



FAQs

A Guide for Trainees, Supervisors, and Trainers

Note: This guide is intended to provide assistance. For detailed information on GSET please refer to the GSET Regulations.

In-Training Assessments

Does the Hospital Supervisor undertake the assessment along with the Unit Supervisor or after - as it is done now?

When a section or field is missed on the In-Training Assessment form, does the system automatically remind you what has been missed?

What happens if the Trainee does not agree with the assessment?

Does a Below Performance Expectation in one Competency lead to a Below Performance Expectation rating of the entire In-Training Assessment?

- The In-Training Assessment process has not altered. If there is a Unit Supervisor, generally, they will undertake the assessment after which the Hospital Supervisor will provide final sign-off.

- Yes, the IT Platform (TIMS) will highlight the section or field that has been missed. You will need to complete the highlighted section before being able to submit.

- As is the current process the Trainee has the right to note their disagreement with the assessment, however no action is taken from an administrative view point.

- Yes, as per Sections 17.4.2a and 17.6.2a a Mid or End of Term Assessment will be deemed Below Performance Expectation if one or more Competency Domain has been rated Below Performance Expectation. Note, that the Rotation Outcome is dependent on not only the End of Term Assessment but completion of other requirements.

EPAs and PBAs

Who can complete an EPA or PBA

Can all Trainers on a unit undertake an EPA or PBA?

- A Trainer is defined as a consultant on an accredited unit. All consultants will therefore be eligible to complete an EPA or PBA.

Can other consultants at the hospital do EPAs and PBAs or just the unit consultants? Eg a Trainee doing a vascular rotation who works with general surgeons for evening shifts or emergency lists.

- Yes they would still be considered Trainers as the evening or emergency lists would be part of the accredited post.

Can the unit fellow perform some of the EPAs and PBAs?

- Currently a fellow would not be able to as per the definition of a Trainer above. However, we would assess this on a case by case basis particularly in smaller units. For EPAs, a fellow can provide input to the consultant who would be the assessor.

I'm working with surgeons other than General Surgeons, and their name does not appear on TIMS. What do I do?

- All General Surgeons will be loaded on TIMS. If your Trainer is a non General Surgeon and is therefore not appearing, email board@generalsurgeons.com.au with your Trainers full name and we will verify they are a FRACS and add to TIMS.

EPAs and PBAs

Trainer Limitations

What is the maximum number of EPAs and PBAs an individual Trainer can undertake?

- For EPAs the maximum number a Trainer can complete to the level of Entrustable per EPA is three (3). For PBAs the maximum number to the level of Able to Perform Independently is two (2).
- For example, a Trainer can complete to the level of Entrustable three Leading a Ward Round EPAs and also three Discharge Planning EPAs. Or for PBAs a Trainer can complete to the level of Able to Perform Independently two Anastomosis and two Stoma Formation.

Is the limitation for each Trainer only for EPAs rated as Entrustable and PBAs rated as Able to Perform Independently?

- Correct, the above limits are for EPAs rated as Entrustable and PBAs as Able to Perform Independently.
- For example, a Trainer may undertake five Leading a Ward Round EPAs, two of which were rated as Not Entrustable and three as Entrustable.
- A Trainer may continue to complete EPAs and PBAs however once the maximum for the particular EPA/PBA is reached they will not count towards the Trainee's requirement.

EPAs and PBAs

Requirements

How many EPAs or PBAs are required per 6 month term?

- There is no requirement per six month term. The requirement is per GSET level, that is by the end of the second rotation.

For each EPA to be completed 10 times, does this mean Entrustable 10 times?

- Yes, the EPA will only count towards the required 10 per EPA when it is rated as Entrustable.

As I understand it, it is a total of 160 Entrustable EPAs for GSET, additional to Not Entrustable assessments. Would that be right?

- Across GSET the total number of Entrustable EPAs required is 160 - 100 Core EPAs and 60 Principal EPAs. Any EPA rated as Not Entrustable will not contribute to this total.

Can the Principal EPAs and PBAs be undertaken early (ie in GSET1-3)?

- Yes they can be however they will not count towards the required number of Core EPAs/PBAs but will be counted towards the Principal requirements.
- Completing EPAs and PBAs earlier is encouraged if Trainees have access to them not only to complete the requirement but as a learning opportunity.

EPAs and PBAs

Determining and discussing which EPAs and PBAs to undertake

Is there a danger of Trainees only selecting the easiest scenarios to do their EPAs? eg only choosing ward rounds with a couple of post-op patients that are being discharged rather than the post-take round with 15 patients.

Can a Trainer suggest that an upcoming task or procedure be the subject of an EPA/PBA?

Trainees avoid having negative assessments documented. How will they be encouraged to request assessments before they think they are ready?

- In this scenario, the Trainer would be encouraged to discuss a more complex scenario to undertake an EPA and explain to the Trainee that the concept is to provide feedback to enable the Trainee to learn and develop their skills.

- If a Trainer see an opportunity to undertake an EPA or PBA, they can discuss with the Trainee beforehand and agree on undertaking the assessment.

- EPAs and PBAs are a formative assessment tool. Whilst there are requirements to be fulfilled, EPAs and PBAs lend themselves to providing feedback to Trainees in order for them to improve.
- A Not Entrustable or Not Able to Perform Independently rating should be seen as a learning opportunity.

EPAs and PBAs

Process

Do you have to document each instance of feedback for an EPA or PBA?

What about a Trainee who is susceptible to performance anxiety, can we do EPAs and PBAs retrospectively for those to mitigate this?

Does a Trainee seek out a Trainer to request an EPA or PBA be undertaken? Or is the aim to just be opportunistic, that is, whenever you happen to be observing them?

- Not every instance however we do encourage Trainees and Trainers to complete an instance when a learning opportunity has been identified.

- The assessment will be always be undertaken after the event has occurred, that is after you have observed the Trainee or for EPAs after you have received feedback.

- Generally the Trainee should inform the Trainer that they wish to undertake an EPA or PBA. If a Trainer see an opportunity to undertake an EPA or PBA, they can discuss with the Trainee beforehand and agree on undertaking the assessment.

- The Trainee should also discuss their goals for the term with their Supervisor at the beginning of the term and highlight areas, EPAs, or PBAs they wish to concentrate on.

EPAs and PBAs

Assessment of EPAs and PBAs

If a particular EPA or PBA has been rated as Entrustable or Able to Perform Independently, can future EPAs or PBAs be rated as Not Entrustable or Not Able to Perform Independently?

If the Trainee is Not Entrustable or Not Able to Perform Independently, should the Trainee be assessed again by the same Trainer with improvements suggested ?

Can Trainers or Supervisors know when a Trainee was rated as Not Entrustable or Not Able to Perform Independently?

- Yes they can be. Rating one EPA or PBA as Entrustable or Able to Perform Independently, does not necessarily signify that subsequent performance will meet the required standard.

- Each EPA or PBA is assessed on its own merit.

- Certainly this would be acceptable so that the Trainer can reassess the Trainee and focus on the areas that required improvement in the previous assessment.

- Trainers can only view EPAs or PBAs assigned to them to rate.

- The Unit/Hospital Supervisor will be able to view the EPAs and PBAs completed for Trainees allocated to them during a particular Rotation and Term. This is to assist in determining performance for the In-Training Assessments.

- When the rotation/term has been completed the EPAs and PBAs will not be visible to the Supervisor.

EPAs and PBAs

Assessment of EPAs and PBAs

Is it possible for a Trainee to not submit an unfavourable assessment?

- GSA will monitor the status of EPAs and PBAs and will follow up with the Trainee to ensure they submit.
- The GSA staff will have the authority to submit the assessment should the Trainee not undertake this.

Can a Trainee point to PBAs and EPAs that have been successfully completed to counter a Below Performance Expectation rating on a Mid or End of Term Assessment?

- EPAs and PBAs are one type of assessment looking at specific events. They can be thought of as biopsies of performance, however they are not the only indicator of performance and other factors can be considered.

What happens if the Trainee does not agree with the assessment?

- As is the current process the Trainee has the right to note their disagreement with the assessment, however no action is taken from an administrative view point

What happens if a Trainee has completed the required number of EPAs and PBAs, but performance then deteriorates in their later training. Are there processes to flag and address this?

- Section 20.12 outlines the process if a Supervisor indicates that Regression has occurred.

EPAs and PBAs

PBA specific queries

In renal transplantation if the Trainee does the bladder anastomoses that could be viewed as a separate procedure and the PBA for Anastomosis be completed?

Only four Upper GI endoscopies for Principle PBAs? Don't Trainees need 200 endoscopies to complete training?

Does the Trainee have to complete the procedure with the surgeon scrubbed or is it ok to complete the PBA if the surgeon was not present?

- Yes that is correct.

- The Endoscopy and Colonoscopy logbook requirement is separate to the PBAs for Endoscopy and Colonoscopy.
- For logbook purposes Trainees need to undertake 200 Endoscopies and 100 Colonoscopies prior to Fellowship being awarded.
- For PBAs, Trainees need to complete to the level of Able to Perform Independently, four (4) Colonoscopies and four (4) Endoscopies.

- For PBAs, the consultant needs to be observing the Trainee in order to undertake the assessment.

Extended Learning

If the Trainee meets the requirements for progression mid way through the extended training year, do they progress at that stage or do they have to complete the term?

- Extended Learning is for two terms (12 months) and the Trainee will need to complete the entire Extended Learning period regardless if the Trainee meets the requirements mid- way through.

If a Trainee has met all requirements except the Fellowship exam, do they need to complete GSET5 Extended Learning?

- No in this case the Trainee will complete clinical training and will be deemed Exam Pending.
- GSET5 Extended Learning is only for Trainees who by 15 October have not completed the requirements as per Section 20.8.2 being:
 - 51 Principal EPAs to the level of Entrustable
 - 24 Principal PBAs to the level of Able to Perform Independently

Accelerated Learning and Additional Learning

Can a Trainee progress “quicker” through the program?

- Yes Section 20.11 outlines the requirements for a Trainee wishing to request Accelerated Learning. Accelerated Learning cannot be applied for until GSET1 and GSET2 have been completed as well as various other requirements.
- The maximum time a Trainee may be accelerated by is two rotations, therefore the minimum numbers of years in training will be four (4) if awarded.

If a Trainee needs extra time, can they have an extended learning year between GSET2 and GSET3 and in GSET4 Instead of waiting till the end of GSET3 or GSET5?

- Yes Section 8 outlines that Trainees will be permitted to request additional clinical training during GSET1-4.
- The Training Committee may also recommend that a Trainee undertakes additional clinical training based on performance.

Fellowship Exam and Courses

Is CLEAR no longer mandatory for GSET Trainees?

- Correct CLEAR is an optional course that can be completed as part of the points required to complete the Research Requirement.

Do all EPAs and PBA's have to be completed prior to sitting the Fellowship Exam?

- No however 25% of Principal EPAs, that is seven (7), must be completed to the level of Able to Perform Independently to be eligible to present for the Examination.
- Section 21.1.1 details all the remaining requirements that must be met for eligibility.

Goal Setting

Will Supervisors be able to see which requirements a Trainee has achieved and what the trainee wishes to focus on for their current rotation?

- Whilst the Trainee is allocated to a Unit or Hospital, the nominated Supervisors will be able to view progress against each of the requirements. Once the Rotation has been completed the information will no longer be visible to the Supervisors from the Unit/Hospital.
- At the commencement of the Term, Trainees will be complete an online Goal Setting form outlining areas they wish to focus on. The Unit/Hospital Supervisor will have the opportunity to acknowledge the goals and both Trainee and Supervisors can comment on the progress of the goals throughout the term.

Is goal setting compulsory for each term? If yes, what is the timeline for submission?

- Section 16.7 of the Regulations states that Trainees need to participate in their goal setting. Whilst it is not strictly mandated, Supervisors can request Trainees complete the process.
- There is no set deadline but it is expected Trainee should complete the goal setting within two weeks of the term commencing.

Feedback Notes

As the Supervisor, if you are noting feedback provided by a Trainer, do you have to discuss the feedback with the Trainee again even if it has already been discussed by the Trainer?

- It is generally best if you have the discussion with the Trainee that feedback has been received from the Trainer and that a Feedback Note will be entered into TIMS.
- The Trainee will then be fully informed that you have received the feedback and will be making a note.

Does the Trainee need to acknowledge the feedback?

- Yes the Trainee will be asked to acknowledge the Feedback and select Submit.
- GSA Staff will monitor Feedback that has not been submitted and will contact the Trainee to ensure they are aware they are required to submit.
- If a Feedback Note remains unsubmitted the GSA staff will have the ability to submit and the Trainee will be informed.

Learning and Development Plans

What is a Learning and Development (L&D) Plan?

- A L&D Plan is essentially the same as the current Performance Management Plan (PMP).
- The L&D Plan is utilised when performance issues have been identified.
- The L&D Plan is compulsory when an In Training Assessment is rated as Below Performance Expectation.

Can a Trainee be placed on a Learning and Development Plan without being rated as Below Performance Expectation?

- Yes a Trainee may be placed on a L&D Plan even if the In Training Assessment at Mid or End of Term has been rated as Meeting Performance Expectation.
- This is because whilst the Trainee is Meeting Performance Expectation, there may be areas that they need to concentrate on and improve on.
- A L&D Plan acts as a road map for Trainees and helps to support their career and personal development and progression through the GSET Program.

Research Requirement

How does the point system for the Research Requirement work in nutshell?

- Trainees must acquire 500 points in order to complete the Research Requirement.
- There are five categories in which points can be attained:
 - Approved Research Projects
 - Higher Degrees
 - Grants, Scholarships and Prizes
 - Courses
 - Completed Research Projects prior to GSET Commencement
- Each category has a maximum number of points that can be attained. Once the limit is reached no further points can be accumulated in that category.
- Each category stipulates the points that can be attained per component completed.
- Refer to Sections 14 and 26 for the details and process.

Trainee Information Management System

TIMS – the IT Platform

Are Trainees able to view all feedback documented by Supervisor or Trainers in the various assessments?

- Trainees will be able to view all feedback provided across the various assessments.

Can the Hospital Supervisor see the profile for all the Trainees in the hospital?

- The Hospital Supervisor will have the ability to see the Trainees allocated to their hospital for the term that the Trainee is with them.
- The Unit Supervisor will have the ability to see the Trainees allocated to their unit for the term that the Trainee is with them.
- The Information provided will be limited to EPAs, PBAs, Formative Assessments, L&D Plans, Goals, and In Training Assessments completed for the term they are at the Unit or Hospital. Previous assessments will not be able to be viewed by the Unit/Hospital Supervisor.
- The Unit or Hospital Supervisor will be able to view the Trainees overall progress against each of the Program Requirements e.g. courses, research, SEAM.

Trainee Information Management System

TIMS – the IT Platform

Does TIMS indicate which EPAs and PBAs are Core and which are Principal?

- Yes the words Core or Principal will appear at the beginning of the title of the EPA or PBA.

Who keeps track of the Trainee's progress, requirements, and GSET level?

- This is administered by the GSA Staff and captured on TIMS.

How do Hospital Supervisors ensure that our Trainers are registered to complete EPAs and PBAs?

- GSA have been undergoing a process of requesting this information from each of the Hospital Supervisors. Trainers will be loaded onto TIMS for the Trainee to select. If a Trainer is not appearing, the Trainee can email board@generalsurgeons.com.au and provide the name of the Trainer. GSA staff will then upload to TIMS.

Will TIMS be available as an app?

- Whilst currently TIMS is not necessarily an app, the system does work across laptops, PCs, phones, and tablets.

Will there be IT support available?

- GSA staff will be available to assist Supervisors and Trainers. There will also be instructional videos available to watch and guide Trainees, Supervisors, and Trainers.



Further information

-  Australian Board in General Surgery
-  board@generalsurgeons.com.au
-  www.generalsurgeons.com.au