

1/B21 SPECIFICATION FOR TRAINING IN SURGERY

1.0 PREAMBLE

This specification outlines the requirements for a provider to be considered for Clinical Training Agency funding for surgical education and training. It is based on the programme of the Royal Australasian College of Surgeons (RACS).

The outcome of the programme is award of Diploma of Fellowship of the Royal Australasian College of Surgeons (FRACS).

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

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

This programme will meet all requirements of the RACS document 'Surgical Education and Training (SET)'.

2.0 DESCRIPTION OF SERVICE

The programme is a clinically-based training programme extending over five or more years (depending on the specialty concerned) and is designed to provide progressive experience and responsibility. Training must include delegated operating responsibility commensurate with developing skills and experience. Surgical training involves the application of surgical science appropriate to the specialty as well as to the practice of surgery.

The objectives of the programme are the acquiring of:

- Practical skills to develop a safe and competent consultant surgeon
- Knowledge in depth of the areas belonging to that specialty
- Knowledge of relevant areas of other specialties
- Knowledge and use of the processes around patient safety
- Knowledge of the practical aspects of rehabilitation for surgical patients
- Knowledge of the practical aspects of palliative care in the specialty
- Expertise in research and audit
- Understanding of medico-legal and ethical issues relating to surgery
- Relevant cultural competencies.

The programme will include preparation for health leadership and management. It will include effective service delivery and resource management, management and policy environment in the New Zealand health system (including some understanding of the concept of health economics), models of health service delivery and some exploration of how multidisciplinary teams function.

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

Surgical training can be obtained in each of the following specialties:

- General surgery
- Cardiothoracic surgery
- Neurosurgery
- Orthopaedic surgery
- Otolaryngology – Head and Neck Surgery
- Paediatric surgery
- Plastic and reconstructive surgery
- Urology
- Vascular surgery.

2.1 LEARNING ENVIRONMENT

Training will occur in an accredited post in an approved programme. 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 required to obtain adequately wide experience. Registrars shall be released from service to attend theoretical training, workshops, skills laboratories and receive supervision and training.

Training will be competency based and include a number of teaching and learning methods including skills laboratories. 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.

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

The control of workplace safety issues are the responsibility of providers and will apply to all registrars.

2.1.1 Clinical Placements

Registrars' rotations will be appropriate to ensure a full range of relevant experience and different supervisors, as specified for the particular specialty for which training is being undertaken.

Each clinical placement must provide a reasonable period of continuity under the supervision of a particular consultant or consultants.

Unless specifically stated otherwise, an acceptable clinical rotation is a post-graduate experience with a minimum duration of 8 weeks, which has been under the supervision of an appropriately qualified clinician (surgeon, anaesthetist, or intensivist depending on the type of term).

2.1.2 Formal Teaching Programme

A formal teaching programme will be delivered by skilled and experienced persons. A minimum of one half day, or its equivalent, per week will be devoted to activities which would include regular tutorial sessions specifically designed for surgical registrars, and regular surgical meetings such as grand rounds, clinico-pathological conferences, surgical audit, morbidity/mortality reviews, and surgical forums.

2.1.3 Access to Resources

To meet the objectives of the training programme, access must be provided to:

- A RACS 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 comprehensive laboratory, pathology and radiology services.
- Clinical meetings and conferences, seminars, and surgical educational meetings.
- Necessary variety of clinical case-mix for training across a hospital network.
- Adequate personal operative experience for the registrar, under adequate supervision.
- A surgical audit system.
- Input from a range of clinical staff.
- Appropriate IT facilities and support, including on-line facilities.

2.2 SUPERVISION

The surgical training programme for each surgical specialty will have supervisors of surgical training approved by the Specialty Training Board and the Board of Surgical Education and Training of the RACS. Each registrar will have a specific supervisor of surgical training. Supervision and assessment of registrars by supervisors of surgical training will be provided to ensure the quality of training, general progress, suitability to continue training, readiness to sit the examinations, and the completeness of training. Supervisors of surgical training will possess appropriate qualifications as recognised by the RACS.

In addition there will be at least two RACS approved consultants (trainers) on any unit to which the registrar is assigned. Trainers will:

- Supervise not more than two registrars at any one time.
- Supervise clinical work, including observation of patient examinations and surgical procedures.
- Provide guidance on the development of attitudes, knowledge and skill objectives.
- Ensure that principles of safe care are applied to the practice of surgery
- Ensure the registrars are involved in clinical quality improvement activity.

Each registrar must keep a log book throughout surgical training which provides information on operation statistics and educational activities, such as research, publications, presentations at meetings and attendance at courses and seminars. This will be reviewed six monthly by the supervisor of surgical training.

2.2.1 Clinical Supervision

Trainers provide clinical supervision. 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, but relatively independent clinical practice will be provided according to the ability of the registrar.

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

2.2.2 Educational Supervision

The supervisor of surgical training will:

- Approve the outline of the formal teaching programme.
- Support registrars, as necessary, in their preparation for exams.
- Advise surgical registrars on all aspects of surgical training.

- Ensure the structured programmes and clinical attachments organised as preparation for the examinations will be linked to the examination timetable.

2.3 PROGRAMME CO-ORDINATION

With regard to programme coordination the supervisor of surgical training 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.
- Monitor supervision, experience, and allocation of duties for registrars and facilitate such changes as may be necessary.
- Regularly evaluate registrars' training, both clinical and academic experiences, including inspecting log books (at least six monthly) and report on their progress in terms of attitudes, clinical skills, teaching ability, and educational activities at the end of every rotation.
- Arrange regular meetings with surgeons to discuss programmes and the progress of individuals.
- Provide confidential reports to the Specialty Training Board through which the Board will be able to make recommendations regarding eligibility to sit the examinations, and regarding progress and completeness of training.
- Review the records of each registrar's clinical experience and attendance at courses, seminars and lectures.

The contribution of the training provider (commonly a District Health Board) to programme coordination will include:

- Ensuring that each trainee has appropriate supervision.
- Understanding the requirements of the training programme as specified by the RACS.
- Understanding of the requirements of the CTA training specification.
- Liaison with the CTA regarding the Service Agreement.
- Ensuring that CTA reporting and invoicing are completed accurately and promptly.

2.4 EXPECTED OUTCOMES

All educational objectives are to be met, as demonstrated by a pass in the written and clinical parts of the Fellowship examination which will cover the areas of surgery laid down in the syllabus for each specialty.

To be eligible to sit the Fellowship examination, registrars must have completed:

- A period of training as approved by the appropriate Specialty Training Board.

- Courses prescribed by the Specialty Training Board.
- Evidence of adequate experience and satisfactory reports from Speciality supervisors of surgical training. Application to present for the Fellowship examination will be accompanied by a summary of the training received, based on progressive reports and inspection of the log-book.
- The particular pre-requisites of the specialty.

Completion of surgical training and education, and passing the Surgical Science and Clinical Examination and also the Fellowship examination, qualify the registrar for the award of the Diploma of Fellowship of Royal Australasian College of Surgeons (FRACS).

3.0 ELIGIBILITY

3.1 REGISTRAR ELIGIBILITY FOR CTA FUNDING

To be eligible for CTA funding a registrar must meet the following criteria:

There are six eligibility criteria which apply across all nine specialties:

1. Must be accepted and registered by RACS into a surgical education and training programme.
2. Graduate of a medical school recognised by the Australian or New Zealand Medical Councils.
3. Unconditional registration to practice in Australia or general scope registration to practice in New Zealand. If training in New Zealand, applicants must also have Permanent Residency or citizenship of New Zealand or Australia.
4. Satisfactorily completed internship and be in PGY2 or later.
5. Must be able to meet all the eligibility requirements of the specialty (or specialties) for which they intend to train.
6. Have been in the programme no longer than 2 years beyond the approved programme length.

All general eligibility requirements must be completed prior to the closing of registration for selection on March 1 in each year prior to a December start to training.

Specialty specific eligibility criteria:

(A detailed list of the specific eligibility criteria for each specialty is provided in Appendix C of the RACS document 'Surgical Education and Training (SET)')

Registrars who do not meet all of the above criteria may be considered on a case-by-case basis.

3.2 PROVIDER ELIGIBILITY

Training occurs in an accredited post in a programme approved by the RACS.

4.0 LOCATION AND SETTING

Any secondment of a registrar to another accredited post for further training experience must comply with Part 9 of the CTA Head Agreement.

5.0 ASSOCIATED LINKAGES

The training programme will have linkages with:

- Royal Australasian College of Surgeons and its relevant Boards.
- Other relevant medical colleges.
- Universities/medical schools for relevant academic input.
- Medical Council of New Zealand.

6.0 PURCHASE UNIT

A registrar in an accredited training post approved by RACS for surgical education and training.

Part-time registrars who are funded under this contract will be funded on a pro rata training unit basis.

7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC

*This section will be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies **generic** quality standards for all programmes provided under the contract.*

7.1 QUALITY REPORTING

Reports as described in Schedule 1 Part 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the CTA Head Agreement requires that providers have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer specifically to the outcomes of this internal quality management.