



Australian Board in General Surgery  
Royal Australasian College of Surgeons & General Surgeons Australia

---

## Guide for SET Supervisors:

# For the Surgical Education and Training Program in General Surgery

Last updated: 1 January 2022

Developed by General Surgeons Australia and the Australian Board in General Surgery

Disclaimer: This version of the Guide for Supervisors is current as at 1 January 2022. If you intend to use this guide as a reference please refer to the GSA website to ensure you have the most current copy.

## Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
1.1 Welcome .....	1
1.2 Purpose of Guidelines.....	1
1.3 Duties as a Supervisor .....	1
1.4 Definitions and Terminology.....	2
<b>2. GOVERNANCE .....</b>	<b>3</b>
2.1 Australian Board in General Surgery .....	3
2.1.1. Responsibilities.....	3
2.1.2. Composition.....	3
2.1.3. Administration and Management.....	3
2.2 Training Committees.....	4
2.2.1. Administration and Management.....	4
2.2.2. Responsibilities.....	4
2.2.3. Composition .....	4
2.2.4. Contacting Training Committee Chair .....	4
2.3 Royal Australasian College of Surgeons .....	5
2.3.1. Board of Surgical Education and Training (BSET) .....	5
2.4 Reporting Structure .....	5
2.5 Division of Responsibilities.....	6
2.6 General Surgeons Australia.....	6
<b>3. REGULATIONS AND POLICIES .....</b>	<b>7</b>
3.1 Regulations.....	7
3.1.1. Purpose.....	7
3.1.2. Overview .....	7
3.1.3. Where to Locate .....	7
3.1.4. Updates to Regulations.....	7
3.2 Policies.....	8
3.2.1. Overview and Purpose.....	8
3.2.2. Relevant Policies.....	8
<b>4. PROGRAM .....</b>	<b>9</b>
4.1 Overview and Duration.....	9
4.2 Requirements .....	9
4.3 Terms and Rotations.....	12
4.3.1. Rotation Allocation.....	12
4.3.2. Required Number of Satisfactory Rotations .....	12
4.3.3. Approved Leave During Training .....	12
4.4 Logbooks.....	13
4.5 Courses.....	14
4.5.1. Australian and New Zealand Surgical Skills Education and Training (ASSET).....	14
4.5.2. Care of the Critically Ill Surgical Patient (CCrISP).....	14
4.5.3. Critical Literature Evaluation and Research .....	14
4.5.4. Early Management of Severe Trauma .....	14
4.6 Clinical Examination.....	15
4.6.1. Clinical Examination .....	15
4.6.2. Progression and Failure to Complete .....	15
4.7 Surgical Education and Assessment Modules – SEAM .....	15

4.8	Research .....	15
4.9	Recognition of Prior Learning .....	15
4.10	Fellowship Examination .....	16
4.10.1.	Requirements to Present.....	16
4.10.2.	Exam Pending Trainees .....	17
4.10.3.	Feedback to Failed Candidates.....	17
4.10.4.	Exam Preparation .....	17
4.11	Fellowship .....	18
4.11.1.	Requirements for Fellowship .....	18
4.11.2.	Application and Approval Process.....	18
4.12	Time Expiry .....	18
<b>5.</b>	<b>CURRICULUM AND EDUCATION .....</b>	<b>20</b>
5.1	Curriculum.....	20
5.1.1.	Technical Modules.....	20
5.1.2.	Non-technical modules .....	21
5.2	Regional Educational Activities .....	21
5.3	Trainee Days.....	21
<b>6.</b>	<b>HOSPITAL POST ACCREDITATION .....</b>	<b>22</b>
6.1	Overview and Purpose.....	22
6.2	Types of Inspections .....	22
6.2.1.	Recurring and Quinquennial Inspections .....	22
6.2.2.	Initial Inspection.....	22
6.2.3.	Paper Based Inspection .....	22
6.3	Applying for a New Post and Regulations .....	22
6.4	Timelines.....	23
<b>7.</b>	<b>ASSESSMENT .....</b>	<b>24</b>
7.1	Overview .....	24
7.2	Types of Assessment .....	24
7.2.1.	Mini-CEX and DOPS.....	24
7.2.2.	Mid-Term Assessment .....	24
7.2.3.	End of Term Assessment .....	25
7.3	Conducting a Mini-CEX or DOPS .....	25
7.4	Conducting an Assessment .....	25
7.5	What does the Supervisor need to indicate?.....	26
7.6	Tips on Providing Feedback.....	26
7.7	What Constitutes an Unsatisfactory Assessment? .....	26
7.8	What to do if a Trainee receives an unsatisfactory end of term assessment?.....	26
7.9	Tips – WHAT TO DO AND WHAT NOT TO DO .....	27
7.9.1.	DO NOT.....	27
7.9.2.	DO'S .....	27
<b>8.</b>	<b>PROBATION .....</b>	<b>29</b>
8.1	Overview .....	29
8.2	Duration of Probationary Period.....	29
8.3	Unsatisfactory Assessment Whilst on Probation .....	29
<b>9.</b>	<b>PROFERENCE MANAGEMENT .....</b>	<b>30</b>
9.1	Overview .....	30
9.2	Conducting a Meeting .....	30

9.3	The Performance Management Plan .....	31
9.4	Setting SMART Goals .....	31
9.5	Supervising a Trainee on a PMP.....	33
9.6	Can a PMP be Developed even for Trainees not on Probation? .....	34
<b>10.</b>	<b>DISMISSAL .....</b>	<b>35</b>
10.1	Reasons for Dismissal .....	35
10.2	Process for Unsatisfactory Performance .....	35
<b>11.</b>	<b>TRAINEE PORTFOLIO.....</b>	<b>35</b>
11.1	Overview.....	36
<b>12.</b>	<b>TRAINEE FEEDBACK.....</b>	<b>37</b>
<b>13.</b>	<b>CONTACTS AND ASSISTANCE.....</b>	<b>38</b>
13.1	General Surgeons Australia – Head Office.....	38
13.2	General Surgeons Australia – Regional Offices.....	38
<b>14.</b>	<b>TRAINING FOR SUPERVISORS .....</b>	<b>40</b>
14.1	Mandatory Training.....	40
14.2	Other Courses.....	40
14.2.1.	Supervisors and Trainers for SET (SAT SET).....	40
14.2.2.	Surgical Teachers Course.....	40
14.2.3.	Keeping Trainee on Track .....	40
14.2.4.	Course Registration Information and Contact .....	41

## **1. INTRODUCTION**

### **1.1 Welcome**

On behalf of the Australian Board in General Surgery, thank you for accepting the role of Hospital Surgical Supervisor for the General Surgery Training Program. Surgical supervision is an integral part of our profession and reflects our culture of commitment to quality training. This would not be possible without your involvement and dedication.

These guidelines are designed to support you in your endeavours as a Supervisor; we hope that you will find your role both personally and professionally rewarding.

If you have any feedback, comments or suggestions please do not hesitate to contact the Board via email at [general.board@surgeons.org](mailto:general.board@surgeons.org)

### **1.2 Purpose of Guidelines**

The purpose of these guidelines is to provide Supervisors with:

- an overview of the governance and reporting structure
- a comprehensive manual that covers all aspects of the General Surgery Training Program including regulations and policies
- an explanation of each component of the training program
- a detailed explanation on undertaking both formative and summative assessments
- an overview of the curriculum and how supervisors can use this to guide training
- guidelines on how to manage the underperforming Trainee
- an explanation on the hospital accreditation process
- templates that are available and where to find them
- details on where to seek assistance

### **1.3 Duties as a Supervisor**

Supervisors play a vital role in the General Surgery Training Program. In summary the Supervisors are:

- To advise Trainees on all aspects of surgical training
- To monitor Logbooks
- To arrange regular meetings with surgeons and to discuss performance and progress of Trainees
- To monitor, report and manage trainee performance
- To provide reports to the Training Committee to enable them to make recommendations regarding trainees
- To be a member of the Training Committee
- To be present at the hospital inspections

A comprehensive Position Description is available on the [GSA website](#).

## 1.4 Definitions and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these guidelines:

<b>Term</b>	<b>Definition</b>
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the Board)	Australian Board in General Surgery
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CCRTGE	Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
GSA	General Surgeons Australia
Mini-CEX	Mini Clinical Examination
RACS	Royal Australasian College of Surgeons
Rotation	Training position accredited by the Australian Board in General Surgery
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SSE	Surgical Sciences Examination (Generic and Specialty Specific)
Hospital Surgical Supervisor	Coordinates management, education and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments and identifies and documents performance management. Member of applicable Training Committee of the Board.
Term	A year consists of two (2) six-month terms.
Unit Supervisor	Some health networks may allocate a Unit Supervisor that acts as a Training Manager for SET in General Surgery. In a smaller hospital the unit supervisor may be the same as the surgical supervisor. The role of the unit supervisor is to be the mentor/support of the trainee and also to ensure that formative and summative assessments are performed fairly and correctly.

## **2. GOVERNANCE**

### **2.1 Australian Board in General Surgery**

#### *Responsibilities*

The Australian Board in General Surgery is the body that is responsible for delivering the SET program in Australia including:

- supervision and assessment of General Surgical Trainees
- the accreditation of hospital posts
- sign off for Examination and Fellowship
- curriculum development
- selection onto the training program

Refer to Section 2.5 for an overview of the division of responsibilities.

#### *Composition*

The Board comprises of the following members:

- Chair
- Deputy Chair and IMG Representative
- Chair, New South Wales Training Committee
- Chair, Queensland Training Committee
- Chair, South Australian Training Committee
- Chair, Victorian Training Committee
- Chair, Western Australian Training Committee
- Chair (or representative), Divisional Group of Rural Surgery
- Community Representative
- Senior Examiner
- Surgical Science Examiner
- Australian Trainee Representative

The Board comprises of the following co-opted members:

- Immediate Past Chair, Board
- President, General Surgeons Australia
- President, New Zealand Associate of General Surgeons
- Chair, New Zealand Training Board

#### *Administration and Management*

The Board is administered with Executive Support through General Surgeons Australia. GSA have the following staff appointed to the management of the Board and General Surgery:

- Director – Education and Training
- Manager – Education and Training
- Regional Executive Officers
- Training and IMG Coordinator

## 2.2 Training Committees

The General Surgery Training Program is delivered in the following regions:

- New South Wales/Australian Capital Territory
- Queensland
- South Australia-Northern Territory
- Victoria/Tasmania
- Western Australia

Each of the above regions is governed by a Training Committee that reports through to the Board.

### *Administration and Management*

The Training Committees in Australia are administered and managed through General Surgeons Australia.

### *Responsibilities*

The Training Committees are responsible for the following:

- allocation of trainees to hospital posts
- delivery of educational programs
- performance management of trainees
- signing off on end of term assessments and logbooks

The Training Committees are also responsible for making recommendations to the Board regarding the following:

- trainee requests for leave, research, transfers, RPL and recognition of prior learning
- accreditation of hospital posts
- probationary terms for trainees
- changes to the curriculum and regulations

Refer to [Section 2.5](#) for an overview of the division of responsibilities.

### *Composition*

The Training Committee shall consist of.

- Chair
- Deputy Chair
- Immediate Past Chair
- Surgical Supervisors of accredited training hospitals
- Hub Supervisors where applicable

### *Contacting Training Committee Chair*

The Training Committee Chair can be contacted through the Regional Executive Officer. Contact details are located in [Section 14.2](#).

## 2.3 Royal Australasian College of Surgeons

The RACS is the body accredited and authorised through the Australian Medical Council to conduct surgical education and training in Australia and New Zealand in the nine surgical specialties.

The RACS is responsible for awarding the Fellowship in General Surgery following completion of all the training requirements and approval from the Board.

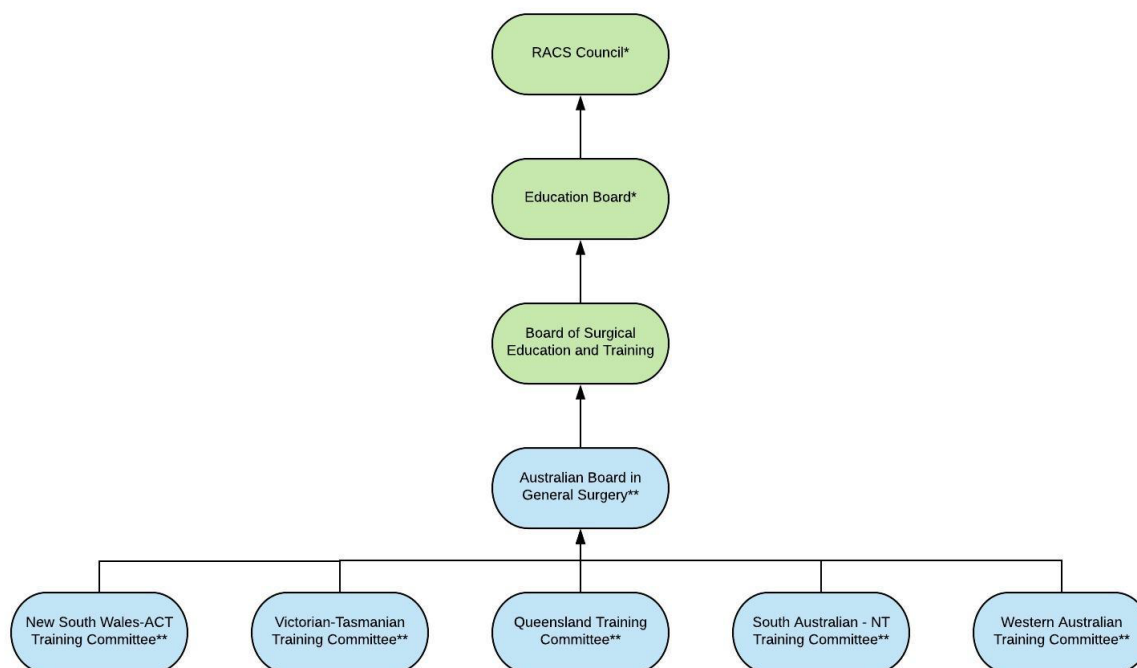
### *Board of Surgical Education and Training (BSET)*

The Board of Surgical Education and Training monitors and coordinates activities associated with the nine surgical training programs. BSET is responsible for proposing changes to policies relating to SET.

BSET reports directly to the RACS Education Board.

## 2.4 Reporting Structure

The reporting structure for the various subcommittees and Boards is depicted in the following diagram:



*Note:*

\* Administered through RACS

\*\* Administered and managed through GSA

## 2.5 Division of Responsibilities

The Australian Board in General Surgery has the delegated authority through the RACS to administer the General Surgery Training Program in Australia. The authority limits and the areas of responsibility between the Board and the Training Committees are:

<b>Activity</b>	<b>Recommendation</b>	<b>Approval</b>
Curriculum content		Board
Determination of duration of training program		Board
Hospital accreditation	Training Committee	Board
Assessment of Trainee Performance and Performance Management	Training Committee	
Authority to place Trainee on Probation	Training Committee	Board
Trainee Selection		Board
Applications to alter training status such as interruption, deferral, part-time or research	Training Committee	Board
Dismissal from Training for Unsatisfactory Performance	Training Committee	Board
Termination from Training due to not meeting requirements in timeframe		Board
Minimum eligibility criteria to present for Fellowship Examination		Board
Sign off for trainees to present for Fellowship Examination		TC Chair Board Chair
Minimum eligibility criteria for Trainees to be recommended to Fellowship		Board
Sign off for Trainees to be recommended to Fellowship		TC Chair Board Chair

## 2.6 General Surgeons Australia

GSA is an independent organisation whose aim is to provide a strong voice and representation for all Specialist General Surgeons in Australia.

On 1 January 2009, GSA assumed responsibility for General Surgical training, to the level of Fellowship of RACS. GSA provides administrative and executive support to the RACS Australian Board in General Surgery and manages the SET program for General Surgery as it relates to training in Australia.

### **3. REGULATIONS AND POLICIES**

#### **3.1 Regulations**

##### *Purpose*

The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in General Surgery in Australia. These Regulations are in accordance with the policies and strategic direction of the RACS.

All Trainees, Surgical Supervisors, Surgical Trainers, Training Committee and Board Members are required to comply with these Regulations.

##### *Overview*

The regulations detail the rules and process pertaining to the following areas of training:

Requirements for successful completion of training program including courses, rotations, research and examinations

- Leave and interruption
- Assessments
- Logbook numbers
- Research
- Progression requirements
- Probationary training and performance management
- Dismissal

##### *Where to Locate*

The Regulations are available through the [GSA website](#).

##### *Updates to Regulations*

The Board is the authority who approves changes to the Regulations. Request for changes can be made through your Training Committee, who will discuss and make a recommendation to the Board if appropriate.

The Board's Executive Officer maintains a register of changes (since 2010), detailing all changes to the regulations and the reasoning behind the decision.

Updates to regulations are communicated to the following groups:

- Training Committees
- Regional Executive Officers to the Training Committees
- Trainees
- Supervisors

## 3.2 Policies

### *Overview and Purpose*

The RACS policies set out the rules and parameters in which the Surgical Education and Training programs across all nine specialties must adhere to. This includes policies on:

- Selection
- Registration
- Clinical Assessment
- Examinations
- Dismissal

The Board advises that familiarity with the following RACS Policies is essential for Trainees, Board Members, Supervisors and General Surgery training administrators.

### *Relevant Policies*

The following policies can be found on the RACS [website](#) under the relevant section:

- Education Board and Committees
  - Board of Surgical Education and Training Terms of Reference
  - Specialty Boards and their Training Committees Terms of Reference
- Examinations and Assessments
  - Conduct of the SET Clinical Examination
  - Conduct of the Surgical Sciences Examination – Generic Component
  - Conduct of the Surgical Sciences Examination – Specialty Specific component
- Fellowship
  - Code of Conduct Handling Potential Breaches
  - Complaints Process Policy
- Surgical Education and Training
  - Assessment of Clinical Training
  - Bullying and Harassment
  - Dismissal from Surgical Training
  - Former Trainees Seeking Permission to Reapply to Surgical Training
  - Identification and Management of Academic Misconduct
  - Ill, Injured and Impaired Trainees
  - Recognition of Prior Learning
  - Research During Surgical Education and Training
  - SET: Fellowship Examination Eligibility, Review and Feedback
  - Surgical Supervisors
  - Surgical Training Fees
  - Trainee Registration and Variation Policy
  - Training Agreement

## 4. PROGRAM

### 4.1 Overview and Duration

The SET Program in General Surgery in Australia has been designed to provide trainees with exposure to all the components of the General Surgery specialty.

Trainees are selected to commence in either SET1 or SET2. Trainees selected to SET1 undertake on average five (5) years of clinical training and those in SET2 four (4) years of clinical training. From the 2016 Training Year, Trainees were selected directly into SET2 due to changes in the Selection Requirements.

### 4.2 Requirements

The below depicts the overall requirements of the General Surgery Training Program broken down into the various SET level. The proceeding sections will explain in detail each of these requirements.

*Note: The Skills courses are listed at the SET level in which they must be **completed** in order to progress through SET. Courses can be undertaken prior to the SET level indicated. Research is listed under SET3 as it is recommended that Trainees complete this requirement at this level rather than later when the focus needs to be on the Fellowship Examination. Trainees can however complete the requirement at any time during their training, but before applying to present for the Fellowship Examination. Trainees **will not** be permitted to sit the Examination until this requirement is fulfilled.*

#### **SET1 (For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)**

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. During <b>SET1</b> a term may consist of one (1) six-month rotation or two (2) three-month rotations.  If a term consists of the latter, the assessment at the end of the first rotation is deemed the Mid-term Assessment and the assessment at the end of the second rotation the End of Term Assessment.
Logbooks	One (1) per each six-month rotation or three month rotation
DOPS	One (1) per six-month or one (1) per three-month rotation
Mini-CEX	One (1) per six-month or one (1) per three-month rotation
Examinations	<ul style="list-style-type: none"> <li>• SSE Generic</li> <li>• SSE Speciality Specific (for Trainees who commenced on the Training Program in 2013 or prior)</li> <li>• Clinical</li> </ul> <p><i>Note: Trainees are required to complete these examinations by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.</i></p>
SEAM <sup>1</sup>	<ul style="list-style-type: none"> <li>• For Trainees who commenced in the Training Program from 2014 onwards</li> <li>• Minimum two modules per six month term</li> </ul>

Courses <sup>2</sup>	<ul style="list-style-type: none"> <li>ASSET</li> <li>CCrISP</li> </ul>
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**SET2 (For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)**

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
SEAM <sup>1</sup>	<ul style="list-style-type: none"> <li>Minimum two modules per six month term</li> </ul> <p><i>Note: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program.</i></p>
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**SET2 (For Trainees who were selected onto the Training Program from 2015 onwards and were selected into SET2)**

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Examinations	<ul style="list-style-type: none"> <li>SSE Generic</li> <li>Clinical</li> </ul> <p><i>Note: Trainees are required to complete these examinations by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.</i></p> <p><i>For trainees who were selected during the 2016 Selection Process on onwards, the SSE Generic will have been satisfactorily completed prior to Selection.</i></p>
SEAM	<ul style="list-style-type: none"> <li>Minimum two modules per six month term</li> </ul> <p><i>Note: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program.</i></p>
Courses <sup>2</sup>	<ul style="list-style-type: none"> <li>ASSET</li> <li>CCrISP</li> </ul>
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**SET2 (For Trainees who were selected onto the Training Program from 2018 onwards and were selected into SET2)**

<b>Requirement</b>	<b>Quantity/Description</b>
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
SEAM	<ul style="list-style-type: none"> <li>Minimum two modules per six month term</li> </ul> <p><i>Note: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program.</i></p>
Courses <sup>2</sup>	<ul style="list-style-type: none"> <li>ASSET</li> <li>CCrISP</li> <li>EMST</li> </ul>
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**SET3**

<b>Requirement</b>	<b>Quantity/Description</b>
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>
Research <sup>4</sup>	<ul style="list-style-type: none"> <li>Approval of research activity by Training Committee</li> </ul>

**SET4**

<b>Requirement</b>	<b>Quantity/Description</b>
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**SET5**

<b>Requirement</b>	<b>Quantity/Description</b>
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation

Courses <sup>2</sup>	<ul style="list-style-type: none"> <li>EMST (For trainees who were selected during the 2018 Selection Process and onwards EMST must be completed by the end of SET2)</li> <li>CLEAR</li> </ul>
Examination	Fellowship Examination
Educational Sessions <sup>3</sup>	<ul style="list-style-type: none"> <li>GSA Trainees' Days</li> </ul>

**Notes:**

1. Trainees who commenced in 2014 will be provided one (1) additional clinical year to complete the eight (8) SEAM modules.
2. The Skills courses are listed at the SET level in which they must be **completed** in order to progress through SET. Courses can be undertaken prior to the SET level indicated.
3. Australian Trainees commencing from 2011 onwards, must attend at least four (4) GSA Trainees' Days over the course of their training.
4. Research may be commenced and completed prior to SET3. Research activities must be **approved** prior to completing SET3.

### 4.3 Terms and Rotations

The training year is divided into two (2) terms – Term 1 and Term 2. Generally, the training terms are as follows:

	Term 1		Term 2	
	Start	End	Start	End
<b>Australia*</b>	Jan/Feb	July/August	July/August	Jan/Feb

*Note: \* The start and end dates vary across the training regions in Australia*

#### Rotation Allocation

SET2+ Trainees are appointed to one hospital rotation per term.

The Training Committees are responsible for allocation of trainees to rotations. Generally trainees will not undertake the same rotation – this is to ensure trainees are provided with a breadth of experience.

**Trainees are not to be allocated to unaccredited rotations.**

#### Required Number of Satisfactory Rotations

Trainees are required to satisfactorily complete the following number of terms by the end of their training:

- Ten (10) terms if commenced in SET1
- Eight (8) terms if commenced in SET2

Satisfactory completion of a term is determined by the end-of-term assessment. (7.3.2)

#### Approved Leave During Training

During each six-month term, trainees are permitted to take up to six (6) weeks leave from the rotation. This **must** be discussed with the trainees supervisor and hospital administration. It is not acceptable for trainees to go on leave without this discussion.

Trainees who wish to interrupt their training for one term or more must formally apply through the Online Trainee Request. The request is reviewed by the Training Committee, with a recommendation to the Australian Board in General Surgery who grants the final approval or otherwise.

**Trainees must provide at least six months notice of their intention to interrupt their training.** Therefore, all requests for interruption for the following year must be approved by the Board by 30 June each year. Trainees who submit a request after this date run the substantial risk of not having their request approved.

**Trainees who abandon their posts will be requested to explain their behaviour and may face dismissal from the training program.**

#### 4.4 Logbooks

The logbook is the mechanism by which trainees keep a record of all the procedures undertaken during training. The logbook records the following procedures:

- Major procedures
- Major non-operative procedures
- Minor procedures
- Endoscopy
- Colonoscopy

When completing the logbook, trainees must indicate the level of involvement they had with the procedure under the following categories:

- Surgeon mentor scrubbed
- Surgeon mentor in theatre
- Surgeon mentor available
- Partial Primary Operator
- Assisting surgeon mentor
- Assisting senior registrar

The major procedures contribute to the Trainees required logbook numbers of 600 before presenting for the Examination and 800 before Fellowship approval. However, SET1 figures are not included in these totals.

It is expected that Trainees will be involved in a minimum of 100 major cases per six-month term, with minimum primary operator experience as follows:

SET2, first six months	:	20%
SET2, second six months	:	25%
SET3, first six months	:	30%
SET3, second six months	:	40%
SET4, first six months	:	50%
SET4, second six months	:	50%
SET5, first six months	:	60%
SET5, second six months	:	60%

The primary operator is defined as the following logbook categories:

- Surgeon Mentor Scrubbed
- Surgeon Mentor in Theatre
- Surgeon Mentor Available
- Partial Primary Operator

Supervisors are to sign off the logbook numbers as a true and accurate account of the rotation at the end of term assessment.

Whilst trainees may utilise various methods of recording their procedures, the RACS MALT Logbook must be used as the official record for training purposes.

It is the Trainees responsibility to maintain accurate information and to ensure the logbook is return to the regional GSA office.

#### **4.5 Courses**

The Board has determined that the following courses are valuable to trainees to obtain the skills and knowledge required to become a General Surgeon.

The courses are administered by the RACS' Skills Training Department and ensures that all trainees are placed on a course in a timely manner to ensure they complete the requirement in the specified year.

Below is an explanation of each course and the SET level trainees should be completing them.

##### *Australian and New Zealand Surgical Skills Education and Training (ASSET)*

The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory aspect of Surgical Training.

The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery.

**Trainees must complete the ASSET course by the end of SET1 or SET2 if trainee commenced as a SET2 in 2016 onwards.**

##### *Care of the Critically Ill Surgical Patient (CCrISP)*

The CCrISP course assists Trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.

The course focuses on clinical knowledge, acumen, and procedural skills together with communication, responsibility and leadership.

**Trainees must complete the CCrISP course by the end of SET1 or SET2 if trainee commenced as a SET2 in 2016 onwards.**

##### *Critical Literature Evaluation and Research*

CLEAR is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials. The course aims to make the language and methodology relevant to surgeons and their day to day activities.

Trainees may apply for exemption from the CLEAR Course if they hold a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.

**CLEAR must be completed by the end of SET5 and before applying for Fellowship.**

##### *Early Management of Severe Trauma*

The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.

**EMST must be completed by the end of SET5 and before applying for Fellowship. For Trainees who commence in 2018, the course must be completed by the end of SET2.**

## **4.6 Clinical Examination**

### *Clinical Examination*

The emphasis of the Clinical Examination is on the application of basic science knowledge and understanding and clinical practise relevant to all forms of surgery. Trainees spend five minutes at each of 16 assessed stations. Examples of tasks include patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills.

### *Progression and Failure to Complete*

Trainees must satisfactorily complete the Clinical Examination, within two clinical (2) years of commencement in the SET program, with a maximum of four (4) attempts permitted.

Trainees who have not completed the examination by the required time or attempts will be dismissed from the training program as per current RACS policies.

For Trainees who were selected during the 2018 selection process, the Clinical Examination is no longer a requirement.

## **4.7 Surgical Education and Assessment Modules – SEAM**

The Surgical Education and Assessment Modules (SEAM) were introduced into the General Surgery Training Program in 2014 to replace the Surgical Sciences Examination (SSE) - Specialty Specific.

SEAM consists of eight (8) module as follows:

- Acute Abdomen
- The Operating Theatre
- Haematology
- Anatomy
- Critical Care and Trauma
- Nutrition
- Peri-operative Care
- Rehabilitation and Palliative Care

Trainees commencing SET in General Surgery in 2014 will be required to complete SEAM as per the Regulations and not be required to undertake the SSE - Specialty Specific.

## **4.8 Research**

All surgical trainees, regardless of specialty, are required to under to undertake a research project and either present or publish the results.

Trainees must have their Research Project Pre-approved by the Training Committee by the end of SET3. Trainees who do not comply will not be able to progress to SET4. This process has been designed to ensure trainees are on the correct path and do not waste their term.

As supervisors, you are encouraged to assist your trainees in undertaking research and providing opportunities.

The Board has developed guidelines for trainees on what would be an acceptable research project, including the trainees level of involvement and suitable publications or presentations.

Once the project has been completed and published and/or presented, Trainees must apply for formal approval through the Training Committee who in turns makes a recommendation to the Australian Board in General Surgery.

## **4.9 Recognition of Prior Learning**

Trainees may apply for recognition of prior learning (RPL) for any of the following:

- Clinical rotations (experience must have been obtained within the last two years and must be equivalent to the SET program)
- Endoscopy and Colonoscopy (available only to former trainees)
- Courses
- Research

Trainees wishing to receive RPL for clinical rotations should provide evidence of logbooks, assessment and support from their current supervisor indicating that they are performing at a higher level.

Trainees must complete an Online Trainee Request if they wish to apply for RPL.

#### **4.10 Fellowship Examination**

The Fellowship Examination is conducted by the Royal Australasian College of Surgeons through the Court of Examiners.

The purpose of the Examination is to assess the knowledge, clinical skills, judgment, decision making and professional competencies of candidates, in order to ensure that they are safe and competent to practice as surgeons.

The Fellowship Examination comprises seven separate segments;

- two Written Papers
- five Clinical/Viva segments

The Examinations are run twice a year with the written papers conducted in April and August and the respective Clinical component in May and September.

##### *Requirements to Present*

Trainees will not be able to present for the Fellowship examination unless the following requirements have been fulfilled:

- Satisfactory completion of at least six (6), six-month terms beyond SET1
- Satisfactory completion of any period of probationary training
- Completion of 600 major operative cases beyond SET1, in accredited terms, with an appropriate case mix and an overall satisfactory primary operator rate
- Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies
- Fully paid up dues and fees owed to the RACS
- Commencement of approved research activity
- Trainee submits a letter of support from their current Board approved Hospital Surgical Supervisor, if in an approved SET post. If the trainee is exam pending the letter is to be provided by the clinical supervisor.

Trainees apply through the RACS to present for the examination. RACS will then provide the Board, through the GSA Head Office, the list of trainees wishing to present for the Examination.

The GSA staff will then disseminate the list of trainees to the various Training Committees. The Regional Executive Officer will review the trainees file to ensure all the above requirements have been met. The Training Committee Chair will then either approve or not approve the trainee to present for the Examination. The final approval is then provided by the Chair of the Australian Board in General Surgery. Trainees who are not approved to present for the examination will be informed at this point and will be provided with the reason.

It is the Trainees responsibility to ensure that they have completed all the requirements before applying to present for the Examination. **Under no circumstances will a Trainee be permitted to present for the Examination if they have not completed these requirements.**

*Exam Pending Trainees*

Trainees who have completed all training requirements including Clinical Rotations but are yet to complete the Fellowship Examination are considered Exam Pending.

Exam Pending Trainees will be required to provide the Training Committee with the following information one (1) month prior to the due date for the RACS Fellowship Examination application:

- a. A description of clinical activities undertaken since completing Clinical Rotations in the General Surgery SET Program
- b. A description of exam preparation activities undertaken since completing Clinical Rotations in the General Surgery SET Program
- c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the General Surgery SET Program
- d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Training Committee
- e. A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing

*Feedback to Failed Candidates*

All trainees who fail the examination are provided with feedback on their performance. There are various levels of feedback depending on the circumstances. Below is a table highlighting who provides the feedback and at what stage:

<b>Circumstance</b>	<b>Feedback Provided By</b>
Failed first time	Local supervisor
Failed second time	Interview Training Committee Chair and a member of the Training Committee
Failed third and subsequent times	Interview by Board Chair (or nominee) and Training Committee Chair or representative
Poor performance after any attempt	Interview by Board Chair (or nominee) and Training Committee Chair or representative

Trainees who fail for a second or more time and/or who fail with a poor performance will undertake a formal meeting whereby minutes are recorded and a plan forward is discussed.

All trainees applying to sit the Examination will be required to be approved by the Training Committee Chair and Australian Board in General Surgery Chair.

*Exam Preparation*

Candidates presenting for the Fellowship Examination are expected to develop an exam preparation or study plan that covers the General Surgery syllabus. The plan should include activities that allow candidates to become familiar with the exam format. Activities should assist candidates develop effective techniques in responding to questions in the exam setting.

Trainees who fail an attempt at the Examination will be required to complete the **Fellowship Examination Preparation** form and submit this either fortnightly or monthly to either the Training Committee or Board Chair.

Trainees will be provided with conditional approval to present for a subsequent sitting of the Fellowship Examination contingent upon the Trainee meeting all recommendations relating to exam preparation. The Board may withhold approval or withdraw conditional approval for presenting for the Fellowship Examination if Trainees fail to comply with or do not satisfactorily fulfil the exam preparation recommendations.

#### **4.11 Fellowship**

##### *Requirements for Fellowship*

Fellowship is awarded by the Royal Australasian College of Surgeons, however trainees must be approved for Fellowship by the Chair, Australian Board in General Surgery.

In order to be approved for Fellowship the following requirements must be met:

- Satisfactory completion of at least eight (8), six-month terms beyond SET1
- Satisfactory completion of any period of probationary training
- Completion of 800 major operative cases beyond SET1, in accredited terms, with an appropriate case mix and an overall satisfactory primary operator rate
- Satisfactory completion of all courses
- Satisfactory completion of the Fellowship Examination
- Fully paid up dues and fees owed to the RACS
- Satisfactory completion of the RACS research requirements
- For Australian Trainees, four (4) GSA Trainee Days must be attended before approval for Fellowship is granted. This regulation is only applicable to trainees who commenced training from 2011 onwards.

##### *Application and Approval Process*

Trainees apply for Fellowship through the application form available on the RACS website. The form must be returned to the RACS.

RACS will then provide the Board, through the GSA Head Office, the list of trainees applying for Fellowship.

The GSA staff will then disseminate the list of trainees to the various Training Committees. The Regional Executive Officer will review the trainees file to ensure all the above requirements have been met. The Training Committee Chair will then either approve or not approve the trainee for Fellowship. The final approval is then provided by the Chair of the Australian Board in General Surgery. Trainees who are not for Fellowship will be informed at this point and will be provided with the reason.

Under no circumstances will approval for Fellowship be awarded unless all the training requirements have been met.

#### **4.12 Time Expiry**

All training requirements as outlined above, including the Fellowship Examination, must be completed within the following time frames:

- Trainees commencing in SET1 have nine (9) years to complete the program
- Trainees commencing in SET2 have eight (8) years to complete the program

Trainees who have a period of clinical experience recognised as prior learning, will have the maximum period for completion reduced by the period equivalent to the duration of the recognised prior learning.

Trainees who fail to complete all the requirements of the Training Program within the specified time frame will be considered Time Expired and not permitted to continue on the General Surgery SET Program.

## **5. CURRICULUM AND EDUCATION**

### **5.1 Curriculum**

The Curriculum is set by the Australian Board in General Surgery and New Zealand Board in General Surgery with input from the General Surgery subspecialty groups. The Curriculum is reviewed every three years and is a guide for trainees, supervisors and examiners.

The curriculum should be taken as a guide as to what the Trainee is expected to cover. The Trainee should not necessarily be limited to the areas and conditions listed. The list is not meant to be prescriptive and all encompassing, but is meant to provide an indication of the breadth of knowledge required.

No specific texts are prescribed but recommendations are provided. Trainees should read widely and material should include current journal articles.

The Curriculum is divided into two modules – Technical and Non-Technical and are available to trainees and members on the GSA website.

#### *Technical Modules*

The Technical Modules cover the following aspects areas of General Surgery:

- Abdominal Wall
- Breast
- Bariatric
- Colorectal
- Duodenum and Small Bowel
- Emergency
- Endocrine
- Head and Neck
- HPB
- Sepsis
- Skin and Soft Tissue
- Surgical Oncology
- Transplantation
- Trauma
- Upper GI
- Vascular

Each module identifies a particular disease process, following is specified:

- Anatomy, Physiology and Pathology
- Clinical Assessment
- Investigations
- Basic and Advanced Principles of Management
- Essential and Desirable Operative Management

### *Non-technical modules*

The non-technical competencies cover the following areas:

- Collaboration
- Communication
- Health Advocacy
- Management and Leadership
- Professionalism and Ethics
- Scholar and Teacher

The modules specify the behaviours that are to be displayed and skills acquired during training. These areas are assessed in the Assessment forms throughout training.

## **5.2 Regional Educational Activities**

Educational Activities are held in each region in various formats including tutorial programs, workshops, skills courses, examination preparatory courses, journal clubs and registrar paper days.

Trainees are required to attend the regular regional educational activities to continue their learning.

The Training Committees may rate a rotation as unsatisfactory if a Trainee does not meet the minimum attendance rate and are not granted an exemption from this requirement.

Presentations from the Australian regions are available as educational material on the GSA website (members section only)

## **5.3 Trainee Days**

The GSA Trainee Days are run twice a year and aim to focus on areas of the Curriculum that trainees may not have an opportunity to experience.

It is compulsory for trainees to attend trainee's days as follows before approval for Fellowship is granted:

- Australian Trainees must attend at least **four (4)** GSA Trainee's Days over the course of **four (4)** years of their training. Trainee Days are held in conjunction with the RACS Annual Scientific Congress and the GSA Annual Scientific Meeting annually. Trainees who attend the RACS Developing a Career in Academic Surgery or GSA Management of Surgical Emergencies (MOSES) course during their SET training may, upon proof of attendance, count this course towards one (1) of the four (4) compulsory GSA Trainees' Days. From 2016.
- Trainees who attend a minimum of two days at the Victorian Trainees Weekend, during their SET training, will count this attendance towards one (1) of the four (4) compulsory GSA Trainees' Days. Attendance at the Victorian Trainees Weekend prior to 2016 will not be counted.

## **6. HOSPITAL POST ACCREDITATION**

### **6.1 Overview and Purpose**

Hospital Accreditation Inspections and the ensuing approval process are undertaken to ensure the suitability of specific hospital units for Surgical Education and Training (SET) in General Surgery.

The RACS, and thus relevant Specialty Board, is accredited by the Australian Medical Council to provide surgical training. As a part of this process, it is the responsibility of the Australian Board in General Surgery to ensure all training posts, to which trainees are allocated, are able to provide adequate training opportunities and comply with the minimum standards in surgical education and relevant RACS policies.

The Hospital Accreditation process also provides an avenue through which Boards, hospitals, consultants, and trainees can communicate regarding the standard of surgical education and training.

### **6.2 Types of Inspections**

The three types of inspections are outlined in the following subsections. For each type of inspection a report and recommendation must be made and subsequently approved by Board and BSET.

#### *Recurring and Quinquennial Inspections*

Posts are accredited for a specific period of time. In the year prior to the expiration date a reinspection is required. Should the Training Committee or Board not be able to inspect the post, a paper based accreditation may be carried out.

A Training Committee may decide to reinspect a post if problems arise, even though the post is not due for inspection.

Each year Quinquennial Inspections are held in a different region. A letter outlining that the posts in your hospital are due for reinspection will be sent to the hospital administration and supervisor at least five (5) months prior to the inspection being held. This will enable the hospital to provide a submission on the appropriate form.

#### *Initial Inspection*

An initial inspection occurs when a hospital applies for a new post, regardless of whether other posts are currently accredited at that particular hospital. Following the application, the Training Committee will recommend to undertake either a physical or paper based inspection.

#### *Paper Based Inspection*

It is not always possible for the Board or Training Committee to physically inspect a post. As such, an inspection may be paper based. In this instance the Inspection Team will review the accreditation submission provided by the hospital. It is common that the accreditation period provided in this instance is shorter in duration than that recommended as the result of a physical inspection.

### **6.3 Applying for a New Post and Regulations**

Hospitals wishing to apply for accreditation of a new post must submit an online application by 31 March. Applications received after this date will not be considered until the following year.

To request a login to the application site email Fiona Bull at [board@generalsurgeons.com.au](mailto:board@generalsurgeons.com.au) with the following information:

1. Hospital Name
2. Number of Posts hospital is applying for accreditation

3. Unit Name for each post being applied for
4. Contact Person and Email (this is the person who will be provided with login details)

The Regulations governing the Hospital Accreditation Process can be found on the [GSA website](#).

#### **6.4 Timelines**

All hospital posts are to be inspected and approved by 30 October each year. This enables accurate post allocation and the maximum number of applicants to be selected from the SET Selection process.

If the required documentation is not made available at least four (4) weeks prior to the scheduled inspection date, a recommendation to the Training Committee Chair by the Head of the Inspection Team should be made to cancel the inspection. The recommendation must be approved by the Board Chair.

## 7. ASSESSMENT

### 7.1 Overview

Performance of a Trainee in a clinical rotation is assessed against a predetermined list of standards and targets. Assessment of trainees is necessary to ensure quality of training, areas for improvement, assess progress and suitability to training.

Trainees will be required to partake in various assessments during their training. Details of these assessments are outlined in the following sections.

### 7.2 Types of Assessment

There are two types of assessment used in the General Surgery Training Program – Formative and Summative.

**Formative** assessments aim to identify areas of good performance and areas of performance that require improvement to reach competency. Formative assessments also provide opportunities for improving performance. The Formative assessments include the following:

- Mini-CEX (SET1)
- DOPS (SET1)
- Mid-term Assessments

Whilst Mini-CEX and DOPS were used in SET1, they may still be recommended as part of a performance management plan or as a continual assessment tool for SET2 – 5 trainees.

**Summative Assessments** are completed all throughout training and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training. The Summative assessment includes the following:

- End of Term Assessment

#### *Mini-CEX and DOPS*

The Mini-CEX is designed to assess skills essential to the provision of good clinical care and to facilitate feedback in order to drive learning. The assessment involves an assessor observing the trainee interact with a patient in a normal clinical encounter. The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide verbal development feedback to the trainee immediately after the encounter.

Direct Observation of Procedural Skills in surgery (Surgical DOPS) is a method of assessing competence in performing diagnostic and interventionist procedures during routine surgical practice. The assessment involves an assessor observing the trainee perform a practical procedure within the work place. The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide verbal developmental feedback to the trainee.

If required the assessments should be completed in time for review during the Mid-term assessment.

Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

#### *Mid-Term Assessment*

The Mid-term Assessment is used to ascertain how the Trainee is progressing and to assist in defining and correcting any deficiencies that may be apparent in a Trainee.

The Mid-term assessment is a formative assessment and therefore does not alone determine the outcome of the rotation. However, trainees who fail to submit their Mid-term may have their term deemed not-assessable at the end of term.

It is the Trainees responsibility to ensure that the mid-term assessment is returned to the relevant GSA office by the due date which is the date the mid-term falls on.

Although this is formative, it should nonetheless be thorough. Areas in which the trainee is underperforming should be clearly defined. These areas should be marked unsatisfactory if there are deemed to be so. The trainee's assessment should be for the expectations of a trainee at that SET level of training.

An unsatisfactory mid-term assessment is an opportunity for the trainee to be given directions as to how to improve in those areas and a performance management plan should to be established.

#### *End of Term Assessment*

The End of Term Assessment is used to determine the trainees performance and whether or not the term will be accredited towards clinical training.

If the assessment is deemed unsatisfactory the term cannot be accredited towards the required number of clinical rotations a Trainee must complete and therefore the term must be repeated, extending a trainee's time on the training program.

### **7.3 Conducting a Mini-CEX or DOPS**

The process of conducting a Mini-CEX or DOPS should be Trainee led, however a Supervisor may initiate an assessment if concerns arise.

The Trainee should select the timing and the problem (under the guidance of the supervisor). It is vital that when selecting a procedure or clinical examination, the situation should be representative of the Trainees workload and case mix. Trainees should only be observed undertaking procedures or examinations normally expected of them.

The supervisor (or assessor) should observe the Trainee undertaking either the clinical examination (Mini-CEX) or procedure (DOPS). The assessor will then complete the relevant form either during or at the completion of the observation.

The assessor should then provide the Trainee with any feedback and the result of the assessment.

### **7.4 Conducting an Assessment**

Conducting either a mid-term or end-of-term assessment is undertaken using the following process:

- i. The Trainee is responsible for setting up a meeting time with their supervisor to review their performance and assessment. A reminder is sent by the Regional Executive Officers to all trainees 6 – 7 weeks prior to the mid or end of term data.
- ii. The Trainee completes the self-assessment component of the form and provides this to their supervisor prior to their scheduled meeting.
- iii. The surgical supervisor is to seek input from other persons who had contact with the Trainee including nurses, allied health and administrative staff.
- iv. The surgical supervisor is to involve all consultants of the unit which the Trainee is allocated, to contribute to the assessment. This might best be undertaken at a face-to-face meeting, and to reach consensus on the assessment of each competency listed on the assessment form. This process may be undertaken without the Trainee present.
- v. The Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment.

- vi. If the Trainee has been graded as borderline or not-competent it is essential that goals and methods of improving a discussed with the Trainee.
- vii. The Surgical Supervisor, Trainee and Unit Supervisor (where one exists) must sign the form. **A form is not valid until all parties have signed the form.**
- viii. The Trainee must return the form to the relevant Regional Office on the mid-term or end of term date. Failing to do so for the end of term assessment will result in the term being unaccredited and the Trainee placed on probation.

## 7.5 What does the Supervisor need to indicate?

The Hospital Surgical Supervisor must indicate the following on the form:

- a. Whether the overall performance is rated as satisfactory or unsatisfactory. If a trainee's performance is rated as satisfactory, the Hospital Surgical Supervisor may recommend that a Performance Management Plan is put in place for the following term to assist in addressing any deficiencies.
- b. Whether the logbook is rated as satisfactory or unsatisfactory.

## 7.6 Tips on Providing Feedback

When providing feedback to trainees it is important to remember the following strategies:

- Ensure the trainee has undertaken the self-assessment process
- Begin by asking the trainee how they felt they have been performing during the term
- Provide factual feedback
- Be specific – provide examples of behaviour
- Review the logbook to ensure case mix and numbers are appropriate
- Provide clear objectives for the remainder of the term or next term even if their performance is satisfactory
- Ensure that any feedback on unsatisfactory performance is clearly documented on the assessment form.

## 7.7 What Constitutes an Unsatisfactory Assessment?

An assessment form is deemed unsatisfactory if:

- an overall "Unsatisfactory" rating on the End of Term In Training Assessment form based on receiving borderline and/or not-competent rating(s), and/or
- one or more "Unsatisfactory" rating in any of the essential criteria and/or
- non-submission of completed, signed logbook data or assessment form or any associated documentation by the due date
- Unsatisfactory logbook rating following review of the Training Committee

It is essential that an honest and transparent assessment of the Trainee's performance is undertaken.

## 7.8 What to do if a Trainee receives an unsatisfactory end of term assessment?

Trainees who receive an unsatisfactory end of term assessment will undergo a formal counselling and performance management meeting. As the supervisor, you will be involved in the counselling session in an attempt to provide feedback and direction for improvement.

The Trainee will also be automatically placed on Probation for the following term and their training extended by six months.

Further information on Probation and Performance Management can be found in the following sections.

## **7.9 Tips – WHAT TO DO AND WHAT NOT TO DO**

Supervising trainees and providing feedback is often a challenging job. Below are a few tips on what not to do and what to do:

### *DO NOT*

- Do not ignore undertaking the mid term assessment. A Trainee who fails a term will appeal, and be successful, on the grounds that they were not provided with feedback and an opportunity to improve.
- Do not undertake a mid-term or end of term assessment without consulting your colleagues. Assessments are a consensus viewpoint.
- Do not complete a form unless the trainee has completed a self assessment and provided you with this form. This is the form that should then be completed.
- Do not ask each consultant to complete a separate assessment form – these will be disregard and the unit will be asked to form a consensus assessment
- Do not fail to give feedback to trainees who receive borderline assessments.
- Do not provide advice or confirmation on exemptions from requirements. This is the responsibility of the Board and the Training Committee.
- Do not provide confirmation of approval for leave or research. This is the responsibility of the Board and the Training Committee.
- Do not place a Trainee in an unaccredited post.
- Do not submit additional document to the Training Committee Chair or Regional Executive Officer unless the documentation has also been provided to the trainee for comment.
- Do not alter a trainees rotation without informing the Chair of the Training Committee
- Do not leave the overall assessment rating blank - rate the assessment as either satisfactory or unsatisfactory
- Do not create another category on the overall assessment rating – rate the assessment as either satisfactory or unsatisfactory.
- Do not advise trainees that they are able to present for the Fellowship Exam – you may support their application but DO NOT confirm they are eligible. The Board will need to confirm they have met all the requirements.
- Do not rate a Trainee as satisfactory if they have received an unsatisfactory in the Essential Criteria – this is an automatic unsatisfactory.

### *DO'S*

- Always perform the mid-term assessment and provide trainees with as much feedback as possible to assist them during the remainder of the term.

- Always undertake a consensus assessment of the Trainee. This applies for both mid-term and end of term.
- If a Trainee is underperforming create a performance management plan to assist them in improving and setting goals and provide a copy to the Regional Executive Officer.
- Ensure a Trainee who is on a performance management meets with yourself on a monthly basis, or as required, to review goals and improvements.
- Give feedback to trainees as issues occur. Send an email to the trainee to document the concerns and ensure the Regional Executive Officer is copied.
- Give specific feedback to trainees who receive borderline or not-competent rankings in the competency areas including ways in which to improve.
- Only rate the overall assessment as either satisfactory or unsatisfactory
- Do rate a Trainee as unsatisfactory if they have received an unsatisfactory in the Essential Criteria.
- Do rate a Trainee as unsatisfactory if they have received a several borderline or not-competent in the competency assessment but have received satisfactory in the Essential Criteria. Whilst this is not an automatic unsatisfactory, it is the prerogative of the supervisor to rate the term as overall unsatisfactory.
- Contact the GSA staff if you are uncertain about any of the procedures, processes or regulations.

## **8. PROBATION**

### **8.1 Overview**

In cases where the performance of a Trainee in a clinical rotation does not meet a certain standard, the Trainee must undertake a probationary term with predetermined and agreed list of standards and targets.

### **8.2 Duration of Probationary Period**

Probationary terms are six (6) months in duration. During Probationary Training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.

The Probationary term should allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has achieved competency at the end of the probationary term.

The Probationary term is not used as a punitive measure but as an opportunity for the Trainee to improve their performance and correct any deficiencies.

### **8.3 Unsatisfactory Assessment Whilst on Probation**

Trainees will be required to satisfactorily meet the requirements of probationary training in order to have the probationary term accredited. Only when a probationary term is accredited will the Trainee be allowed to proceed in the SET program.

The End of Term Assessment in the probationary term may be conducted at a time within the final six (6) weeks of term to facilitate timely consensus to the assessment.

If a Trainee receives an unsatisfactory End of Term Assessment while on Probation, the probationary term will not be accredited. The Trainee will be placed on suspension for a minimum of six (6) months pending review of the Trainee's continuation in the Program.

Refer to the Dismissal Section for further information on continuation in the program.

Trainees who are on Probation are not permitted to change (as per the Regulations):

- Training Regions
- Terms
- Commence Interruption of Training to undertake full time research

## 9. PROFERMANCE MANAGEMENT

### 9.1 Overview

Following an unsatisfactory assessment, a Trainee will be required to undertake a Performance Management meeting and be placed on a performance management plan during their probationary term. The aim of the performance management meeting and plan is to:

- clearly identify the unsatisfactory areas
- provide support and guidance
- Implement remedial action via a performance management plan
- Discuss consequences of any further unsatisfactory assessments
- Provide Supervisors and trainers with a list of objectives the Trainee must meet
- Assist Supervisors and trainers in providing opportunities to the Trainee to assist in meeting the objectives

### 9.2 Conducting a Meeting

Upon receipt of the unsatisfactory assessment by the Regional Executive Officer the following process is undertaken:

- i. The Training Committee Chair will review the assessment and ensure that process particularly consensus has been followed.
- ii. The Training Committee will confirm at its next meeting that the term is unsatisfactory and make a formal recommendation to the Australian Board in General Surgery to approve the probationary period and therefore extend the training period by six (6) months. *Note: that the Trainee will automatically be placed on Probation for the following term.* A formal letter is sent to the Trainee from the Board confirming their unsatisfactory assessment, probationary training and extension to training.
- iii. A meeting will be convened between the Trainee, Training Committee Chair, Supervisor and one additional member of the Training Committee. The Trainee may invite a support person to this meeting. It should be noted that the support person cannot be legal representation.
- iv. The Trainee must be provided with at least ten (10) working days notice of the meeting.
- v. The Trainee must make every effort to ensure that they are able to attend the meeting. The Trainee will be permitted to bring a support person and make a submission.
- vi. The Regional Executive Officer ensures that an agenda is prepared and forwarded to the trainee so that they are aware of what will be discussed.
- vii. The Training Committee Chair will typically chair the meeting and will cover the following areas:
  - Review of the unsatisfactory, borderline or not-competent areas
  - Requirements of the Performance Management Plan including goals to achieve, frequency of performance meetings, requirement to self assess and importance of mid term and end of term assessments
  - Future implications of failing the probationary term or further terms which may include a dismissal recommendation to the Australian Board in General Surgery
- viii. The Regional Executive Officer attends the meeting to ensure minutes are taken and therefore a formal record of the meeting is kept.

- ix. Following the meeting, the Regional Executive Officer, once approved by the Training Committee Chair, will provide a draft copy of the minutes and Performance Management Plan to the trainee who will have the opportunity to either confirm the minutes or make any changes. All changes must then be approved by the Training Committee Chair.
- x. Once confirmed, the Trainee will receive a copy of the minutes and Performance Management Plan for their records.

### 9.3 The Performance Management Plan

Timely remediation of deficiencies in performance is more likely to result in improved training outcomes for the Trainee. This Performance Management Plan is to be used in the following circumstances:

- If a Trainee has received an unsatisfactory mid-term assessment
- If a Trainee has received an unsatisfactory end-of-term assessment and is therefore on Probation

The performance plan is a means to guide the Trainee’s performance. It should be a clear indication of the expectations that are to be met and therefore should be clear and concise.

For each unsatisfactory Essential Criteria or Borderline/Not-competent Assessment the following needs to be specified:

Essential Criteria and/or Assessment Area	<ul style="list-style-type: none"> <li>• Specify the Criteria or Assessment that the objective/goal relates to</li> </ul>
Goal to Achieve	<ul style="list-style-type: none"> <li>• List the specific goal(s) the Trainee must meet to assist in improving in the area listed above.</li> <li>• List each goal separately and ensure they are consistent with the training requirements of the Australian Board in General Surgery</li> <li>• The goal also relates to the outcome that is expected</li> <li>• Refer to the <b>Setting SMART Goals Section</b> for tips on writing goals</li> </ul>
Performance Indicator	<ul style="list-style-type: none"> <li>• An indicator describes how the objective will be measured and what actions need to be undertaken to achieve the objective</li> <li>• Indicators must relate to the specific objective, however there may be more than one indicator</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>• The timeline specifies when the objective should be met</li> <li>• Timelines are particularly relevant when relating to courses and/or meetings</li> </ul>

It is vital that the Supervisor, Trainee and Training Committee Chair agree on the objectives that must be achieved to assist in achieving satisfactory performance.

### 9.4 Setting SMART Goals

**SMART** goals is a method that is used to ensure that objectives are written in a manner that are:

- **S** = Specific
- **M** = Measurable

- **A** = Attainable
- **R** = Relevant
- **T** = Timely

Developing goals that conform to this method is vital in ensuring that Trainees have direction and that the outcome can be easily measured. Use this guide in assisting to set SMART goals:

<b>Specific</b>	<ul style="list-style-type: none"> <li>• Goals should be straightforward and clearly define what the Trainee is going to do.</li> <li>• The Performance Indicators set will also assist in determining the goal.</li> <li>• Specific is the:                             <ul style="list-style-type: none"> <li>○ <b>WHAT</b> are you going to do? Use action words such as direct, organise, coordinate, lead, develop, plan, build</li> <li>○ <b>WHY</b> is this important to do at this time? What do you want to ultimately accomplish?</li> <li>○ <b>HOW</b> are you going to do it? What is the action you will undertake?</li> </ul> </li> </ul>
<b>Measurable</b>	<ul style="list-style-type: none"> <li>• If you can't measure it, you can't manage or assess the performance.</li> <li>• When you are measuring whether a goal has been accomplished you are looking for a change or improvement in behaviour or ability.</li> <li>• The Performance Indicators set will also assist in determining how the goal will be measured.</li> <li>• Ask yourself the following question when setting a goal:                             <ul style="list-style-type: none"> <li>○ How will you know when the goal has been achieved?</li> </ul> </li> </ul>
<b>Attainable</b>	<ul style="list-style-type: none"> <li>• Goals must be achievable yet challenging at the same time.</li> <li>• A goal needs to stretch the Trainee slightly so that he/she feels that they can achieve it, but that it will also require a real commitment.</li> <li>• Attainable, in this case, means "do-able."</li> <li>• It means that the learning curve is not a vertical slope and that the skills and/or resources needed to do achieve the goal are available.</li> <li>• <b>Devise a plan</b> or a way of getting there which makes the goal realistic.</li> <li>• The goal needs to be realistic for the Trainee and where they are at the moment.</li> </ul>
<b>Relevant</b>	<ul style="list-style-type: none"> <li>• The goal must relate to the Competency or Essential Criteria that requires improvement.</li> </ul>
<b>Timely</b>	<ul style="list-style-type: none"> <li>• Set a timeframe for the goal.</li> <li>• Putting an end point on the goal gives the Trainee a clear target to work towards.</li> <li>• Without a time limit, there's no urgency to start taking action now.</li> <li>• Time must be measurable, attainable and realistic.</li> </ul>

**Examples:**

<b>Vague Goal</b>	<b>SMART Goal</b>
Complete In-training Assessments	Ensure In-Training Assessments are completed on the correct form, signed by Supervisor and submitted to the Regional Executive Officer by the due date

Increase operative skills	Improve operative skills in Endoscopic Procedures to the level of a SET4 and in line with the General Surgery Curriculum by mid-term.
Complete research project	Progress towards the completion of a research project by ensuring the following actions have occurred by mid-term: <ul style="list-style-type: none"> <li>• Proposal developed and discussed with Supervisor</li> <li>• Develop time-lines</li> </ul>

### 9.5 Supervising a Trainee on a PMP

As the supervisor of a Trainee on a Performance Management Plan it is vital that you are aware of not only the performance issues but the objectives and goals that have been established for the trainee.

A trainee on a Performance Management Plan is required to meet with their supervisor on a monthly basis, or as otherwise required, to:

- Review the objectives
- Review the trainees progress on meeting the objectives
- Review overall performance
- Be provided with constant formal feedback

The outcome is to be rated as follows:

Outcome	Explanation
Exceeds Expectation	<ul style="list-style-type: none"> <li>• Exceeds performance indicator</li> <li>• Performs above expected level of training</li> <li>• No omissions or errors</li> <li>• Requires minimal instruction</li> </ul>
Meets Expectation	<ul style="list-style-type: none"> <li>• Meets performance indicator</li> <li>• Performs at expected level of training</li> <li>• Minor omissions or errors</li> <li>• Requires some instruction</li> </ul>
Progressing toward Expectation	<ul style="list-style-type: none"> <li>• Has not yet met performance indicator</li> <li>• Making satisfactory progress</li> <li>• Some significant omissions or errors</li> <li>• Requires regular instruction</li> </ul>
Not meeting Expectation	<ul style="list-style-type: none"> <li>• Has not yet met performance indicator</li> <li>• Making little, slow or inconsistent progress</li> <li>• Regular or significant omissions or errors</li> <li>• Requires frequent and close instruction</li> </ul>
N/A	<ul style="list-style-type: none"> <li>• Performance indicator not assessed</li> </ul>

The Trainee should undertake a self-evaluation first and then present this to their Supervisor 24 hours before the meeting. This enables the Trainee to undertake a self-reflection and assess their own performance. The Supervisor and Trainee are then to agree on the final outcome.

The monthly review is also an opportunity to modify, delete or add new indicators to the Performance Management Plan and to discuss developmental opportunities. At each review both the Trainee and Supervisor have the opportunity to make further comment.

The Performance Management Plan and Outcome must remain strictly confidential and must be returned to the Regional Executive Officer following each review.

It is vital that any concerns are documented thoroughly and the Regional Executive Officer is made aware. Early notification of issues will enable the staff and Training Committee to act appropriately and in a timely manner.

### **9.6 Can a PMP be Developed even for Trainees not on Probation?**

A common misconception is that a Performance Management Plan is only for trainees on Probation and are only to be implemented at the start of the term. This is not correct.

Trainees who are underperforming or struggling may be placed on a Performance Management Plan as a mechanism to not only provide feedback but to assist the Trainee in addressing these areas.

It is vital that the supervisor informs the Training Committee Chair, via the Executive officer, that the Trainee is undergoing a performance management plan so that proper records may be kept.

## **10. DISMISSAL**

### **10.1 Reasons for Dismissal**

Trainees may be dismissed from the General Surgery Training Program for several reasons including, but not limited to, the following:

- Unsatisfactory performance for either receiving an unsatisfactory assessment on a probationary term or receiving three or more non-consecutive unsatisfactory assessments
- Failure to satisfy medical registration and employment requirements
- Misconduct or serious misconduct

### **10.2 Process for Unsatisfactory Performance**

The Dismissal process is taken extremely seriously by the Australian Board in General Surgery and the RACS.

In general, the following process for recommending dismissal is followed (please refer to the Regulations for more detail):

- i. The Trainee will be invited to attend a meeting to discuss the reason for the possible dismissal.
- ii. The Regional Executive Officer will complete a file summary of the trainee with all supporting documentation including (but not limited to):
  - a. End of term assessments
  - b. Mid-term assessments
  - c. Logbooks
  - d. Mini-Cex
  - e. DOPS
  - f. Performance Management Plans
  - g. Correspondence regarding probationary training and performance
  - h. Minutes of Counselling sessions
  - i. Minutes of Training Committee meetings where performance was discussed
  - j. Minutes of Board meetings where probation was approved
- iii. The Regional Executive Officer will complete the Checklist for Failed Term, Probation and Dismissal and provide to the GSA Director – Education and Training who will review the documentation and discuss with the Board Chair.
- iv. The Training Committee will recommend dismissal to the Board, and will present all relevant documentation to support the decision.
- v. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented. The Board will not under any circumstances approve a dismissal recommendation if due process has not been followed.
- vi. If the Board approves the recommendation from the Training Committee, the Trainee will be notified of the decision.

If a trainee is facing dismissal the Board will place the trainee on suspension to Training until the dismissal proceedings have been finalised.

## **11. TRAINEE PORTFOLIO**

## **11.1 Overview**

The Trainee Portfolio is the responsibility of the trainee and must include the following:

- Updated curriculum vitae
- Logbooks
- Skills courses and research activities completed
- Documentation relating to any period of probationary training
- All formative and Summative Assessment forms and results

To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

In 2012, GSA launched the Trainee Management System (TMS). The TMS provides Trainees with an online portfolio where all information pertaining to training is securely maintained. The TMS provides all Trainees with the ability to view accurate and current information related to their training including:

1. Important training dates including start date, expected end date, and maximum date
2. Requirements completed
3. Rotations
4. Mid-term and end-of-term assessments
5. Logbooks submitted
6. Mini-CEX and DOPS submitted
7. List of Interruptions undertaken

As the Supervisors you will also have the ability to view the above information on Trainees allocated to your hospital for a particular term.

## **12. TRAINEE FEEDBACK**

Trainee feedback is essential to ensuring that training positions are adhering to the hospital accreditation standard.

Feedback forms are sent to each trainee in a rotation at the end of the term. The forms are collected by the relevant Regional Executive Officer and de-identified.

If there are any issues apparent on the feedback the Training Committee Chair is informed of this and the issue is then investigated (if warranted).

The feedback forms are also an essential part of the Hospital Inspection process.

## 13. CONTACTS AND ASSISTANCE

The following staff are available for supervisors to contact with any queries or for advice.

### 13.1 General Surgeons Australia – Head Office

Address : 250 – 290 Spring St  
East Melbourne VIC 3002

Contacts : **Monica Carrarini**  
Director - Education & Training  
Telephone: +61 3 8664 4714  
Email: [monica.carrarini@generalsurgeons.com.au](mailto:monica.carrarini@generalsurgeons.com.au)

**Fiona Bull**  
Manager – Education and Training  
Telephone: +61 3 8664 4711  
Email: [fiona.bull@generalsurgeons.com.au](mailto:fiona.bull@generalsurgeons.com.au)

**Julie Jones**  
Trainee and IMG Coordinator  
Telephone: +61 3 8664 4712  
Email: [julie.jones@generalsurgeons.com.au](mailto:julie.jones@generalsurgeons.com.au)

### 13.2 General Surgeons Australia – Regional Offices

#### NSW/ACT

Address : 250 – 290 Spring St  
East Melbourne VIC 3002

Contacts: **Wendy Mekhael**  
**Tel:** +61 2 8259 3610  
**Email:** [wendy.mekhael@generalsurgeons.com.au](mailto:wendy.mekhael@generalsurgeons.com.au)

#### QLD

Address : PO Box 393  
Kallangur Brisbane QLD 4503

Contacts **Rachel Craddock**  
Tel: +61 7 3240 4110  
Email: [rachel.craddock@generalsurgeons.com.au](mailto:rachel.craddock@generalsurgeons.com.au)

#### SA/WA

Address : Suite 15, 213 Greenhill Road  
EASTWOOD SA 5063

Contacts: **Liz Pedersen**  
**Tel:** +61 8 8229 6210  
**Email:** [liz.pedersen@generalsurgeons.com.au](mailto:liz.pedersen@generalsurgeons.com.au)

**VIC/TAS**

Address : 250 – 290 Spring St  
East Melbourne VIC 3002

Contact : **Fiona Bull**

**Tel:** +61 3 8664 4711

**Email:** [fiona.bull@generalsurgeons.com.au](mailto:fiona.bull@generalsurgeons.com.au)

## **14. TRAINING FOR SUPERVISORS**

### **14.1 Mandatory Training**

The Building Respect and Improving Patient Safety Action Plan consists of a number of initiatives to drive a culture of respect in our profession. A key theme of the Action Plan is to ensure that trainees have the best learning environment in which to learn and develop the skills of our profession, and that those who supervise and teach are supported.

Hospital Surgical supervisors play an important role in our profession, particularly in providing leadership and role modeling. The RACS has deemed in policy that all Board approved Hospital Surgical Supervisors must complete the following courses:

- Operating With Respect – On-line Module
- Foundation Skills for Surgical Educators – Face to Face Course
- Operating With Respect – Face to Face Course

Further information on the courses and online module can be found on the RACS Website <https://www.surgeons.org/about-respect/what-you-can-do/>

### **14.2 Other Courses**

The RACS provides the following courses for supervisors:

#### *Supervisors and Trainers for SET (SAT SET)*

The Supervisors and Trainers for Surgical Education and Training (SAT SET) course aims to enable supervisors and trainers to effectively fulfil the responsibilities of their important roles, under the new Surgical Education and Training (SET) program.

- Participants will learn to use the more common of the workplace assessment tools that have been adopted as part of SET, focusing on the Mini-Clinical Evaluation exercise (Mini CEX) and Directly Observed Procedural Skills (DOPS).
- Participants will also explore strategies to improve their management of Trainees, especially those who are under-performing.
- There will be an opportunity to develop understanding of RACS training policies, supervisor and trainer responsibilities, the appeals process and legal support provided by the RACS.

#### *Surgical Teachers Course*

The two-and-a-half day intensive course enhances educational skills of surgeons who are responsible for the teaching and assessment of Trainees. Participants learn the foundation of improved educational skills, which are further developed during the course through practical application.

The course is delivered through four main modules, which are integrated to achieve progressive acquisition of knowledge and skills:

- adult learning
- teaching technical skills
- feedback and assessment
- change and leadership

#### *Keeping Trainee on Track*

The course explores how to performance manage trainees by setting clear goals, giving effective feedback and discussing expected levels of performance. Participants are also given the opportunity to learn methods for encouraging self-directed learning by establishing expectations at the start of term meeting.

*Course Registration Information and Contact*

For further information on these courses, including dates and registration details, please refer to the [RACS website](#) or contact the RACS Professional Development Department via email [PDactivities@surgeons.org](mailto:PDactivities@surgeons.org) or telephone: +61 3 9249 1106.