

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



# Surgical Supervisor and Trainer Regulations

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## Board of Paediatric Surgery

Last updated July 2018

These regulations are specific to the SET program in Paediatric Surgery, and do not cover in detail, requirements that are already explicit in the RACS Surgical Supervisors and Surgical Trainers Policies. The Board advises that these regulations should be read in conjunction with the RACS policies

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## 1. PURPOSE AND SCOPE

The purpose of these Regulations is to outline the requirements and responsibility for surgical supervisors and trainers participating in accredited training positions.

Each accredited training position has a surgical supervisor nominated by the hospital and approved by the RACS Board of Paediatric Surgery (the Board). Surgical Supervisors coordinate and are responsible for, the management, education, training and assessment of Trainees rotating through their designated accredited training posts.

## 2. SURGICAL SUPERVISORS

### 2.1 Responsibilities of a Surgical Supervisor

- 2.1.1 A Surgical Supervisor is the Fellow at an accredited training post who the specialty Training Board has designated as having direct responsibility for coordinating the education program and for undertaking formative and summative assessments which are used to determine progress in the SET program.
- 2.1.2 Surgical Supervisors are supported within an accredited training post by other Fellows who are referred to as Surgical Trainers, and who may be delegated some assessment tasks.
- 2.1.3 The duties and responsibilities of a Surgical Supervisor are to:
  - a. Coordinate the management, education and training of accredited Trainees rotating through their designated accredited training position(s).
  - b. Conduct performance assessment meetings and complete assessment reports as required.
  - c. Monitor the Trainee's operative experience and regularly review the operative logbook summaries.
  - d. Identify, document and remediate unsatisfactory or marginal Trainee performance and advise the Trainee and the Board at the earliest possible opportunity.
  - e. Understand, apply and communicate RACS policies relevant to Surgical Education and Training.
  - f. Inform hospital and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.
  - g. Conduct themselves in accordance with the RACS Code of Conduct
  - h. Participate in the hospital accreditation process as specified by the Board
  - i. Notify the Board of any change in circumstances which may impact on the accreditation status of the designated training position(s).
  - j. Participate, where required, in the selection process for Trainees into the SET Program.
  - k. Make a recommendation to the Board where required regarding the eligibility of Trainees to present for the Fellowship Examination.
  - l. Undertake appropriate training as set by the Board.

- m. Ensure that training is delivered according to the standards determined by RACS.
- n. Undertake formative and summative assessment that is fair, transparent and objective
- o. Representing RACS to the employer to ensure that minimum standards of training are maintained, promoting respect and improving patient safety in an environment that is free from unprofessional behaviour

## **2.2 Eligibility for Appointment as a Surgical Supervisor**

- 2.2.1 To be eligible for appointment as a Surgical Supervisor a Fellow must :
- a. Meet the compliance requirements for Continuing Professional Development (CPD)
  - b. Have received no level 2 or 3 sanctions from RACS within the preceding two (2) years, or be subject to any restrictions resulting from prior sanctions
  - c. Have no conditions or restrictions attached to medical registration
  - d. Must be a member of staff at the institution in which the designated accredited training position(s) is located.
  - e. Must be familiar with the surgical education and training program and RACS policies and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

## **2.3 Training and Continuing Education**

- 2.3.1 Surgical Supervisors must complete the following mandatory training courses :
- a. Foundation Skills for Surgical Educators (or a listed equivalent)
  - b. Operating with Respect face to face course
  - c. Supervisors and Trainers for SET (SAT SET) eLearning Module
  - d. Keeping Trainees on Track (KTOT) eLearning Module
- 2.3.2 All new Surgical Supervisors appointed after October 2016 must complete the mandatory training within six (6) months of appointment.
- 2.3.3 Surgical Supervisors are recommended to become members of the Academy of Surgical Educators (ASE) to assist ongoing development as an educator.

## **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 when a new training position is accredited or when an existing Surgical Supervisor resigns or is time expired.
- 2.4.3 In reviewing a nomination the Board will consider compliance with the eligibility requirements, general performance and participation in the Regional Subcommittee where applicable. Feedback may also be sought from Trainees.
- 2.4.4 The appointment or reappointment of the Surgical Supervisor will be confirmed in writing.
- 2.4.5 The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for noting.

- 2.4.6 The Board reserves the right to review the appointment or reappointment of a Surgical Supervisor at any time and put forward a revised recommendation to the BSET.

## **2.5 Tenure of Appointment**

- 2.5.1 Surgical Supervisors shall hold the position for three (3) years after appointment and further terms may be agreed between the Board and the Supervisor up to a maximum continuous period of nine (9) years. The Board may determine a modified period of appointment taking into account specific considerations.
- 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 participate in professional development activities in assessment and training offered by RACS or the Board of Paediatric Surgery.

## **2.6 Governance and Reporting**

- 2.6.1 Surgical Supervisors report to and are governed by the Board, where applicable, in accordance with the Terms of Reference.
- 2.6.2 All recommendations made by a Surgical Supervisor relating to Trainees or training positions must be made directly to the Board. Surgical Supervisors do not have the authority to modify a Trainee's training program or training status.
- 2.6.3 Surgical Supervisors may have the opportunity to gain CME credits for Continuing Professional Development teaching activities in accordance with the RACS Continuing Professional Development policies.
- 2.6.4 The Surgical Supervisor is the main point of contact between the hospital unit and the Board. As such the Surgical Supervisor is expected to relay relevant information from the Board to the unit.
- 2.6.5 While the Board will correspond directly with the Trainee, the Surgical Supervisor will receive a copy of the correspondence to assist in the training and development of the Trainee.
- 2.6.6 The main method of correspondence between the Board and the Surgical Supervisor is via email.
- 2.6.7 Surgical Supervisors are invited and encouraged to participate in the development of the SET program by attending the annual Surgical Supervisors' meeting.

## **2.7 Acknowledgement of Surgical Supervisors**

- 2.7.1 The Board recommends the institution fund the position at the rate of 30-60 minutes per Trainee per week.
- 2.7.2 A certificate bearing the motifs of RACS and the Specialty Society is provided in acknowledgement of appointment as a Surgical Supervisor.

### **3. SURGICAL TRAINERS**

- 3.1.1 Surgical Trainers are surgical consultants who are members of a unit that has been accredited by RACS as a surgical training post and who interact with Trainees in the workplace and in other educational activities.
- 3.1.1 The position of a Surgical Trainer is not an individual appointment but is recognition given to members of a unit containing an accredited training post, acknowledging that members of a unit have a significant role in the education and training of individual Trainees. Surgical Trainers are not subject to limits of tenure and hold that position for the duration of their membership of an accredited training post.
- 3.1.2 Surgical Trainers must refer to and comply with the RACS Surgical Trainers policy located on the [RACS website](#).

#### **3.2 Training and Continuing Education**

- 3.2.1 Surgical Trainers must complete the following mandatory training courses:
  - a. Foundation Skills for Surgical Educators (or a listed equivalent)
  - b. Operating with Respect eLearning module
- 3.2.2 Surgical Trainers are recommended to complete the following RACS eLearning modules:
  - a. Supervisors and Trainers for SET (SAT SET) eLearning Module
  - b. Keeping Trainees on Track (KTOT) eLearning Module
- 3.2.3 Surgical Trainers are recommended to become members of the Academy of Surgical Educators (ASE) to assist ongoing development as an educator.
- 3.2.4 Surgical Trainers in new training posts accredited after October 2016 must comply with the mandatory training within six (6) months of appointment.
- 3.2.5 Fellows commencing employment in a unit with an accredited training post – therefore assuming the status of a Surgical Trainer – must comply with the mandatory training within six (6) months of the date of commencement.