

Conclusions

This study has documented the range and number of procedures performed for paediatric fractures in a typical district general hospital in the UK. Trainees in the unit would benefit from the operative experience of treating relatively large number of fractures in children. However, it has highlighted the need to encourage consultant trainer supervision to enhance operative training opportunities for surgical trainees. The treatment of non-emergency paediatric fractures in routine trauma lists and not during out of hours is suggested. A database documenting the range, volume of operating and degree of operative

supervision for trainees will be useful in the audit of services and training of any surgical unit.

References

1. Taylor T. Paediatric fracture survey. *Br Orthop Newsletter* 2003; **27**: 45.
2. Bullinski P, Bachulis B, Naylor DF Jr, Kam D, Carey M, Dean RE. The changing face of trauma management and its impact on surgical resident training. *J Trauma* 2003; **54**: 161–3.
3. Savage PEA, Fearn C, Groom AFG, Heatley FW. Education and training opportunities in trauma and orthopaedics in SE Thames Region. *Ann R Coll Engl Suppl* 1997; **79**: 237–43.

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doi 10.1308/003588406X117124

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