

Title:	Fellowship Exam (FEX) Sign Off Form Committee of Paediatric Surgery
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Background

The Fellowship Exam (FEX) represents the culmination of paediatric surgical SET training once all Senior SET competencies have been achieved. It is important that Trainees present for the FEX when they are ready to finish training, rather than present *to assess* whether they are ready to complete training. The primary reason for this is the recognition that the FEX does not assess all 10 RACS competencies. The second is to ensure our Trainees are fully supported in being ready for success with the FEX when they present for the first time.

Whilst this does not represent a formal “sign off from training” the expectation is that when a Trainee presents for the FEX there are no areas of their performance that still require attention, rather that they are broadly competent other than completion of the FEX. Trainees who are FEX ready should be developing clinical independence and the competencies of a junior consultant.

While similar information has been documented on rotation assessments, this document is an opportunity to provide an overview of the Trainee’s performance with respect to the RACS competencies.

The form needs to be completed once however if the Trainee fails the FEX twice (or has a safety notification for poor performance) as part of the ‘remediation’ plan after the meeting with the Committee Chair, the Committee may recommend they complete this process again as part of their preparation.

This document can be completed overtime once the Trainee commences Senior SET.

Instructions

Please provide examples on the Trainee’s performance under each of the RACS competencies using the descriptors and questions as a guide, please provide examples of how the Trainee has demonstrated this competence. If a section does not have any examples, the form will be considered invalid and sent back for completion.

The Surgical Supervisor must seek input from all FRACS or VRS Trainers in the department and the Trainee.

The form must be signed by the Surgical Supervisor (or nominated Trainer) on behalf of the department.

Trainee Name	
Hospital	
Supervisor Name	
Hospital Start Date	

Surgical Supervisor

I hereby verify that I have discussed this with all the Surgical Trainers in the unit and we confirm that the Trainee meets the below competencies.

Name: _____ Signature: _____ Date: _____

Trainee

I hereby verify that I have discussed this form with my Supervisor and am ready to be signed off from training.

Name: _____ Signature: _____ Date: _____

(Form will be deemed invalid if the signature section is not completed)

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Competencies

CLINICAL KNOWLEDGE/ MEDICAL EXPERTISE: ACQUISITION & APPLICATION	How does the Trainee contribute in clinical debate with consultant colleagues referencing contemporary knowledge and its clinical application?
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MEDICAL EXPERTISE – CLINICAL APPLICATION	Does the Trainee discuss complex patients in a handover setting at consultant level prioritising the relevant positive and negative findings?
	Provide example/s where the Trainee recognised red flag or discordant aspects of a history and examination in the pre and/or post-operative setting.

Judgement – Clinical Decision-Making	Has the Trainee demonstrated competence in Clinical Decision Making at the level of a junior consultant for complex acute and chronic cases and understands when it is prudent to seek advice from a senior colleague? Provide an example.
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Scholar and Teacher	How has the Trainee demonstrated the ability to set learning goals for themselves and others, and implement an appropriate program for achieving these goals?
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Technical Skills	Would you be comfortable allowing this Trainee to operate independently on a straightforward neonatal emergency operation (such as malrotation/volvulus/NEC)? (Consultant will be available to come in and assist or will confidently supervise unscrubbed- from the curriculum).
	How does the Trainee respond to the rare or complicated variation to a standard paediatric operation? Is the Trainee able to alter their operative plan should the anatomy, pathology or physiology dictate?

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Medical Communication Skills, Collaboration and Teamwork	How does the Trainee demonstrate effective communication in the peri-operative environment to facilitate consultant management care?
	How does the Trainee engage in collaboration with other teams in a multidisciplinary environment?

Management and Leadership	Give an example of when the Trainee has demonstrated ownership of a complex clinical problem.
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Health Advocacy	How does the Trainee demonstrate the ability to provide advocacy for a child and/or family under their care?
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Professionalism and Ethics	Provide an example of when the Trainee has identified and dealt with a situation regarding concerns about professionalism or workplace challenges.
	How has the Trainee demonstrated the ability to reflect and improve on an identified area of their practice, demonstrating insight and the ability to self-appraise?
	Are there examples of the Trainee seeking, reflecting and acting upon positive and negative feedback from colleagues, patients and/or staff?