

SPECIFICATION FOR BASIC VOCATIONAL TRAINING IN SURGERY

1.0 PREAMBLE

This specification outlines the requirements for basic surgical training. It is based on guidelines of the Royal Australasian College of Surgeons (RACS).

This training leads on to Advanced Surgical Training described in a separate specification, *Advanced Vocational Training in Surgery*.

In this specification, the term 'registrar' means registrar in training as defined in Section 3.1, Registrar Eligibility.

2.0 DESCRIPTION OF SERVICE

The basic surgical training programme provides a general learning experience which includes basic surgical skills, competency in clinical assessment and the use of diagnostic modalities, an understanding of basic surgical science, and the principles of surgery. During the programme, the registrar gains a sound knowledge of the theory and practice of surgery in areas common to all branches of surgery.

The programme is a clinically based training programme, which takes place over a minimum of two years (or part-time equivalent). The objectives of the training programme are:

- ?? The development of a sense of responsibility to patients, staff, and community.
- ?? The understanding of basic sciences relevant to the practice of surgery.
- ?? The clinical application of these areas to surgery.
- ?? The acquisition of appropriate basic technical skills.
- ?? The development of appropriate interpersonal and communication skills.
- ?? An understanding of medico-legal and ethical issues relating to surgery.

Learning is facilitated through the creation of a planned and managed learning environment achieved through interactions between the registrar and patients, interactions with other health professionals in a variety of clinical settings (operating theatres, wards, and departments), and includes access to formal teaching sessions, meetings, discussions, direct supervision of the clinical service provided, and support and guidance to ensure that learning occurs and progress towards qualification is made.

The programme should introduce the wider aspects of vocational training including effective service delivery, resource management, health policy, and population health.

2.1 LEARNING ENVIRONMENT

Training occurs in an approved post in a programme approved by the RACS. Learning takes place in clinical settings (operating theatres, wards, departments and outpatient clinics), and includes access to formal teaching sessions. It is recognised that, for a given registrar, several training posts are usually required to obtain adequately wide experience. Registrars shall be released from service to attend theoretical training and receive educational supervision.

Training is on an apprenticeship basis, and much learning is by example. The example set by senior surgical staff and other staff strongly influences the quality of the learning experience. This requires both good role modelling by the supervisor and active participation by the registrar, with constructive feedback given to the registrar.

Registrars entering basic surgical training are required to enrol with the RACS as Basic Registrars through the hospital Supervisor of Basic Surgical Training.

2.1.1 Clinical Placements

General Requirements

Registrars' rotations should be selected to ensure a full range of relevant experience. During the basic surgical training registrars must rotate through a series of posts of three to six months duration, to include as many surgical specialties and related disciplines as possible.

Supervision will ensure that registrars' learning is objectives-based, targeted to registrars' learning needs, and that there is application of cultural appropriateness principles to the practice of surgery.

A good knowledge of, and good practice in, medico-legal and ethical aspects of professional practice is also a requirement of training.

Workplace safety issues are the responsibility of providers and will apply to all registrars.

Specific Requirements

At least 12 months out of the 24 months must be in surgical posts. The remaining time may be spent in surgical, medical, or basic science posts, or in approved research.

2.1.2 Formal Teaching Programme

A formal teaching programme, delivered by appropriately skilled and experienced staff, should be provided. It is considered that a minimum of one half day, or its equivalent, per week should be devoted to activities which would include regular tutorial sessions, and regular surgical meetings such as grand rounds, clinico-

pathological conferences, surgical audit, morbidity/mortality reviews, and surgical forums. This programme should include specific preparation for examinations.

2.1.3 Access to Resources

To meet the objectives of the training programme, the registrar requires access to:

- ?? An approved formal teaching programme.
- ?? Adequate library facilities, with a relevant range of journals and recognised texts appropriate to the practice of surgery.
- ?? Clinical support services, including qualified anaesthetic staff and a comprehensive laboratory service.
- ?? Clinical meetings and conferences, seminars, and surgical educational meetings.
- ?? An adequate number of hospital beds and a necessary variety of clinical material for training.
- ?? Adequate personal operative experience for the registrar under adequate supervision.
- ?? A surgical audit system.
- ?? Understanding of the application of evidence based guidelines, including technology assessment.
- ?? Input from a range of clinical staff.

2.2 SUPERVISION

2.2.1 Clinical Supervision

Clinical Supervisors (Mentors) should hold surgical qualifications recognised by RACS.

The level of supervision of the registrar is dependent on ability, and will vary as the registrar progresses through the programme. Opportunities for directly supervised, indirectly supervised and monitored clinical practice should be provided according to the ability of the registrar.

The registrar is essentially apprenticed to the clinical supervisor or mentor, usually one of the consultants in the clinical team to which the registrar is attached. Supervisors will be provided who have responsibility for the registrars' patients and will:

- ?? Create and maintain a suitable individual learning environment for the registrar.
- ?? Make sure that a wide range of opportunities for clinical skill development is available to the registrar.
- ?? Ensure that the registrar has a level of supervision appropriate to his/her skill level.

- ?? Provide guidance on the development of attitudes, knowledge, and skills objectives.
- ?? Provide guidance and advice to trainees regarding the cultural appropriateness of care provided.
- ?? Usually not have more than one basic registrar under their supervision.
- ?? Assess the registrar and provide reports to the Supervisor of Surgical Training at the end of the placement.

During the time registrars are on duty or on call, there must be a clear line of responsibility from the patient to the registrar to a designated surgical consultant.

2.2.2 Educational Supervision

The Supervisor of Surgical Training will:

- ?? Advise registrars on their training and examination preparation and on suitable courses, seminars, and lectures in the registrars' hospital or area.
- ?? Provide coaching to registrars, as necessary, in their preparation for examinations.
- ?? Approve the outline of the formal teaching programme.
- ?? Ensure that the structured programme and clinical attachment organised as preparation for the examination will be linked to the examination timetable.

2.3 PROGRAMME CO-ORDINATION

Provision of a Supervisor of Surgical Training who will:

- ?? Be familiar with the RACS regulations on training, examination and registration of registrars.
- ?? Advise potential and current registrars on their training and registration requirements.
- ?? Regularly evaluate registrars' training, both clinical and academic experiences.
- ?? Monitor supervision, experience, and allocation of duties for registrars and facilitate such changes as may be necessary.
- ?? Liaise with hospital administration on allocation of posts, registrar duties, supervision, and study time and release for approved courses.

2.4 EXPECTED OUTCOMES

All educational objectives to be met as demonstrated by completion of two years basic surgical training and passing of the Part I Examination, which can be taken at any stage during the two years.

The Part I examination includes:

- ?? A multiple choice examination of three 2 1/2 hour papers in anatomy, physiology and pathology.
- ?? An interview by Fellows of the College designated for that purpose to ascertain the progress a candidate has made during basic training.
- ?? Two satisfactory mentor assessment reports totalling a minimum of 52 weeks.
- ?? Objective structured clinical assessment on the application of basic science knowledge and understanding and clinical practice relevant to all forms of surgery at the appropriate level of knowledge.

3.0 ELIGIBILITY

3.1 REGISTRAR ELIGIBILITY

Registrars must:

- ?? Be accepted by the RACS into the training programme; and
- ?? Be enrolled with the RACS for basic surgical training ; and
- ?? Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- ?? Have general registration as a medical practitioner from the Medical Council of New Zealand.

Medical graduates who do not meet the above criteria may be considered on a case by case basis.

3.2 PROVIDER ELIGIBILITY

Training occurs in an approved post in a facility approved by the RACS.

4.0 LOCATION AND SETTING

Any secondment of a registrar to another location for further training experience must comply with Clause 4.1 (d) in Part 1 of the CTA generic contract document.

5.0 ASSOCIATED LINKAGES

The training programme will have established linkages with:

- ?? The Royal Australasian College of Surgeons and its relevant Boards.
- ?? Other basic and advanced surgical training programmes.
- ?? The provider(s) of the formal teaching programmes.
- ?? Patient Advocates for Code of Health and Disability Services, Consumer Rights and Privacy Issues.

6.0 PURCHASE UNIT AND REPORTING UNIT

6.1 PURCHASE UNIT

A basic surgical registrar on a training programme and enrolled with RACS as a basic surgical registrar.

6.2 REPORTING UNIT

A basic surgical registrar on a training programme by year of training.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

*This should be read in conjunction with Part 4 of the CTA contract document which specifies **generic** quality standards for all programmes provided under the contract.*

8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC

*This should be read in conjunction with Part 4 of the CTA contract document which specifies **generic** quality standards for all programmes provided under the contract.*

8.1 PROGRESS REPORTING

Section 2.4 of the specification details the expected outcomes of the training programme purchased.

8.2 QUALITY REPORTING

Reports as described in Part 4 of the CTA contract document require a summary of the programme. Part 5 of the contract requires that you have a quality plan in place for the ongoing monitoring of the training provided.