) which is to be supplied by the consultant supervisor and this Manual which is available on the BSSH website
- To have signed a Tutor Declaration with the BSSH

To have gained approval to teach from the BSSH and University of Manchester (via submission of a [proforma CV](#))

- Be available, constructive and supportive
- Try to identify what has been done well in addition to where improvements can be made
- Have appropriate expertise and experience in the practice of hand surgery
- Be widely read with current knowledge of relevant research and clinical trends
- Advise participating surgeon of their leave periods so that tutorials can be planned appropriately
- Advise on realistic timelines – do not leave it all to the end of the attachment
- Act as a mentor figure aiming to support, educate and motivate the candidate in pursuit of the diploma course. This includes guidance and encouragement to attend affiliated courses which will support their studies
- Be prepared to advise their BSSH Diploma Mentor (Diploma Director or immediate past Diploma Director – allocated on registration) of any important difficulties being encountered either in the performance of the candidate or delivery of the course.

### 8.3. BSSH Hand Diploma Supervisors And Diploma Tutors: A Briefing Guide

Thank you for agreeing to teach a module(s) of the BSSH Hand Diploma. It is hoped that you will find it a rewarding and enjoyable experience. The aim of the diploma is to cover the breadth and depth of hand surgery, thereby preparing candidates for practice as a senior hand surgeon and optimising patient care.

The course depends upon your generous commitment of time and your enthusiasm to its teaching. It also requires the academic validation of the University of Manchester in order to be of use to the candidates and their potential employers. In order to satisfy quality assurance procedures within Higher Education the University requires all Diploma tutors to be approved. This is a one-off event and involves submission of the Diploma Tutor Approval Proforma Summary CV ([See Section 8.4](#)). It is not expected that every tutor will complete every field of the form but pertinent extracts from a standard CV are appropriate. The resulting approval can be used as evidence of teaching and training for your annual appraisal and the revalidation process.

The teaching of each of the 8 modules comprises 4 tutorials in each followed by a mini viva (called a Knowledge Based Assessment in this context). Most find it useful to divide up the syllabus for each module in advance, guided by Section 10 of this Manual. There are four suggested topics for each module given as a guide for the four tutorials.

The tutorials are an opportunity to discuss the areas under scrutiny and flesh out the information from text books etc. It is not intended that the candidate should simply recite what they have read or for the Diploma tutor to give a “lecture”. Each tutorial will usually take between 60 and 120 minutes. It is sometimes necessary to have a double tutorial if scheduling is a challenge. It is suggested that tutorials are usually planned for a maximum of 4 enrolled Diploma candidates in order to preserve the interactive nature and quality of the experience, however this is at the tutor’s discretion.

There should be sufficient time allowed between tutorials to give candidates the opportunity to read and prepare for the next tutorial.

It is advisable to agree with the candidate dates for as many meetings as possible and detailing which subject areas are to be covered in which tutorial. This allows both the Diploma tutor and the candidate the opportunity to prepare accordingly.

**An individual Diploma tutor can successfully teach a maximum of 2 modules (8 tutorials) to each Diploma candidate.**

The assessment of learning is by various modalities and the KBA is almost always carried out by the Diploma tutor for that module. It is similar to a tutorial, but one expects the candidate to do the talking with minimal prompting. It can be helpful to compose a list of points to cover in the KBA for each module as an indicator of what one expects the candidate to be able to talk about sensibly and as a reminder for oneself. Since the Diploma is for surgeons from both Plastics and Orthopaedics one would not expect in depth knowledge of arthroplasty tribology in module 4 or detailed recounting of specific, obscure flap anatomy in module 2.

The KBA should take approximately 20-30 minutes. If the candidate's performance is substandard a further attempt should be arranged. If the second attempt still does not demonstrate an appropriate competence in that module then please seek advice from the Diploma Director via the BSSH Course Co-ordinator, who will arrange for a local 'second opinion' of the candidate's knowledge base.

The other module assessments are very similar to the workplace-based assessments (WBAs) used widely in modern medical postgraduate education. Clinical evaluation exercises (CEX), Case based discussion (CbD) and Direct observation of procedural skills/Procedural Based Assessments (DOPS/PBAs).

The module outline for each module can be found in this Diploma Manual which is available electronically on the [BSSH website](#) along with the reading list. The reading lists have been revised and aim to provide bite sized literature with an emphasis on classic or landmark papers, review articles or book chapters and other resources for each subject area.

There is a one day "Introduction to the Diploma Day" (Intro Day formally Prep Day) each year (details from the BSSH Co-ordinator, [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)) to help candidates prepare for the exam. The faculty for this are mainly ex-candidates (current Diplomates) and the day outlines the Diploma course and type of study involved. The day also includes a sitting of an example written paper and several oral stations.

Candidates having difficulty completing items in their *Record of Coursework and Assessment* book can also attend one of the booster days currently held in Derby. Incomplete WBAs and Tutorials, that are well prepared for, can be completed and validated. We would suggest that these would most appropriately be the more difficult to obtain super-sub specialist topics.

The Booster Day can be attended more than once, however a maximum of 5 items (WBAs and Tutorials) from the workbook can be signed off in a booster day scenario. For example if 3 items are signed off on a single booster day, then 2 items can be signed off in subsequent booster days.

Entry to the exam is made using the specific entry form via the BSSH Course Co-ordinator and must be done by the deadline each year. Entry to the exam requires a completed *Record of Coursework and Assessment* book, including a submitted video, review article and algorithm. No candidate with an incomplete *Record of Coursework and Assessment* book will be allowed to take the exam.

The Diploma is managed & developed by the BSSH Diploma and Masters Committee, administered by the BSSH secretariat and academically endorsed by the University of Manchester. Each candidate needs a Diploma Supervisor who will co-ordinate their application, select module Diploma tutors and monitor progress through the course. In addition, there is a mentor who provides a further level of support and information for candidates. The Diploma Director is also the Chair of the Diploma and Masters Committee and is ultimately responsible for both the academic standards of the qualification and the executive running of the programme including the examination. For further information or assistance please contact the Course co-ordinator:

BSSH Diploma Course Co-ordinator

Secretariat

British Society for Surgery of the Hand

The Royal College of Surgeons

35-43 Lincoln's Inn Fields London

WC2A 3PE

Tel: 020 7304 4779.

Mobile: 0751 288 3194,

Email: [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)



#### 8.4. University Of Manchester Diploma Tutor Approval Proforma Summary CV

### Pro forma Curriculum Vitae for BSSH Hand Diploma Tutors

**Please focus on teaching experience and training**

<b>Name</b>	
<b>Email address</b>	
<b>Telephone number</b>	
<b>The following information is for diversity monitoring:</b>	Gender:      Male      Female      Other      Prefer not to say
	Ethnicity:      Prefer not to say
<b>Current main professional role and approximate percentage Hand and Wrist Surgery involved</b>	<b>Job Title:</b>  <b>Percentage of Hand and Wrist workload:</b>  <b>Date appointed:</b>
<b>Name of Base Hospital/Hand Unit</b>	
<b>Town + Region</b>	
<b>Parent Specialty</b>	Plastic Surgery/Orthopaedics/Other (please detail)
<b>Main clinical Interests</b>	
<b>I feel able to Tutor modules:</b>	1. Basic Science and Rehab <input type="checkbox"/> 2. Skin, soft tissues and Infection <input type="checkbox"/> 3. Fractures, Injury and Instability <input type="checkbox"/> 4. Osteoarthritis and Inflammation <input type="checkbox"/> 5. Tendons <input type="checkbox"/> 6. Child's Hand <input type="checkbox"/> 7. Nerve <input type="checkbox"/> 8. Dupuytren's, Tumour, vascular <input type="checkbox"/>

<b>I have an interest in becoming a Diploma Consultant Supervisor</b>	Yes/No	
<b>Are you able/willing to provide Virtual Tutorials?</b>	Yes/No Comment:	
<b>Other professional roles</b> Including dates of appointment		
<b>BSSH Member?</b>	Yes/No	
<b>Diplomat?</b>	BSSH Diploma - Date of qualification..... FESSH Diploma - Date of qualification.....	
<b>Relevant teaching qualifications</b> (E.g. Training the Trainers or other courses to meet GMC domain 7.)	<b>Date</b>	<b>Title</b>
<b>Pertinent teaching courses</b>	<b>Date</b>	<b>Title</b>
<b>Training/Examining experience</b> (E.g. college or medical school examiner, deanery appointment etc.)		
<b>Teaching Experience</b> <b>Including brief description of roles and level,</b> (E.g. medical student, surgical training, specialist training AES/CS etc.)		
By including my name below I confirm that the information provided above is an accurate reflection of my suitability for teaching the BSSH Hand Diploma and that I agree to this information being shared with the University of Manchester.		
<b>Name</b>		
<b>Date</b>		

### 8.5. Approved Tutor Declaration

## Hand Diploma Tutor Declaration

I, \_\_\_\_\_ as a tutor/supervisor of the British Society for Surgery of the Hand  
& University of Manchester

Postgraduate Diploma in Hand Surgery declare that:

- I have a copy of and have familiarised myself with the course manual
- I have read and understood the guidance notes for tutors (Section 8.3), the book list (Section 11) and the relevant module syllabus (Section 4 ) and reading list(s) (See BSSH Website).
- I will uphold the philosophy and standards of the course in tuition, assessment and guidance of my student(s) to the best of my ability.
- I will apply the standard of knowledge and skills expected of the qualification, namely that of a consultant in the first day of consultant practice, to my involvement with the course and its students.
- I understand the course is delivered as a distributed learning programme, administered by the BSSH and validated by the University of Manchester.
- I know where to seek guidance and support for my involvement should this be required, for example where a trainee is in difficulty (Section 20).

Signed:

Date:

## 8.6. Candidate feedback

The Course organisers are keen to receive constructive feedback and will seek both formal and informal feedback from each candidate during the course through the work place based assessment forms (see [Section 6.2](#)). Also at the conclusion of their course via an online survey, which must be completed before any certificate is issued. The Hand Diploma as originally conceived will evolve and adapt to take into account this type of feedback.

## 8.7. Participating surgeon (candidate) representation

All courses run by or in partnership with the University have a candidate representative. For the Postgraduate courses in Hand Surgery this role is broadly similar to the majority of courses but with some specific considerations for our particular arrangements. The currently registered participants are invited to nominate themselves and selection is then carried out by a confidential online poll of the enrolled candidates. In the event of a tie the Diploma Director in their role as Committee Chair will make the final decision.

The elected individual will canvas for views and feedback from their colleagues and report to the course committee in writing at regular intervals including a formal annual report each year. The representative can also request to attend the committee meetings in order to discuss matters in person as required. The Deputy Diploma Director or immediate past chair is the nominated liaison for the candidate body via the elected representative. The term of office is one year with the option to extend by mutual agreement of the representative and the committee and confirmation from the candidate body (via the same online polling method used for election).

The current representative's contact details are provided when you register and are available from the BSSH Diploma Course Co-ordinator. The candidate representatives are not in a position to represent course participants in respect of individual problems or complaints and such problems should be directed to [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk).

## 8.8. Withdrawing from the diploma.

Notification of withdrawal from the diploma course should be made to the BSSH Diploma Course Co-ordinator at the BSSH office. There will not normally be any refund of fees paid except in the instance where a formal complaint or appeal has been made and that complaint or appeal has been upheld after due process of investigation. Disinclination to continue the course because of inability to keep up with the coursework will not constitute grounds for refund of fees.

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## 9. PARTICIPANT PROGRESS AND ASSESSMENT

### 9.1. Responsibilities of candidates

It is your responsibility to ensure that you

- Have read in detail the eligibility criteria for registration and for sitting the exam and have every reason to believe that you will meet these criteria.
- Have read and understood the structure of the Hand Diploma and rules governing the course. If there are aspects which are unclear or matters that cannot be dealt with locally then there are advisors to the course who are happy to be approached for advice (list available from BSSH Course Co-ordinator).
- Approach and have the express support and commitment of an appropriate Diploma Consultant Supervisor that you plan your study and weekly timetable with to meet the timeline and requirements of the course .

Select diploma module tutors, with help from your supervisor, who have the requisite knowledge, commitment and availability to deliver the requirements for each module and are approved.

(current list available on the [BSSH website](#)).

- For some highly specialised topics within a module you may need to seek a diploma module tutor outside your area. This should be done in discussion with your supervisor and help can be sought from the BSSH Course Co-ordinator.
- Schedule a meeting with your Base Rotation Training Programme Director (if appropriate) to ensure that the Diploma requirement of 6 months of advanced hand surgery training post FRCS (Plast)/(Orth) can be accommodated. In addition, obtain a placement prior to taking FRCS (Plast/Orth) with a Hand Surgeon or Hand Surgery unit.
- Notify your supervisor of dates of annual and study leave with as much notice as possible.
- Make a plan of courses and meetings to attend which will support your studies (see also [Section 3.2](#) and [Section 5.1](#)). Discuss this with your supervisor and incorporate into your study leave schedule. It is also wise to review progress on this point when nearing the end of the course and make plans for future attendances which will support ongoing professional development.
- Initiate the work place based assessments (WBAs) at such time as you feel ready to complete them.
- Ensure that coursework documentation is completed and keep track via the Timeline ([Section 3.1](#)) supplied. The original *Record of Coursework and Assessments* book is to be returned to the BSSH Diploma Course Co-ordinator prior to examination entry.
- Mention any problems that you are experiencing at an early stage. You must specifically raise any concerns you have about your progress and request additional support as appropriate.
- Keep written records of all correspondence with your supervisor, including emails and notes of telephone conversations, as well as any more formal arrangements or agreements.

## 9.2. Policy on plagiarism and other forms of academic malpractice

### Definition

Plagiarism is misrepresenting other people's work as your own. It can be regarded as 'academic theft'. The work in question could be written words but also includes ideas, arguments, diagrams, images or other data. The misrepresentation could be a specific overt claim that someone else's work is your own or, just as seriously, failing to acknowledge adequately the sources you have used. The other person's work could have come from a publication, the internet, another person's work etc.

In its most blatant form, plagiarism involves copying large parts of someone else's work and claiming it as your own. It also includes extracting shorter phrases or sentences and linking them together again presenting them as your own.

Plagiarism amounts to academic misconduct – that is, it is a form of cheating. It is therefore treated seriously and is a probity issue impacting on your fitness to practice.

### How to avoid plagiarism

Plagiarism is avoided by ensuring you always acknowledge the source of any information you have included in your written work or presentations. Make it clear which parts of your work have come from someone else's contribution.

#### Specifically, you should avoid:

- Copying word-for-word or closely paraphrasing directly from a text
- Taking data or clinical images from someone else and claiming it as your own
- Copying from another person's notes
- Changing a few words around and passing off something as your own work when it is not

#### Do try to:

- Write notes in your own words about any articles, books or other material you obtain
- When you need to copy a passage from a given source mark it in highlighter so you can clearly identify it subsequently
- Write the reference next to any quotation immediately so that you are never tempted to save time later by using it without acknowledgement
- If quoting anything longer than a phrase from someone else's work you should present it as a quotation, using inverted commas and refer it to the sources in full in a footnote or bibliography
- Avoid lengthy quotations altogether
- If in doubt as to whether or not something you are proposing might lead to an accusation of plagiarism discuss it first with your clinical supervisor

### 9.3. Ethical Guidelines

Detailed advice on appropriate professional conduct is laid down in 'Good medical practice' of the General Medical Council [www.gmc-uk.org](http://www.gmc-uk.org)

### 9.4. The University of Manchester Degree Regulations

The BSSH Hand Surgery Diploma is validated by The University of Manchester. The UoM degree regulations for postgraduate taught degree regulations are available at:

[www.tlso.manchester.ac.uk/degree-regulations/](http://www.tlso.manchester.ac.uk/degree-regulations/)

**Course exemptions to the postgraduate taught degree regulations:**

- The Diploma Course employs a 60% pass mark
- The Diploma Course does not permit compensation rules to be applied (which is different from the allowed compensations within the oral exam where scores of 11-18 can be uplifted by higher scores elsewhere in the same oral exam).

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## 10. MODULES

### 10.1. Module 1: Basic Sciences/Principles of Rehabilitation

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>• To provide working knowledge of relevant basic sciences pertinent to the practice of hand surgery</li> <li>• To obtain sufficient understanding of the principles and practice of physiotherapy, occupational therapy and splintage for hand and upper limb conditions, to promote the appropriate use of therapy for patients, and a good liaison with therapists.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• The ability to demonstrate a working knowledge of:             <ul style="list-style-type: none"> <li>• anatomical structures and relationships, including interpretation of radiological imaging</li> <li>• embryology of the upper limb and derivation of common anomalies and variations</li> <li>• musculoskeletal tissue repair and regeneration</li> </ul> </li> <li>• To be fully acquainted with the rehabilitation needs of patients undergoing hand and upper limb surgery. To understand the modalities of treatment used by physiotherapists in this specialty, and how to make appropriate referrals. To recognise the need for splintage and be able to liaise appropriately with occupational therapists. To understand the principles and practical application of post-operative plaster immobilisation.</li> <li>• To have detailed knowledge of the use of local anaesthetic techniques in Hand Surgery.</li> <li>• To understand the needs of patients regarding return to work, both in terms of advising on the appropriateness of employment and helping with preparation for return to work. To know how to advise patients appropriately safe return to driving.</li> <li>• To understand the place of prosthetic limb replacement in limb deficiency or loss, and current technical possibilities.</li> <li>• To understand the implications of the Wolfe report on medico legal reporting, and the principles underlying medico legal work.</li> <li>• To be familiar with the ethical requirements of confidentiality, consent and research.</li> </ul>



Unit Outline	<ul style="list-style-type: none"> <li>• Embryology - principles of development and genesis of congenital difference</li> <li>• Anatomy - all aspects of anatomy of the upper limb (excluding detailed anatomy of elbow and shoulder joints, but including brachial plexus and thoracic outlet)Physiology - the pattern of blood supply to skin, fascia, muscle, bone and tendon healing</li> <li>• Pathology - repair and regeneration of skin, nerve, tendon and bone</li> <li>• Modalities of assessment, modalities of therapy for the injured and operated hand, rehabilitation of flexor and extensor tendon injuries, complex injuries, principles of splinting, work assessment, return to driving.</li> <li>• Prosthetics</li> <li>• Preparation of personal injury and occupational reports</li> <li>• Ethical issues (e.g. research, hand transplantation)</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>• Suggested supporting visits to/tutorials with: <ul style="list-style-type: none"> <li>• Hand therapy department - two sessions with a senior therapist (minimum 4 hrs);</li> <li>• Consultant musculo-skeletal radiologist;</li> <li>• Plaster room technician;</li> <li>• Regional prosthetist</li> <li>• Pain Clinic</li> <li>• A hand surgeon who prepares medico legal reports</li> </ul> </li> <li>• Private study</li> <li>• Tutorials with departmental tutor</li> <li>• Instructional Courses in Hand Surgery <ul style="list-style-type: none"> <li>• Aspects of basic science covered throughout the lecture series with focus on Course 3: Tendon injury, rehabilitation and the absent adult hand.</li> </ul> </li> </ul>
Content:	<ul style="list-style-type: none"> <li>• Indications for physiotherapy</li> <li>• Methods used in physical therapy Indications for splintage</li> <li>• Types of splintage and methods of construction</li> <li>• Advice to patients on return to work</li> <li>• Preparation of medico legal reports</li> <li>• Medical negligence reporting</li> <li>• Prosthetic fingers and limbs</li> <li>• Return to driving</li> <li>• Ethics of confidentiality and research</li> </ul>

Suggested tutorial structure:	<ul style="list-style-type: none"> <li>• Embryology, genetics, congenital terms.</li> <li>• Development and repair of skin, fascia, muscle and tendon and bone, to include principles of grafting for each tissue type. Anatomy of skin</li> <li>• Types of splintage, rehab regimens and patient compliance. Scar contracture, role of post op splinting, application of plasters. Local anaesthesia</li> <li>• Anatomy of three main nerves (from brachial plexus to the finger tips), of the upper arm and forearm vascular tree, of the antecubital fossa and forearm muscle nerve supply</li> <li>• MRI, CT Ultrasound. Prosthetics. Medico legal. Ethics and types of research</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment (KBA)</li> <li>• Case based discussion (CbD)</li> <li>• Prepare and give a teaching lecture on rehabilitation topic to the department – (See <a href="#">Section 6.2.5</a> for Mark Sheet)</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#">BSSH Website</a>

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## 10.2. Module 2: Skin, Soft Tissues and Infection

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>• To understand blood supply of skin and soft tissues, wound healing, reconstruction of soft tissue deficits.</li> <li>• Acquire detailed understanding of all aspects of infection in the hand including knowledge of relevant literature.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Ability to demonstrate working knowledge of: <ul style="list-style-type: none"> <li>• Pathophysiology of wound healing in soft tissues, including burns injury</li> <li>• Management of soft tissue injury / deficiency including appropriate use of wound dressings</li> <li>• The reconstructive 'ladder' - to include use of split and full thickness grafts as well as local, regional, distant and free flaps</li> <li>• Management of soft tissue/bony infections pathophysiology of infection</li> <li>• Principles of microvascular surgery including replantation</li> </ul> </li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>• Wound healing <ul style="list-style-type: none"> <li>• Primary intention healing, secondary intention healing, healing by epithelialisation</li> </ul> </li> <li>• Principles of soft tissue management including reconstruction <ul style="list-style-type: none"> <li>• Principles of wound debridement and management of infections</li> <li>• Reconstructive ladder</li> <li>• Reconstructive triangle</li> <li>• Soft tissue cover for defects over</li> <li>• Finger tips</li> <li>• Palm of the hand</li> <li>• Dorsum of the hand including composite tissue loss</li> <li>• Forearm and elbow defects</li> </ul> </li> <li>• Mangled extremities</li> <li>• Burn injuries</li> <li>• Extravasation and pressure injection injury</li> <li>• Replantations and microsurgery</li> <li>• Soft tissue and bony infection in the upper limb, including pathophysiology <ul style="list-style-type: none"> <li>• Paronychia, felon and deep infections in the hand</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Flexor sheath infections</li> <li>• Osteomyelitis</li> <li>• Atypical infections including TB</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>• Private study</li> <li>• Tutorials with departmental tutor</li> <li>• Attendance at Plastic Surgery departmental dressing/therapy Clinics</li> <li>• Practical Hand Skills Courses - elective and trauma modules</li> <li>• Instructional Course in Hand Surgery: <ul style="list-style-type: none"> <li>• Course 1: Skin and soft tissue, microsurgery and infection</li> </ul> </li> <li>• Optional attendance at a flap course Microsurgery course</li> </ul>
Content	<ul style="list-style-type: none"> <li>• Wound healing</li> <li>• Reconstructive ladder</li> <li>• Blood supply to skin and soft tissues</li> <li>• Skin grafts</li> <li>• Local, regional and distant flaps</li> <li>• Replantations and microsurgical free tissue transfer</li> <li>• Coverage of specific soft tissue deficits</li> <li>• Management of complex wounds</li> <li>• Infections</li> <li>• Burns</li> <li>• Extravasation and pressure injection injuries</li> </ul>
Suggested Tutorial topics	<ul style="list-style-type: none"> <li>• Wound healing, blood supply of skin and muscles and the basis of flap anatomy <ul style="list-style-type: none"> <li>• Wound healing, stages and problems</li> <li>• Blood supply to skin and muscles</li> <li>• Classification of skin and muscle flaps</li> </ul> </li> <li>• Wound management including soft tissue and bony infections <ul style="list-style-type: none"> <li>• Primary wound management including debridement</li> <li>• Management of soft tissue and bony infections.</li> </ul> </li> <li>• Principles of soft tissue reconstruction of upper limb defects including skin grafts and flaps <ul style="list-style-type: none"> <li>• Reconstructive ladder and triangle</li> <li>• Skin grafts</li> <li>• Local, regional, distant and free flaps</li> <li>• Replantations and free tissue transfers</li> </ul> </li> <li>• Complex and challenging soft tissue injury <ul style="list-style-type: none"> <li>• Burn injuries</li> <li>• Mangled extremities</li> <li>• High pressure injection injury</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Extravasation</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place based assessments               <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Clinical evaluation exercise (CEX)</li> <li>• Submit a video of an operation performed from the list provided (<b><u>See below: Section 10.2.1</u></b>)</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <b><u>BSSH Website</u></b>

### 10.2.1. Module 2 Operative Video Guidance and Tips for Candidates

The purpose of this exercise is to demonstrate an operative intervention you perform and record in a digital video format. The video should be aimed at a level which could be used to treat junior colleagues”.

Procedures suitable for the video assessment are:

- Primary Dupuytren’s - procedure (not including dermofasciectomy)
- Basal thumb osteoarthritis - Open procedure – Trapeziectomy, LRTI etc
- Hand or wrist ligament repair/reconstruction
- ORIF in the hand or wrist including corrective osteotomy for malunion
- Flexor tendon repair
- Tendon transfer
- Major nerve repair
- Local flap for skin coverage

There are a number of points to consider and specific constant aspects that must be included in the video as described below:

1. There are important consent issues arising in an exercise of this nature. The patient must be informed that you are undertaking a recording of the operation for educational purposes and your local hospital clinical photography written consent form must be completed.
2. The final length of the completed video should be 7-15 minutes. Those above 15 minutes may be returned unmarked for further editing. You are not being judged on the quality of the video but on the quality of the surgery therefore excessive time spent on editing is not essential.
3. Pay close attention to the ‘Operative Video Assessment sheet’ which highlights each area that must be included and the number of points assigned to each section.
4. A verbal introduction with accompanying images should be used for the ‘explanation of choice of procedure section’.
5. In addition to the video images, a voice over of all sections should be undertaken to highlight techniques used and intra-operative surgical decisions made. Note on the assessment sheet those sections highlighted with a \* should be accompanied by a clear justification of the choices made (in order to demonstrate higher order thinking).
6. Please do not add background music to the video.

We believe that you will benefit from watching yourself operating and the experience may assist with improving aspects of your surgical technique.

An External Assessor to the Diploma Course will score and mark the video on defined parameters the result forms part of your Diploma record.

This assessment allows comparison with other candidates and helps to validate the Diploma Course nationally. It will help to ensure that all are being marked to the same standard and is part of our

quality assurance measures. In cases of a doubtful pass the Diploma Director will adjudicate and where necessary request a new video to be submitted.

**Tips to producing a successful video and pitfalls identified in previous submissions.**

- See annotations in marking sections to guide you as to what is expected in each section.
- Potentially easy sections to score full marks are highlighted in **bold**.
- Some sections are time consuming to carry out in real life. These can be sped up to X2 or X4 speed to avoid wasting video time for the final product.
- Clear voice over without any distracting background music will help examiners.

## Module 2 External Assessment

### Operative Video Assessment Sheet

Candidate Name:

Procedure title (please tick one)

Dupuytren's – Primary procedure (not including dermofasciectomy)	
Basal thumb arthritis open procedure – Trapeziectomy, LRTI etc	
Hand or wrist ligament repair or reconstruction	
Open reduction and internal fixation of a fracture of the hand or wrist including corrective osteotomy for malunion	
Flexor tendon repair	
Tendon transfer surgery	
Major nerve repair	
Local flap	

<b>Explanation of choice of procedure including patient history, examination findings and indications*</b> <ul style="list-style-type: none"> <li>Please start your video with a voiced over summary slide to discuss the patient history</li> <li>Please include a clinical photograph or X-ray to aid examination or show a voice over examination in the video</li> <li>Please show and voice over a separate slide to discuss indications for surgery, particularly when more than one treatment option is available.</li> </ul>	/10
<b>WHO correct site surgery check</b> <ul style="list-style-type: none"> <li>To get full marks here, candidates must show them themselves checking of patient hospital number, the consent form, discussing blood loss, special kit required, unexpected steps, sterility of equipment, anaesthetic issues, need for antibiotics, imaging, and VTE consideration</li> <li>Discussing and not showing the WHO check will only receive 1/5 marks</li> </ul>	/5
<b>Application of tourniquet OR</b> <b>Description and footage of injection technique if using WALANT*</b> <ul style="list-style-type: none"> <li>Application of wool</li> <li>Application of tourniquet and securing it</li> <li>Connect tourniquet to machine</li> <li>Application of exclusion drape or similar methods and explain why this is necessary</li> <li>Discuss the tourniquet pressure used</li> </ul> <b>ALTERNATIVELY</b> <ul style="list-style-type: none"> <li>For WALANT please describe the mixture and volumes of anaesthetics used and voice over during the injection technique to explain the rational for using WALANT and the injection sites being used.</li> </ul>	/5
<b>Prepping of limb</b> <ul style="list-style-type: none"> <li>Discuss type of prep used</li> </ul>	/5



<ul style="list-style-type: none"> <li>• Show actual prepping of limb</li> <li>• Show application of drapes</li> <li>• Discuss shut off if used</li> <li>• If cases done under WALANT non adhesive drapes ought to be used</li> </ul>	
<b>Demonstration of skin markings*</b> <ul style="list-style-type: none"> <li>• Discuss rationale for selecting the skin incisions – why this one if alternatives available, e.g., longitudinal vs Bruner’s for Dupuytren’s surgery</li> <li>• If landmark-based incision design, explain what landmarks are used and how to identify them</li> </ul>	/10
<b>Approach and surgical incisions*</b> <ul style="list-style-type: none"> <li>• Discuss structures encountered during approach</li> <li>• Is it a nerve/tendon sparing approach?</li> <li>• Is it an inter-nervous approach?</li> <li>• Use or lack of retractors/assistant</li> </ul>	/10
<b>Demonstration of pertinent anatomy</b> <ul style="list-style-type: none"> <li>• Need to show important landmarks related to approach chosen</li> <li>• Need to see pathological anatomy, e.g., cords in Dupuytren’s, fracture site for ORIF, arthritic joint, severed tendon/nerve etc.</li> </ul>	/10
<b>Surgical steps for the procedure and tissue handling*</b> <ul style="list-style-type: none"> <li>• Overall handling of tissue</li> <li>• Clear progression from approach to identification of pathology to carrying out planned intervention and achievement of goal, e.g. repaired tendon, X-ray of fracture fixation, cover of primary defect with flap and closure of secondary defect etc.</li> <li>• If applicable testing of repairs/stabilisation</li> </ul>	/20
<b>Haemostasis</b> <ul style="list-style-type: none"> <li>• Appropriate use of bipolar diathermy, tying off vessels, ligacips in flap surgery.</li> </ul>	/5
<b>Skin cover and closure*</b> <ul style="list-style-type: none"> <li>• Discuss type of sutures used</li> <li>• Discuss technique of suturing – interrupted vs subcuticular</li> <li>• Z-plasty design and transposition if applicable</li> </ul>	/10
<b>Application of dressing and splint</b> <ul style="list-style-type: none"> <li>• Type of dressing used</li> <li>• Splints if used – application of POP slab</li> <li>• Wool and crepe bandage application if applicable</li> </ul>	/10
<b>Total mark</b>	<b>/100</b>

**\*Sections that require a clear voice over with justifications of the choices made (in order to demonstrate higher order thinking)**

Assessor's Name:	Assessor's Signature:
Date of marking:	

Please return to the BSSH Diploma Course Co-ordinator at: [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)

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### Marking Guide for Module 2 Operative Video Assessment:

Mark	Explanation
<b>Outstanding: 90 -100%</b>	Work of excellent quality throughout. Excellent presentation.
<b>Excellent: 80 - 89%</b>	Work of very high to excellent quality showing originality, high accuracy, thorough understanding, and critical appraisal. Shows a wide and thorough understanding of the material studied and the relevant literature, and the ability to apply the theory and methods learned to solve unfamiliar problems. Very good presentation.
<b>Good Pass (allows award of merit): 70-79%</b>	Work of good to high quality showing evidence of understanding of the research topic, good accuracy, good structure and relevant conclusions. Shows a good knowledge of the material studied and the relevant literature and some ability to tackle unfamiliar problems. Good presentation.
<b>Pass: 60-69%</b>	Work shows a clear grasp of relevant facts and issues and reveals an attempt to create a coherent whole. It comprises reasonably clear and attainable objectives, adequate literature review and some originality. Presentation is acceptable, minor errors allowed.
<b>Fail: 50-59%</b>	Work shows a satisfactory understanding of the research topic and basic knowledge of the relevant literature but with little or no originality and limited accuracy. Shows clear but limited objectives, and does not always reach a conclusion. Presentation adequate but could be improved.
<b>Fail: 40-49%</b>	Work shows some understanding of the main elements of the research topic and some knowledge of the relevant literature. Shows a limited level of accuracy with little analysis of data or attempt to discuss its significance. Presentation poor.
<b>Fail: 0-39%</b>	Limited relevant material presented. Little understanding of research topic. Unclear or unsubstantiated arguments with very poor accuracy and understanding. Presentation unacceptable.

### 10.3. Module 3: Fractures and Joint Injuries of the Hand and Wrist including Wrist Instability

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>Acquire detailed understanding of all aspects of the management of hand and wrist fractures, joint injuries and knowledge of relevant literature.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>Familiarity with the pathophysiology of fracture healing, non-union, malunion and deformity including relevant literature; understanding of basic sciences.</li> <li>Demonstrate ability to manage hand and wrist fractures including joint injuries.</li> <li>Acquire working knowledge of normal and abnormal kinetics and kinematics of wrist.</li> <li>Be able to examine and clinically assess the unstable wrist. Be familiar with appropriate investigations for instability including wrist arthroscopy</li> <li>Understand the diagnostic modalities and treatment options, including surgical reconstruction of the unstable wrist</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>Pathophysiology of fracture healing including non-union, malunion and deformity.</li> <li>Principles and details of the management of fractures and dislocations of the bones and joints of fingers, thumb, carpus, distal radius and the distal radioulnar joint.</li> <li>Wrist anatomy and biomechanics</li> <li>Pathophysiology of wrist instability /recognised patterns of instability Investigation including imaging and wrist arthroscopy</li> <li>Indications and interventions for the treatment of wrist instability</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>Private study</li> <li>Tutorials with supervising consultant</li> <li>BSSH Instructional Courses in Hand Surgery <ul style="list-style-type: none"> <li>Course 6: Fracture management and joint injuries</li> </ul> </li> <li>Hand and wrist Fracture management courses</li> <li>Practical Hand Skills courses - Elective and Trauma modules</li> </ul>

Content	<ul style="list-style-type: none"> <li>• Fracture patterns and decision making in fracture management.</li> <li>• Principles of non-operative and operative management of fractures including reduction, maintenance of reduction and rehabilitation.</li> <li>• Biomechanics and principles used for fracture fixation/stabilisation: screws, plates, internal and external fixation and wiring.</li> <li>• Non-union, mal-union, infection and instability.</li> <li>• Bone loss and complex soft tissue, bone and joint injuries. Fractures in the child's hand and wrist.</li> <li>• Digits:</li> <li>• Treatment of diaphyseal, metaphyseal and articular fractures of the phalanges and metacarpal bones.</li> <li>• Soft tissue injuries of the digital articulations at the CMCJ, MCPJ and IPJs including instability and IPJ and MCPJ ligament injuries.</li> <li>• Diagnosis, investigation and treatment of malunion, non-union, deformity and instability in the digits.</li> </ul> <p>Distal Radius and Ulna:</p> <ul style="list-style-type: none"> <li>• Treatment of distal radius and ulnar fractures including metaphyseal and complex intra-articular fractures and soft tissue injury.</li> <li>• Diagnosis, investigation and management of malunion, nonunion and instability affecting the radius and ulna and soft tissue stabilisers including: TFCC injuries, DRUJ instability, DRUJ pain, Essex-Lopresti injuries.</li> </ul> <p>Carpus:</p> <ul style="list-style-type: none"> <li>• Treatment of scaphoid and other carpal fractures and dislocations including soft tissue and peri-lunate injury.</li> <li>• Subsequent diagnosis, investigation and management of nonunion, delayed union and instability including dissociative, non-dissociative and combined instability patterns.</li> </ul>
Suggested tutorial structure	<ul style="list-style-type: none"> <li>• Fractures of the phalanges and metacarpals.</li> <li>• Ligament injuries of the IPJs and MCPJs</li> <li>• Fractures of the scaphoid. Fractures of the other carpal bones. Management of scaphoid non- union.</li> <li>• Wrist biomechanics. Clinical examination of the wrist. Imaging of the wrist. Carpal instability. DRUJ instability.</li> <li>• Fractures of the distal radius and ulna. Management. Evidence available. Complications and their management.</li> </ul>

Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Direct observation of procedure/Procedural Based Assessments (DOPS/PBA)</li> <li>• Submit algorithm of management of a carpal instability or fracture problem of the hand or wrist.</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#"><b>BSSH Website</b></a>

### 10.3.1. Module 3: External Assessment: Trauma Algorithm Guidance and Tips for Candidates

The candidate is asked to prepare an algorithm for the management of one of the following clinical disorders.

<b>Select one of following:</b>
Established scaphoid non-union
Scapholunate instability
Fracture / dislocation of PIPJ
Management of Dupuytren's with combined PIP and MCP joint contractures
Ulnar sided wrist pain following a healed distal radius fracture
Loss of function following flexor tendon repair
Finger tip injury distal to the DIP joint of the dominant middle finger
Loss of hand function following compartment syndrome of the forearm and hand

#### The algorithm should be:

- Confined to no more than 2 sides of A4 paper when printed (Algorithm diagram on first page and references, abbreviations or any other additional information on second page)
- Displayed in diagrammatic format
- Aimed at specialist level; either for use in a specialist hand injury service or as part of a clinical research study, (the intended use should be stated, i.e. pinned to a noticeboard in hand surgery fracture clinic)
- Have clear decision processes to move from one box of the algorithm to the next and preferred treatment choice must be highlighted and referenced where there are multiple treatment options.
- Every rare surgical option for a treatment step does not need to be included as long as common options and logical steps are noted and evidence required to choose one option over another is clearly referenced and documented
- Use colours and shapes to improve clarity
- Include sufficient detail and references to support your point whilst ensuring the flow-chart remains clear
- Do not use review articles or textbooks as references.
- Try to include recent advances/evidence for the topic
- Do not include superfluous references that do not clearly support the algorithm steps and flow-chart outcomes
- Where using references to aid in decision making, clearly annotate on the algorithm where each is relevant
- Reviewed by your supervisor or Diploma tutor for their comments and advice prior to submission
- The algorithm must remain the candidates own work and revisions are only to be undertaken by the candidates themselves

An external assessor to the course will score and mark the algorithm on defined parameters and the result will form part of your Diploma record.

This assessment allows comparison with other candidates and helps to validate the course nationally. It also ensures that all candidates are marked to the same standard and acts as part of our quality assurance measures. In cases of a doubtful pass the Diploma Director will adjudicate. Feedback on Clinical Content, organisation and presentation will be provided.

**Statement on plagiarism:** Candidates are expected to produce original work and are referred to the policy on plagiarism. ([See Section 9.2.](#))

**Tips to producing a successful algorithm and pitfalls identified in previous submissions**

- Use colour to improve clarity of flow
- Make sure your supervisor or Diploma tutor reviews the algorithm before submission
- Use references and note on the algorithm where they are relevant
- Get a none hand surgeon to check the decision making at each step makes sense and that none of the boxes are dead ends with no outcomes or assumptions have to been made or the reader needs to skip between boxes



### 10.3.2. MODULE 3 Trauma Algorithm Mark Sheet

Candidate Name:

Algorithm title: (please tick one)

Established Scaphoid non-union	
Scapholunate instability	
Fracture / dislocation of PIPJ	
Thumb CMC joint pain	
Management of Dupuytren's with combined PIP and MCP joint contractures	
Ulnar sided wrist pain following a healed distal radius fracture	
Loss of function following flexor tendon repair	
Fingertip injury distal to the DIP joint of the dominant middle finger	
Loss of hand function following compartment syndrome of the forearm and hand	

**NB:** It is essential that each assessor justifies their marks with written comments. For each section, please comment on (1) what was good, (2) not so good, and (3) how to improve for the future.

#### Clinical content

- Does the candidate demonstrate a good level of understanding of the topic?
- Is the literature analysed & interpreted, with limitations in current knowledge and practice accommodated?
- Are clinical and basic science aspects well integrated where appropriate?
- Does the algorithm demonstrate higher order thinking?
- Does the concluding clinical pathway adequately encapsulate the current state of knowledge?

Comments – Clinical Content
Mark /50

### Organisation / Presentation:

- Is the algorithm focussed with clear organisation of information?
- Is it structured logically?
- Is the general presentation of the algorithm set out clearly and to a good standard?
- Does the algorithm use technical language appropriately, are abbreviations listed, and is the standard of English acceptable?
- Is the reference list up to date and does it contain relevant citations?

Comments – Organisation and Presentation	
Mark	/50

### Algorithm Mark:

	Clinical Content	Organisation & presentation	Total Mark %
Marks	/50	/50	%

Assessor's Name:	Assessor's Signature
Date of Marking:	

This sheet must be returned with the report to the Course Coordinator [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)

### Marking Guide for Module 3 Trauma Algorithm:

Mark	Explanation
<b>Outstanding: 90 -100%</b>	Work of excellent quality throughout. Excellent presentation.
<b>Excellent: 80 - 89%</b>	Work of very high to excellent quality showing originality, high accuracy, thorough understanding, and critical appraisal. Shows a wide and thorough understanding of the material studied and the relevant literature, and the ability to apply the theory and methods learned to solve unfamiliar problems. Very good presentation.
<b>Good Pass (allows award of merit): 70-79%</b>	Work of good to high quality showing evidence of understanding of the research topic, good accuracy, good structure and relevant conclusions. Shows a good knowledge of the material studied and the relevant literature and some ability to tackle unfamiliar problems. Good presentation.
<b>Pass: 60-69%</b>	Work shows a clear grasp of relevant facts and issues and reveals an attempt to create a coherent whole. It comprises reasonably clear and attainable objectives, adequate literature review and some originality. Presentation is acceptable, minor errors allowed.
<b>Fail: 50-59%</b>	Work shows a satisfactory understanding of the research topic and basic knowledge of the relevant literature but with little or no originality and limited accuracy. Shows clear but limited objectives, and does not always reach a conclusion. Presentation adequate but could be improved.
<b>Fail: 40-49%</b>	Work shows some understanding of the main elements of the research topic and some knowledge of the relevant literature. Shows a limited level of accuracy with little analysis of data or attempt to discuss its significance. Presentation poor.
<b>Fail: 0-39%</b>	Limited relevant material presented. Little understanding of research topic. Unclear or unsubstantiated arguments with very poor accuracy and understanding. Presentation unacceptable.

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## 10.4. Module 4. Osteoarthritic and inflammatory disorders of the Hand and Wrist

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credit points
Aims	<ul style="list-style-type: none"> <li>• Acquire detailed understanding of all aspects of management of osteoarthritic joints of the hand and wrist</li> <li>• Acquire detailed understanding of the pathology, mechanisms of deformity and management of the inflammatory conditions affecting the hand</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Develop familiarity with basic sciences of pathophysiology of osteoarthritis and rheumatoid arthritis</li> <li>• Demonstrate ability to assess and manage arthritic small joints of the digits and the wrist</li> <li>• Be familiar with and able to undertake small joint arthrodesis and arthroplasty, partial and total wrist arthrodesis</li> <li>• Develop familiarity with the pathology, mechanisms producing deformity, the indications for surgical treatment in the relevant published papers on the inflammatory arthritides affecting the hand.</li> <li>• Demonstrate ability to manage inflammatory arthritic disorders affecting the hand, familiarity with progressive arthritic joint conditions and their management in the context of the whole skeleton.</li> <li>• Experience of cross specialty working in the management of the Rheumatoid patient.</li> <li>• Awareness of the spectrum and presentation of work-related disorders</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>• Pathogenesis, clinical features and principles of management of osteoarthritic conditions of the hand and wrist</li> <li>• Arthrodesis, excisional arthroplasty, prosthetic replacement arthroplasty</li> <li>• Pathophysiology of rheumatoid and other inflammatory arthritides</li> <li>• Clinical assessment and management principles in rheumatoid arthritis including planning and prioritisation</li> <li>• Conservative and surgical treatment of specific conditions (e.g. wrist involvement, thumb disorders, MCPJ replacement, Swan neck and Boutonniere deformities)</li> </ul>

Teaching and Learning Methods	<ul style="list-style-type: none"> <li>• Private study</li> <li>• Tutorials with supervising consultant</li> <li>• Attendance at Rheumatology clinics or combined clinics</li> <li>• BSSH Instructional Courses in Hand Surgery <ul style="list-style-type: none"> <li>• Course 4: Arthritis a</li> <li>• Course 6: Fracture management and joint injuries</li> </ul> </li> <li>• Practical Hand Skills Courses - Elective and Trauma modules</li> </ul>
Contents	<ul style="list-style-type: none"> <li>• Pathogenesis, clinical features and principles of management of osteoarthritic conditions of the hand and wrist.</li> <li>• Conservative management techniques for osteoarthritic joints including splinting, exercises and aids to activities of daily living.</li> <li>• Occupational therapy assessment of needs around activities of daily living</li> <li>• Wrist and hand examination</li> <li>• Wrist arthroscopy</li> <li>• How to perform small joint arthrodesis, excisional arthroplasty, prosthetic replacement arthroplasty of the fingers</li> <li>• Management of CMCJ arthritis including excisional arthroplasty. Management of radiocarpal arthritis including SLAC and SNAC wrist</li> <li>• Kienböck's disease</li> <li>• Management of arthritis of the DRUJ, ulna abutment and TFCC tears</li> <li>• Wrist denervation</li> <li>• Inflammatory arthritides <ul style="list-style-type: none"> <li>• Aetiology, pathology and mechanisms producing deformity</li> <li>• Patterns of disease and clinical assessment</li> <li>• Planning and prioritising treatment</li> <li>• Management options, conservative &amp; surgical treatment of: <ul style="list-style-type: none"> <li>• Wrist disorders</li> <li>• Flexor and Extensor tendons</li> <li>• Metacarpophalangeal joint</li> <li>• Swan-neck and Boutonniere</li> <li>• Thumb deformities</li> </ul> </li> </ul> </li> </ul>

Suggested tutorial structure	<ul style="list-style-type: none"> <li>• Assessment of the arthritic patient and management planning principles. Non- operative options available and introduction to current operative techniques for arthritic conditions and related disorders including the historical context</li> <li>• The hand in osteoarthritis and rheumatoid arthritis (to include operative &amp; non-operative management of specific scenarios where relevant)</li> <li>• The wrist in osteoarthritis and rheumatoid arthritis to include primary SNAC/SLAC, Kienböck's disease and ulnar abutment (to include operative &amp; non-operative management of specific scenarios where relevant)</li> <li>• Other arthritides including SLE, crystal arthropathy etc. and work related disorders (to include operative &amp; non-operative management of specific scenarios where relevant)</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Direct observation of procedure/Procedural Based Assessments (DOPS/PBA)</li> <li>• Clinical Evaluation Exercise (CEX) –</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#"><u>BSSH Website</u></a>

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## 10.5. Module 5: Tendon Disorders

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>To give a detailed understanding of all aspects of flexor and extensor tendon injury, pathology and associated management. To provide knowledge of the basic science and evidence base for current practice in this area.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>Detailed knowledge of science / laboratory studies on tendon healing and tendon repair.</li> <li>To be able to undertake flexor and extensor tendon repairs including multistrand repairs of flexor tendons.</li> <li>Be familiar with techniques of flexor / extensor tendon repair and reconstruction, including tendon grafting.</li> <li>Please note that rehabilitation of tendon injuries is covered in Diploma Module 1)</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>Pathophysiology of tendon healing</li> <li>Flexor tendon injury and repair (knowledge of literature) Extensor tendon injury and repair</li> <li>Tenolysis and tendon grafting</li> <li>Trigger fingers</li> <li>De Quervain's</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>Private study</li> <li>Tutorials with supervising consultant</li> <li>Discussion with hand therapists regarding rehabilitation regimens</li> <li>BSSH Instructional Courses in Hand Surgery: <ul style="list-style-type: none"> <li>Course 3: Tendon Injury, rehabilitation and the absent adult hand.</li> </ul> </li> </ul>

Content	<ul style="list-style-type: none"> <li>• Anatomy - including both flexor and extensors. Blood supply, pulleys and retinacula - with reference to injury and repair. Collagen structure.</li> <li>• Physiology and mechanics - how tendons work, what forces are applied. Concepts of friction and work (Newtons) and how these may change after injury and repair. Understanding Quadriga effect and lumbrical finger.</li> <li>• The biology of tendon injury and repair .Techniques of tendon repair - clinical studies of different repair and rehabilitation techniques including multistrand repairs.</li> <li>• Complications and reconstruction after tendon injury and repair - the rationale of rehabilitation programmes. The science behind the regimens. The complications of tendon injury and surgery. How to manage adhesions and when and how to carry out tenolysis. When and how you perform one or two stage tendon reconstruction. Pulley reconstruction.</li> <li>• Extensor tendon</li> <li>• Anatomy - repair, rehabilitation and reconstruction, including repair techniques. Rehabilitation regimens. Complications and how to manage them. Treatment of Boutonniere and Mallet injuries. MCPJ subluxating extensors. Boxer's knuckles.</li> <li>• Pathophysiology, clinical features and treatment of acquired trigger finger &amp; De Quervain's stenosing tenovaginitis</li> </ul>
Suggested tutorial structure	<ul style="list-style-type: none"> <li>• Hand/wrist tendon anatomy, biomechanics and tendon healing</li> <li>• Flexor tendon injuries. Diagnosis by clinical exam, use of USS. Repair techniques, basic science of multistrand, epitendinous, pulley repairs, suture size, needle types. Approaches, windows, tendon retrieval, preferred repair.</li> <li>• Flexor tendon rehabilitation, complications and reconstruction</li> <li>• Extensor tendon injury zones 1 to 8 Other tendon disorders e.g. lateral epicondylitis and EPL rupture (N.B. other tendon ruptures may also be covered in Osteoarthritic and inflammatory disorders, Module 4)</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment- <ul style="list-style-type: none"> <li>• Knowledge based assessment (KBA)</li> <li>• Direct Observation of Procedure/Procedural Based Assessments (DOPS/PBA)</li> <li>• Prepare review article on topic of participant's choice</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#">BSSH Website</a>



### 10.5.1. Module 5 – External Assessment: Review Article Guidance and Tips for candidates

The aim of the Review article is to allow the candidate to demonstrate the ability to write such an article.

- The work must be in the format of a review article that would be suitable to submit for publication in a journal.
- The work must be an original article derived from primary published papers. The Review article Assessor checks for published reviews on the same topic to look for similarities.
- The search strategy used to identify relevant articles should be clearly stated.
- To encourage uniformity of presentation, candidates are encouraged to read and follow the Submission Guidelines of the Journal of Hand Surgery (European Volume) which are available online: <https://journals.sagepub.com/author-instructions/JHS> under the Journal Info tab.
- PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (including the PRISMA checklist and flow diagram) are available online: <http://www.prisma-statement.org/>.
- The Cochrane website hosts learning resources and the Cochrane Handbook of Systematic Reviews of Interventions is available online: <https://training.cochrane.org/handbook>.
- To allow feedback on specific points from the Assessor to the Candidate, lines and pages should be numbered using the appropriate word processing commands.
- The maximum length of the body of the article (excluding figures, tables and the reference list) should be 15 pages with double line spacing, using 10 or 11 font size.
- The introduction should briefly review the topic and clearly state the aim of the Review. The methods section should clearly state the databases used and the search terms used (the PRISMA checklist will help with this section). The results section should clearly present your search strategy (include the PRISMA flow diagram) and the results of the analysis of the selected papers (do not repeat results in text, tables and figures). The discussion should review and discuss the available literature (and its inadequacies), suggest limitations and state final conclusions.
- Permissions must be obtained (and submitted with the article) for the use of any copyright material, such as images, and the source/s acknowledged.
- The Review article must be submitted with a covering statement to confirm that the Candidate is the sole author.

It may be permissible to submit an as yet unpublished Review article that has been done in collaboration with others if the following criteria are met:

- The candidate must be the main contributor and must provide a statement to confirm this.
- If the candidate is the main contributor, the study must have been done within 2 years of submitting the article to the BSSH office for marking by the designated Diploma Assessor
- The candidate must provide the names and contact details of the other contributors and clearly state what each contributed to the study. Alternatively, the list of individual contributions can be countersigned as correct by the co-contributors and this document submitted with the review.

- Only when this information is given can a decision be made about the acceptability of the work for submission as a review article.

If the candidate has had a review article accepted by or published in a scientific journal before or since starting the Diploma then this can be submitted if the following criteria are met:

- The candidate must be the main contributor and must provide a statement to confirm this.
- When there are multiple authors the candidate must clearly state who they are, what each contributed and supply contact details for co-authors in case further information is required. Alternatively, the list of authors and their individual contributions can be countersigned as correct by the co-authors and this document submitted with the review.
- If the candidate is the main author, the article must have been published within 2 years of submitting the article to the BSSH office for marking by the designated Diploma Assessor. If it is more than 2 years since publication, then a review article on the same subject can be submitted but it must include and reflect on any articles on the topic that have been published subsequently. If there are no additional articles, the review will not be acceptable.

For a detailed guide to writing any review article please [see next section 10.5.2 'Writing the review article.'](#)

## 10.5.2. Writing the review article

### General Points

**These notes are not about HOW to carry out a review, but to give some advice about writing up the review when you have done it. They are based on the experience gained from reading many Diploma Review Articles.**

The Diploma reading lists contain many examples of systematic reviews and meta-analyses that can be useful guides on which to base your own project (as well as familiarising yourself with papers that you can quote in OSCEs).

Start the project as soon as possible and avoid writing it up just before the examination module. Should your submission be rejected at that stage it will set back your timetable for being awarded the Diploma Certificate.

Use line and page numbering with the appropriate commands in Word. This is to allow feedback from assessors to the candidate. Submissions without line and page numbering will be returned, and such a delay is easily avoided.

Choose a recognized citation style (to use in the main text) and a reference style for the list at the end and be consistent. The JHSE uses the Harvard citation system and plenty of advice and examples are given in the material referred to above. You will also be familiar with this system through reading the Journal.

Do not use published material (text, figures, tables) in cut-and-paste fashion. All sources must be clearly acknowledged, including open source material. The source of figures must be clearly stated and you must not use copyright figures without permission, which is usually readily obtainable.

### The Introduction

- Briefly review the topic.
- The last sentence of the Introduction should clearly state the aim of the review and possibly mention the objectives, although the latter will be more fully explained in the Methods section and you should always avoid repetition.
- Aim = WHAT you hope to achieve.
- Objectives = the TOOLS that you are going to use to help you achieve the aim.

### Methods section

- This section will generally describe the data bases that you have consulted and the terms searched.
- Eligibility and rejection criteria should be clearly stated.
- Describing any methods you used for identifying bias in the studied articles will earn bonus points.
- The PRISMA checklist should be consulted when writing up this section.

### Results section

- Use the PRISMA flow diagram to present your search.

- Present the results of your analysis of the papers that you have finally selected. You will usually find that data are missing from some papers and this should be highlighted.
- It is useful to tabulate the findings. (Rows for individual studies, columns for the points analysed. This allows any missing data to be readily identified by the reader.)
- Do not repeat results in text, tables and figures. State them once in the most appropriate format.

## **The discussion**

- Don't waffle.
- Don't be repetitive - Don't repeat what is in the previous three sections of the text but focus on discussing the findings of the study.
- Start with a summary of your findings. Don't worry if the quality of the available data does not allow an unequivocal conclusion to be drawn. This is commonly the case.
- Discuss the limitations of your study and the sources you used.
- If your findings are going to be helpful (e.g. to a specific group, or in the management of a specific clinical problem) then state this.
- Finish with a firm conclusion and specific suggestions for any further work. Very frequently the further work suggestion will be to carry out a randomized controlled trial and it is useful to ask yourself why this has not been done. It's usually because it's impractical and you should state why you think this is so.

## **Figures and Tables**

- Avoid repetitions of the data presented in the text in tables/figures: If a table/figure is used to present data, then only describe the key points in the text and provide reference to the table/figure.

## **Now that you think you've finished.....**

## **You haven't!**

- Any article needs revision, often several times. This is another reason why you should prepare your review with time to spare.
- It is fairly obvious when a submission is a first draft, submitted at the last minute.
- Better marks will be obtained if you have read and revised the article on several occasions before submission.
- Get others to read it too, specifically for suggestions about points that you have not clearly explained and for proof reading (typos, grammar, spelling, inconsistencies in reference style and so on).

***Now you can submit it!***

### 10.5.3. Resources

#### **BSSH Diploma Manual**

Guidelines for the Review Article. Appendix 11, page 84. Assessment sheet for the Review Article. Appendix 5, page 69. Notes about plagiarism. Appendix 6, page 73.

#### **Journal of Hand Surgery, European volume**

Submission guidelines: <https://journals.sagepub.com/author-instructions/JHS>

Submission page: <https://www.editorialmanager.com/jhse/default.aspx> (has links to two published articles, *Clarity and brevity: writing an article for this Journal* and *Tables and charts in the Journal* both of which contain many tips about presentation.)

#### **PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)**

PRISMA guidelines: <http://www.prisma-statement.org/> (has links to PRISMA checklist, PRISMA flow diagram etc.)

#### **International Federation of Societies for Surgery of the Hand**

IFSSH Terminology for Hand Surgery: [https://www.ifssh.info/terminology\\_hand\\_surgery.php](https://www.ifssh.info/terminology_hand_surgery.php)

#### 10.5.4. Module 5 project - Review Article Mark Sheet

Candidate Name:	
Title of Review:	

**NB:** It is essential that each assessor justifies their marks with written comments

For each section, please comment on (1) what was good, (2) not so good, and (3) how to improve for the future.

#### Academic content

- Coverage of published work: is the perspective well balanced?
- Are a range of sources used, with appropriate emphasis on important and influential contributions?
- Does the candidate demonstrate a good level of understanding of the topic?
- Is the literature analysed and interpreted, with limitations in current knowledge and practice highlighted?
- Are clinical and basic science aspects well integrated where appropriate?
- Does the concluding summary adequately encapsulate the current state of knowledge?

Comments - Academic Content	
	Mark /50

#### Organisation / Presentation:

- Is the literature review focused with clear organisation of information?
- Is the review structured logically?
- Are illustrations and tables of a good standard?
- Does the review use technical language appropriately, are abbreviations listed, is the report typographically correct, and is the standard of English acceptable?

<b>Comments - Organisation and Presentation</b>	
	Mark /30

### Use of resources

- Is the reference list up to date and does it contain relevant citations?
- Is source literature appropriately referenced in the text and formatted correctly in the bibliography?

<b>Comments - Use of resources</b>	
	Mark /20

### Review article mark:

	Academic content	Organisation / presentation	Use of resources	Total mark %
Marks	/50	/30	/20	%

<b>Assessor's Name:</b>	<b>Assessor's Signature:</b>
<b>Date of marking:</b>	

Please return marking sheet and assessor report to the BSSH Diploma Course Co-ordinator:  
[diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)



### 10.5.5. Marking guide for Module 5 Review Article

Mark	Explanation
<b>Outstanding:</b> <b>90-100%</b>	Work of excellent quality throughout. Excellent presentation.
<b>Excellent:</b> <b>80-89%</b>	Work of very high to excellent quality showing originality, high accuracy, thorough understanding, critical appraisal. Shows a wide and thorough understanding of the material studied and the relevant literature, and the ability to apply the theory and methods learned to solve unfamiliar problems. Very good presentation.
<b>Good Pass:</b> (allows award of merit): <b>70-79%</b>	Work of good to high quality showing evidence of understanding of the research topic, good accuracy, good structure and relevant conclusions. Shows a good knowledge of the material studied and the relevant literature and some ability to tackle unfamiliar problems. Good presentation.
<b>Pass:</b> <b>60-69%</b>	Work shows a clear grasp of relevant facts and issues and reveals an attempt to create a coherent whole. It comprises reasonably clear and attainable objectives, adequate literature review and some originality.  Presentation is acceptable, minor errors allowed.
<b>Fail:</b> <b>50-59%</b>	Work shows a satisfactory understanding of the research topic and basic knowledge of the relevant literature but with little or no originality and limited accuracy. Shows clear but limited objectives and does not always reach a conclusion.  Presentation adequate but could be improved.
<b>Fail:</b> <b>40-49%</b>	Work shows some understanding of the main elements of the research topic and some knowledge of the relevant literature. Shows a limited level of accuracy with little analysis of data or attempt to discuss its significance. Presentation poor.
<b>Fail:</b> <b>0-39%</b>	Limited relevant material presented. Little understanding of research topic. Unclear or unsubstantiated arguments with very poor accuracy and understanding. Presentation unacceptable.

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## 10.6. Module 6: The Child's Hand

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>To acquire knowledge and understanding of the more common aspects of children's hand surgery.</li> <li>To appreciate the special needs of children undergoing hand interventions for both congenital and acquired conditions.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>To be familiar with the conditions detailed below Ability to examine the child's hand</li> <li>Ability to practise in in a paediatric environment</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>Principles of management of the children's hand. Classification, reconstructive principles and timing of operations for congenital difference.</li> <li>Knowledge of management including operative technique for syndactyly, polydactyly, duplicate thumb, hypoplastic thumb, radial dysplasia and acquaintance with a variety of rarer conditions.</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>Private study</li> <li>Tutorials with departmental tutor</li> <li>BSSH Instructional Courses in Hand Surgery <ul style="list-style-type: none"> <li>Course 2: Congenital hand surgery and tumours</li> </ul> </li> <li>Practical Hand Skills Courses - Elective and Trauma modules</li> </ul>
Content	<ul style="list-style-type: none"> <li>Embryology of the hand and the basis of malformations Normal growth and development. The epiphyses Classification of hand anomalies</li> <li>Transverse absence, Radial and ulnar dysplasia, syndactyly camptodactyly, trigger digits, polydactyly, symbrachydactyly, thumb hypoplasia, macrodactyly, arthrogryposis, Madelung deformity.</li> <li>Ring constriction syndrome</li> <li>Prosthetics</li> <li>Obstetric brachial plexus palsy, Cerebral palsy (and spasticity)</li> <li>Fracture patterns in the developing skeleton</li> <li>Specific injuries - supracondylar fracture of humerus and Volkmann's ischaemic contracture, neonatal compartment syndrome</li> </ul>

Suggested tutorial structure	<ul style="list-style-type: none"> <li>• Congenital hand differences: classification, overview of the management of children, growth and development, surgical timing and rehabilitation. Failure of formation, overgrowth, constriction ring, trigger digits and systemic disorders</li> <li>• Congenital hand differences: failure of differentiation, duplication and undergrowth.</li> <li>• Childhood injuries: injury patterns, management and specific injuries</li> <li>• Management of the upper limb in cerebral palsy and spasticity, OBPI</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Case based discussion (CbD)</li> <li>• Clinical Evaluation Exercise (CEX)</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#"><u>BSSH Website</u></a>

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## 10.7. Module 7: Nerve Disorders

Course unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>To acquire knowledge and understanding of peripheral nerve biology and pathology. In particular to have detailed knowledge of nerve compression, nerve injury, repair and reconstruction.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>Understanding of the physiology of the peripheral nerve and the pathophysiology of nerve injury and repair/regeneration.</li> <li>Be able to interpret neurophysiological investigation including the EMG.</li> <li>Be able to assess brachial plexus injury and understand principles of management.</li> <li>To understand and be able to plan reanimation of the paralysed upper limb, including tendon transfers.</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>Be able to undertake nerve repair including nerve grafting.</li> <li>Have a working knowledge of the operations used for reanimation of the upper limb, including muscle, nerve and tendon transfers.</li> <li>Understand the principles of management of cerebral palsy and tetraplegia.</li> <li>Be familiar with nerve compression syndromes, including detailed knowledge of carpal tunnel syndrome.</li> <li>Be able to select appropriate regional anaesthetic techniques and be familiar with analgesic management</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>Private study</li> <li>Tutorials with departmental tutor</li> <li>Practical Hand Skills Courses - Elective and Trauma modules</li> <li>BSSH Instructional Courses <ul style="list-style-type: none"> <li>Course 5: Nerve injury, compression and brachial plexus</li> </ul> </li> </ul>

Content	<ul style="list-style-type: none"> <li>• Basic Sciences pertinent to nerve injury and healing. How to perform nerve repair, including grafting.</li> <li>• How to assess brachial plexus injury, including priorities in surgical planning and alternatives for reconstruction. Basic principles of brachial plexus injury and tetraplegia.</li> <li>• Principles of tendon transfers for nerve palsy, including principles of management of spastic conditions such as cerebral palsy and tetraplegia.</li> <li>• Prevention and management of iatrogenic nerve injury.</li> <li>• Detailed knowledge of the management of carpal tunnel syndrome. Knowledge of the clinical features and basis of management of other nerve compression syndromes.</li> <li>• Interpretation of neurophysiological investigation (NCS, EMG). Regional anaesthesia, analgesia and CRPS/pain syndromes.</li> </ul>
Suggested tutorial outline	<ul style="list-style-type: none"> <li>• Carpal tunnel &amp; other nerve upper limb compression syndromes (clinical features and basis of management)</li> <li>• Neurophysiological investigation Classification and assessment of nerve injury</li> <li>• Nerve repair, including grafting and transfer. Management of iatrogenic nerve injury. Brachial plexus injury – assessment, priorities in surgical planning, principles of alternatives for reconstruction</li> <li>• Tendon transfers for nerve palsy, including principles of management of spastic conditions such as cerebral palsy and tetraplegia</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Case-based assessment (CbD)</li> <li>• Clinical evaluation exercise (CEX)</li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#">BSSH Website</a>

## 10.8. Module 8: Dupuytren's Disease, Tumours and Vascular Disorders

Course Unit Lead	See <a href="#">BSSH website</a> for current course unit leader
Credit Rating	15 credits
Aims	<ul style="list-style-type: none"> <li>To understand the pathophysiology and anatomy of Dupuytren's Disease. To become skilled in its management</li> <li>To acquire knowledge of the pathology, clinical presentation, and management of common benign and malignant tumours affecting the upper limb.</li> <li>To acquire knowledge and understanding of traumatic and acquired vascular disorders affecting the upper limb.</li> </ul>
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>Demonstrate understanding of Dupuytren's disease pathophysiology and clinical management.</li> <li>Demonstrate understanding of the principles of management of cutaneous, soft tissue and bony tumours. Have working knowledge of surgical pathology and oncology including biopsy techniques and excision margins.</li> <li>Demonstrate understanding of vascular lesions including Raynaud's, aneurysms, and vascular tumours including haemangiomas and vascular malformations. Demonstrate understanding of management of acute and chronic vascular insufficiency syndromes, including compartment syndrome / Volkmann's ischaemic contracture and surgical fistulae.</li> </ul>
Unit Outline	<ul style="list-style-type: none"> <li>Acquire surgical skill in the management of Dupuytren's disease. Be familiar with the indications for surgery and the different surgical options available.</li> <li>Management including operative surgery of benign and malignant soft tissue and bony tumours including excisions, amputations, and reconstructions.</li> <li>Includes principles of management of skin cancer and the regional lymph nodes.</li> <li>Management including operative surgery of vascular insufficiency syndromes, haemangiomata and vascular malformations. Vascular injury and its management including compartment syndrome.</li> </ul>
Teaching and Learning Methods	<ul style="list-style-type: none"> <li>Private study</li> <li>Tutorials with departmental tutor</li> <li>BSSH Instructional Courses in Hand Surgery <ul style="list-style-type: none"> <li>Course 2: Congenital hand surgery and tumours</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Skin Soft Tissues &amp; Dupuytren's Disease</li> <li>• The Child's Hand, Tumours, Vascular Disorders</li> <li>• Royal College of Surgeons of England Practical Hand Skills Courses - Elective and Trauma modules</li> </ul>
Content	<ul style="list-style-type: none"> <li>• The aetiology, epidemiology, pathology, classification, risk factors and surgical management of the conditions listed above. To include tumour lesions such as lipoma, giant cell tumours of bone and tendon sheath, ganglia, and malignant lesions including skin, and sarcomas.</li> </ul>
Suggested tutorial structure	<ul style="list-style-type: none"> <li>• Dupuytren's Disease 1 – Aetiology, epidemiology, factors affecting long term outcomes (including evidence base for same) and clinical assessment, to include measurement of contractures, digital Allen's test etc</li> <li>• Dupuytren's Disease 2 – management to include non-operative options, percutaneous and open surgery (of all types including dermofasciectomy and amputation)</li> <li>• Vascular disorders - includes VWF, haemangioma, Raynaud's, vascular malformations.</li> <li>• Tumours - includes benign and malignant soft tissue and bony.</li> </ul>
Assessment Methods and weighting within unit	<ul style="list-style-type: none"> <li>• Work place assessment <ul style="list-style-type: none"> <li>• Knowledge based assessment</li> <li>• Case-based assessment (CbD)</li> <li>• Prepare a critique of papers presented at a scientific conference and present to department<sup>1</sup></li> </ul> </li> <li>• Hand Diploma examination</li> </ul>
Reading List	See <a href="#"><b>BSSH Website</b></a>

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<sup>1</sup> Presentation of the Paper Critique may also occur at the BSSH Journal club by agreement if the candidate's supervisor is in attendance online and is therefore able to complete the Critique assessment. Note: Journal Club presenters will need to arrange for questions to be posed either during rehearsal or afterwards from their supervisor

## 11. READING LIST: BOOKS

These books encompass the specialty of hand surgery and provide a firm base of information on which to build your hand surgery knowledge. The reading lists given for each module are available on the [BSSH Website](#) and contain current or important journal articles to supplement the books. It is expected that you will be familiar with their content for the final examination. You will also benefit from regularly reading the European and American Journals of Hand Surgery as citation of papers from these periodicals will be expected in the final examination if relevant to the skill station.

- Wolfe, S., Pederson, W., Kozin, S. and Cohen, M., ***Green's Operative Hand Surgery – Latest Edition***.

The complete reference guide to Hand Surgery, covering all conditions of the hand, wrist and elbow. The format has mostly excellent illustrations and explains each topic through diagnosis to surgical technique with summaries of literature evidence before giving the authors recommended treatment. The online element includes videos, case studies and updates.

- Lister, G. and Smith, P., ***Lister's The hand***. Edinburgh: Churchill Livingstone. – Latest Edition.

This is a beautifully written book covering the examination of the hand and wrist and the diagnosis and management of a wide range of conditions.

- Gupta, A., Kay, S. and Scheker, L., ***The growing hand***. London: Mosby. - Latest Edition.

A superb reference book covering the entirety of congenital and acquired conditions in children.

- McGregor, A., ***Fundamental techniques of plastic surgery and their surgical applications***. Edinburgh: Churchill Livingstone. - Latest Edition.

An excellent, clear, concise book. Part one explains the basics of plastic surgery, including a great description of the z-plasty. The hand is covered in a chapter in part two. Although the newer flaps are not in this book, the chapter is a useful introduction to soft tissue cover of the hand.

- Mathes, S and Nahai. F. ***Reconstructive Surgery: Principles, Anatomy and Technique***. New York: Churchill Livingstone.

The introductory chapters of this two volume set explain the general principles of flap selection and harvest. The rest of the book has full descriptions of the benefits and limits of a wide range of flaps, illustrated with clear diagrams.

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## 12. FINAL EXAM MARKING DESCRIPTORS

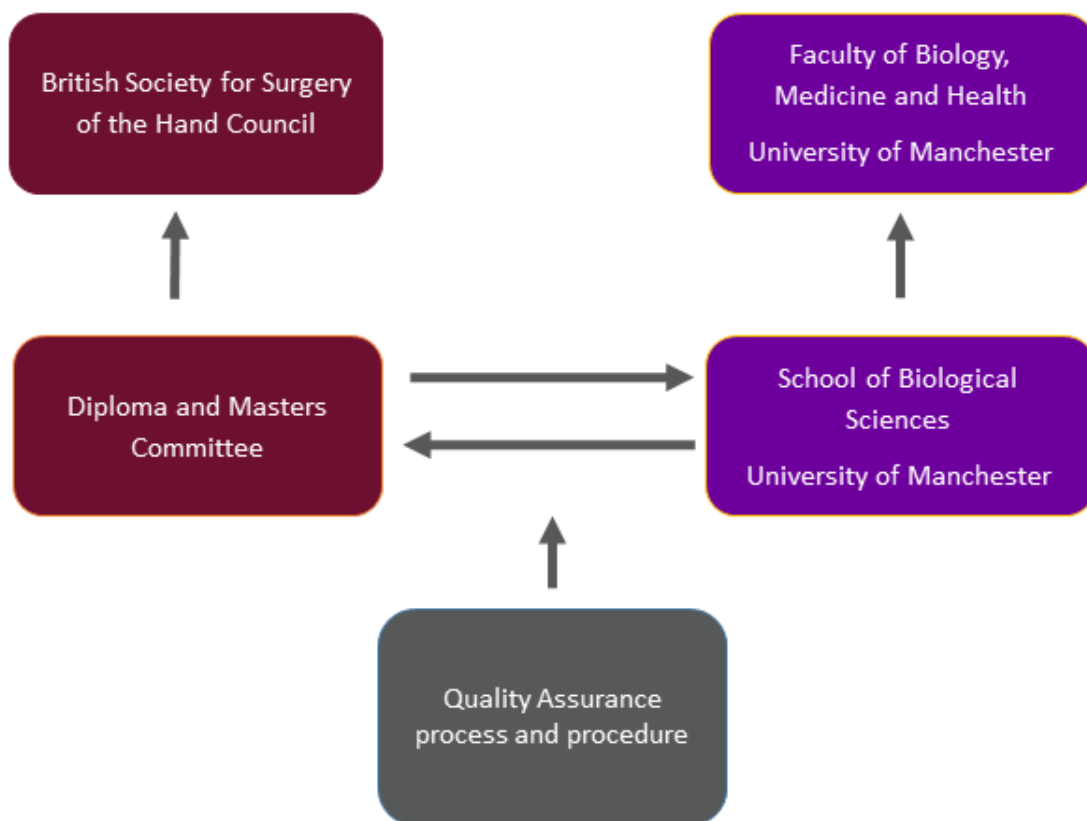
0 inadequate, 1 barely adequate, 2, adequate, 3 good, 4 exceptional

	Core basic science knowledge	Core clinical knowledge	Higher order thinking	Practical skills	Communication skills (incl. consent)
<b>0</b>	<ul style="list-style-type: none"> <li>Poor basic science knowledge</li> <li>Fails to demonstrate competency</li> <li>Lack of basic understanding to a level which causes concern to the examiner</li> </ul>	<ul style="list-style-type: none"> <li>Poor basic clinical knowledge</li> <li>Fails to demonstrate competency</li> <li>Unable to diagnose and/or manage patients</li> <li>Level of knowledge caused anxiety to examiners</li> <li>Prompting does not work</li> </ul>	<ul style="list-style-type: none"> <li>Unable to synthesise information and organise material</li> <li>Significant error</li> <li>Unable to progress beyond the 'lead-in' question</li> <li>Disorganised/confused/lack insight/inconsistent answers</li> </ul>	<ul style="list-style-type: none"> <li>Unable to demonstrate the particular skill required</li> <li>Unable to conceive and design procedures</li> <li>Contravenes important principles in practical applications</li> <li>Unaware of correct examination technique</li> </ul>	<ul style="list-style-type: none"> <li>Disorganised thought process</li> <li>Inappropriate responses</li> <li>Brusque manner</li> <li>Patronising</li> <li>No empathy</li> <li>Makes the patient feel uncomfortable</li> <li>Unable to structure consent</li> </ul>
<b>1</b>	<ul style="list-style-type: none"> <li>Gaps in basic science knowledge with that could have consequences on clinical management</li> <li>Struggled to apply knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Gaps in knowledge that could have consequences on clinical management</li> <li>Potential for poor outcome for patients</li> <li>Variable performances</li> </ul>	<ul style="list-style-type: none"> <li>Lack of understanding</li> <li>Difficulty in prioritising</li> <li>Poor deductive skills</li> <li>Significant errors</li> <li>Struggles to apply knowledge/judgment/management</li> </ul>	<ul style="list-style-type: none"> <li>Hesitant and requires prompting and guidance</li> <li>Designs are technically incorrect and would not work</li> <li>Some gaps in knowledge which may have consequences for operative management/patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>No introduction</li> <li>Hesitant and indecisive</li> <li>Requires frequent prompts</li> <li>Fails to observe body language</li> <li>Omits significant potent complications and/or uses technical language in explanation</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>Important areas covered</li> <li>Some prompting required</li> <li>Conveys a working knowledge of important areas, but with gaps in knowledge which do not have consequences for clinical management</li> </ul>	<ul style="list-style-type: none"> <li>Competent to manage range of basic clinical problems</li> <li>Important points covered</li> <li>Some prompting required</li> <li>Some gaps in knowledge which <u>do not</u> have consequences for clinical management/patient outcomes</li> <li>No major errors</li> </ul>	<ul style="list-style-type: none"> <li>Methodical approach</li> <li>Some prompting required</li> <li>No significant errors</li> </ul>	<ul style="list-style-type: none"> <li>Competent performance</li> <li>Some prompting required</li> <li>Demonstrates satisfactory examination techniques</li> <li>Some gaps in knowledge which would not have consequences for operative management/patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate and considerate examination technique</li> <li>Respectful demeanour</li> <li>Responsive to patients</li> <li>Obtains an adequate consent, but fails to cover all the possible complications</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>Good knowledge appropriate to the level of a junior consultant/senior trainee</li> <li>Sustains detailed questioning</li> <li>Conveys breadth of relevant knowledge and experience</li> </ul>	<ul style="list-style-type: none"> <li>Conveys breadth of relevant knowledge and experience appropriate to the level of a junior consultant/senior trainee</li> <li>Instils confidence in management plans</li> </ul>	<ul style="list-style-type: none"> <li>Reached good level of higher order</li> <li>Thinking/decision making</li> <li>Able to prioritise with strong interpretive skills</li> <li>Good understanding</li> <li>Conveys a breadth of knowledge and experience appropriate to the level of a junior consultant/senior trainee</li> </ul>	<ul style="list-style-type: none"> <li>Conveys a breadth of relevant knowledge and experience appropriate to the level of a junior consultant/senior trainee</li> <li>Instils confidence</li> <li>Clearly shows the relevant skills</li> <li>Refers to own experience</li> </ul>	<ul style="list-style-type: none"> <li>Gains examiner / patient confidence quickly</li> <li>Good rapport and puts patients at ease quickly</li> <li>Talks at the right level</li> <li>Appropriate language depending on patient or examiner</li> <li>Consents appropriately including explanation of possible complications in a manner understandable to a lay person</li> </ul>

4	<ul style="list-style-type: none"> <li>Exemplary knowledge over and above that expected of a junior consultant/senior trainee</li> <li>May refer to pertinent publications</li> <li>Conveys breadth as well as depth of knowledge of the relevant topic</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary knowledge over and above that expected of a junior consultant / senior trainee, which is clearly based on clinical experience</li> <li>Aware of controversial aspects</li> <li>Able to cite relevant publications</li> <li>Conveys breadth as well as depth of knowledge of the relevant topic</li> </ul>	<ul style="list-style-type: none"> <li>Reached exceptional level of higher order thinking</li> <li>Able to challenge examiners.</li> <li>Exemplary knowledge over above that expected of a junior consultant/senior trainee</li> <li>May cite relevant publication (if applicable) in support of reasoning</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary knowledge over and above the expected of junior consultant/senior trainee, which is clearly based on own practical experience</li> <li>Inspires confidence</li> <li>Practically adept and performs tasks expeditiously</li> <li>Mentions alternative techniques</li> </ul>	<ul style="list-style-type: none"> <li>Inspires confidence in examiner/ patient</li> <li>Very good rapport</li> <li>Communication good deal of information rapidly and effectively</li> <li>Consents and then checks the patient's understanding</li> </ul>
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## 13. COURSE MANAGEMENT AND ROLE OF THE HAND DIPLOMA AND MASTERS COMMITTEE

The Diploma and Masters Committee meets on a regular basis to advise on all aspects of the course. The Committee in turn reports to and advises the BSSH Council. Individual members of the Diploma and Masters Committee (current or previous) will have a mentoring role to the Candidates and Diploma Consultant Supervisors/supervising consultants on a named and allocated basis. In this capacity they will act as a point of contact for any queries pertaining to the conduct and implementation of the course.



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## 14. ADMINISTRATIVE RECORDS

BSSH will use your personal information to administer your application to and, if applicable, progress within the BSSH Diploma Hand Surgery scheme and to provide information or request feedback about your application, or products or services you order from us. Please go to [http://www.bssh.ac.uk/privacy\\_policy.aspx](http://www.bssh.ac.uk/privacy_policy.aspx) for further information on how your data is used or stored. The applicant's signature on the application form is taken as confirmation of understanding and acceptance of this Privacy and Data Protection statement.

### Notification of change of address

We will need to contact you at various times during the course and we therefore need to have your current details on file. If you do change work, home or email address, please let the BSSH Course Co-ordinator know as soon as possible at [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk).

## 15. OCCUPATIONAL HEALTH POLICY

The policy is that of the Occupational Health department of the Trust in which you work. Any issues pertaining to health matters should be directed in the first instance to your Trust's Occupational Health Department. It is the participating surgeon's responsibility to notify the BSSH Course Co-ordinator of any condition which is likely to impact on their ability to complete the course within schedule or affect exam performance.

Please reference the reasonable adjustments and mitigating circumstances and [Section 17](#) and [Section 19](#)

## 16. EQUALITY, DIVERSITY AND INCLUSION

For all participating surgeons The BSSH is committed to:

- Supporting a policy of widening opportunity in and access to education
- Communicating its Equality, Diversity and Inclusiveness policy widely to staff and candidates
- Creating a learning environment which is free from prejudice, discrimination or harassment
- Maintaining admissions procedures and selection criteria which provide for equality of opportunity for all applicants and ensuring that all learning, assessment and other academic processes take account of its Equality, Diversity and Inclusiveness policy
- Monitoring the effectiveness of its Equality, Diversity and Inclusiveness policy

The University of Manchester and BSSH are committed to creating an environment where diversity is celebrated and everyone is treated fairly, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital or transgender status, age, or nationality.

It is against BSSH policy for any person to harass another person. Harassment means engaging in conduct which violates or is intended to violate another person's dignity at work or creates an intimidating, hostile, degrading, humiliating or offensive work environment for the other person.

Harassment specifically includes bullying, sexual harassment and racial harassment. All such allegations will be dealt with seriously, confidentially and expeditiously.

If you feel you have been discriminated or harassed on any of these grounds

### **16.1. In your workplace**

Please find support by within the procedures as defined by your local workplace

### **16.2. By Approved Diploma Module Tutors or External assessors**

Please contact the University of Manchester for support via University contact for the Diploma – see BSSH website of current incumbent, or via <https://www.reportandsupport.manchester.ac.uk/>

The University's Equality, Diversity and Inclusion Policy can be found at:

<https://documents.manchester.ac.uk/display.aspx?DocID=8361>

### **16.3. By people employed or appointed by BSSH, during the BSSH Diploma exam or from any BSSH related materials**

This will be dealt with via the BSSH Equality, Diversity and Inclusiveness. Please contact the BSSH secretariat via [secretariat@bssh.ac.uk](mailto:secretariat@bssh.ac.uk) or the Head of Secretariat [charlotte.smith@bssh.ac.uk](mailto:charlotte.smith@bssh.ac.uk)

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## 17. REASONABLE ADJUSTMENTS

### 17.1. Reasonable Adjustments to Examinations

A clear distinction is drawn between:

- Reasonable Adjustments
- Mitigating Circumstances
- Complaints
- Appeals

The BSSH has a separate definition and mechanism for each of these outlined in this Section, 17, and **Section 19.**

The Equality Act 2010 requires an Awarding Body to make Reasonable Adjustments where a person with a disability would be at a substantial disadvantage in undertaking an assessment.

If any candidate is unable, in line with the Equality Act 2010, to be assessed by the methods set out in the JCIE Regulations, then the BSSH may make Reasonable Adjustments to the examination.

The nature of these adjustments will vary in terms of the nature and extent of the candidate's difficulty or disability, and the individual requirements of the examination, but will be to the purpose that no candidate is disadvantaged by virtue of their disability or other special need. Reasonable Adjustments should not compromise competency standards required for all. Surgery is a craft specialty and will place some restrictions on types of disabilities that can be 'reasonably' accommodated.

An adjustment may not be considered reasonable if it involves unreasonable costs and in considering requests for reasonable adjustments, the BSSH has a responsibility to ensure that the integrity of the examination is preserved.

Any candidate who requires reasonable adjustments must declare this at the time of intent to sit exam and will be asked to submit full written details of any reasonable adjustments they wish to request. Candidates whose need for special arrangements only occurs after the submission of their application must contact the BSSH Diploma Course Co-ordinator ([diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)) as soon as practicable but within 30 working days in advance of any examination to ensure permitted arrangements can be put in place.

Requests for reasonable adjustments can only be made prospectively. Failing candidates will receive feedback which will stress that they have to present themselves fit and prepared and will be asked to consider, alongside their Principal Referee (Diploma Director/Head of Department), whether they may have any condition requiring reasonable adjustments, and if so, to seek evidence to support this **before** any subsequent attempt at the examination. Applications must be made in writing to **[diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)**

### **17.1.1. Requests for Reasonable Adjustment**

Candidates seeking a reasonable adjustment (special arrangement) for the Diploma examination on the grounds of a disability, whether temporary or permanent must be provided at the time of application. Applicants will be asked to describe the disability and must provide documentary evidence (e.g. a medical disability certificate or for dyslexic candidates, a report from an educational psychologist detailing up to date recommendations). Details of any special arrangements that have been made in the workplace or any reasonable adjustments that have been granted for previous assessments will be required as will the details in each case of the organisation that administered the assessment.

Candidates must ensure they are fit and prepared to sit the examination and to consider with their Principal Referee if anything in their personal circumstances justifies reasonable adjustments to the examination arrangements. If so, the evidence in support of such requests must be submitted at the time of application.

This is not an exclusive list but indicative of most common adjustments that can be made for the BSSH Diploma examination.

In all cases the BSSH reserves the right to take independent advice to ensure that any proposed arrangements are appropriate and in accordance with any applicable legislation.

### **17.1.2. The provision of extra time**

The candidate is required to submit a report from an Educational/Chartered Psychologist or Specialist Assessor which makes a recommendation for extra time. The BSSH will accept reports from the following:

An Educational/Chartered Psychologist registered with the Health & Care Professions Council in the UK ([hcpc-uk.org](http://hcpc-uk.org))

An Educational/Chartered Psychologist registered with The Psychological Society of Ireland ([psychologicalsociety.ie](http://psychologicalsociety.ie))

A Specialist Assessor who holds a SpLD Assessment Practising Certificate (APC) registered with the SpLD Assessment Standards Committee ([sasc.org.uk](http://sasc.org.uk))

If a diagnosis of dyslexia has been made with a recommendation for standard extra time of 25%, then 25% extra time will be added for any reading component in the examination.

If the recommendation exceeds a request for 25% extra time then all of the raw data and test scores must be submitted in addition to the final report for review by an independent Educational Psychologist. An Assessment Report in the case of dyslexia, should have been completed at the age of 16 years or over.

### **17.1.3. The use of altered backgrounds/colour overlay**

Candidates who require use of a coloured overlay or similar are required to declare this at time of Expression of Interest to sit the exam. The written exam is now administered online using a

platform hosted by TestReach, an independent company, and they can provide a variety of options to help ease of reading. This will be arranged with them by the BSSH Diploma Course Co-ordinator at time of registering for the written exam (usually 3 weeks before the exam).

#### **17.1.4. The use of text to speech software**

BSSH is unable to offer this as a reasonable adjustment due to the complexity of different types of questions, medical terminology and test security considerations.

#### **17.1.5. Confidentiality**

All information will be handled sensitively, telling only those who need to know and following any relevant data protection requirements.

#### **17.1.6. Responsibility**

Overall responsibility for this policy and its implementation lies with the Diploma Director in consultation with the external and internal advisors to the Diploma Course.

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## 18. SPECIAL NEEDS SUPPORT

Advice for individuals with additional needs support in postgraduate medical education can be found at:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued>

And

[https://www.gmc-uk.org/-/media/documents/Gateways to the professions Nov 2016.pdf 68375486.pdf](https://www.gmc-uk.org/-/media/documents/Gateways_to_the_professions_Nov_2016.pdf_68375486.pdf)

If you need to discuss any further requirements, please contact the Diploma Director.

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## 19. MITIGATING CIRCUMSTANCES, COMPLAINTS AND APPEALS

### 19.1. Definitions

**Mitigating circumstances:** ‘unforeseeable or unpreventable circumstances that could have, or did have, a significant adverse effect on the academic performance of a candidate’

**Complaints:** a specific concern about a course, course unit, course provision or a related academic service

**Appeals:** a formal appeal against an assessment result, decision, or progression (usually as an escalation of an unresolved Complaint)

(For "Reasonable Adjustments" please see section 16)

### 19.2. Mitigating circumstances

Mitigating circumstances might include a significant short-term illness or injury, a long-term or recurring medical or mental health condition, the death or illness of a close family member, acute stress from personal or financial issues, absence for public service (e.g. jury service), or technical issues during an online exam or assessment.

If the issue affects you for **seven days or less, and does not affect an exam or assessment**, you do not need to request mitigating circumstances.

**Mitigating Circumstances Fall into two time categories:**

#### 19.2.1. Over the duration of the course:

Effects on your coursework and study – here you would apply for an "interruption to study" (i.e. an extension to the 5 year maximum term of study) usually prospectively, although there maybe exceptions OR contact the Diploma Director about other matters that will be considered on a case by case basis.

- Candidate should obtain an PGT Interruption Application Form from the secretariat via [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)

#### 19.2.2. Effecting the immediate period around your exam (3 months prior until conclusion of the exam):

A candidate may experience unforeseen circumstances that affect exam performance or ability to sit the exam. These are judged case by case basis by Diploma Director, Exam Chair and External Examiner. We **MUST** be informed of Mitigating Circumstances prior to the conclusion of the exam, otherwise this falls under the category of an Appeal against a result

(as scores will have already been collated). The Mitigating Circumstances process may result in either:

- 1) the stated circumstances being taken into account with regards to a candidate's results
- 2) nullification of the exam and hence that exam diet not counting towards a candidate's two chances at sitting the exam (note: if the candidate passed one element of the exam (e.g. the written exam and claims mitigating circumstances for the orals) BOTH exams would need to be re-taken the next sitting).
- 3) Case denied: no action - candidate will have to pay an administration fee of £250 to sit the exam again

### **19.3. Examples of mitigating circumstances**

The following circumstances are typical of what may be considered grounds for applying for an interruption or extension. The circumstances will either prevent the candidate from working altogether or severely affect their ability to work effectively.

- a) Significant illness or injury; or worsening of an ongoing illness or disability, including mental health conditions
- b) Death or critical/significant illness of a close family member/dependant
- c) Significant family or personal crises or major financial problems leading to acute stress
- d) Absence for significant public service, for example, jury service
- e) Maternity leave, adoption leave or unpaid parental leave
- f) Delays in progress due to unforeseen problems with working environment (e.g., moving of offices/buildings, supervisor changes etc.) which are outside of the candidate's control. NB: the problem must be reported to the Diploma Director via the secretariat at the time it occurs
- g) Taking on extra caring responsibilities or a sudden increase in existing caring responsibilities

#### **Examples of mitigating circumstances due to Covid-19 or any other pandemic arising**

- a) Redeployment to work on pandemic related research or other pandemic related activity.
- b) Additional pandemic related caring responsibilities.
- c) Illness related to pandemic (including mental health issues).
- d) Extended lack of supervision/guidance due to pandemic related activity.
- e) Specific impact resulting from remote working as a result of a disability or any other protected characteristics. g. Any other considerations that can be specifically attributed to the pandemic and evidenced
- f) In the case of a positive test result resulting in inability to attend the exam, rescheduling of the exam to the year after without this counting towards the two attempts at the exam

allowed (Laboratory confirmed test results would need to be provided). If the candidate successfully sits the written test but then cannot attend the viva this will not be counted as an attempt at the exam but both components will need to be taken and passed at the next exam diet.

### **Examples of circumstances not normally considered to be mitigating**

The following circumstances will not normally be regarded as grounds for applying for an interruption or an extension.

This list is not exhaustive; it is intended to give an idea of what is not considered as a mitigating circumstance:

- a) The candidate or supervisor was unaware of policy and application procedures for interruptions and/or extensions for postgraduate degrees
- b) Voluntary service overseas
- c) Expeditions/sport; i.e. Long-term holidays/vacations
- d) Inadequate planning and time management
- e) Normal pregnancy (excluding standard maternal or paternal leave entitlement and events which may arise during pregnancy that may constitute a mitigating circumstance)
- f) Difficulties with English language (including delays as a result of proofreading)
- g) Computer or other equipment failure or theft
- h) Change in employment conditions
- i) Lack of sufficient funds
- j) Holidays, moving house and events that were planned or could reasonably have been expected
- k) The act of religious observance
- l)

### **19.4. Evidence to support an application due to mitigating circumstances**

- In most cases evidence of the event and evidence demonstrating the impact of circumstances on the candidate will be required. Applications for a change in circumstance should therefore normally be accompanied by an appropriate third party independent supporting or collaborative document. In the cases of illness of a close family member of the candidate, or injury or distress caused to the candidate by an accident or criminal act against the candidate, a doctor's note or other document which details the circumstance of the incident is required. Other Evidence might include a police incident report, letter from GP, Death certificate, copy of prescription, photo of labelled positive COVID-19 test result, communications from a school or care facility, or an insurance report. Please see University

of Manchester Guidance <https://www.studentsupport.manchester.ac.uk/study-support/mitigating-circumstances/>

- The consultant supervisor may provide a letter as evidence in situations where candidates have experienced delays beyond their control.
- The Diploma Director along with the Diploma Committee will consider what kind of evidence might be provided for other circumstances on a case by case basis.

#### 19.4.1. In reference to category 1 -effects on coursework and study:

- a) Any candidate experiencing mitigating circumstances may be permitted to apply for an interruption to their studies (or extend their submission pending period / resubmission period) by prior approval of the Diploma Director and University of Manchester.
- b) Candidates are responsible for submitting their own requests for consideration of mitigating circumstances. In some cases, where the candidate is unable to formally submit the request for mitigation due to their current circumstances, the Director may accept an application from a representative who has written permission to act on the candidate's behalf.
- c) A candidate cannot submit the same individual request for mitigation more than once unless the circumstance has exacerbated in some way or the effect on the candidate has lasted longer than expected. In which case, additional evidence must be supplied with a supplementary application.
- d) An "Interruption to Study" is usually granted prospectively
- e) Procedures for handling mitigating circumstances need to be clear and easily understood by both BSSH representatives and candidates. Requests for mitigation must be processed formally and judged impartially. The procedures need to be applied consistently and in line with this Policy and associated Procedures. The Exam board members will be consulted in cases of dispute or difficulty.

### 19.5. Procedure to apply for an interruption to study due to mitigating circumstances during the course

In the event of a candidate needing to interrupt their study

- The candidate should inform and/or discuss the matter with their Consultant Supervisor and Diploma Director or Deputy
- Once agreed that an interruption to study is the appropriate response:
  - Candidate should obtain a **PGT Interruption Application Form** from the secretariat via [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)
  - This form is filled in and signed by the candidate
  - This is then forwarded to be completed and countersigned by the Diploma Director
  - This form is then sent to the course University of Manchester advisor with the Deputy Head of Teaching, Learning and Student Experience (Postgraduate Taught), School of Biological Sciences copied in

- It is best to ask for an extension to take them beyond the next examination. For example a candidate might ask for 6 months but if that does not give the candidate another exam attempt it might be better to recommend longer, e.g. 9 months
- If the interruption is for parental leave then any paperwork handed in with the interruption period dates will not be counted.
- An interruption is for all activity not just the exam therefore requires that no coursework, submissions or exam sittings occur during this period.

#### **19.5.1. In reference to category 2: Unforeseen circumstances effecting the immediate period around your exam**

- It is the responsibility of candidates to ensure they present themselves fit and prepared for the examination.
- Candidates should note that most practitioners suffer adverse personal circumstances at one time or another during their working lives and it is part of demonstrating fitness to practice when an individual makes an assessment about the impact of such an event on their performance.
- The General Medical Council's guidance 'Good Medical Practice and Duties of a Doctor' covers presenting for work, educational activities and training (including implicitly attendance at postgraduate medical examinations) and fitness to practice is implicit in the guidance. Doctors are expected to recognise and work within the limits of their competence.
- The BSSH would normally expect a candidate who believed that their performance was likely to be affected by mitigating circumstances arising before an assessment to withdraw in a timely manner and re-sit at a later date.
- The BSSH would expect claims of sudden unexpected Mitigating Circumstances around the time of the exam to be submitted in real time (usually within a week of the inciting event) and MUST be prior to exam results being received else this would fall under the "Appeals" process.
- If the circumstances appropriate, the Diploma Director, Chair of Examiners and External Examiner will formally consider the claim. Third party evidence may be required to be provided as per [section 19.4](#)
- If the claim of Mitigating Circumstances is accepted then the attempt at the examination will be nullified (where applicable), and a further attempt will be offered. If the claim is denied an administration fee of £250 to sit the next exam is required.
- If a circumstance is likely to have affected performance in an examination the BSSH may expect there to be contemporaneous documentation of discussions with the educational supervisor/employer about fitness for work.

#### **19.5.2. Medical Conditions including pregnancy-related illness**

A candidate who develops a medical condition or pregnancy-related problems close to the date of the examination should withdraw from the examination where it is felt that the condition would have a detrimental effect on performance. A medical certificate may be required.

#### **19.5.3. Candidates who withdraw during an examination**

Withdrawal during an incomplete examination, for whatever reason, will be **counted as an attempt** and candidates would be **deemed to have failed** the examination unless there are accepted Mitigating Circumstances.

#### **19.5.4. Candidates who take ill during an examination**

If a candidate takes ill during an examination and is unable to complete the examination, the candidate **MUST**:

1. Report the illness immediately to the Diploma Director/External Examiner and explain the reason for leaving.
2. A Medical Certificate Form **MUST** be provided and **MUST** be dated on the day of withdrawal from the examination. The Medical Certificate **MUST** be sent to the BSSH within five working days of the date of withdrawal.

The BSSH will **NOT** accept Medical Certificates dated after the date of withdrawal from the examination. See 19.5.5

#### **19.5.5. Failure to attend the exam**

If a candidate withdraws from the exam **AFTER** the affirmative “Intent to sit the exam” form has been returned (approximately 3 months prior to the written exam date) the candidate will be required to pay an administration fee of £250 to access the next exam sitting.

Please note the only exception to this fee is when a candidate experiences Mitigating Circumstances which are evidenced (as necessary) and accepted by the Diploma Director (see earlier in this section of the Manual). Controversial cases will be escalated to the Diploma Committee and Exam Board for discussion.

**NO** allowance will be made for a candidate who is late for an examination or who is absent from an examination as a result of misreading the instructions. This would count as an attempt at the exam. The candidate would be required to re-apply for a future diet of the examination.

#### **19.5.6. Confidentiality**

All Mitigating Circumstances information will be handled sensitively, telling only those who need to know and following any relevant data protection requirements.

#### **19.5.7. Responsibility**

Overall responsibility for this policy and its implementation lies with the Diploma Director of the BSSH Hand Diploma in collaboration with the Exam Board and external and internal examiners for the BSSH Hand Diploma.

## **19.6. Complaints**

There is a formal process for complaints and appeals although it is intended that the majority of issues arising will be resolved informally.

### **19.6.1. Definitions**

- A complaint is a specific concern about course, course unit or course provision or a related academic service
- A complainant is a person who brings a complaint

### **19.6.2. General principles**

We aim to deal with all complaints and appeals promptly, fairly and consistently. Wherever possible we will deal with them informally and as closely as we can to the point where the particular issue arose.

Our appeals and complaints procedure is approved by the Academic Panel and is subject to regular review, taking into account current good practice. As far as possible, these procedures will be clear and accessible and will reflect the principles of natural justice (the right for you to be heard and for such procedures to be free from bias).

In circumstances where a hearing becomes necessary, in conjunction with your appeal or complaint, you will be entitled to attend that hearing and to be accompanied by a person of your choice if you wish.

Your privacy and confidentiality will be respected and assured wherever possible. You will not be disadvantaged or discriminated against as a result of making a genuine appeal or complaint.

You will be entitled to receive notification of the outcome of your appeal or complaint and to be informed about any further procedures open to you if you are dissatisfied with that outcome.

The BSSH undertakes to meet reasonable and proportionate incidental expenses necessarily incurred if your appeal or complaint is successful.

### **19.6.3. Complaints**

We aim to provide high standard of service to our Diploma participants at all times. However, if you wish to draw our attention to any issues you feel are below the expected standard, we will make every effort to resolve your complaint in a reasonable and flexible manner so that a fair and just outcome is achieved.

### **19.6.4. Informal complaint**

Wherever possible, we seek to resolve complaints informally. Therefore, we encourage you first to discuss the matter informally with the member of staff concerned as soon as possible. If you feel it is more appropriate, you may discuss the problem with your Consultant Supervisor, Diploma Tutor or the Diploma Director. It would be most helpful if you indicate at the outset the form of remedy you are seeking. Doing so will not prejudice the eventual outcome.



It is essential that you act straightaway if the particular issue you have is likely to adversely affect your studies in any way, for example if your learning materials have not arrived or there is a problem regarding attending study days or in having special arrangements for an assessment.

#### **19.6.5. Formal complaint**

If the matter is not resolved informally, and you wish to make a formal complaint, please do so by putting the details in a letter addressed to the Hand Diploma Director at the BSSH.

Although some queries can be dealt with by telephone, it is best for you to put it in writing and send it by post or email to the Diploma Director via the BSSH Course Co-ordinator ([diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)), also requesting formal confirmation of receipt of the document, this ensures that there is a record of your query and that it is expressed and recorded accurately. If you set it out as a numbered sequence of points, including any known dates or references it will help us understand the circumstances and events clearly.

We will send a reply within 10 working days of receiving your query, either answering it fully or acknowledging receipt of it and indicating when a full answer will or is likely to be given. The Diploma Director will appoint a senior member of staff to investigate your complaint. We undertake to provide you with a response within 20 working days of your written complaint. If you are dissatisfied with the written response you have the right to have the matter reviewed by the President of the BSSH.

#### **19.6.6. Escalating a complaints or Appeals to the University of Manchester**

Following completion of the BSSH's procedures, you may write to the Director of Teaching and Learning Support of the University of Manchester ([appealsandcomplaints@manchester.ac.uk](mailto:appealsandcomplaints@manchester.ac.uk)) to request a review in connection with the appeal, complaint or matter of misconduct if you feel that your case has not been handled properly or that the decision reached was not reasonable on the basis of the evidence available.

### **19.7. Appeals**

Definitions:

- An appeal is a request for a review of a decision on progression, assessment or award
- An appellant is a person who brings an appeal

#### **19.7.1. Grounds for appeal**

You have the right to make a formal appeal against your assessment result, decision or progression where there is evidence of a material error in the conduct of the assessment or the Assessors.

#### **19.7.2. Appeals procedure**

##### **Informally question a decision**

Usually this would be proceeded by a “complaint” ([See section 19.6 above](#)). If you wish to question a decision you need to contact the Diploma Director as soon as possible after receiving notification

of that decision and, in any event within 10 working days. Where possible and appropriate, we will deal with the matter informally, normally referring it back to the body or individual who conveyed the original decision to you.

Although some queries can be dealt with by telephone, it is best for you to put it in writing and send it by email ensuring you ask for receipt of email. This ensures that there is a record of your query and that it is expressed and recorded accurately. If you set it out as a numbered sequence of points, including any known dates or references it will help us understand the circumstances and events clearly.

We will send a reply within 10 working days of receiving your query, either answering it fully or acknowledging receipt of it and indicating when a full answer will, or is likely to be, given.

If you are still dissatisfied with the outcome after this, and believe you have grounds, you may make a formal appeal.

### **19.7.3. Making a formal appeal**

Where it is impossible or inappropriate to settle an appeal informally, you may wish to make a formal appeal. Formal appeal may also be necessary if you are dissatisfied with the result of informal appeal. You must give full details to the Diploma Director in writing within 30 working days of the publication of the exam results.

You should:

- Explain the grounds of your appeal, and
- Attach any information or correspondence that you consider to be relevant

The Diploma Director will acknowledge receipt of your appeal and conduct a preliminary review of the circumstances surrounding the appeal. You may be asked to supply further information or documents. At this stage the Diploma Director has the power to dismiss any application that is judged to be vexatious, frivolous or otherwise an abuse of process. If so, you will be advised in writing at the earliest opportunity. No appeal will be struck out solely because you have made minor procedural errors in your appeal application.

An appeal which progresses will be referred by the Diploma Director to the Appeal Panel which will conduct a review of the matter.

The Appeal Panel will be established by the Chair of Examiners under the delegated authority of the Academic Panel. The composition of the Appeal Panel is as follows:

- Chair of Examiners
- Diploma Director (Diploma and Masters Committee Chair)
- Chair of Education & Training Committee BSSH
- Academic advisor to the University for the Hand Diploma
- External Advisor to the Diploma Course
- External Examiner

The onus is on you to prove that there are relevant ground(s) for appeal. You have the right to attend the appeal hearing in person and to be accompanied by a person of your choice.

The Appeal Panel has the following powers:

- To uphold your appeal and nullify your original assessment results. You will then have the right to sit the assessment or exam as if for the first time and no fee will be charged.
- To uphold your appeal and refer the matter back to the Assessment Board who will have the final decision
- To decide that your Appeal is not upheld and the original decision stands

#### **19.7.4. Subsequent appeal to the University**

Following completion of the BSSH's procedures, if you feel that your case has not been handled properly or that the decision reached was not reasonable on the basis of the evidence available you may write to the Director of Teaching and Learning Support of the University

([appealsandcomplaints@manchester.ac.uk](mailto:appealsandcomplaints@manchester.ac.uk)) to request a review in connection with the appeal, complaint or matter of misconduct. The University must receive a review request (i.e. a written statement, with supporting evidence, detailing the reasons for the request) outlining why you believe the case was not handled properly or that the decision reached was unreasonable on the basis of the available evidence within 10 working days of the date on which the BSSH formally notified you of its decision. You may present new material and/or evidence for the review only if you have credible and compelling reasons as to why this information was not available to the BSSH. The Director of Teaching and Learning Support (or their nominee) will write to inform you of the outcome of the review and the reasons for the decision, normally within 40 working days of receipt of the request for a review.

Further details can be found on the University's Teaching and Learning Support Office website at:

[www.tlso.manchester.ac.uk/appeals-complaints/](http://www.tlso.manchester.ac.uk/appeals-complaints/)

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## 20. KEY DATES AND CONTACTS

The BSSH office can be approached at any time to commence the registration process but the participating surgeon is advised to allow 4-6 weeks to allow processing of the application in time for registration. There is a specific application form for the BSSH registration process ([See Section 2.1.1](#)) and copies of this are available from the BSSH office or can be downloaded at the BSSH website: [https://www.bssh.ac.uk/professionals/diploma\\_in\\_hand\\_surgery.aspx](https://www.bssh.ac.uk/professionals/diploma_in_hand_surgery.aspx)

- Registrations with the BSSH can be made throughout the year
- Course registration is for 5 years
- The Diploma examination will be held annually

### 20.1. Contacts

A full list of post and important contacts is included below.

**For details of current post holders please see the BSSH Website** and in case of difficulty please contact the BSSH office; [secretariat@bssh.ac.uk](mailto:secretariat@bssh.ac.uk)

#### Diploma Director

- Chairs Diploma and Masters Committee
- Member of the Board of Examiners
- Leads on convening and co-ordinating examination
- Reports to BSSH Council on Diploma
- First point of contact for all enquiries not otherwise delegated
- Keeps the examination bank questions under secure conditions
- Represents the BSSH and acts as primary point of contact for the University

#### Hand Diploma and Masters Committee

Members have convened 3-6 times per year since 2003 and:

- Develop policy for discussion and approval at BSSH Council
- Develop and update syllabus and course units on a rolling basis
- Write MCQs & EMQs for the examination bank
- Write Clinical Skill Stations for the OSCE component of the examination
- Review and update course reading list
- Submit minutes of meetings to School of Medicine Postgraduate Committee as part of Quality Assurance process
- Discuss, promote and develop the evolution of the Course

## **BSSH Course Co-ordinator**

British Society for Surgery of the Hand

Royal College of Surgeons of England

35- 43 Lincoln's Inn Fields

London, WC2A 3PE

Tel: 020 7304 4779

Mobile: 0751 2883 194

Email: [diploma@bssh.ac.uk](mailto:diploma@bssh.ac.uk)

- Day to day administration of all items pertaining to individual participating surgeons
- Handles initial and subsequent contacts with participating surgeons and their consultant supervisors
- Ensures all electronic, written and audio-visual materials pertaining to the coursework are distributed in an efficient manner.
- Maintains confidential file on each participating surgeon
- Receives and collates returns pertaining to individual internal assessments
- Keeps record of and confirms in writing the submission of coursework
- Provides logistic support for conducting the examination

## **Graduate Office Administrator University of Manchester**

Postgraduate Programmes Manager School of Medical Sciences

JR Moore Building University of Manchester Brunswick Street Manchester M13 9PL

- Liaises with BSSH Course Administrator
- Responsible for maintaining University's record of registered and completed candidates
- Co-ordinates with other University departments regarding Diploma certification

# **BSSH**

## **President**

- The President will advise on and oversee strategic decisions pertaining to the Hand Diploma
- Chairs BSSH Council meetings in which matters of principle pertaining to the Hand Diploma will be discussed
- Communicates with the membership on matters pertaining to the Hand Diploma

## **Treasurer**

- Oversees the financial case for the Hand Diploma
- Assists in financial negotiations with UoM
- Advises on fee structure

## **Chair of Education & Training**

- Liaises with the Hand Diploma lead
- Is involved with discussion on development of the Hand Diploma within the BSSH
- Coordinates BSSH strategy on Education

## **Chair of the Instructional Courses**

- Convenes and organises the international instructional courses from which the Diploma programme developed
- Liaises with the Chair of Education & Training Committee who is also member of the Faculty of the Instructional Courses
- Provides reports on the courses as required by the QA framework

# **University of Manchester**

## **Academic Advisor to the Diploma Course**

- Committee member of the University School liaising between University and BSSH representatives
- Represents University on Examinations Board

## **External Advisor to the Diploma Course**

- Reviews the written submissions made by BSSH to the UoM with comments on feasibility and advisability provided to the UoM.

## **Board of Examiners**

Composition:

- Chair of the Diploma Examiners (Internal Advisor to the Diploma Course & Chair of Board)
- Representative of Manchester University
- Chair of the BSSH Education and Training Committee
- Chair of the Diploma & Masters Committee (Diploma Director and Chief Examiner)
- Chair of the BSSH Instructional Courses
- Chair of the Interface Committee in Hand Surgery
- External Examiner
- External Advisor to the Diploma Course
- BSSH Course Co-ordinator (providing minutes)

## **External examiner**

- Advises on matters pertaining to reproducibility and validity of the internal 'in-house' assessments
- Advises on matters pertaining to the Final Examination held yearly
- Reports to Manchester University yearly on standards and conduct of the examination process

## 21. SOURCES OF FINANCIAL HELP

You may be able to obtain financial help from your Postgraduate Dean (trainees) or NHS Trust (consultants).

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