

Portfolio:	Education	Ref. No.	ETA-SET-017
Team:	Surgical Training		
Title:	Council's Guidelines for Requirements of Fellowships in New Specialties		

1. PURPOSE AND SCOPE

With increasing specialisation in surgery, the College from time to time receives requests to grant Fellowships in New Specialties. In order to maintain the highest possible quality and standards of surgical education, training and patient care, the College has developed guidelines to assist in the preparation of formal submissions to Council. These guidelines are intended as a means of maintaining surgical standards and of ensuring patient safety and are intended to ensure that new specialties are scientifically justifiable. They are also a guide to assist proponents with planning for the creation of new specialties.

There are a number of consequences for the College, hospitals, regulators and patients of creating new surgical specialties. These guidelines make explicit the most important of the issues that would need to be addressed before a new specialty could be recognised.

2. KEYWORDS

Specialty, Surgical Society, Council, Training

3. BODY OF POLICY

3.1. Justification and Scientific Validity

- 3.1.1. The proposal must be justified on the basis of a specific and unique technical and scientific knowledge base.
- 3.1.2. The proposal must demonstrate that there is an internationally recognised body of research, practitioners and literature to justify a discrete surgical discipline. The existence of a similar Surgical Specialty abroad would add weight to the application.
- 3.1.3. The proposal must demonstrate that there is a public need for and benefit of the specialty.
- 3.1.4. The College would not approve a new Fellowship program that was not recognised in both Australia and New Zealand as a separate vocational branch of surgery.
- 3.1.5. The proposal must demonstrate consideration of workforce issues including the impact of further specialisation on the workplace (e.g. including the provision of on-call services and acute care).
- 3.1.6. The proponents must demonstrate satisfaction of criteria for determining the critical mass required for maintaining the academic, research and clinical viability of the specialty, including:
 - a. future community need and workforce requirements
 - b. clinical standards and surgical competence
 - c. a defined curriculum for the specialty
 - d. continuing professional development, standards, and peer review for Fellows
 - e. sufficient numbers of hospital posts available to accommodate the number of Trainees required

Document Authoriser:	Executive General Manager, Education	Original Issue:	February 2005
Document Owner:	Education Governance Specialist	Version:	3
		Approval Date:	October 2015
		Review Date:	October 2018

Portfolio:	Education	Ref. No.	ETA-SET-017
Team:	Surgical Training		
Title:	Council's Guidelines for Requirements of Fellowships in New Specialties		

- f. that during training rotations there be sufficient workload, variety of cases, access to patients and attendance at unit clinical and scientific review meetings
- g. sufficient numbers of supervisors competent in the specialty and with adequate supervisory experience
- h. sufficient numbers of Fellows to provide training and to ensure successful and rigorous quality and safety initiatives, CPD and MOPS

3.2. College Support

- 3.2.1. In assessing a proposal for a new Fellowship Council will consider:
- a. Political consequences for the College
 - b. Infrastructure consequences for the College
 - c. Apportionment of responsibility between the College and the proponents for costs of submitting the proposal, including legal costs of drawing up a draft memorandum of understanding
 - d. Service Agreements with the Specialty Associations and/or Societies
 - e. Standards of care
- 3.2.2. The proposal must be supported by the Board of Surgical Education and Training.
- 3.2.3. The proposal must be supported and championed by a professional Surgical Society or Association closely affiliated with and recognised by the College. The proposal must also be supported the relevant Specialist Societies and Associations representing the specialties currently recognised by the College.
- 3.2.4. The proposal must consider infrastructure support required from the College, including executive support, resources, and the determination and administration of Memoranda of Understanding and Service Agreements.
- 3.2.5. The proposal must consider political effects on the College, including but not limited to the relationship of the College with other specialist medical and dental colleges, government departments, hospitals, and Area Health Services/Health Networks/District Health Boards.
- 3.2.6. The proposal must indicate the degrees of articulation with and exclusion from other existing specialties, especially those out of which it has arisen, as well as the implications establishment would have on other specialties.

3.3. Implementation

- 3.3.1. Once the College and the specialty bodies have supported the proposal, the proposal must gain in-principle support from the appropriate statutory bodies, authorised to provide vocational registration, in both New Zealand and Australia, (eg. MCNZ, AMC, HIC):
- a. Australian Medical Council
<http://www.amc.org.au/forms/guidelinesspec.pdf>
<http://www.amc.org.au/forms/ROMSapp.pdf>

Document Authoriser:	Executive General Manager, Education	Original Issue:	February 2005
Document Owner:	Education Governance Specialist	Version:	3
		Approval Date:	October 2015
		Review Date:	October 2018

Portfolio:	Education	Ref. No.	ETA-SET-017
Team:	Surgical Training		
Title:	Council's Guidelines for Requirements of Fellowships in New Specialties		

- b. Medical Council of New Zealand

<http://www.mcnz.org.nz/standards/education>

<http://www.mcnz.org.nz/about/forms/branchapplic.pdf>

- 3.3.2. The College and the professional Surgical Societies or Associations will sign a Service Agreement covering all aspects of selection, training and assessment, before implementation of the Fellowship. The Service Agreement will cover matters relating to that discipline and matters affecting the interests of Fellows practising that discipline in New Zealand and Australia.

3.4. Operational

- 3.4.1. The proponents must demonstrate their commitment to educational, training, research and scientific activities of Fellows at the Annual Scientific Congress and other meetings.'
- 3.4.2. The proponents must develop a curriculum with detail sufficient to provide learning in the unique aspects of the training, technical skills base and knowledge of the specialty. Comprehensive details of curriculum (competencies, objectives, content, research, teaching/training strategies, assessment and evaluation) must be finalised by the Society(ies)/Association(s) and approved by the College prior to Trainee selection and appointment.
- 3.4.3. The proponents must demonstrate their commitment to educational principles by adopting the Strategic Plan for Education and implementing it as relevant to the specialty, including involvement of Trainees in the discussions and monitoring processes. The proponents must be prepared to constitute a training board to manage the Trainees and the Surgical Education and Training Program within the governance policies, processes and practices of the College.
- 3.4.4. The proponents must be prepared to and have the capacity to manage hospital and post inspections in both Australia and New Zealand.
- 3.4.5. The proponents must be prepared to and have the capacity to manage either national selection processes in both Australia and New Zealand or, in particular circumstances, a bi-national selection process relevant to both countries.
- 3.4.6. The proponents must be prepared to and have the capacity to manage the Trainees and the Surgical Education and Training program in both Australia and New Zealand.
- 3.4.7. The proponents must be prepared to and have the capacity to assess international medical graduates with relevant qualifications in both Australia and New Zealand against the standards set for the program.
- 3.4.8. The proponents must be prepared to include jurisdictional representatives in selection and inspection processes in both Australia and New Zealand.
- 3.4.9. The proponents will give appropriate recognition to Trainees by including them in evaluation, feedback, curriculum and policy input activities.
- 3.4.10. The proponents must commit at all levels to fair and just processes of selection, assessment and evaluation without prejudice.

Document Authoriser:	Executive General Manager, Education	Original Issue:	February 2005
Document Owner:	Education Governance Specialist	Version:	3
		Approval Date:	October 2015
		Review Date:	October 2018

Portfolio:	Education	Ref. No.	ETA-SET-017
Team:	Surgical Training		
Title:	Council's Guidelines for Requirements of Fellowships in New Specialties		

3.4.11. The proponents must demonstrate a willingness and capacity to adjust to workforce requirements in response to recommendations from regulatory authorities and jurisdictions in Australia and New Zealand. The proponents must demonstrate their capacity to respond to and manage changing workforce requirements in terms of their training posts (SET), supervisory capacity, audit, etc.

3.4.12. The proponents must recognise the need to provide training to generalists who perform or may need to perform surgery covered by the new discipline. The education commitments must take into consideration the needs of these generalists and their communities.

3.5. Definition of a Medical Specialty

For the purposes of this policy, a medical specialty is: An autonomous medical discipline with a defined training program leading to its own discipline-specific postgraduate qualification. The holder of the qualification would practice predominantly or only in this specialty

4. ASSOCIATED DOCUMENTS

College Constitution

Surgical Education and Training policies

International Medical Graduate policies

Approver Education Board

Authoriser Council

Document Authoriser: **Executive General Manager, Education**

Document Owner: **Education Governance Specialist**

Original Issue: February 2005

Version: 3

Approval Date: October 2015

Review Date: October 2018