

# 2024 Logbook Evaluation Report

General Surgery Education and  
Training Program

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Australian Board in General Surgery



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# 1. INTRODUCTION

The Evaluation Strategy was established to examine the effects of the GSET logbook in terms of:

- Ability to review Trainees operative experience
- Ability to track key general surgery procedures across Australia
- Ability to review exposure for hospital accreditation
- Ability to review procedures and ensure currency
- Ability to review Training Requirements pertaining to logbook
- Ability to review point value

A logic model has been utilised to construct the evaluation strategy as it is an outcomes-based approach that focusses on changes that have occurred.

This report has been written by Ms Monica Carrarini MSurgicalEd, GSA Director – Education and Training and reviewed by the GSET Evaluation Subcommittee and the Australian Board in General Surgery.

## 1.1. Terminology

The following terms and acronyms will be utilised throughout the report:

Term/Acronym	Definition
Core	The first three years of the GSET program.
EPA	Entrustable Professional Activity
GSET	General Surgery Education and Training
PBA	Procedure Based Activity
Principal	The fourth and fifth years of the GSET program.
Supervisor	Refers to either the approved Hospital Surgical Supervisor in General Surgery for a particular hospital, or the delegated unit supervisor in an accredited hospital post.
TIMS	Trainee Information Management System
Trainer	A consultant who is part of an accredited hospital post.

Table 1 – Terms, acronyms, and their definition

## 1.2. Data Sources

The evaluation contains analysis of data from TIMS for Term 1 and Term 2 - 2024. The data was extracted on 17 April 2025. The report also contains data from the first Evaluation Survey sent to stakeholders to ascertain their feedback on the breadth and depth of the procedures.

## 1.3. How to read the Report

The report has been written around the various outcomes and explores the specific evaluation questions and anticipated outcomes as per the Evaluation Strategy.

Each section will provide the reader with the:

- Overall outcome
- The specific evaluation question
- The anticipated outcome
- The specific indicator

## 1.4. Executive Summary

The logbook successfully launched in Term 1 – 2024 with Trainees able to commence entering their operative experience. A significant change in the logbook was that the approval of procedures rests with the consultant involved as opposed to the Hospital Supervisor. With over 170,000 procedures entered in 2024, the number of procedures that have not been reviewed by consultants is under 1%. This is a major achievement considering this change in process.

Whilst there are some trends being seen in the data, we cannot as yet see any patterns or disadvantages emerging across the GSET levels, Training Regions, or Units. This is to be expected with only one year worth of data. The only Units that require a closer watch are Thoracic and Oncology.

### ***Points***

The recommended number of points Trainees should be aiming for each term is 400. The 2024 analysis suggests that this number is achievable across the Training Regions and majority of units with the average being above 500. For Trainees who were unable to meet the recommended points, or were not within 10%, we see that they also recorded a lower number of procedures (under 150).

In order to be eligible to present for the Examination, Trainees must obtain a minimum of 2400 points. As the logbook points were only introduced in 2024, the first cohort of GSET Trainees who commenced in 2022 and were eligible to present for Examination completed their logbook on the MALT system during 2022-2023. These logbooks were converted to points using a predetermined methodology. Therefore, for this cohort and this report, the number of points achieved for the Fellowship Examination requirement may not represent a complete overview.

### ***Procedure List***

Overall, the data suggests that the current list of procedures is covering the breadth and depth of operative experience across Australia. During 2024, it was identified that Paediatric and Cardiothoracic procedures were underrepresented for Trainees in these rotations, and hence this was rectified outside of the official feedback survey so as to not disadvantage Trainees. Following a survey sent to Trainees and Supervisors, the Logbook Working Party recommended to the Board the following which were subsequently approved and have been implemented for Term 1 – 2025:

- Changes to procedures as determined by the Logbook Working Party
- That no changes are made to the points value, except for Stoma Revision, as it was agreed that the points were reasonable and not changing the points for at least another year would allow more thorough analysis of data.
- That the option Robotic be added to the logbook entry Access field to commence capturing Robotic procedures
- That communication be sent to Trainees that the 400 points is a recommendation and that Trainees will not be rated as Below Performance Expectation solely on logbook points.
- 

### ***Primary Operator Rate***

The data suggests that the current requirements for primary operator rate are able to be met. Whilst this data only represents two terms, it does appear that on average the primary operator rate is higher compared to the MALT logbook. Notwithstanding that the MALT logbook primary operator rate was also affected if the denominator was high (that is a higher number of procedures).

### ***Rural Differences***

A preliminary review of the points between Metro and Rural Posts indicates that there is little difference between points attained in metro and rural posts. However, Trainees in rural posts logged a higher number of procedures compared to those in metro posts as well as a higher number of Endoscopy and Colonoscopy. The primary operator rate was also slightly higher in rural posts.

## ***Gender Differences***

A review of the average points, procedure numbers, and primary operator shows that in terms of access to procedures there is little difference between genders. There also does not appear to be a significant or concerning difference between the average points between the genders or primary operator rate.

## ***Access to Key Procedures***

The data examined the access to the key procedures aligned to the mandatory PBA requirements. Whilst the majority of key procedures are being made available to Trainees, access to Axillary Node Dissections appears to be quite low. This may be reflective of the landscape where this procedure is not commonly performed. For Thyroidectomy, there appears to be less exposure in VIC-TAS and SA-NT, even though SA-NT has four Breast and Endocrine posts, and VIC-TAS has 14 posts in either Breast and Endocrine, Endocrine, or Head and Neck. When undertaking the stakeholder feedback before GSET was introduced, interestingly, these two regions had the greatest resistance to including Thyroidectomy as a PBA.

## **1.5. Recommendations and Considerations**

The report has been presented to the Australian Board in General Surgery for review and consideration. The Evaluation Subcommittee puts forward the following recommendations and considerations which were approved by the Australian Board in General Surgery:

### **Recommendations**

- **Retain the current primary operator rate and review in 2027 when GSET5 data is available.**
- **That the unit data continue to be evaluated particularly for Thoracic and Oncology units.**
- **The Axillary Node Dissection PBA needs to be reviewed to determine if this is achievable by Trainees by GSET5.**
- **The Thyroidectomy PBA needs to be monitored into 2026 before the first cohort of GSET5s complete Training.**

## 2. EVALUATION

### 2.1. Review of Procedures by Consultants

<i>Outcome</i>	<i>Trainers are able to review cases and approve</i>
<i>Anticipated Outcome</i>	<i>Trainers are able to approve or not approve procedures</i>
<i>Indicator</i>	<i>95% of procedures have been reviewed by Trainers</i>

In Term 1 – 2024, there were 276 Trainees in Clinical Training and in Term 2 – 2024 there were 286. The logbook launched successfully at the commencement of Term 1 – 2024 and Trainees were able to commence entering their experience. The following table outlines the number of procedures that were reviewed by consultants, either approved or rejected, and those pending consultant review. In both terms and overall for 2024, a small percentage of cases have not been reviewed by consultants.

Status	Term 1		Term 2		Total	
	No:	%	No:	%	No:	%
<b>Reviewed</b>	<b>87922</b>	<b>99.73%</b>	<b>81473</b>	<b>98.44%</b>	<b>169395</b>	<b>99.11%</b>
Approved	87688	99.47%	81379	98.33%	169,067	98.92%
Rejected	234	0.27%	94	0.11%	328	0.19%
<b>Pending Consultant Review</b>	<b>237</b>	<b>0.27%</b>	<b>1287</b>	<b>1.56%</b>	<b>1524</b>	<b>0.89%</b>
<b>Total</b>	<b>88159</b>	<b>100.00%</b>	<b>82760</b>	<b>100.00%</b>	<b>170919</b>	<b>100.00%</b>

Table 2 – Total Number of Procedures Entered, Approved, Rejected and Pending Consultant Review

## 2.2. Requirements

### 2.2.1. PBA

<i>Outcome</i>	<i>Trainees have access to key procedures</i>
<i>Evaluation Question</i>	<i>Do all Trainees across Training Regions have same access to key procedures as listed in the PBAs?</i>
<i>Anticipated Outcome</i>	<i>All Trainees are able to meet PBA requirements</i>
<i>Indicator</i>	<i>100% of Trainees meet PBA requirement for all GSET levels</i>

At the end of Term 2 – 2024, the following number of Trainees in the various GSET level did not meet the PBA requirements:

GSET Level	No: of Trainees	No: Did not meet PBAs	%
GSET1.2	95	3	3.16%
GSET2.2	77	4	5.19%
GSET3.2	59	3	5.08%
<b>Total</b>	<b>231</b>	<b>10</b>	<b>4.33%</b>

Table 3 – Total Number of Trainees in GSET levels and number and percentage that did not meet PBA Requirements

The requirements for the various GSET levels for PBAs is as follows:

- GSET1 - 10
- GSET2 - 25
- GSET3 - 37

The number of PBAs that Trainees were short by is outlined below. The table also indicates the number of PBAs that the Trainee has Pending Trainer Review. Those highlighted in green could have met the requirements if the Trainers had completed the PBA assessment.

Trainee	No: of PBAs Not Completed	No: of PBAs Pending Trainer Review
Trainee 1 (GSET1)	7	10
Trainee 2 (GSET1)	3	0
Trainee 3 (GSET1)	1	1
Trainee 1 (GSET2)	6	8
Trainee 2 (GSET2)	4	15
Trainee 3 (GSET2)	11	10
Trainee 4 (GSET2)	5	7
Trainee 1 (GSET3)	2	1
Trainee 2 (GSET3)	5	10
Trainee 3 (GSET3)	6	5

Table 4 – Total Number of PBAs not completed and number of PBAs submitted but not reviewed by Trainer

### 2.2.2. Points Overview

The highest, lowest, and average number of points and procedures that were awarded were as follows:

Term	Points			No: of Procedures		
	Highest	Lowest	Average	Highest	Lowest	Average
Term 1 - 2024	1,074.50	149.5	552	632	75	263
Term 2 - 2024	1,165.00	145.5	520	503	67	243

Table 5 – Highest and Lowest Number of Points

### 2.2.3. Recommended Minimum Number of Points

<i>Outcome</i>	<i>Trainees meet Training requirements</i>
<i>Evaluation Question</i>	<i>Are Trainees able to meet the logbook requirements?</i>
<i>Anticipated Outcome</i>	<i>Trainees are able to meet the recommended number of points per term</i>
<i>Indicator</i>	<i>95% of Trainees meet the required number of points or are within 10%</i>

The Training Regulations state that it is recommended that Trainees obtain a minimum of 400 points per term.

In Term 1 – 2024, 10.76% of Trainees did not meet the recommended 400 points and in Term 2 – 2024 the number of Trainees was 15.33%. For Term 2 – 2024, at the time of writing the report (17 April 2025) there were 1.56% procedures to be reviewed.

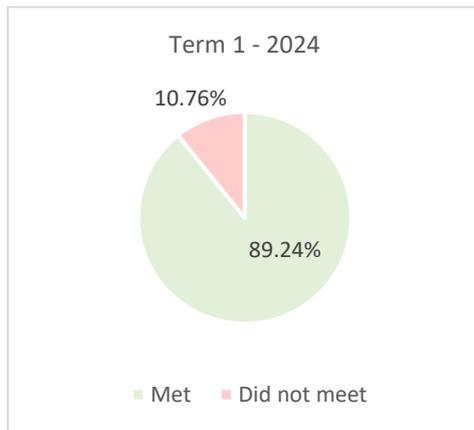


Figure 6 – Trainees who met the recommended number of points for Term 1 - 2024

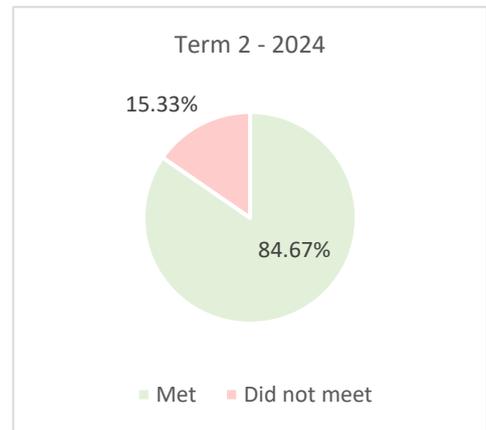


Figure 7 – Trainees who met the recommended number of points for Term 2 - 2024

When reviewing the range of points for Trainees who did not meet the recommended number, we see that the majority of Trainees 89% for Term 1 and 73% for Term 2, are within 100 points.

No: of Points	Term 1		Term 2	
	No: of Trainees	%	No: of Trainees	%
100 - 150	1	4%	2	5%
151 - 200	2	8%	1	3%
201 - 250	0	0%	2	5%
251 - 300	0	0%	6	15%
301 - 350	9	35%	8	20%
351 - 399	14	54%	21	53%
<b>Total</b>	<b>26</b>	<b>100%</b>	<b>40</b>	<b>100%</b>

Table 8 – Number of Trainees that did not meet recommended 400 points

The below Figure therefore indicates that for Term 1 – 2024 94.42% of Trainees either achieved 400 points or were within 10% (ie 360-399 points). For Term 2 – 2024 we see 91.57% of Trainees achieving this goal, however it is important to note that for Term 2 – 2024 consultants are still approving cases.

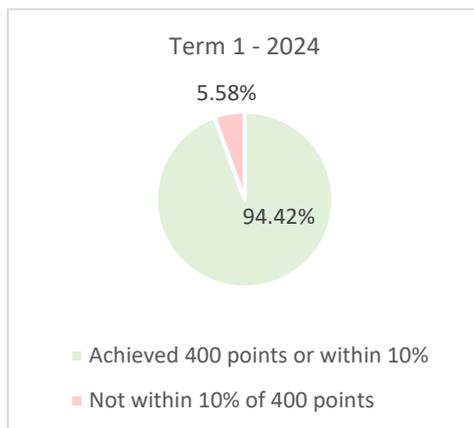


Figure 9 – Trainees who met or where within 10% of the recommended number of points for Term 1 - 2024

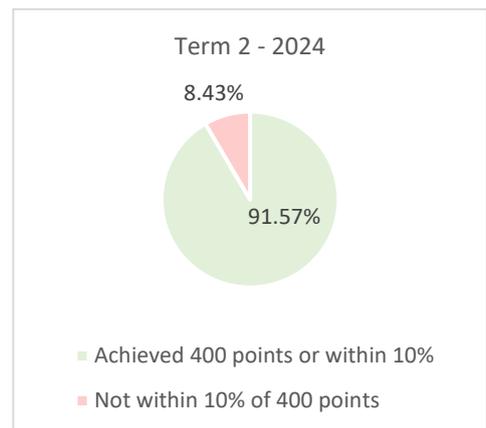


Figure 10 – Trainees who met or where within 10% of the recommended number of points for Term 2 - 2024

For Trainees in the 100 – 359 point category, the average number of procedures recorded was 148 for Term 1 – 2024 and 161 for Term 2 - 2024, which was well below the overall average across all Trainees. (refer to [Table 5](#)). For those with 299 points or less we see the average number of procedures drop to 125 for Term 1 (n = 3) and 136 for Term 2 (n = 11).

## 2.2.4. Primary Operator Rate

<i>Outcome</i>	<i>Trainees meet Training requirements</i>
<i>Evaluation Question</i>	<i>Are Trainees able to meet the logbook requirements?</i>
<i>Anticipated Outcome</i>	<i>Trainees are able to meet the recommended primary operator rate</i>
<i>Indicator</i>	<i>95% of Trainees meet the primary operator rate</i>

The primary operator rate is calculated based on the following categories:

- Surgeon in Theatre or Scrubbed
- Surgeon Available
- Teaching of Juniors

This signifies that only the category of Assisting is not included in the calculation of the primary operator rate.

The Regulations state that the primary operator rate is as follows:

<b>GSET Level</b>	<b>Term</b>	<b>Minimum Primary Operator Rate</b>
GSET1	Term 1, first six months	20%
	Term 2, second six months	25%
GSET2	Term 1, first six months	30%
	Term 2, second six months	40%
GSET3	Term 1, first six months	50%
	Term 2, second six months	50%
GSET4	Term 1, first six months	60%
	Term 2, second six months	60%
GSET5	Term 1, first six months	60%
	Term 2, second six months	60%

For Term 1 – 2024 we see that 96.02% were able to meet the Primary Operator rate, whereas for Term 2 – 2024 the figure is slightly lower at 92.34% however this may be due to the number of procedures yet to be reviewed.

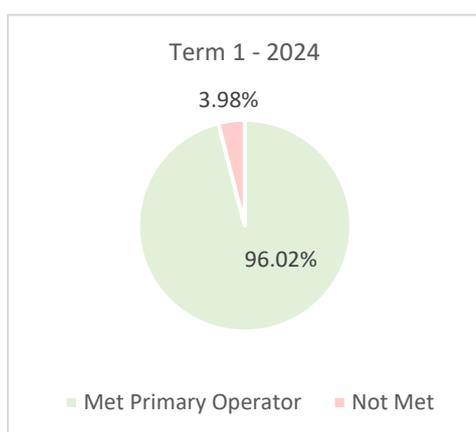


Figure 11 – Trainees who met the primary operator rate for Term 1 - 2024

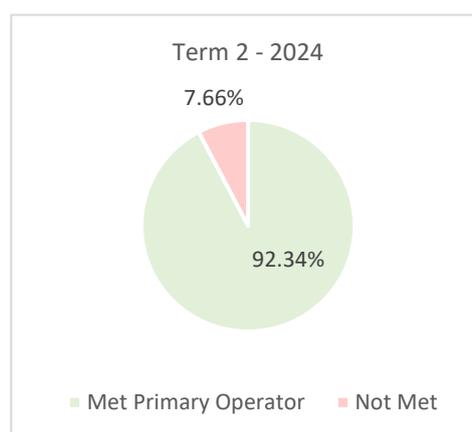


Figure 12 – Trainees who met the primary operator rate for Term 2 - 2024

When broken down into the GSET levels, we notice that the majority of Trainees who did not meet the primary operator rate were in GSET3.1 or GSET3.2.

Term 1 - 2024					
Level	No: of Trainees	Met Primary Operator		Not Met Primary Operator	
		No:	%	No:	%
GSET1.1	98	94	95.92%	4	4.08%
GSET1.2	14	14	100.00%		0.00%
GSET2.1	78	77	98.72%	1	1.28%
GSET2.2	2	2	100.00%		0.00%
GSET3.1	59	54	91.53%	5	8.47%
<b>Total</b>	<b>251</b>	<b>241</b>	<b>96.02%</b>	<b>10</b>	<b>3.98%</b>

Table 13 – Number of Trainees that did and did not meet primary operator rate by GSET level for Term 1 - 2024

Term 2 - 2024					
Level	No: of Trainees	Met Primary Operator		Not Met Primary Operator	
		No:	%	No:	%
GSET1.1	12	12	100.00%	0	0.00%
GSET1.2	94	89	94.68%	5	5.32%
GSET2.1	14	13	92.86%	1	7.14%
GSET2.2	76	70	92.11%	6	7.89%
GSET3.1	6	5	83.33%	1	16.67%
GSET3.2	59	52	88.14%	7	11.86%
<b>Total</b>	<b>261</b>	<b>241</b>	<b>92.34%</b>	<b>20</b>	<b>7.66%</b>

Table 14 – Number of Trainees that did and did not meet primary operator rate by GSET level for Term 2 - 2024

Whilst this data only represents two terms, it does appear that on average the primary operator rate is higher compared to the MALT logbook. Notwithstanding that the MALT logbook primary operator rate was also affected if the denominator was high (that is a higher number of procedures).

For the minimum numbers highlighted in orange, the primary operator rate reflects that the Trainees were in a private post therefore undertaking the majority of their procedures as assisting. The minimum numbers highlighted in green were both a Transplant unit and those in grey were both a General Surgery unit.

Level	Requirement	Term 1			Term 2		
		Avg	Min	Max	Avg	Min	Max
GSET1.1	20%	48.90%	0.00%	83.77%	64.17%	33.53%	80.55%
GSET1.2	25%	53.05%	36.62%	69.40%	53.10%	1.33%	85.09%
GSET2.1	30%	64.37%	27.64%	97.18%	60.30%	18.32%	81.01%
GSET2.2	40%	70.66%	65.42%	75.89%	62.17%	23.78%	98.49%
GSET3.1	50%	68.65%	28.01%	94.77%	64.82%	34.06%	96.66%
GSET3.2	50%	-			68.44%	26.86%	92.42%
<b>Overall</b>		<b>58.76%</b>			<b>60.37%</b>		

Table 15 – Average primary operator rate across GSET levels

The Regulations for the primary operator rate were not altered as the Logbook Working Party agreed to await the implementation of the points before allowing the GSET Evaluation Subcommittee to make a recommendation for change.

## Discussion

- Should the primary operator rates remain for another year or two (until GSET5 has been completed) or should they be altered now?

### 2.2.5. Fellowship Exam

<i>Outcome</i>	<i>Trainees meet Training requirements</i>
<i>Evaluation Question</i>	<i>Are Trainees able to meet the logbook requirements?</i>
<i>Anticipated Outcome</i>	<i>Trainees are able to meet requirement for Fellowship Exam approval</i>
<i>Indicator</i>	<i>95% of Trainees meet the Fellowship Examination requirement</i>

In order to be eligible to present for the Examination, Trainees must obtain a minimum of 2400 points. As the logbook points were only introduced in 2024, the first cohort of GSET Trainees who commenced in 2022 and were eligible to present for Examination completed their logbook on the MALT system during 2022-2023. These logbooks were converted to points using a predetermined methodology. Therefore, for this cohort and this report, the number of points achieved for the Fellowship Examination requirement may not represent a complete overview.

Of the 59 GSET4.1 Trainees eligible to present for the Examination, only one did not meet the requirement and was short by 187.75 points.

### 2.3. Regional Review

<i>Outcome</i>	<i>Trainees have access to key procedures</i>
<i>Evaluation Question</i>	<i>Do all Trainees across Training Regions have same access to key procedures</i>
<i>Indicator</i>	<i>Number of procedures logged across Training Regions is proportionate to number of Trainees</i>

The average number of points awarded across Australia for Term 1 – 2024 was 552. The average number of operative procedures approved was 263, with an average of 35 Colonoscopies and 36 Endoscopies.

Region	No: of Trainees	Averages			
		Points	No: of Procedures	Colonoscopy	Endoscopy
NSW-ACT	90	560	271	43	43
VIC-TAS	75	522	249	33	40
QLD	46	568	264	25	23
SA-NT	23	527	261	34	34
WA	17	624	283	21	18
<b>Total</b>	<b>251</b>	<b>552</b>	<b>263</b>	<b>35</b>	<b>36</b>

Table 16 – Average number of points, procedures, colonoscopy, and endoscopy across Training Regions for Term 1 – 2024

For Term 2, we see the points drop slightly to 520, number of procedures to 243, colonoscopy 31 and endoscopy 30.

Region	No: of Trainees	Averages			
		Points	No: of Procedures	Colonoscopy	Endoscopy
NSW-ACT	92	530	258	41	37
VIC-TAS	78	497	225	30	29
QLD	48	519	237	21	20
SA-NT	24	489	228	21	21
WA	19	607	275	25	29
<b>Total</b>	<b>261</b>	<b>520</b>	<b>243</b>	<b>31</b>	<b>30</b>

Table 17 – Average number of points, procedures, colonoscopy, and endoscopy across Training Regions for Term 2 - 2024

Across both Terms WA Trainees obtained the highest number of points and procedures on average, with both VIC-TAS and SA-NT being below the national average for Term 1 and Term 2, with QLD also being below the national average for Term 2. For colonoscopy and endoscopy, NSW-ACT has the highest average for both terms. Whilst many of the Training Regions are below the overall national average, it is also important to remember that the above is representative of the scopes that are eligible to be counted as per the Regulations as opposed to the number undertaken. When reviewing the total numbers, we can see that the access is generally higher across all regions and there does not appear to be an immediate issue with access to scopes.

Region	No: of Trainees		Average Colonoscopy		Average Endoscopy	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
NSW-ACT	90	92	56	50	49	41
VIC-TAS	75	78	38	37	36	28
QLD	46	48	31	26	24	21
SA-NT	23	24	40	29	30	20
WA	17	19	37	37	28	30
<b>Total</b>	<b>251</b>	<b>261</b>	<b>43</b>	<b>39</b>	<b>37</b>	<b>30</b>

Table 18 – Average number of colonoscopy, and endoscopy undertaken across Training Regions

The below table illustrates the highest and lowest number of points and procedures achieved in each Training Region. We see that in Term 2 whilst NSW-ACT recorded the highest number of procedures, the highest number of points was seen in Western Australia. For the lowest numbers, the region with the lowest number of points correlates to the lowest number of procedures recorded.

Region	Term 1 - 2024				Term 2 - 2024			
	Highest		Lowest		Highest		Lowest	
	Pts	Proc.	Pts	Proc.	Pts	Proc.	Pts	Proc.
NSW-ACT	1075	632	300.25	113	906	503	228.5	117
VIC-TAS	935	487	149.5	75	749	398	146.75	85
QLD	985	461	316	116	806	462	145.5	67
SA-NT	875	387	187.5	80	684	329	248.25	137
WA	806	384	440.5	178	1165	422	382	162

Table 19 – Highest and Lowest Number of Points and Procedures recorded across Training Regions

## 2.4. GSET Levels

There does not appear to be a large discrepancy between points attained across the GSET levels. However, we do see that in Term 1, the average points does increase with GSET level, but this trend is not seen in Term 2.

GSET Level	Term 1 - 2024			Term 2 - 2024		
	No: of Trainees	Average Points	Average Procedures	No: of Trainees	Average Points	Average Procedures
GSET1.1	98	509.60	284	12	474.96	254
GSET1.2	14	531.50	239	94	500.15	265
GSET2.1	78	571.58	264	14	497.11	225
GSET2.2	2	598.13	219	76	542.35	239
GSET3.1	59	598.53	234	6	513.04	232
GSET3.2	N/A	N/A	N/A	59	538.75	215

Table 20 – Average Points and Procedures recorded across GSET levels

When examining the highest and lowest number of points and procedures we see the highest points occurring in GSET2 for both Terms. However, the lowest we see in GSET1.1 for Term 1 and GSET1.2 and GSET2.2 for Term 2. The below tables demonstrates that we cannot as yet see any patterns or disadvantages emerging across the GSET levels.

GSET Level	Term 1 - 2024				
	No: of Trainees	Points		No: of Procedures	
		Highest	Lowest	Highest	Lowest
GSET1.1	98	950.75	149.5	632	75
GSET1.2	14	720.50	426	375	178
GSET2.1	78	1074.50	300.25	466	113
GSET2.2	2	632.25	564	258	180
GSET3.1	59	985.25	344.25	432	135

Table 21 – Average Points and Procedures recorded across GSET levels for Term 1 - 2024

GSET Level	Term 2 - 2024				
	No: of Trainees	Points		No: of Procedures	
		Highest	Lowest	Highest	Lowest
GSET1.1	12	571.75	412.75	335	184
GSET1.2	94	805.75	146.75	503	85
GSET2.1	14	697.75	347.75	359	111
GSET2.2	76	1165.00	145.5	422	67
GSET3.1	6	606.50	393	294	125
GSET3.2	59	836.00	314.25	398	117

Table 22 – Average Points and Procedures recorded across GSET levels for Term 2 - 2024

## 2.5. Rural Review

<i>Outcome</i>	<i>Trainees have access to key procedures</i>
<i>Evaluation Question</i>	<i>Do all Trainees across rural and metro sites have same access to key procedures as listed in the PBAs?</i>
<i>Indicator</i>	<i>Number of procedures logged across Training posts is proportionate to number of posts in metro and rural settings</i>

A preliminary review of the points between Metro and Rural Posts indicates that there is little difference between points attained in metro and rural posts. However, Trainees in rural posts logged a higher number of procedures compared to those in metro posts as well as a higher number of Endoscopy and Colonoscopy. The primary operator rate was also slightly higher in rural posts.

Logbook Area	Metro		Rural	
	Term 1	Term 2	Term 1	Term 2
No: of Trainees	156	169	95	92
Average Points	556.27	519.38	544.17	521.53
Average No: of Procedures	248	230	287	265
Average Colonoscopy	23	23	54	46
Average Endoscopy	25	19	54	49
Average Primary Operator Rate	57.28%	59.15%	61.18%	62.62%

Table 23 – Average Between Rural and Metro

When examining the MM2 – MM6 hospitals, we see that for Term 1 and Term 2, MM4 and MM5 hospitals were below the recommended 400 points, however this only represents three Trainees and therefore is too soon to draw conclusions.

	Averages Per MMM									
	2		3		4		5		6	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
No: of Trainees	42	42	45	44	3	1	2	2	3	3
Points	556.30	521.06	549.53	534.17	422.33	278	370.75	485.75	531.42	447.75
Procedures	273	241	298	293	289	174	196	221	367	266
Colonoscopy	36	27	69	60	63	152	104	78	35	36
Endoscopy	38	35	68	60	54	145	98	94	38	35
Primary Operator Rate	62.89%	63.07%	58.94%	60.23%	62.22%	73.02%	54.62%	72.78%	74.07%	81.24%

Table 24 – Average Between MM2 – MM3 Hospitals

## 2.6. Unit Review

<i>Outcome</i>	<i>Hospitals are providing appropriate case mix</i>
<i>Evaluation Question</i>	<i>Are all units able to meet the recommended minimum 400 points?</i>
<i>Anticipated Outcome</i>	<i>Units are able to provide Trainees with procedures to allow Trainees to meet minimum recommended points</i>
<i>Indicator</i>	<i>All units achieved the minimum recommended points or are within 10%</i>

A preliminary review of the points per Unit indicates that the majority of units are not disadvantaged and that units are able to reach 400 points. The Trainee in the thoracic rotation for Term 1 also only recorded 75 procedures which is substantially lower than the average. In Term 2 the Trainees recorded 102 and 165 procedures, again lower than the average. The oncology Trainees are recording over 200 procedures. When reviewing the individual's logbook, one Trainee was assisting in 78% of procedures and another in 65% of procedures which may explain the lower number of points for these units.

<b>Unit</b>	<b>No: of Trainees</b>	<b>Average of Points</b>	<b>Average of No: of Procedures</b>	<b>Ave Primary Operator</b>
ASU (Acute Surgical Unit)	30	566.21	248.93	73.80%
Breast	13	517.04	270.54	58.30%
Breast and Endocrine	28	538.56	261.86	54.13%
Burns	4	466.81	194.00	90.48%
Colorectal	54	514.06	213.37	56.18%
Endocrine	4	567.50	239.75	45.61%
General Surgery	272	543.02	277.61	61.43%
Head and Neck	4	532.13	270.50	49.50%
HPB (Hepatobiliary)	8	576.53	190.25	57.68%
Oncology	3	329.58	233.67	44.95%
Other	4	534.00	295.25	63.37%
Paediatric	9	445.69	194.00	61.97%
Thoracic	3	264.08	114.00	29.35%
Transplant	4	687.94	272.50	36.44%
Trauma	6	463.38	198.33	76.68%
Upper GI	27	569.66	198.74	57.41%
Upper GI and HPB	23	527.37	175.13	49.29%
Vascular	16	508.34	249.56	46.78%

Table 25 – Average Points, Procedures, and Primary Operator across Units

### Recommendation

- That the unit data continue to be evaluated particularly for Thoracic and Oncology units.

## 2.7. Gender Review

<i>Outcome</i>	<i>Trainees have same level of supervision and exposure</i>
<i>Evaluation Question</i>	<i>Are there differences in level of supervision between the genders? Are there differences in number of procedures between the genders?</i>
<i>Anticipated Outcome</i>	<i>That all trainees have the same level of supervision appropriate to training level That all trainees have the same access to procedures</i>
<i>Indicator</i>	<i>There is no difference in terms of supervision levels between the genders There is no difference in terms of access to procedures between the genders</i>

A review of the average points, procedure numbers, and primary operator shows that in terms of access to procedures there is little difference between genders. Whilst in Term 2 we see the average is lower in the non-binary group, the reasons for this may include Trainee leave, theatre closures, and other reasons.

There also does not appear to be a significant or concerning difference between the average points between the genders. Again, whilst in Term 1, female Trainees are slightly lower this is not reflected in Term 2 where there is little difference.

The differences in the primary operator rates also do not appear to be significant.

<b>Term and Gender</b>	<b>No: of Trainees</b>	<b>Average Points</b>	<b>Average No: of Procedures</b>	<b>Average Primary Operator</b>
<b>Term 1 - 2024</b>				
Female	97	525.12	260.69	56.76%
Male	152	566.85	264.00	59.72%
Non-Binary	2	688.50	294.00	82.26%
<b>Term 2 - 2024</b>				
Female	101	518.94	255.08	59.82%
Male	158	521.19	235.22	60.54%
Non-Binary	2	497.88	196.50	74.95%

Table 26 – Average Points, Procedures Numbers and Primary Operating Between Gender

## 2.8. Procedures

<i>Outcome</i>	<i>Procedures are capturing breadth and depth Hospitals are providing appropriate case mix</i>
<i>Evaluation Question</i>	<i>Does the logbook include the main procedures that Trainees have access to and are undertaking? Are hospitals providing the appropriate case mix for the specialty they are accredited for?</i>
<i>Anticipated Outcome</i>	<i>Hospitals accredited as a particular specialty are providing Trainees with access to procedures in that category.</i>
<i>Indicator</i>	<i>Majority of procedures for posts accredited as a subspecialty are in the nominated subspecialty</i>

### 2.8.1. Procedures per Category

The procedures in the logbook are categorised into 24 areas of General Surgery and other non-General Surgery specialties (to reflect the breadth and depth of procedures particularly in rural areas).

The following table represents all the cases logged (whether reviewed or otherwise) and the category of those procedures. It is not surprising that categories such as Skin and Soft Tissue, HPB, Abdominal, Colorectal, Colonoscopy, and Endoscopy represent the largest proportion of procedures logged.

<b>Category</b>	<b>No:</b>	<b>%</b>
Skin and Soft Tissue	24813	14.52%
Colonoscopy	20986	12.28%
HPB	18580	10.87%
Abdominal	18048	10.56%
Colorectal	17879	10.46%
Endoscopy	17286	10.11%
Hernia	16437	9.62%
Breast	12198	7.14%
Vascular	5410	3.17%
Endocrine	3263	1.91%
Urology	2665	1.56%
Plastics	2455	1.44%
Oesophago-gastric	1963	1.15%
Small Bowel	1754	1.03%
Bariatric	1279	0.75%
Transplant	1250	0.73%
Burns	998	0.58%
Paediatric	871	0.51%
Head and Neck	711	0.42%
Non-operative	706	0.41%
Cardiothoracic	589	0.34%
Trauma and Emergency	556	0.33%
Gynaecological	213	0.12%
Neurosurgery	9	0.01%
<b>Grand Total</b>	<b>170919</b>	<b>100.00%</b>

Table 27 – Number of Procedures per Logbook Category

## 2.8.2. Procedures per Unit Specialty

The following table depicts the Unit Specialty and the range of procedures (by Category) that were logged by Trainees (reviewed or otherwise). The categories in green are those that were recorded the most for those units. We can see that most units are providing the procedures in the corresponding category.

Unit and Procedure Category	No:	%
<b>ASU</b>		
Abdominal	2356	25.52%
Bariatric	20	0.22%
Breast	133	1.44%
Burns	7	0.08%
Cardiothoracic	11	0.12%
Colonoscopy	382	4.14%
Colorectal	922	9.99%
Endocrine	35	0.38%
Endoscopy	367	3.97%
Gynaecological	5	0.05%
Head and Neck	12	0.13%
Hernia	772	8.36%
HPB	1976	21.40%
Neurosurgery	1	0.01%
Non-operative	108	1.17%
Oesophago-gastric	100	1.08%
Paediatric	2	0.02%
Plastics	56	0.61%
Skin and Soft Tissue	1483	16.06%
Small Bowel	206	2.23%
Transplant	41	0.44%
Trauma and Emergency	77	0.83%
Urology	93	1.01%
Vascular	68	0.74%
<b>Breast</b>		
Abdominal	376	6.71%
Bariatric	4	0.07%
Breast	1868	33.35%
Burns	8	0.14%
Cardiothoracic	1	0.02%
Colonoscopy	436	7.78%
Colorectal	214	3.82%
Endocrine	83	1.48%
Endoscopy	415	7.41%
Head and Neck	24	0.43%
Hernia	259	4.62%
HPB	321	5.73%
Non-operative	12	0.21%
Oesophago-gastric	17	0.30%
Paediatric	60	1.07%
Plastics	105	1.87%
Skin and Soft Tissue	1157	20.66%

<b>Unit and Procedure Category</b>	<b>No:</b>	<b>%</b>
Small Bowel	25	0.45%
Transplant	7	0.12%
Trauma and Emergency	8	0.14%
Urology	47	0.84%
Vascular	154	2.75%
<b>Breast and Endocrine</b>		
Abdominal	747	7.83%
Bariatric	26	0.27%
Breast	3374	35.36%
Burns	5	0.05%
Cardiothoracic	63	0.66%
Colonoscopy	447	4.69%
Colorectal	360	3.77%
Endocrine	1017	10.66%
Endoscopy	315	3.30%
Head and Neck	93	0.97%
Hernia	652	6.83%
HPB	697	7.31%
Non-operative	22	0.23%
Oesophago-gastric	43	0.45%
Paediatric	3	0.03%
Plastics	173	1.81%
Skin and Soft Tissue	1303	13.66%
Small Bowel	60	0.63%
Transplant	7	0.07%
Trauma and Emergency	22	0.23%
Urology	25	0.26%
Vascular	87	0.91%
<b>Burns</b>		
Abdominal	12	1.54%
Breast	1	0.13%
Burns	672	86.15%
Cardiothoracic	1	0.13%
Colorectal	4	0.51%
Hernia	5	0.64%
HPB	6	0.77%
Non-operative	4	0.51%
Plastics	4	0.51%
Skin and Soft Tissue	51	6.54%
Trauma and Emergency	2	0.26%
Vascular	18	2.31%
<b>Colorectal</b>		
Abdominal	2069	10.78%
Bariatric	48	0.25%
Breast	159	0.83%
Burns	10	0.05%
Cardiothoracic	1	0.01%
Colonoscopy	3929	20.47%

Unit and Procedure Category	No:	%
Colorectal	6591	34.34%
Endocrine	182	0.95%
Endoscopy	1223	6.37%
Gynaecological	77	0.40%
Head and Neck	22	0.11%
Hernia	1580	8.23%
HPB	1153	6.01%
Non-operative	19	0.10%
Oesophago-gastric	57	0.30%
Paediatric	15	0.08%
Plastics	82	0.43%
Skin and Soft Tissue	1285	6.70%
Small Bowel	271	1.41%
Transplant	16	0.08%
Trauma and Emergency	33	0.17%
Urology	253	1.32%
Vascular	117	0.61%
<b>Endocrine</b>		
Abdominal	91	8.75%
Breast	114	10.96%
Burns	2	0.19%
Cardiothoracic	15	1.44%
Colonoscopy	33	3.17%
Colorectal	53	5.10%
Endocrine	352	33.85%
Endoscopy	29	2.79%
Head and Neck	8	0.77%
Hernia	116	11.15%
HPB	97	9.33%
Oesophago-gastric	3	0.29%
Plastics	3	0.29%
Skin and Soft Tissue	102	9.81%
Small Bowel	2	0.19%
Transplant	9	0.87%
Trauma and Emergency	9	0.87%
Urology	2	0.19%
<b>General Surgery</b>		
Abdominal	9075	9.17%
Bariatric	640	0.65%
Breast	6297	6.36%
Burns	156	0.16%
Cardiothoracic	167	0.17%
Colonoscopy	15117	15.28%
Colorectal	8596	8.69%
Endocrine	1219	1.23%
Endoscopy	12666	12.80%
Gynaecological	109	0.11%
Head and Neck	170	0.17%

Unit and Procedure Category	No:	%
Hernia	10337	10.45%
HPB	9639	9.74%
Neurosurgery	7	0.01%
Non-operative	482	0.49%
Oesophago-gastric	775	0.78%
Paediatric	200	0.20%
Plastics	1833	1.85%
Skin and Soft Tissue	16643	16.82%
Small Bowel	790	0.80%
Transplant	179	0.18%
Trauma and Emergency	211	0.21%
Urology	1794	1.81%
Vascular	1854	1.87%
<b>Head and Neck</b>		
Abdominal	216	10.17%
Bariatric	28	1.32%
Breast	37	1.74%
Burns	2	0.09%
Colonoscopy	92	4.33%
Colorectal	92	4.33%
Endocrine	197	9.28%
Endoscopy	95	4.47%
Head and Neck	329	15.50%
Hernia	87	4.10%
HPB	200	9.42%
Neurosurgery	1	0.05%
Non-operative	4	0.19%
Oesophago-gastric	29	1.37%
Paediatric	2	0.09%
Plastics	71	3.34%
Skin and Soft Tissue	599	28.21%
Small Bowel	21	0.99%
Transplant	2	0.09%
Trauma and Emergency	5	0.24%
Urology	10	0.47%
Vascular	4	0.19%
<b>HPB (Hepatobiliary)</b>		
Abdominal	252	15.23%
Bariatric	21	1.27%
Breast	14	0.85%
Cardiothoracic	2	0.12%
Colonoscopy	23	1.39%
Colorectal	50	3.02%
Endocrine	6	0.36%
Endoscopy	90	5.44%
Gynaecological	2	0.12%
Head and Neck	1	0.06%
Hernia	284	17.16%

<b>Unit and Procedure Category</b>	<b>No:</b>	<b>%</b>
<b>HPB</b>	<b>638</b>	<b>38.55%</b>
Non-operative	3	0.18%
Oesophago-gastric	35	2.11%
Skin and Soft Tissue	98	5.92%
Small Bowel	40	2.42%
Transplant	61	3.69%
Trauma and Emergency	4	0.24%
Urology	27	1.63%
Vascular	4	0.24%
<b>Oncology</b>		
Abdominal	111	14.98%
Breast	95	12.82%
Colonoscopy	7	0.94%
Colorectal	66	8.91%
Endocrine	12	1.62%
Endoscopy	6	0.81%
Head and Neck	5	0.67%
Hernia	39	5.26%
HPB	27	3.64%
Oesophago-gastric	2	0.27%
Plastics	45	6.07%
Skin and Soft Tissue	313	42.24%
Small Bowel	6	0.81%
Trauma and Emergency	4	0.54%
Urology	2	0.27%
Vascular	1	0.13%
<b>Paediatric</b>		
Abdominal	232	12.60%
Breast	1	0.05%
Burns	97	5.27%
Cardiothoracic	39	2.12%
Colorectal	157	8.53%
Endocrine	6	0.33%
Endoscopy	3	0.16%
Gynaecological	13	0.71%
Head and Neck	7	0.38%
Hernia	58	3.15%
HPB	49	2.66%
Non-operative	8	0.43%
Oesophago-gastric	7	0.38%
Paediatric	580	31.50%
Plastics	4	0.22%
Skin and Soft Tissue	182	9.89%
Small Bowel	18	0.98%
Transplant	14	0.76%
Trauma and Emergency	8	0.43%
Urology	261	14.18%
Vascular	97	5.27%

Unit and Procedure Category	No:	%
<b>Thoracic</b>		
Abdominal	13	3.19%
Bariatric	1	0.25%
Cardiothoracic	158	38.82%
Colonoscopy	5	1.23%
Colorectal	4	0.98%
Endocrine	3	0.74%
Endoscopy	59	14.50%
Head and Neck	14	3.44%
Hernia	45	11.06%
HPB	47	11.55%
Oesophago-gastric	9	2.21%
Skin and Soft Tissue	10	2.46%
Trauma and Emergency	39	9.58%
<b>Transplant</b>		
Abdominal	80	7.27%
Bariatric	1	0.09%
Breast	1	0.09%
Burns	1	0.09%
Cardiothoracic	1	0.09%
Colorectal	16	1.45%
Endocrine	13	1.18%
Endoscopy	4	0.36%
Head and Neck	1	0.09%
Hernia	83	7.54%
HPB	67	6.09%
Oesophago-gastric	6	0.54%
Skin and Soft Tissue	57	5.18%
Small Bowel	10	0.91%
Transplant	654	59.40%
Trauma and Emergency	9	0.82%
Urology	65	5.90%
Vascular	32	2.91%
<b>Trauma</b>		
Abdominal	214	25.72%
Bariatric	1	0.12%
Breast	2	0.24%
Colorectal	60	7.21%
Endocrine	1	0.12%
Endoscopy	1	0.12%
Head and Neck	5	0.60%
Hernia	111	13.34%
HPB	150	18.03%
Oesophago-gastric	5	0.60%
Plastics	7	0.84%
Skin and Soft Tissue	197	23.68%
Small Bowel	34	4.09%
Transplant	6	0.72%

<b>Unit and Procedure Category</b>	<b>No:</b>	<b>%</b>
Trauma and Emergency	30	3.61%
Urology	2	0.24%
Vascular	6	0.72%
<b>Trauma/Emergency</b>		
Abdominal	97	26.08%
Breast	1	0.27%
Colonoscopy	2	0.54%
Colorectal	46	12.37%
Endoscopy	3	0.81%
Head and Neck	1	0.27%
Hernia	17	4.57%
HPB	76	20.43%
Non-operative	2	0.54%
Oesophago-gastric	3	0.81%
Skin and Soft Tissue	68	18.28%
Small Bowel	9	2.42%
Transplant	14	3.76%
Trauma and Emergency	32	8.60%
Vascular	1	0.27%
<b>Upper GI</b>		
Abdominal	1128	13.26%
Bariatric	361	4.24%
Breast	43	0.51%
Cardiothoracic	97	1.14%
Colonoscopy	336	3.95%
Colorectal	406	4.77%
Endocrine	95	1.12%
Endoscopy	1395	16.40%
Gynaecological	1	0.01%
Head and Neck	12	0.14%
Hernia	1312	15.42%
HPB	1814	21.33%
Non-operative	2	0.02%
Oesophago-gastric	518	6.09%
Paediatric	4	0.05%
Plastics	46	0.54%
Skin and Soft Tissue	673	7.91%
Small Bowel	126	1.48%
Transplant	49	0.58%
Trauma and Emergency	28	0.33%
Urology	38	0.45%
Vascular	22	0.26%
<b>Upper GI and HPB</b>		
Abdominal	772	16.08%
Bariatric	128	2.67%
Breast	33	0.69%
Burns	6	0.13%
Cardiothoracic	24	0.50%

<b>Unit and Procedure Category</b>	<b>No:</b>	<b>%</b>
Colonoscopy	133	2.77%
Colorectal	124	2.58%
Endocrine	25	0.52%
Endoscopy	569	11.85%
Gynaecological	1	0.02%
Head and Neck	5	0.10%
Hernia	595	12.40%
HPB	1517	31.60%
Non-operative	5	0.10%
Oesophago-gastric	345	7.19%
Paediatric	5	0.10%
Plastics	1	0.02%
Skin and Soft Tissue	305	6.35%
Small Bowel	109	2.27%
Transplant	20	0.42%
Trauma and Emergency	17	0.35%
Urology	18	0.38%
Vascular	43	0.90%
<b>Vascular</b>		
Abdominal	207	4.93%
Breast	25	0.60%
Burns	32	0.76%
Cardiothoracic	9	0.21%
Colonoscopy	44	1.05%
Colorectal	118	2.81%
Endocrine	17	0.40%
Endoscopy	46	1.10%
Gynaecological	5	0.12%
Head and Neck	2	0.05%
Hernia	85	2.02%
HPB	106	2.53%
Non-operative	35	0.83%
Oesophago-gastric	9	0.21%
Plastics	25	0.60%
Skin and Soft Tissue	287	6.84%
Small Bowel	27	0.64%
Transplant	171	4.07%
Trauma and Emergency	18	0.43%
Urology	28	0.67%
Vascular	2902	69.13%

Table 28 – Total Procedures by Category and Unit Specialty

### 2.8.3. Key PBA Procedures

The following section examines the number of PBA procedures logged by Trainees per Region. The aim of this is to determine if any procedure has limited access across the board or in a particular Training Region. When reviewing the numbers it is important to remember the number of Trainees in each Training Region.

Region	% Trainees Term 1 - 2024	% Trainees Term 2 - 2024
NSW-ACT	36%	37%
VIC-TAS	30%	31%
QLD	18%	19%
SA-NT	9%	10%
WA	7%	8%

The PBAs are as follows:

- **Core**
  - Anastomosis
  - Appendectomy - Laparoscopic or Open
  - Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess
  - Groin Hernia - Laparoscopic or Open
  - Open and Closing Abdominal Incision
  - Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram
  - Small Bowel Resection
  - Stoma Formation
- **Principal**
  - Axillary Node Dissection
  - Colonoscopy
  - Hartmann's Procedure or Acute Left Colectomy
  - Laparotomy or Adhesiolysis
  - Right Hemicolectomy - Laparoscopic or Open
  - Sigmoid Colectomy/Anterior Resection
  - Thyroidectomy
  - Upper GI Endoscopy
  - Wide Local Excision/Mastectomy

It is important to be aware the logbook may have several procedures that fall under the broad categories of the various PBAs and therefore the following highlights all procedures that may be relevant to the PBA.

## a. Anastomosis

The following table highlights the procedures logged by Trainees across the Regions under the following procedure names:

- Under Vascular Category
  - Arterial anastomosis
  - Arterio-venous anastomosis
- Under Colorectal Category
  - Formation of anastomosis as subcomponent of the following procedures High Anterior Resection, Left Colectomy, Low anterior resection with TME, Reversal of Hartmann's, and Ultra-low anterior resection with TME
  - Anastomosis as subcomponent of Right Colectomy
  - Ileorectal anastomosis/stoma formation as part of Total Colectomy
- Under HPB Category
  - Pancreatic anastomosis as part of Whipple's Resection
  - Biliary Anastomosis as part of Whipple's Resection
- Under Oesophago-gastric Category
  - Anastomosis/reconstruction as subcomponent of the following procedures Complex perforated ulcer (exclusion/difficult duodenal stump/small bowel bypass), Radical subtotal gastrectomy, and Total gastrectomy
  - Conduit formation and anastomosis as subcomponent of Ivor Lewis oesophagectomy
- Under Skin and Soft Tissue Category
  - Anastomosis as part of Free Flap Reconstruction
- Under Transplant Category
  - Arterial anastomosis as subcomponent of the following procedures Bowel Transplant, Kidney Transplant, Liver Transplant and Pancreas Transplant
  - Venous anastomosis as subcomponent of the following procedures Bowel Transplant, Kidney Transplant, and Pancreas Transplant
  - Gastrointestinal anastomosis as subcomponent of Bowel Transplant
  - Ureteric anastomosis as subcomponent of Kidney Transplant
  - Duodenal anastomosis as subcomponent of Pancreas Transplant
  - Anastomosis as subcomponent of Creation of arteriovenous fistula for dialysis
  - Biliary anatomises as subcomponent of Liver Transplant
  - Portal vein anastomosis as subcomponent of Liver Transplant
  -

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
<b>Vascular</b>											
Arterial anastomosis	9	45.00%	9	45.00%	1	5.00%	1	5.00%	0	0.00%	20
Arterio-venous anastomosis	71	51.45%	39	28.26%	14	10.14%	14	10.14%	0	0.00%	138
<b>Colorectal</b>											
Anastomosis	816	36.40%	603	26.90%	440	19.63%	187	8.34%	196	8.74%	2242
Formation Of Anastomosis	772	33.09%	653	27.99%	515	22.07%	157	6.73%	236	10.12%	2333
Ileorectal Anastomosis/Stoma Formation	35	40.23%	21	24.14%	10	11.49%	10	11.49%	11	12.64%	87
<b>HPB</b>											
Biliary Anastomosis	132	59.19%	69	30.94%	16	7.17%	3	1.35%	3	1.35%	223
Pancreatic Anastomosis	124	59.05%	67	31.90%	12	5.71%	4	1.90%	3	1.43%	210
<b>Oesophago-gastric</b>											
Anastomosis/Reconstruction	76	44.97%	52	30.77%	14	8.28%	18	10.65%	9	5.33%	169

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Conduit Formation and Anastomosis	62	44.93%	44	31.88%	18	13.04%	11	7.97%	3	2.17%	138
<b>Skin and Soft Tissue</b>											
Anastomosis	26	96.30%	1	3.70%	0	0.00%	0	0.00%	0	0.00%	27
<b>Transplant</b>											
Anastomosis	89	32.60%	93	34.07%	10	3.66%	70	25.64%	11	4.03%	273
Arterial Anastomosis	99	57.56%	52	30.23%	7	4.07%		0.00%	14	8.14%	172
Biliary Anastomosis	1	8.33%	2	16.67%	4	33.33%		0.00%	5	41.67%	12
Duodenal anastomosis	15	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	15
Gastrointestinal Anastomosis	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%	3
Portal Vein anastomosis	1	9.09%	1	9.09%	4	36.36%		0.00%	5	45.45%	11
Ureteric Anastomosis	81	57.86%	46	32.86%	3	2.14%		0.00%	10	7.14%	140
Venous Anastomosis	100	63.29%	46	29.11%	3	1.90%		0.00%	9	5.70%	158
<b>Totals</b>	<b>2509</b>	<b>39.38%</b>	<b>1798</b>	<b>28.22%</b>	<b>1074</b>	<b>16.86%</b>	<b>475</b>	<b>7.46%</b>	<b>515</b>	<b>8.08%</b>	<b>6371</b>

Table 29 – Anastomosis logged across Training Regions

### b. Appendicectomy - Laparoscopic or Open

The following table highlights the Appendicectomies logged by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Appendicectomy (complex/converted to open)	606	41.62%	345	23.70%	205	14.08%	121	8.31%	179	12.29%	1456
Appendicectomy (laparoscopic)	3986	42.33%	1955	20.76%	1875	19.91%	609	6.47%	992	10.53%	9417
Appendicectomy (routine open)	57	38.78%	37	25.17%	12	8.16%	13	8.84%	28	19.05%	147
<b>Totals</b>	<b>4649</b>	<b>42.19%</b>	<b>2337</b>	<b>21.21%</b>	<b>2092</b>	<b>18.98%</b>	<b>743</b>	<b>6.74%</b>	<b>1199</b>	<b>10.88%</b>	<b>11020</b>

Table 30 – Appendicectomies logged across Training Regions

### c. Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess

This Examination Under Anaesthetic was only introduced in the logbook from Term 1 – 2025 following the first logbook review. The following table highlights the procedures logged under Perianal/Ischiorectal Abscess and Surgical Drainage Of Perianal And Ischiorectal Abscess by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Perianal/ischiorectal abscess procedure	665	40.38%	384	23.32%	286	17.36%	119	7.23%	193	11.72%	1647
Surgical drainage of perianal and ischiorectal abscess	173	41.00%	112	26.54%	47	11.14%	22	5.21%	68	16.11%	422
<b>Totals</b>	<b>838</b>	<b>40.50%</b>	<b>496</b>	<b>23.97%</b>	<b>333</b>	<b>16.09%</b>	<b>141</b>	<b>6.81%</b>	<b>261</b>	<b>12.61%</b>	<b>2069</b>

Table 31 – Drainage of Perianal Abscess logged across Training Regions

#### d. Groin Hernia - Laparoscopic or Open

The following table highlights the procedures logged by Trainees across the Regions under the following procedure names:

- Under Hernia Category
  - Bilateral Lap inguinal/femoral hernia repair
  - Inguinal hernia repair (open)
  - Unilateral Laparoscopic inguinal/femoral hernia repair
- Under Paediatric Category
  - Inguinal herniotomy(paediatric)

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Bilateral Lap inguinal/femoral hernia repair	713	47.50%	299	19.92%	325	21.65%	49	3.26%	115	7.66%	1501
Inguinal hernia repair (open)	1509	41.60%	946	26.08%	494	13.62%	301	8.30%	377	10.39%	3627
Inguinal herniotomy(paediatric)	70	26.32%	20	7.52%	76	28.57%	16	6.02%	84	31.58%	266
Unilateral Laparoscopic inguinal/femoral hernia repair	1305	43.13%	796	26.31%	459	15.17%	157	5.19%	309	10.21%	3026
<b>Totals</b>	<b>3597</b>	<b>42.72%</b>	<b>2061</b>	<b>24.48%</b>	<b>1354</b>	<b>16.08%</b>	<b>523</b>	<b>6.21%</b>	<b>885</b>	<b>10.51%</b>	<b>8420</b>

Table 32 – Groin Hernia's logged across Training Regions

#### e. Open and Closing Abdominal Incision

The following table highlights the procedures logged by Trainees across the Regions under the following procedure names:

- Under Abdominal Category
  - Laparotomy +/- biopsy (no other procedure performed)
  - Laparotomy and division of adhesions (less than 45 min)
  - Re-look via Laparostomy/Laparotomy
- Under Paediatric Category
  - Paediatric exploratory laparotomy
- Under Trauma and Emergency Category
  - Trauma Laparotomy

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Laparotomy +/- biopsy (no other procedure performed)	110	40.44%	66	24.26%	50	18.38%	32	11.76%	14	5.15%	272
Laparotomy and division of adhesions (less than 45 min)	408	41.46%	233	23.68%	152	15.45%	95	9.65%	96	9.76%	984
Paediatric exploratory laparotomy	10	20.83%	1	2.08%	26	54.17%		0.00%	11	22.92%	48
Re-look via Laparostomy/Laparotomy	221	39.05%	136	24.03%	136	24.03%	50	8.83%	23	4.06%	566
Trauma Laparotomy	65	30.37%	82	38.32%	47	21.96%	17	7.94%	3	1.40%	214
<b>Totals</b>	<b>814</b>	<b>39.06%</b>	<b>518</b>	<b>24.86%</b>	<b>411</b>	<b>19.72%</b>	<b>194</b>	<b>9.31%</b>	<b>147</b>	<b>7.05%</b>	<b>2084</b>

Table 33 – Open and Closing Abdominal Incisions logged across Training Regions

## f. Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram

The following table highlights the procedures logged under Laparoscopic cholecystectomy +/- IOC by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Laparoscopic cholecystectomy +/- IOC	6694	41.31%	4297	26.52%	2742	16.92%	1096	6.76%	1374	8.48%	16203

Table 34 – Laparoscopic cholecystectomy +/- IOC logged across Training Regions

## g. Small Bowel Resection

The following table highlights the procedures logged under Small Bowel Resection (open or laparoscopic) by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Small bowel resection (open or laparoscopic)	597	42.28%	324	22.95%	264	18.70%	125	8.85%	102	7.22%	1412

Table 35 – Small bowel resection (open or laparoscopic) logged across Training Regions

## h. Stoma Formation

The following table highlights the procedures logged by Trainees across the Regions under the following procedure names:

- Under Colorectal Category
  - Stoma formation (open or laparoscopic) as independent procedure Laparotomy and division of adhesions (less than 45 min)
  - Stoma Formation as subcomponent of A-P resection, perineal
  - Stoma Formation as subcomponent of Proctectomy (open, laparoscopic, robotic, transanal)
  - Ileorectal anastomosis/stoma formation as subcomponent of Total colectomy
- Under Transplant Category
  - Formation of stoma as part of Bowel Transplant

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Stoma formation (open or laparoscopic) as independent procedure	191	39.14%	110	22.54%	107	21.93%	42	8.61%	38	7.79%	488
Ileorectal Anastomosis/Stoma Formation	35	40.23%	21	24.14%	10	11.49%	10	11.49%	11	12.64%	87
Stoma Formation	64	38.10%	43	25.60%	32	19.05%	19	11.31%	10	5.95%	168
Formation of stoma	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
<b>Totals</b>	<b>290</b>	<b>39.03%</b>	<b>174</b>	<b>23.42%</b>	<b>149</b>	<b>20.05%</b>	<b>71</b>	<b>9.56%</b>	<b>59</b>	<b>7.94%</b>	<b>743</b>

Table 36 – logged across Training Regions

### i. Axillary Node Dissection

The following table highlights the Axillary lymph node dissections logged by Trainees across the Regions. The exposure is proportional to the Training Program size, however this is quite a low number in one year and may be reflective of the landscape where this procedure is not commonly performed.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Axillary lymph node dissection	40	42.55%	27	28.72%	27	28.72%	5	5.32%	4	4.26%	94

Table 37 – Axillary lymph node dissections logged across Training Regions

### Recommendation

- The PBA needs to be reviewed to determine if this is achievable by Trainees by GSET5.

### j. Colonoscopy

The following table highlights the Colonoscopies logged by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Colonoscopy	9640	45.94%	5740	27.35%	2671	12.73%	1611	7.68%	1324	6.31%	20986

Table 38 – Colonoscopies logged across Training Regions

### k. Hartmann's Procedure or Acute Left Colectomy

The following table highlights the Hartmann's Procedure or Acute Left Colectomy logged by Trainees across the Regions. The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Hartmann's procedure	259	35.63%	176	24.21%	162	22.28%	85	11.69%	45	6.19%	727
Left colectomy	108	37.37%	90	31.14%	58	20.07%	18	6.23%	15	5.19%	289
<b>Totals</b>	<b>367</b>	<b>36.12%</b>	<b>266</b>	<b>26.18%</b>	<b>220</b>	<b>21.65%</b>	<b>103</b>	<b>10.14%</b>	<b>60</b>	<b>5.91%</b>	<b>1016</b>

Table 39 – Hartmann's Procedure or Acute Left Colectomy logged across Training Regions

### l. Laparotomy or Adhesiolysis

The following table highlights the Laparotomy or Adhesiolysis procedures logged by Trainees across the Regions under the following procedure names:

- Under Abdominal Category
  - Laparotomy +/- biopsy (no other procedure performed)
  - Laparotomy and division of adhesions (less than 45 min)
  - Re-look via Laparostomy/Laparotomy
  - Laparotomy and division of adhesions (less than 45 min)
  - Simple Laparoscopic Adhesiolysis
- Under Paediatric Category
  - Paediatric exploratory laparotomy
- Under Trauma and Emergency Category
  - Trauma Laparotomy
- Under Hernia Category
  - Adhesiolysis as subcomponent of Laparoscopic Ventral Hernia Repair (any size) requiring Adhesiolysis (> 45 minutes)
  - Adhesiolysis/dissection of sac as subcomponent of Repair of complex abdominal wall failure
- Under Colorectal Category
  - Adhesiolysis as subcomponent of Reversal of Hartmann's

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
<b>Abdominal</b>											
Laparoscopic or Open Adhesiolysis (greater than 45 minutes)	854	42.42%	526	26.13%	316	15.70%	137	6.81%	180	8.94%	2013
Laparotomy +/- biopsy (no other procedure performed)	110	40.44%	66	24.26%	50	18.38%	32	11.76%	14	5.15%	272
Laparotomy and division of adhesions (less than 45 min)	408	41.46%	233	23.68%	152	15.45%	95	9.65%	96	9.76%	984
Re-look via Laparostomy/Laparotomy	221	39.05%	136	24.03%	136	24.03%	50	8.83%	23	4.06%	566
Simple Laparoscopic Adhesiolysis	200	32.21%	244	39.29%	121	19.48%	26	4.19%	30	4.83%	621
<b>Paediatric</b>											
Paediatric exploratory laparotomy	10	20.83%	1	2.08%	26	54.17%		0.00%	11	22.92%	48
<b>Trauma and Emergency</b>											
Trauma Laparotomy	65	30.37%	82	38.32%	47	21.96%	17	7.94%	3	1.40%	214
<b>Colorectal</b>											
Adhesiolysis	104	29.80%	110	31.52%	78	22.35%	33	9.46%	24	6.88%	349
<b>Hernia</b>											
Adhesiolysis	119	50.85%	76	32.48%	21	8.97%	10	4.27%	8	3.42%	234
Adhesiolysis/Dissection of Sac	76	33.78%	52	23.11%	42	18.67%	28	12.44%	27	12.00%	225
<b>Total</b>	<b>2167</b>	<b>39.21%</b>	<b>1526</b>	<b>27.61%</b>	<b>989</b>	<b>17.90%</b>	<b>428</b>	<b>7.75%</b>	<b>416</b>	<b>7.53%</b>	<b>5526</b>

Table 40 – Laparotomy or Adhesiolysis logged across Training Regions

### m. Right Hemicolectomy - Laparoscopic or Open

The following table highlights the Right Hemicolectomy - Laparoscopic or Open procedures logged by Trainees across the Regions. The exposure is proportional to the Training Program size, except for Vic-Tas where the number is lower than QLD.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Right colectomy	850	36.02%	460	19.49%	642	27.20%	202	8.56%	206	8.73%	2360

Table 41 – Right Hemicolectomy - Laparoscopic or Open logged across Training Regions

### n. Sigmoid Colectomy/Anterior Resection

The following table highlights the Sigmoid Colectomy/Anterior Resection procedures logged by Trainees across the Regions under the following procedure names:

- Under Colorectal Category
  - A-P resection, abdominal
  - A-P resection, perineal
  - High anterior resection
  - Low anterior resection with TME
  - Ultra-low anterior resection with TME

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
A-P resection, abdominal	67	34.90%	31	16.15%	64	33.33%	20	10.42%	10	5.21%	192
A-P resection, perineal	60	35.93%	33	19.76%	47	28.14%	17	10.18%	10	5.99%	167
High anterior resection	355	31.84%	261	23.41%	287	25.74%	93	8.34%	119	10.67%	1115
Low anterior resection with TME	163	41.27%	70	17.72%	90	22.78%	22	5.57%	50	12.66%	395
Ultra-low anterior resection with TME	84	29.68%	58	20.49%	96	33.92%	16	5.65%	29	10.25%	283
<b>Total</b>	<b>729</b>	<b>33.88%</b>	<b>453</b>	<b>21.05%</b>	<b>584</b>	<b>27.14%</b>	<b>168</b>	<b>7.81%</b>	<b>218</b>	<b>10.13%</b>	<b>2152</b>

Table 42 – Sigmoid Colectomy/Anterior Resection logged across Training Regions

## o. Thyroidectomy

The following table highlights the Thyroidectomy procedures logged by Trainees across the Regions under the following procedure names:

- Under Endocrine Category
  - Hemithyroidectomy
  - Total thyroidectomy

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Hemithyroidectomy	507	41.63%	229	18.80%	282	23.15%	54	4.43%	146	11.99%	1218
Total thyroidectomy	408	46.58%	154	17.58%	145	16.55%	28	3.20%	141	16.10%	876
<b>Total</b>	<b>915</b>	<b>43.70%</b>	<b>383</b>	<b>18.29%</b>	<b>427</b>	<b>20.39%</b>	<b>82</b>	<b>3.92%</b>	<b>287</b>	<b>13.71%</b>	<b>2094</b>

Table 43 – Thyroidectomy logged across Training Regions

There appears to be less exposure in Vic-Tas and SA-NT. The following regions have posts accredited specifically in Endocrine, Head & Neck, Oncology, or Breast and Endocrine:

Region/Unit	No:
<b>NSW-ACT</b>	<b>24</b>
Breast and Endocrine	14
General Surgery/Head and Neck	1
Head and Neck	3
Oncology	4
Surgical Oncology and General Surgery	2
<b>QLD</b>	<b>4</b>
Breast and Endocrine	4
<b>SA</b>	<b>4</b>
Breast and Endocrine	4
<b>VIC-TAS</b>	<b>14</b>
ASU/Endocrine	1
Breast and Endocrine	9
Endocrine	2
Head & Neck	1
Upper GI/Endocrine	1
<b>WA</b>	<b>1</b>
Endocrine	1
<b>Total</b>	<b>47</b>

Table 44 – Endocrine, Head & Neck, Oncology, or Breast and Endocrine Posts accredited across Training Regions

When reviewing the posts where Trainees logged exposure to these procedures, we see that the majority are logged in either General Surgery, Breast and Endocrine, or Endocrine posts. Whilst Vic-Tas has a high number of posts in these categories and SA-NT has an equal number of posts as WA, the exposure appears to be lower. When undertaking the stakeholder feedback before GSET was introduced, interestingly, these two regions had the greatest resistance to including Thyroidectomy as a PBA. Up to 2024, there have only been 108 Thyroidectomy PBAs entered by Trainees. Whilst this PBA is not required to be completed until GSET5, and is currently higher than the number of Sigmoid Colectomy - Anterior Resections (44) or Hartmann's Procedure or Acute Left Colectomy (55), there does appear to be resistance to completing this PBA.

Region/Unit	No:	%
<b>NSW-ACT</b>	<b>915</b>	
ASU	8	1%
Breast	12	1%
Breast and Endocrine	344	38%
Breast/Vascular	22	2%
Colorectal	57	6%
General Surgery	326	36%
General Surgery/Oncology	2	0%
Head and Neck	118	13%
Oncology	10	1%
Surgical Oncology and General Surgery	2	0%
Upper GI	11	1%
Vascular	3	0%
<b>QLD</b>	<b>383</b>	
ASU	1	0%
Breast	3	1%
Breast and Endocrine	104	27%
Colorectal	43	11%
General Surgery	231	60%
Vascular	1	0%
<b>VIC-TAS</b>	<b>427</b>	
ASU	12	3%
Breast	9	2%
Breast and Endocrine	145	34%
Breast/Plastics	1	0%
Colorectal	9	2%
Endocrine	97	23%
General Surgery	86	20%
Head and Neck	23	5%
HPB	3	1%
Thoracic	1	0%
Transplant	2	0%
Upper GI	31	7%
Upper GI and HPB	1	0%
Vascular	7	2%
<b>SA-NT</b>	<b>82</b>	
Breast and Endocrine	56	68%
General Surgery	24	29%
Trauma	1	1%
Upper GI	1	1%

<b>WA</b>	<b>287</b>	
Breast	1	0%
Colorectal	15	5%
Endocrine	117	41%
General Surgery	154	54%

Table 45 – Endocrine, Head & Neck, Oncology, or Breast and Endocrine Posts accredited across Training Regions

### Recommendation

- The PBA needs to be monitored into 2026 before the first cohort of GSET5s complete Training.

### p. Upper GI Endoscopy

The following table highlights the Endoscopies logged by Trainees across the Regions. The exposure is proportional to the Training Program size except for Vic-Tas where the proportion is lower.

### Recommendation

- Monitor the Endoscopy exposure and requirements completion in Vic-Tas.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Endoscopy	8125	47.00%	2095	12.12%	4840	28.00%	1171	6.77%	1055	6.10%	17286

Table 46 – Endoscopies logged across Training Regions

### q. Wide Local Excision/Mastectomy

The following table highlights the Wide Local Excision/Mastectomy procedures logged by Trainees across the Regions under the following procedure names:

- Under Breast Category
  - Hook wire localised wide local excision (+/- other localisation method)
  - Simple Mastectomy
  - Skin sparing mastectomy
  - Subcutaneous mastectomy for gynecomastia
  - Wide local excision (benign)
  - Wide local excision (malignant)
  - Wide local excision (malignant) with Sentinel Node Biopsy
  - Wide local excision + oncoplastic reconstruction (level I)

The exposure is proportional to the Training Program size.

Logbook Procedure	NSW-ACT		VIC-TAS		QLD		SA-NT		WA		Total
	No:	%	No:	%	No:	%	No:	%	No:	%	
Hook wire localised wide local excision (+/- other localisation method)	604	41.80%	456	31.56%	296	20.48%	36	2.49%	53	3.67%	1445
Simple Mastectomy	711	36.48%	644	33.04%	376	19.29%	133	6.82%	85	4.36%	1949
Skin sparing mastectomy	236	42.83%	82	14.88%	143	25.95%	36	6.53%	54	9.80%	551
Subcutaneous mastectomy for gynecomastia	17	42.50%	8	20.00%	7	17.50%	7	17.50%	1	2.50%	40
Wide local excision (benign)	267	35.41%	179	23.74%	198	26.26%	51	6.76%	59	7.82%	754
Wide local excision (malignant)	501	42.64%	239	20.34%	306	26.04%	74	6.30%	55	4.68%	1175
Wide local excision (malignant) with Sentinel Node Biopsy	629	48.24%	240	18.40%	301	23.08%	81	6.21%	53	4.06%	1304

Wide local excision + oncoplastic reconstruction (level I)	126	42.00%	82	27.33%	36	12.00%	30	10.00%	26	8.67%	300
<b>Total</b>	<b>3091</b>	<b>41.11%</b>	<b>1930</b>	<b>25.67%</b>	<b>1663</b>	<b>22.12%</b>	<b>448</b>	<b>5.96%</b>	<b>386</b>	<b>5.13%</b>	<b>7518</b>

Table 47 – Wide Local Excision/Mastectomy logged across Training Regions

### 2.8.4. Are the Procedures Capturing Breadth and Depth?

In November 2024, a survey was sent to the following:

- Trainees (273)
- Supervisors (330)

The following questions were asked of Trainees and Supervisors:

Question	Options
*Whilst it is envisaged that there may have been some specific procedures Trainees were not able to enter, overall what percentage of your operative experience were you able to capture with the procedures currently listed in the logbook?	<ul style="list-style-type: none"> <li>• Less than 20%</li> <li>• Up to 50%</li> <li>• Between 51% - 65%</li> <li>• Between 66% - 80%</li> <li>• Over 80%</li> <li>• I was able to capture all my operative experience</li> </ul>
Were there any key procedures that were completed repeatedly (more than 10 times) that you were not able to enter? <ul style="list-style-type: none"> <li>- Enter Subspecialty</li> <li>- Enter Procedure</li> <li>- Approximately how many times did you perform this procedure</li> </ul>	Free text question
The procedures points were developed with the base being 4 points for a laparoscopic cholecystectomy. Thinking about the base value and the points currently allocated to procedures, do you believe there are any procedures (or subcomponents) that are undervalued or over-valued?	Free text question

\* Question was only asked of Trainees

Table 48 – Questions included in Survey of Trainees and Supervisors

The survey was open for nine (9) weeks with two reminders sent to each cohort. The response rate for each cohort was as follows:

Cohort	Response Rate
Trainees	23%
Supervisor	6.6%

Table 49 – Response Rate to Survey of Trainees and Supervisors

It would be expected that Supervisors would have a lower response rate as Trainees are the cohort entering the data.

For Term 1 – 2024, the majority of respondents (n=63) noted that they were able to enter all operative experience or between 81% - 99%.

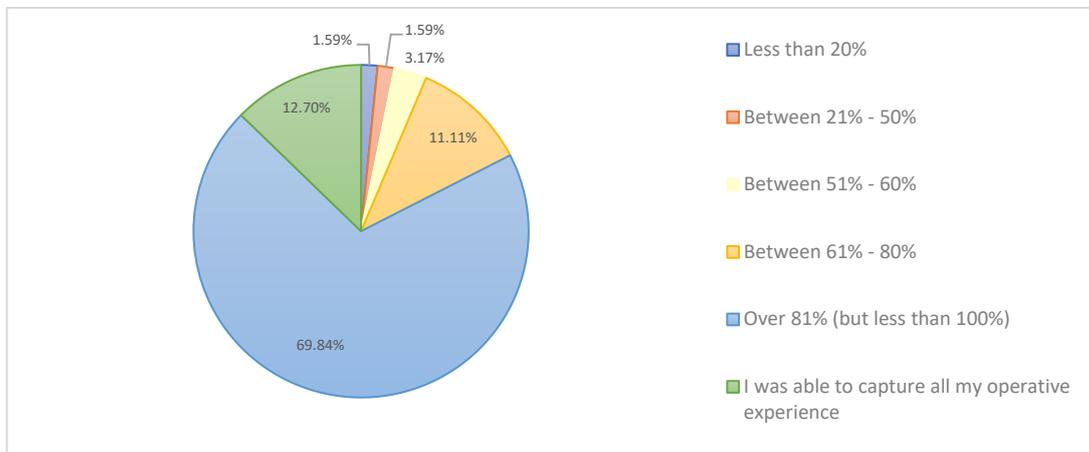


Figure 50 – Percentage of Operative Experience Captured by Procedure List For Term 1 - 2024

For Term 2 – 2024, we see similar results with 75.41% of respondents (n = 61) noting that they were able to enter all operative experience or between 81% - 99%. For Term 2, no Trainee indicated they were able to enter less than 20%.

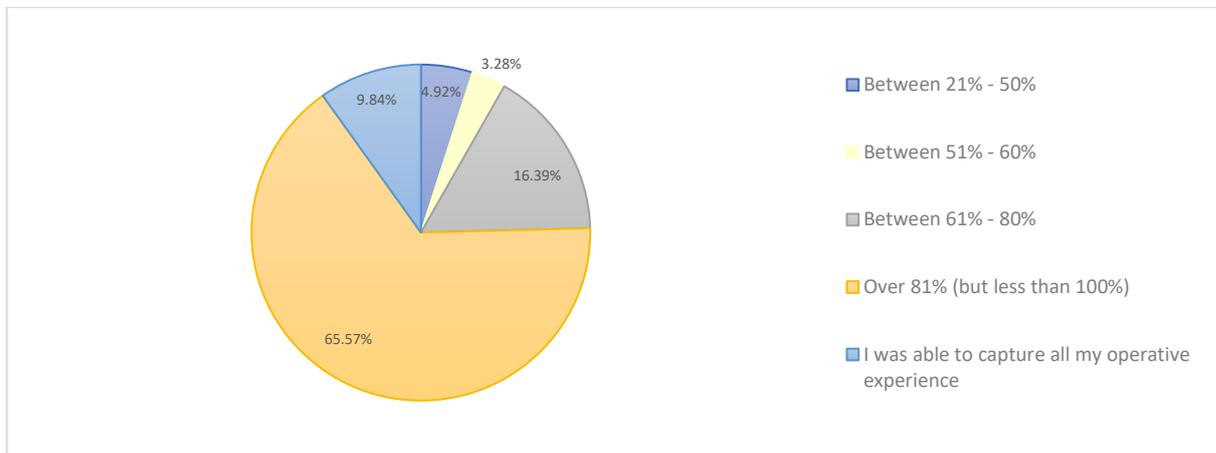


Figure 51 – Percentage of Operative Experience Captured by Procedure List For Term 2 - 2024

Operative Experience Captured	Term 1 - 2024	Term 2 - 2024
Less than 20%	1.59%	0
Between 21% - 50%	1.59%	4.92%
Between 51% - 60%	3.17%	3.28%
Between 61% - 80%	11.11%	16.39%
Over 81% (but less than 100%)	69.84%	65.57%
I was able to capture all my operative experience	12.70%	9.84%

Figure 52 – Percentage of Operative Experience Captured by Procedure List For Term 1 & 2 - 2024

Overall, the data suggests that the current list of procedures is covering the breadth and depth of operative experience across Australia. During 2024, it was identified that Paediatric and Cardiothoracic procedures were underrepresented for Trainees in these rotations, and hence this was rectified outside of the official feedback survey so as to not disadvantage Trainees.

Appendix 2 includes a list of procedures and points that were highlighted for change during the Survey and the recommendations and approvals by the Logbook Working Group and Board.

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#### 4. APPENDIX 2 – LIST OF PROCEDURES AND POINTS REVIEWED FOLLOWING FEEDBACK

The following procedures were suggested for inclusion. The Logbook Working Party reviewed and made the following decisions.

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
Abdominal	Exploratory laparotomy	Diagnostic laparoscopy is included	<b>Change</b> name of procedure	Change name of procedure to Diagnostic laparoscopy/laparotomy
Abdominal	Caecectomy or stapled base of appendix- currently putting as complex lap converted to open ~10 times		<b>Not include</b> as already covered by Appendicectomy (complex/converted to open)	
Bariatric	OAGB - there's a subcomponent for closure mesenteric defects but you don't usually close mesenteric defects in OAGB - there is a window created by the GJ but I don't know anyone who closes this	One-anastomosis gastric bypass subcomponents are: <ul style="list-style-type: none"> <li>gastric pouch formation (3),</li> <li>gastrojejunostomy (3),</li> <li>closure of mesenteric defects (1)</li> </ul> <p>Closure of mesenteric defects was claimed 71 times for One-anastomosis gastric bypass procedures</p>	<b>No change</b> as some consultants will close	
Bariatric	Removal of lap band (not as emergency) - performed 3	Current procedure is: Removal of Gastric Band (open or laparoscopic) in emergency situations	<b>Change</b> name of procedure	Change name of procedure to Removal of Gastric Band (open or laparoscopic)
Bariatric	Bariatric, Gastric band removal - please remove "emergency situations" as trainees on Upper GI and Bariatric units have exposure to elective removal (>10)			
Breast	Different oncoplastic work for breast - only has level 1 as an option- regularly level 2 work is done ~10 times	Current procedure is: Wide local excision + oncoplastic reconstruction	<b>Change</b> name of procedure	Change name of procedure to Wide local excision + oncoplastic reconstruction
Breast	Autologous fat grafting for breast symmetrisation surgery, completed 4 times		<b>Not include</b>	
Breast	Re-excision of margins – completed 10	Currently have: <ul style="list-style-type: none"> <li>Wide local excision (benign)</li> <li>Wide local excision (malignant)</li> <li>Wide local excision (malignant) with Sentinel Node Biopsy</li> </ul>	<b>Not include</b> as Trainee can claim WLE	

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
Breast	Lipofilling - 3 this term	Recommend not to include as question was to suggest procedures undertaken more than ten times	Not include	
Breast	excision of fibroadenoma 3-4	<p>Skin and soft tissue contains: Simple excision (skin cancer, hidradenitis, lipoma, skin tag, epidermoid cyst, haemangioma, excisional biopsy) – would this cover it</p> <p>Also not performed more than 10 times which was the question in the survey.</p>	Not include as WLE Benign or Simple Excision would cover this procedure	
Colorectal	<p>Transverse colectomy 4</p> <p>Pelvic exenteration 3</p> <p>Lateral lymph node dissection pelvis 3</p>	<p>None of these procedures were performed more than ten times which was the question in the survey. Regarding transverse colectomy, Colorectal has the following procedures:</p> <ul style="list-style-type: none"> <li>• Left colectomy</li> <li>• Panproctocolectomy</li> <li>• Right colectomy</li> <li>• Subtotal colectomy</li> <li>• Total colectomy</li> <li>• Total proctocolectomy and ileal pouch anal anastomosis</li> </ul> <p>Regarding Lateral lymph node dissection pelvis Colorectal contains the following: Lateral pelvic lymph node dissection</p>	No change as procedures are already covered	
Colorectal	Closed haemorrhoidectomy - performed Approx number of times: 5-10	<p>Current procedures:</p> <ul style="list-style-type: none"> <li>• Haemorrhoidectomy (open)</li> <li>• Haemorrhoidectomy, stapled</li> </ul>	Change name of procedure	Change name of procedure to Haemorrhoidectomy so can claim either open or closed
Colorectal	Excision of presacral mass (ie tailgut cyst)	The logbook has: Major soft tissue tumour resection - retroperitoneal	Change name of procedure	Change name of procedure to Major soft tissue tumour resection – retroperitoneal/pelvic

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
Colorectal	Examination under anaesthetic	Examination under Anaesthesia - Incision and Drainage of Perianal Abscess is a PBA and should be included	<b>Change</b> name of procedure	Change name of procedure to Perianal/ischiorectal abscess procedure/EUA
Colorectal	Colorectal - Stomal dilation. Procedure performed ~20 times	Current procedure in colorectal is: Stoma revision (independent procedure)	<b>Not include</b> as not a standard procedure	
Colonoscopy	Flexible sigmoidoscopy still codes as 'did you reach the caecum'. Procedure performed ~50 times I have typed comments in my TIMS logbook entries with notes regarding what is being logged as a different procedure as TIMS didn't allow coding for it - but there doesn't seem to be a way to search this (Intact Colon," "Did You Reach the Caecum or Ileum Without Assistance?," "Withdrawal Time (mins)," and "Total Procedure Time (mins)" are still mandatory when entering flexible sigmoidoscopies.	Recommendation is to remove the mandatory fields that are not relevant to Flexible sigmoidoscopy, noting that this is recorded under Colonoscopy and this procedure does not count or attract points – should it be moved and allowed to attract points?	<b>No change</b> in order to keep in line with GESA recording	
Head and Neck	Any maxillofacial or dental procedure At least 30 times	Dental and maxillofacial is not in the curriculum	<b>No change</b> as not included in curriculum as dental is not core general surgery	
HPB	Laparoscopic transcystic bile duct exploration (choledochoscopy, stone retrieval etc)	HPB already has the following: <ul style="list-style-type: none"> <li>• Transcystic common bile duct exploration</li> <li>• Choledochotomy plus bile duct exploration</li> </ul>	<b>No change</b> as already included	
Oesophago-gastric	Upper GI Laparoscopic Fundoplication Approximately 4-5 times over 6 months	Procedures in logbook (all have subcomponents: <ul style="list-style-type: none"> <li>• Fundoplication (laparoscopic thoraco-abdominal/trans-thoracic)</li> <li>• Fundoplication (open thoraco-abdominal/trans-thoracic)</li> <li>• Fundoplication (opentrans-abdominal)</li> <li>• Giant hiatal hernia repair (&gt;50% intra-thoracic stomach)</li> </ul>	<b>Change to procedure and points and addition</b>	<ul style="list-style-type: none"> <li>• <b>Remove:</b> <u>Fundoplication (laparoscopic thoraco-abdominal/trans-thoracic) – remove this one</u></li> <li>• <b>Change</b> to: Fundoplication (open/<u>laparoscopic</u> thoraco-abdominal/trans-thoracic) – <b>change</b> to 7 points as follows: <ul style="list-style-type: none"> <li>○ Thoracotomy (2)</li> <li>○ hiatus mobilisation and repair (3)</li> <li>○ <u>fundoplication (2)</u></li> </ul> </li> </ul>
Oesophago-gastric	Laparoscopic hiatus hernia surgery, assisted in approximately 10. Does not specify in the logbook - only open			
Oesophago-gastric	The UGI fundoplication/hiatus hernia repair is an absolute mess. For some reason there is this focus on open and thoracoscopic hiatus hernia repair when 99% of hiatus hernia repair/fundoplication is done laparoscopic and this isn't included! In addition, there are many consultants who for some patient will repair a hiatus hernia without performing a fundoplication! But the only category for hiatus hernia repair (where fundoplication isn't mentioned			

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
	<p>in the name), requires it to be a 'giant' hiatus hernia repair. Recommendation: There should be three procedures</p> <ol style="list-style-type: none"> <li>1. Standard hiatus hernia repair - fundoplication should be a subcomponent which can be omitted if it was not performed</li> <li>2. Giant hiatus hernia repair, &gt;50% stomach or other viscera (should be similar to procedure 1 but just have a few more points for hiatal dissection).</li> <li>3. Fundoplication - for patients who have a fundoplication performed as an antireflux operation, without the presence of a significant hiatus hernia.</li> </ol>			<ul style="list-style-type: none"> <li>• <b>Add</b> the word <u>laparoscopic</u> to Fundoplication (open/<u>laparoscopic</u> trans-abdominal) and <b>change</b> to five points as per below <ul style="list-style-type: none"> <li>○ <u>hiatus mobilisation and repair (3)</u></li> <li>○ <u>fundoplication (2)</u></li> </ul> </li> <li>• <b>Add</b> Standard hiatal hernia repair (&lt;50% intra-thoracic stomach) with following subcomponents: <ul style="list-style-type: none"> <li>○ hiatus mobilisation (2)</li> <li>○ hiatus repair (2)</li> <li>○ Fundoplication (2)</li> </ul> </li> </ul>
Oesophago-gastric	Gastroenterostomy and enteroenterostomy as part of Roux en Y bypass for non-bariatric indications e.g part of Whipple's, Frey's or palliative gastric bypass procedures. -		<b>Remove one procedure and add another</b>	<p><b>Remove</b> : Palliative entero-colonic/entero-enteric bypass</p> <p><b>Add</b>: Gastro-enteric/entero-colonic/entero-enteric bypass (4)</p>
Oesophago-gastric	Anti Reflux Operations	Unsure which procedure exactly as we have fundoplication in the logbook already	Changes to fundoplication will solve this	
Oesophago-gastric	oesophageal dilatation - 4 times (but this is something that is done regularly in the Paeds Surg unit that is not reflected in the log book for future references)		<b>Not include</b>	
Paediatric	Scrotal exploration	Paediatric has Paediatric exploratory laparotomy	<b>No change</b> as covered under urology	
Plastics Skin and Soft Tissue	A few other small things: - Flaps and grafts are duplicated in skin and plastics	<p>The following procedures are in the logbook:</p> <ul style="list-style-type: none"> <li>• Plastics: <ul style="list-style-type: none"> <li>○ Skin flaps (not involving</li> </ul> </li> </ul>	<b>No change</b> as procedures are appropriate	

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
		<p>microvascular anastomosis)</p> <ul style="list-style-type: none"> <li>• Skin and soft tissue: <ul style="list-style-type: none"> <li>○ Free flap reconstruction</li> <li>○ Local flap</li> <li>○ Myocutaneous flap procedure</li> <li>○ Pilonidal sinus surgery and flap closure</li> </ul> </li> <li>• Skin graft (not for burns) is only in Plastics and there is split skin graft in Burns</li> </ul>		
Skin and Soft Tissue	Major debridement should probably be renamed - people over claim it right now. It should probably just be for the index debridement of nec fasc. Some people falsely boost their points by claiming 5 times for a single patient for every time they bring them back for a relook and do a bit of curretting/clean up.	<p>Debridement is:</p> <ul style="list-style-type: none"> <li>• Major soft tissue debridement, non-traumatic (requirement: &gt;10cm, Fournier's gangrene, Necrotising fasciitis, infected mesh)</li> </ul>	Procedure was claimed only 877 times a total of 171,974 entries (.51% of all procedures) – do not believe this is being overclaimed	
Skin and Soft tissue	Skin grafts	Is included as Skin graft (not for burns) is in Plastics and there is split skin graft in Burns	No change as covered	
Thoracic	Outlet decompression	The thoracic procedures were provided by the thoracic supervisor in Queensland	Request review by Thoracic Supervisor and if appropriate add	
Transplant	transplant - pancreatectomy, fistula revisions, insertion and removal of peritoneal dialysis catheter general surgery - specific tumor resections,	<p>For pancreatectomy logbooks contains following under HPB:</p> <ul style="list-style-type: none"> <li>• Distal pancreatectomy + splenectomy</li> <li>• Distal pancreatectomy: Spleen + Vessel preserving</li> <li>• Distal pancreatectomy: Spleen preserving (Warshaw)</li> </ul> <p>There are also a number of fistula procedures under Transplant:</p>	No change as covered	

Category	Trainee/Supervisor Feedback	Comments	Decision	Change
		<ul style="list-style-type: none"> <li>Arteriovenous fistula thrombectomy</li> <li>Creation of arteriovenous fistula for dialysis</li> <li>Creation of arteriovenous fistula with prosthetic/autologous graft</li> <li>Refashioning of arteriovenous fistula</li> </ul> <p>Regarding removal of peritoneal dialysis catheter, the following is in Transplant:</p> <ul style="list-style-type: none"> <li>Peritoneal dialysis catheter</li> </ul> <p>Regarding specific tumour resections, there are 27 resection procedures</p>		
Trauma	General Surgery, Trauma rib fixation for fracture	<p>In cardiothoracic we have:</p> <ul style="list-style-type: none"> <li>Chest wall repair, includes pectus excavatum/carinatum (Ravitch, Nuss) and Rib fractures</li> </ul>	No change as covered	
Urology	Radical Prostatectomy 20+		No change as not in Curriculum	
Vascular	Debridement of tissue - Logbook category 'Vascular', probably around 15 times	In Skin and Soft tissue we have: Major soft tissue debridement, non-traumatic (requirement: >10cm, Fournier's gangrene, Necrotising fasciitis, infected mesh)	No change as covered	
Vascular	Vascular Ligation of AV fistula ~10	<p>In Transplant we have:</p> <ul style="list-style-type: none"> <li>Refashioning of arteriovenous fistula</li> <li>Creation of arteriovenous fistula for dialysis</li> </ul> <p>Is this equivalent?</p>	No change as covered	
Vascular	1st rib resection		No change as covered	
Vascular	Thoracoscopic cervical sympathectomy		No change as too subspecialised	
Vascular	Ultrasound guided vascular access/ line insertion		No change	

## Suggestions to Points

The following suggestions were made regarding the number of points allocated

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments	Decision
Abdominal	appendix - undervalued, suggested 4 points. still requires alot of laparoscopic skills and can be difficult	Under	Current points are: <ul style="list-style-type: none"> <li>Appendicectomy (complex/converted to open): 4</li> <li>Appendicectomy (laparoscopic): 2</li> <li>Appendicectomy (routine open): 2</li> </ul>	No Change
Bariatric	Sleeve gastrectomy, gastric mobilisation component - undervalued – 2	Under	Current points are: <ul style="list-style-type: none"> <li>gastric mobilisation: 2</li> <li>gastric resection: 4</li> </ul>	No Change
Breast Skin and soft tissue	Sentinel node biopsy- undervalued- recommend 3	Under	Current points are: <ul style="list-style-type: none"> <li>Sentinel node biopsy: 2</li> <li>Sentinel lymph node biopsy (skin cancer) - head/neck: 4</li> <li>Sentinel lymph node biopsy (skin cancer) - non-head/neck: 2</li> </ul> <p>Also be aware that Wide local excision (malignant) with Sentinel Node Biopsy is 5 points</p>	No Change
Breast	Simple mastectomy- undervalued- recommend 4	Under	Current point value is 3pts	No Change
Breast	Total duct excision- undervalued - recommend 2	Under	Current point value is 1pt	No Change
Breast	Wide local excision (malignant)- undervalued- recommend 3	Under	Current points are: <ul style="list-style-type: none"> <li>Wide local excision (benign): 1</li> <li>Wide local excision (malignant): 2</li> <li>Wide local excision (malignant) with Sentinel Node Biopsy: 5</li> <li>Wide local excision + oncoplastic reconstruction (level I): 4</li> </ul>	No Change
Cardiothoracic	VATS Lobectomy/segmentectomy Undervalued 8 points High risk procedure, difficult dissection, long operating time, currently only worth 1.5 cholecystectomies.	Under	Current points for Pneumonectomy (open or VATS) are: <ul style="list-style-type: none"> <li>Main bronchus dissection plus closure:4</li> <li>Vascular dissection plus closure: 4</li> </ul>	No Change

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments	Decision															
			<p>Current points for Lung Segmentectomy/Lobectomy are:</p> <ul style="list-style-type: none"> <li>Anatomical dissection: 2</li> <li>Lobar/segmental bronchus section/closure:2</li> <li>Lobar/segmental artery/vein ligation: 2</li> </ul> <p>Current points for Lung lobectomy (Paediatric) are:</p> <ul style="list-style-type: none"> <li>thoracotomy / thoracoscopy: 3</li> <li>hilar dissection and ligation of vessels / bronchi: 6</li> <li>insertion of chest drain: 1</li> </ul> <p>Note: Points were determined by cardiothoracic surgeon</p>																
Colorectal	All of the colonic resections should be worth more points if a lap chole is worth 4. A right colectomy should be worth at least 8 points and not 6 as it is significantly more difficult and has more steps than a straightforward lap chole. Same with a left colectomy, anterior resection or Hartmanns.	Under	<p>Procedures and points are:</p> <table border="1"> <thead> <tr> <th>Procedure</th> <th>Subcomponent</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td>A-P resection, abdominal</td> <td>Colonic mobilisation (2), rectal dissection (2)</td> <td>No Change</td> </tr> <tr> <td>A-P resection, perineal</td> <td>Rectal dissection (2), stoma formation (2)</td> <td>No Change</td> </tr> <tr> <td>High anterior resection</td> <td>splenic flexure mobilisation (3), vessel ligation + TME (3), formation of anastomosis (2)</td> <td>No Change</td> </tr> <tr> <td>Low anterior resection with TME</td> <td>splenic flexure mobilisation</td> <td>No Change</td> </tr> </tbody> </table>	Procedure	Subcomponent	Decision	A-P resection, abdominal	Colonic mobilisation (2), rectal dissection (2)	No Change	A-P resection, perineal	Rectal dissection (2), stoma formation (2)	No Change	High anterior resection	splenic flexure mobilisation (3), vessel ligation + TME (3), formation of anastomosis (2)	No Change	Low anterior resection with TME	splenic flexure mobilisation	No Change	
Procedure	Subcomponent	Decision																	
A-P resection, abdominal	Colonic mobilisation (2), rectal dissection (2)	No Change																	
A-P resection, perineal	Rectal dissection (2), stoma formation (2)	No Change																	
High anterior resection	splenic flexure mobilisation (3), vessel ligation + TME (3), formation of anastomosis (2)	No Change																	
Low anterior resection with TME	splenic flexure mobilisation	No Change																	

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments		Decision
				(3), vessel ligation + TME (4), formation of anastomosis (2)	
			Minimally Invasive Transanal resection of rectal lesion (includes TEMS, TEO, TAMIS) - Benign	N/A	No Change
			Minimally Invasive Transanal resection of rectal lesion (includes TEMS, TEO, TAMIS) - Malignant	N/A	No Change
			Ultra-low anterior resection with TME	splenic flexure mobilisation (3), vessel ligation + TME (4), formation of anastomosis (2), loop ileostomy formation (1)	No Change
			Left Colectomy	Colonic mobilisation (4), formation of anastomosis (3)	No Change
			Hartmann's	Colonic mobilisation (4), formation of colostomy (2), and management of peritoneal contamination and exposure (2)	No Change

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments	Decision
Colorectal	low anterior resection or ultra low undervalued only has splenic flexure mobilisation ; should have left colon mobilisation +4	Under	See above for procedures	No Change
Colorectal	Strictureoplasty, undervalued, suggest 3	Under	Current point value is pts	No Change
Colorectal	Stoma revision - undervalued	Under	Stoma revision (independent procedure) currently 1 pt	Change to 2pts
Colorectal	Closure of loop stoma seems overvalued at 4 points. 3 points would be more appropriate.	Over	Current point value is 4pts	No Change
Endocrine	Hemithyroidectomy seems undervalued at 4 points, particularly considering a minimally invasive parathyroidectomy is also 4 points.	Under	Current points (4) are broken down as follows: <ul style="list-style-type: none"> <li>Superior pole dissection: 2</li> <li>Recurrent laryngeal nerve dissection: 2</li> </ul>	No Change
Endocrine	Endocrine sternal split- undervalued - recommend 4	Under	Current point value is 2pts	No Change
Endocrine	Adrenalectomy should be laparoscopic or retroperitoneoscopic		Current procedures are: <ul style="list-style-type: none"> <li>Adrenalectomy (laparoscopic)</li> <li>Adrenalectomy (open)</li> </ul>	No Change
Endocrine	Open adrenalectomy should be worth 10 and include mobilisation of adjacent structures as a subcomponent.	Under	Current point value for Adrenalectomy (open) is: <ul style="list-style-type: none"> <li>mobilisation adrenal: 3</li> <li>dissection of adrenal vein: 3</li> </ul>	No Change
Gynaecological	Meanwhile c/section - not part of the curriculum and 6 points! Overvalued, should be a few points at most	Over	Current points are: <ul style="list-style-type: none"> <li>Caesarean section: 6 pts</li> </ul> Whilst not in the curriculum, this was to ensure those in rural areas were able to record this experience.	No Change
HPB	Transcystic common bile duct exploration. Currently 2 points The discrepancy in my opinion is that this is done in conjunction with laparoscopic cholecystectomy. This means that the logbook entry should be for cholecystectomy in conjunction with another procedure (currently 2 points). This gives a lap chole + transcystic exploration a total of 4 points - the same as a standard lap cholecystcetomy despite being a significant addition. Maybe 3 or 4 points would be a fair point allocation to give the total procedure a value of 5 or 6 points	Under	Current point value is 2pts for Transcystic common bile duct exploration Current point value is 2pts for Cholecystectomy as part of another procedure	No Change

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments	Decision
HPB	Whipples slightly overvalued - should be worth more like 20. Being worth more than double oesophagectomy seems strange.	Over	Current points (26) are broken down as follows: <ul style="list-style-type: none"> <li>Radical Kocherization: 4</li> <li>Porta Hepatis dissection: 4</li> <li>Resection: 4 (Transecting pancreas, bile duct, stomach and jejunum)</li> <li>Pancreatic anastomosis: 6</li> <li>Biliary Anastomosis: 4</li> <li>Gastroenterostomy/enteroenterostomy: 4</li> </ul>	No Change
HPB	Complicated laparoscopic cholecystectomy - undervalued, 5 points	Under	The logbook does not award points for elective or complicated. The points are: <ul style="list-style-type: none"> <li>Laparoscopic cholecystectomy +/- IOC: 4 pts</li> <li>Laparoscopic cholecystectomy converted to open: 6 pts</li> </ul>	No Change
HPB	There should be an option for a complex lap chole like 5 or 6 points, or for early trainees broken down into hepatocystic dissection/ GB dissection			
HPB	Elective laparoscopic cholecystectomy- overvalued, 3 points	Over		
Hernia	Unilateral groin hernias open and lap- undervalued, should score the same as lap chole ie 4	Under	Current points are: <ul style="list-style-type: none"> <li>Unilateral Laparoscopic inguinal/femoral hernia repair: 3pts</li> <li>Inguinal hernia repair (open): 2 pts</li> <li>Bilateral Lap inguinal/femoral hernia repair: 4 pts</li> </ul> Note: Unclear what the reference to a previous iteration as this is the first iteration of the logbook.	No Change
Hernia	Open inguinal hernia undervalued - should be worth 3 (more than standard appy, little less than lap chole) - often can be as challenging and takes as much time as a lap chole.	Under		
Hernia	Bilateral inguinal herniae repairs	Under		
Hernia	It is hard to say which is over or undervalued in an arbitrary system. There seems to be an over-valuing of other specialties points (though this could be on purpose to encourage exposure) Comparatively, it seems strange that assisting an arteriovenous fistula (2.5 points) is worth more points than being primary on an open inguinal hernia (2 points). I note that in a previous iteration, open inguinal hernia was 3 points and it is unclear to me why that was downgraded.			
Hernia	that a portacath (3 points) is worth the same as a 3-7cm ventral hernia repair, which can be complex (though it has always been unclear to me whether that would be		For portacath there are the following points: <ul style="list-style-type: none"> <li>Insertion permanent central venous catheter (portacath): 3 pts</li> </ul>	No Change

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	also be logged as laparotomy and adhesiolysis if that were needed).		<ul style="list-style-type: none"> <li>Removal of central venous catheter (portacath): 1 pt</li> </ul> Current points for Open Ventral/Incisional Hernia Repair - 3 - 7cm: 3 pts	
Oesophago-gastric	Ivor lewis oesophagectomy undervalued - should be worth at least 16.	Under	Current points (12) are broken down as follows: <ul style="list-style-type: none"> <li>gastric mobilisation: 4</li> <li>oesophageal resection: 5</li> <li>conduit formation and anastomosis: 3</li> </ul>	<b>No Change</b>
Oesophago-gastric	Oesophagectomy seems undervalued c.f. Whipples	Under		
Oesophago-gastric	Total gastrectomy too little. Could be a difference between laparoscopic and open gastrectomy/ partial gastrectomy. minimally invasive should be worth more points (at leaset 12 points for open, 16 for minimally invasive). Especially is a gastroduodenal patch is 6 points.	Under	Current point value for Total gastrectomyis: <ul style="list-style-type: none"> <li>gastric mobilisation/nodal dissection: 3</li> <li>resection: 3</li> <li>anastomosis/reconstruction: 2</li> </ul>	<b>No Change</b>
Oesophago-gastric	Feeding jejunostomy (as independent procedure) should be worth 4 points. Requires way more lap skills to secure the bowel to the abdominal wall with lap suturing than a simple lap chole does.	Under	Current point value is 2pts	<b>No Change</b>
Paediatric	Paediatric inguinal herniotomy MASSIVELY overvalued. An inguinal herniotomy in a neonate is about a quarter of the work of an adult Lichtenstein mesh repair but it's worth double the points. It should be worth 2 points with the adult open being worth 3 as stated.	Over	Current point value is 4pts	<b>No Change</b>
Skin and Soft Tissue Plastics Burns	Wound exploration/debridement - need an option between simple (0.5pt) and major (4pts)		Current points are: <ul style="list-style-type: none"> <li>Excision of subcutaneous lesion &gt;10cm: 3 pts</li> <li>Simple excision (skin cancer, hidradenitis, lipoma, skin tag, epidermoid cyst, haemangioma, excisional biopsy): .5 pt</li> <li>Non-Excisional Wound Debridement: 1 pt</li> <li>Wound debridement - &lt;5%TBSA: 2 pt</li> <li>Wound debridement - &gt;20% TBSA: 6 pts</li> <li>Wound debridement - 5-20%TBSA: 4 pts</li> </ul>	<b>No Change</b>
Skin and Soft Tissue Plastics Burns	Major debridement massively overvalued - at least how it is used by a lot of trainees. How it's used now it should be worth 2 points. Maybe if its only for index debridement nec fasc it can be 4 points.	Over		
Skin and Soft Tissue Plastics	Skin lesions and wound debridements should be further expanded as half a point does not seem uniform for all wounds			

Category	Trainee/Supervisor Feedback (Blue = Trainee and Green = Supervisor)	Under or Over Valued	Comments	Decision
Burns Skin and Soft Tissue Plastics Burns	Wound Debridement/Abscess Drainage Depending on complexity - 1-2		<ul style="list-style-type: none"> <li>Wound exploration (haematoma, seroma, foreign body): .5pt</li> </ul>	
Skin and Soft Tissue	Karydakis procedure undervalued - more complex than a pilonidal excision. ?Worth 4 points	Under	Current points for Pilonidal sinus surgery and flap closure is 2pt and for Abscess drainage (inclusive of skin, pilonidal) is .5pt	<b>No Change</b>
Skin and soft tissue	skin & soft tissue resections/ tumors - there should be at least 4 points for complex resections and reconstructions	Under	Current points are: <ul style="list-style-type: none"> <li>Major soft tissue tumour resection – other: 4</li> <li>Major soft tissue tumour resection – retroperitoneal: 8</li> </ul>	<b>No Change</b>
Skin and soft tissue	No procedure should be <1 point. E.g. an abscess incision and drainage should be 1 point. Many rural centres have a high volume of soft tissue cases that actually make up the bulk of the work-load for that service.	Under	Current points are: <ul style="list-style-type: none"> <li>Abscess drainage (inclusive of skin, pilonidal)</li> <li>Abscess drainage (intramuscular, retroperitoneal/pelvic)</li> </ul>	<b>No Change</b>
	What are the points for skin lesions and abscesses? might have to bring them down to 0.5	Over		
Skin and Soft Tissue	Inguinal and axilla lymphadenectomy is 4 points but a neck dissection is 8 points. Axilla should be 6 points and inguinal at least 6. Possibly both should be 8 points.	Under	Axillary lymph node dissection is 4 pts Inguinal lymph node dissection is 4 pts	<b>No Change</b>
Urology	Vasectomy undervalued - should be 1 point per side.	Under	Current point value is .5 per side	<b>No Change</b>
Urology	Cystoscopy overvalued - should be 1 point if no intervention.	Over	Current point value is 2pts	<b>No Change</b>
Vascular	Temporal artery biopsy - overvalued	Over	Biopsy of temporal artery currently 2 pts	<b>No Change</b>
Vascular	Endovascular procedure is the only option to encompass majority of vascular surgery work, which is a very broad category for diverse work. Should have more detailed options for intervention and puncture locations.			<b>No Change</b>
Vascular	- Endovascular repair of aorta (EVAR) - currently valued at 4 points. Should be at least double that. It is usually a	Under	Current points for Aortic aneurysm repair, Endovascular (EVAR) is 4pts	<b>No Change</b>

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	3-4 hour procedure with incredible morbidity mortality and it is valued the same as a lap chole.			
Vascular	Open AAA repair - currently at 9 points. Probably one of the most complex and morbid procedures in any surgical specialty, ranges from 4-8 hours. Yet as a trainee assisting in it you'd get just as many points as one lap chole.		Current points for Aortic aneurysm repair (open) is: <ul style="list-style-type: none"> <li>• proximal anastomoses: 3pt</li> <li>• distal anastomoses: 3pt</li> <li>• vessel exposure/dissection:3pt</li> </ul>	<b>No Change</b>