
The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Surgical Supervision

1. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (“**The Board**”) requirements and responsibilities for surgical supervisors and trainers for the Plastic and Reconstructive Surgery (“**PRS**”) Surgical Education and Training (“**SET**”) Program.

2. SURGICAL SUPERVISORS

2.1 Responsibilities of Surgical Supervisors

Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through accredited training posts. Each accredited training position must have a surgical supervisor nominated by the hospital and approved by the Board.

2.2 Requirements of Surgical Supervisors

Surgical supervisors are required to:

- 2.2.1 Understand and apply the Board’s regulations relevant to the PRS SET Program.
- 2.2.2 Coordinate the management, education and training of accredited trainees rotating through the designated training position(s) they are responsible for.
- 2.2.3 Provide orientation to trainees.
- 2.2.4 Meet with all trainers and unit staff, where possible, to discuss the trainee’s performance prior to completing the Professional Performance Assessment (PPA).
- 2.2.5 Conduct a PPA meeting with the trainee and provide feedback on their progress in the training program in the middle and at the end of each surgical term.
- 2.2.6 Conduct workplace based assessments and initiate specific assessments with the trainee, when a deficiency has been identified.
- 2.2.7 Together with surgical trainers (a fellow of RACS) sign off the trainees completion of Entrustable Professional Activities.

- 2.2.8** Monitor the trainee's operative experience and regularly review the trainee's operative logbook summary.
- 2.2.9** Identify, document and advise the trainee and the Board of any unsatisfactory or marginal performance at the earliest possible opportunity.
- 2.2.10** Attend monthly performance review meetings with trainees, if required, and review and contribute to trainee remedial action plans as per the *Assessment of Clinical Training* regulation.
- 2.2.11** Participate in the Regional Training Subcommittee and regularly attend scheduled meetings.

As per delegation by the Board, surgical supervisors are also required to:

- 2.2.12** Participate in the hospital accreditation process as specified by the Board.
- 2.2.13** Notify the Board of any changes in circumstances since the previous inspection that may impact the accreditation status of the designated training position(s). This includes but is not limited to:
 - a) The appointment of an additional fellow,
 - b) Reduction of consultant numbers,
 - c) Limitation of the trainee's operating rights or scope of practice,
 - d) Change in the scope of the unit.
- 2.2.14** Participate, where required, in the selection process for trainees into the PRS SET Program.
- 2.2.15** Make a recommendation to the Board regarding the eligibility of a trainee to present for the Fellowship Examination.

2.3 Eligibility for Appointment as a Surgical Supervisor

Surgical Supervisors must:

- 2.3.1** Be a current member of the Australian Society of Plastic Surgeons (ASPS) and uphold the standards within the ASPS Code of Practice.
- 2.3.2** Participate in Continuing Professional Development (CPD) activities and have met CPD requirements for the previous year.
- 2.3.3** Undertake mandatory training within advertised timeframes such as the Operating with Respect e-Module and Operating with Respect Course and the Foundation Skills for Surgical Educators Course.
- 2.3.4** Be an operating member of staff at the institution in which the designated accredited training position(s) is located and have a minimum commitment of two (2) hours per week at the institution.
- 2.3.5** Be familiar with the regulations of the PRS SET Program.
- 2.3.6** Have demonstrated experience with appropriate clinical, administrative and teaching skills.

- 2.3.7 Not be the current Head of Unit at the institution where the training post is located, unless the Board approves otherwise.
- 2.3.8 Be a Fellow of RACS and comply with relevant RACS Policies and Regulations.
- 2.3.9 Be aware of and maintain the standards in RACS Guideline for Supervisors.

Surgical Supervisors should:

- 2.3.10 Undertake appropriate training in supervision, which as a minimum should include completion of the RACS Induction for Surgical Supervisors and Trainers and the RACS Difficult Conversations with Underperforming Trainees courses or other educational courses.

2.4 Method for Appointment or Reappointment of Surgical Supervisors

- 2.4.1 Institutions with accredited training positions must nominate to the Board an appropriate surgical supervisor who satisfies the eligibility requirements.
- 2.4.2 Nominations must be received prior to a new training position being accredited or when an existing Surgical Supervisor resigns or reaches his/her maximum term.
- 2.4.3 In reviewing a nomination for re-appointment, the Board will consider eligibility requirements, and participation in the Regional Training Subcommittee. Feedback received from trainees may also be considered
- 2.4.4 The appointment or reappointment of the surgical supervisors will be confirmed to the supervisor in writing.
- 2.4.5 The Board reserves the right to re-consider the appointment of a Surgical Supervisor at any time.

2.5 Supervisors Tenure of Appointment

- 2.5.1 Surgical supervisors shall hold the position for three (3) years after appointment and shall be eligible for reappointment for two further periods of three years up to a maximum period of nine (9) years per institution.
- 2.5.2 Towards the end of a surgical supervisor's initial tenure, the Board will contact the institution and the surgical supervisor to obtain a nomination for appointment of a new surgical supervisor or reappointment of the existing surgical supervisor.
- 2.5.3 To maintain tenure of appointment surgical supervisors are expected to undertake continuing professional development activities in surgical education and assessment.

2.6 Governance and Reporting

- 2.6.1** Surgical supervisors report to the Regional Training Subcommittee and are governed by the Board.
- 2.6.2** All recommendations made by a surgical supervisor relating to trainees or training positions must be made directly to the Regional Training Subcommittee.
- 2.6.3** Surgical supervisors do not have the authority to modify a trainee's training program or training status.

3. SURGICAL TRAINERS

3.1 Responsibilities of Trainers

Trainers are surgeons and fellows of RACS, or other medical specialists, who normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as appraising and assessing their performance.

3.2 Requirements of Trainers

Surgical Trainers are required to:

- 3.2.1** Liaise with and assist the Surgical Supervisor with the management, education and training of accredited trainees rotating through the designated accredited training position(s) at the institution in which they work.
- 3.2.2** Undertake mandatory training in supervision such as the RACS Operating with Respect eModule and the Foundation Skills for Surgical Educators Course within advertised timeframes.
- 3.2.3** Supervise trainees appropriately to their level of competence and the complexity of the surgical procedure/activity being undertaken.
- 3.2.4** Identify, document and advise the Surgical Supervisor at the earliest possible opportunity of any concerning or unsatisfactory performance by the trainee.
- 3.2.5** Conduct workplace based assessment activities and complete assessment reports as required.
- 3.2.6** With surgical supervisors sign off a trainee's completion of Entrustable Professional Activities.
- 3.2.7** Participate in unit meetings addressing trainee assessment, performance and/or feedback.

Surgical Trainers are encouraged to:

- 3.2.8** Undertake appropriate training in supervision, which as a minimum should include completion of the RACS Induction for Surgical Supervisors and Trainers course or other educational courses.

4. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to challenge a decision about their training. Challenges are governed by the RACS Regulation “Reconsideration Review and Appeal”, available to download from www.surgeons.org.

5. ASSOCIATED DOCUMENTS

RACS Policy: Surgical Supervisors (ETA-SET-013)

RACS Policy: Surgical Trainers (ETA-SET-020)

RACS Regulation: Training Post Accreditation and Administration (ETA-SET-043)

RACS Regulation: Reconsideration, Review and Appeal (ETA-SET-061)

Training Regulation: Assessment of Clinical Training