



POST FELLOWSHIP TRAINING (PFT) PROGRAM IN BREAST SURGERY

Training Regulations & Policies Handbook V 1.3

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1. INTRODUCTION

The BreastSurgANZ Handbook details the rules and regulations of the BreastSurgANZ Post Fellowship Training Program.

1.1. Definition and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these regulations

Term	Definition
BREASTSURGANZ	Breast Surgeons of Australia and New Zealand Inc.
BREASTSURGANZ SELECTION PROCESS	BreastSurgANZ Selection Process is the process for application, interview, and selection of trainees in the PFT Program as advertised on the BreastSurgANZ website from time to time.
COMMITTEE	BreastSurgANZ Post Fellowship Training Committee
COUNCIL	BreastSurgANZ Council
CPD	Continuing Professional Development
DOPS	Direct Observation of Procedural Skills in Surgery
OPBS	Oncoplastic Breast Surgery
PFT	Post Fellowship Training
PFT 1	First year trainee
PFT 2	Second year trainee
PFT PROGRAM	BreastSurgANZ Post Fellowship Training Program
PFT TRAINING DAY	Post Fellowship Training Day
RACS	Royal Australasian College of Surgeons
REGULATIONS	Regulations for the BreastSurgANZ Post Fellowship Training Program in Breast Surgery
RPL	Recognition of Prior Learning
HOSPITAL SUPERVISOR	The Hospital Supervisor is the surgeon appointed by an accredited PFT Hospital Unit and approved by BreastSurgANZ as the Hospital Supervisor of breast surgery training in the PFT program for the Unit within the Regulations
TERM	The PFT program consists of two (2) training terms per 12-month training year, each being six months in duration typically February to July (Term 1) and August to January (Term 2)
TRAINEE	Trainee/s participating in the BreastSurgANZ PFT Program
TRAINING YEAR	A training year consists of one (1) twelve-month period (typically February to February) in an accredited BreastSurgANZ training post

1.2 Overview of the Regulations

- 1.2.1 The Regulations are approved by the BreastSurgANZ PFT Committee and Council and may be amended for from time to time with the approval of the PFT Committee and/or Council in accordance with the policies and strategic direction of BreastSurgANZ.
- 1.2.2 The Regulations encompass the rules, procedures, policies, administrative processes, and principles for the establishment and conduct of the PFT Program *and are subject to other* BreastSurgANZ policy and procedures.
- 1.2.3 All Trainees, Supervisors, BreastSurgANZ PFT Committee, and Council Members are required to comply with the Regulations.
- 1.2.4 The information in the Regulations is as accurate as possible at the time of publication. The PFT Committee reserves the right to make reasonable changes to the Regulations at any time. As the Regulations are subject to change, the most current version is available on the BreastSurgANZ website. All affected persons are advised to ensure they are consulting the most current version.
- 1.2.5 All Trainees and Hospital Supervisors must be familiar with any applicable BreastSurgANZ policies, which are specifically referred to throughout these Regulations.

1.3 Administration, Governance and Ownership

- 1.3.1 BreastSurgANZ is the body that administers and manages the PFT Program in Breast Surgery in Australia and New Zealand.
- 1.3.2 The PFT Program is not affiliated with or governed by the Royal Australasian College of Surgeons (the College).
- 1.3.3 The PFT Committee has oversight of the Program including the management and conduct of the PFT Program in Australia and New Zealand, the accreditation of hospital units, and the selection, evaluation, and assessment of Post Fellowship Trainees.
- 1.3.4 Clinical training and supervision of trainees is the responsibility of the training supervisor and accredited hospital unit. Trainees are employed directly by their allocated hospital and are therefore required to follow and adhere to all HR and other regulations of their training unit/hospital
- 1.3.5 The composition, appointment, positions, terms of office, meetings and roles of the Committee are detailed in the BreastSurgANZ PFT Committee Terms of Reference (ToR), as amended by Council from time to time.
- 1.3.6 The Committee provides advice and recommendations to Council on matters relating to the PFT Program including recommendations for the ongoing development of training and updating the PFT Program syllabus.

2. PROGRAM OVERVIEW

The aim of the PFT Program is to provide Post Fellowship training in Breast Surgery to general surgeons following successful completion of their pre-Fellowship training in general surgery and after obtaining the qualification of a Fellowship of the Royal Australasian College of Surgeons (FRACS) and being entitled to sole practice as a general surgeon.

The BreastSurgANZ Post Fellowship Training (PFT) program in breast surgery is open to:

- a) Suitably qualified applicants who have been awarded Fellowship of the Royal Australasian College of Surgeons (FRACS) in General Surgery
- b) Applicants who have successfully completed the May RACS Fellowship Exam at the time of application to the PFT Program, and who have successfully completed all SET training requirements including all mandatory courses, SEAMs, presentations and research at the time of application to the program.

Travel to accept an accredited training position in New Zealand or interstate within Australia is a requirement for acceptance onto the PFT Program.

3. TRAINEE ADMINISTRATION

3.1 Trainee selection

- 3.1.1 Trainees are selected to the PFT Program in accordance with the [BreastSurgANZ PFT Selection Policy](#), including matching trainees to accredited training position via a competitive centralised ranking process.
- 3.1.2 The selection process and matching of candidates to accredited hospital positions is managed by the BreastSurgANZ administration team and annual selection timelines are published on the BreastSurgANZ website.
- 3.1.3 Following assessment of Trainee applications, assessment scores for each applicant are collated and a final, overall score is calculated ranking candidates from highest to lowest.
- 3.1.4 Candidates are allocated to accredited positions in order of their final ranking (from first to last) and according to how each candidate has preferenced the available training positions.
- 3.1.5 Placement to a PFT training position **cannot** be made outside the centralised ranking and allocation process. Hospitals Supervisors are not permitted to offer prospective or successful candidates a position outside of the centralised ranking and allocation process.
- 3.1.6 Unless in exceptional circumstances, any candidate who declines an offer at the completion of the selection process will have that offer withdrawn.
- 3.1.7 For detailed information regarding selection into the BreastSurgANZ Post Fellowship Training Program, please refer to the Selection Regulations located on the BreastSurgANZ website.
- 3.1.8 An ability to travel interstate with Australia and/or to New Zealand for one or both years of training is a requirement of acceptance to the BreastSurgANZ PFT Program.

3.2 Hospital Position Allocation

- 3.2.1 Every applicant who applies for a position on the PFT Program must submit a list of hospital position preferences following their initial application. Applicants must rank **all** available hospital positions relevant to their training year (first or second year) from first to last and must be prepared to accept the position that is allocated to them.
- 3.2.2 The BreastSurgANZ PFT program is a bi-national program consisting of two, twelve-month training rotations, which are generally undertaken in hospitals in Australia and/or New Zealand to provide broad training experience in breast surgery.
- 3.2.3 Candidates applying for a position on the program **must** be able to travel interstate within Australia and/or to/from New Zealand to complete their training for one or both years of clinical training.
- 3.2.4 Applicants who are unable to travel interstate within Australia and/or to/from New Zealand are ineligible for acceptance onto the Program

3.3 Overseas training

- 3.3.1 The PFT Committee may, upon its satisfaction of the training being of high quality and of at least equivalent standard, provide prospective approval of a period of overseas training as an accredited PFT program training year subject to the usual and required reporting, supervision and training requirements to be assessed in the usual course for satisfactory completion and as stipulated in [clause 5.1](#).
- 3.3.2 A period of overseas training may be accredited for up to twelve (12) months but only for trainees completing their second year of training.
- 3.3.3 Pre-approval of an overseas training position must be obtained from the Committee upon written application made **prior to** the commencement of the selection process for the training year in which the candidate intends to travel overseas and evidenced with full supporting documentation.
- 3.3.4 Application for prospective approval must include full details of the position description, hospital/ unit and Supervisor details, employment contract (if an overseas position has been approved) and any other details as required and as detailed in the Application for Prospective Accreditation of Post Fellowship Training.
- 3.3.5 Applications must be submitted to the PFT Committee for consideration at training@breastsurganz.org.

- 3.3.6 Generally, an overseas accredited training position would be required to be within a similar reputable international post-fellowship breast surgery training program and at a training hospital with similar Unit standards as with other accredited PFT program training positions.
- 3.3.7 It is a mandatory requirement of the BreastSurgANZ PFT Program that all trainees complete at least one year of their clinical training in an Australian or New Zealand accredited hospital unit.
- 3.3.8 Where a trainee is unable to complete a full 12 months of full time training as part of an overseas placement, the trainee must, upon return to Australia or New Zealand complete an additional 12 months of full time training unless a part time accredited training position is available. Under these circumstances a trainee must submit an application for selection for an additional year of clinical training via the BreastSurgANZ PFT Program Selection process.
- 3.3.9 Approval of an overseas period of training will not be given to any Trainee who has already accepted a matched training position in the PFT program except in extraordinary circumstances to be immediately notified in writing to BreastSurgANZ. An alternate offer of overseas training will not be considered as extraordinary circumstance.
- 3.3.10 In the event a Trainee is approved for a period of overseas training, but where a Trainee fails to adhere to the stipulated requirements as detailed in [clause 5.1](#), within two weeks following the specified deadline for submission of the required assessment documentation, the Trainee may be considered to have withdrawn from the PFT Program and will be noted on BreastSurgANZ records as officially withdrawn from training.

3.4 Training Duration

- 3.4.1 PFT Program training must be completed within a three (3) year period, or otherwise as approved in writing by BreastSurgANZ. Approved family, carers or sick leave shall not be included in the calculation of the maximum period of training.
- 3.4.2 It is mandatory for trainees to satisfactorily complete two, full-time equivalent 12-month periods of clinical training (PFT 1 and PFT 2) to qualify for successful completion of the program.
- 3.4.3 A third year of research may be completed within the required three (3) year completion period. Approval to complete a year of research must be prospectively approved by the PFT Committee and any requests to complete a year of research must be submitted to the Committee prior to commencement of the selection process for the year in which the trainee wishes to undertake research.
- 3.4.4 Part time training may be permitted but only when an accredited, part-time hospital position is available at the time of application and with prospective approval by the PFT Committee. Approval will only be granted on the basis that to be eligible for successful completion of the PFT program the trainee has completed the equivalent of two, full-time 12-month periods of clinical training (PFT 1 & PFT 2).
- 3.4.5 Part time training in an un-accredited hospital position will not be approved by the Committee.

3.5 Interruption to training

Interruption to training is a period of approved absence of a Trainee from the BreastSurgANZ PFT Program.

- 3.5.1 All requests for interruption must be made in writing to the PFT Committee and must include details regarding the requested length of interruption and the reason for interruption. Periods of interruption which extend beyond the allowed six weeks of leave as stipulated in clause 3.9, must be approved by the BreastSurgANZ PFT committee in consultation with the Trainee's hospital supervisor.
- 3.5.2 With the exception of leave for medical or family reasons, applications for periods of extended leave must be provided to the PFT, wherever possible, prior to commencement of selection for a new training year.
- 3.5.3 Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

3.6 Deferral from training

- 3.6.1 Deferral from training, unless in exceptional circumstances, is not permitted following successful selection to the program but may be permitted with prospective approval from the Committee, upon application in writing to the PFT Committee which should generally be made prior to the completion of the selection period for which the application is being made, or otherwise in extraordinary circumstances.

3.7 Withdrawal from a training position

- 3.7.1 Withdrawal from the PFT Program is strongly discouraged by the Society, except where special circumstances apply which should be notified in writing to the Committee.
- 3.7.2 Withdrawal from a training position after acceptance of a matched position and prior to commencement of the position must be immediately notified in writing to BreastSurgANZ.
- 3.7.3 Withdrawal from an offer of an allocated BreastSurgANZ Post Fellowship Training position can result in a penalty of up to a two (2) year period of exclusion from re-applying. During this period, the trainee is ineligible for Full membership of the Society. Please refer to the BreastSurgANZ Membership Policy for further information.
- 3.7.4 A Trainee who formally withdraws from the program following commencement of an accredited training position and prior to the successful completion of two years of clinical training (PFT 1 and PFT 2) will not be eligible for Full membership of BreastSurgANZ unless the trainee re-applies and is successfully selected back onto the program and successfully completes two years (PFT 1 and PFT 2) years of clinical training.
- 3.7.5 Trainees who withdraw without successfully completing first and second year of clinical training may apply for Associate Membership following their withdrawal pending approval by the BreastSurgANZ Membership committee.

3.8 Extension to Training

- 3.8.1 Requests for an extension to training must be made to the PFT committee and approved at least six (6) months prior to the commencement of a new training year. Requests submitted outside of this timeframe will only be considered in exceptional circumstances.
- 3.8.2 Requests must be made in writing and must specify the following:
 - a) Length of extension
 - b) Reason for the extension including detailing particular areas of concern
- 3.8.3 The PFT Committee will consider the request for extension to training and will advise the Trainee once a decision has been reached.
- 3.8.4 Trainees will be notified of the decision of the Committee within seven (7) working days of the decision being made. Trainees are reminded that the BreastSurgANZ PFT Committee meets quarterly. If a request is urgent, trainees should call the BreastSurgANZ CEO to advise the urgency of the request so that the request is fast-tracked for consideration/approval by the Committee if required.
- 3.8.5 All requests pertaining to a request for an extension to training must be submitted to training@breastsurganz.org

3.9 Leave

- 3.9.1 Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per twelve-month training rotation subject to approval by the employing authority. Leave that extends beyond six (6) weeks may result in that year of training not being accredited.
- 3.9.2 Where a Trainee takes more than six (6) weeks leave during a twelve-month term, the term may be deemed un-assessable if the Supervisor and Breast Unit consultants have had insufficient time to adequately assess the Trainee's performance and logbook numbers. In this instance, a written report must be provided by the Hospital Supervisor to the PFT Committee for review and consideration. The PFT Committee will make the final determination as to whether the training term can be assessed.
- 3.9.3 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference, and carer's leave.
- 3.9.4 Trainees wishing to take more than six (6) weeks of leave during a single training year (12 month period) must receive prior approval for either interruption to training or extension of leave from the BreastSurgANZ PFT Committee in accordance with [clause 3.5](#) of these Regulations, and subject to approval by the employing authority.
- 3.9.5 Trainees who take leave from Training without the prior approval or notification to, the PFT Committee, will be considered as having permanently withdrawn from training and the PFT Program. Upon learning that the Trainee has left their employment, the BreastSurgANZ PFT Committee will provide 10 days' notice to the Trainee, for attendance at a meeting to consider their continued participation in the program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed from training.

3.10 Recognition of Prior learning

- 3.10.1 No recognition of prior learning shall be considered in the assessment of satisfactory completion of the PFT program.
- 3.10.2 Any work undertaken in a vacant, approved accredited PFT position which has not been filled via the BreastSurgANZ PFT centralised selection process is not recognised as prior

3.11 Registration and Training Fees

- 3.11.1 Trainees are required to pay the following fees if successfully selected onto the BreastSurgANZ PFT Program:”
- a) BreastSurgANZ Specialist Trainee Membership fee,
 - b) PFT Program fee, and
 - c) PFT program application fees for any application for selection during the period of Post Fellowship Training.
- 3.11.2 Training fees are approved each year by BreastSurgANZ and published on the BreastSurgANZ website.
- 3.11.3 Trainee assessment will be withheld for non- payment of fees. No Certificate of Completion will be issued when any monies remain outstanding and owing to BreastSurgANZ.
- 3.11.4 BreastSurgANZ Post Fellowship Trainees are required to attend a number of workshops to satisfactorily complete the training program. The costs of attendance at these workshops will be the responsibility of the trainee.

3.12 Code of Conduct

All trainees are bound by the BreastSurgANZ Code of Conduct.

4. ACCREDITED HOSPITALS AND HOSPITAL SUPERVISORS

A Hospital breast surgery Unit may apply to BreastSurgANZ for accreditation as a participating training hospital. The Committee may inspect the Unit and may provide accreditation in accordance with the ‘BreastSurgANZ Training Unit Accreditation Policy’

4.1 Application for Hospital Position accreditation

Hospitals interested in applying for accreditation as part of the PFT program must contact BreastSurgANZ directly as per the BreastSurgANZ Training Unit Accreditation Policy.

4.2 Training Supervisor

Each accredited Hospital Unit is required to appoint a qualified breast surgeon as the Hospital Supervisor who will have direct responsibility for the training and supervision of the allocated trainee. Selection of the nominated Supervisor will include consideration of that person’s breadth of experience, capability to teach, mentor and provide ongoing, regular direction to the Trainee

The Hospital Supervisor must:

- a) hold qualifications as a current practising general surgeon (FRACS or equivalent)
- b) be a current FULL, financial Member of BreastSurgANZ
- c) have the necessary skills and experience as a specialist breast surgeon to supervise Trainee/s and provide a substantial component of the trainee teaching and contact.
- d) comply with the Program regulations and the role requirements as outlined in the BreastSurgANZ Training Unit Accreditation Policy (as amended from time to time), including signing the BreastSurgANZ training agreement as provided from time to time.
- e) be endorsed by the PFT Committee prior to commencement in the role.
- f) be a minimum of five (5) years post completion of Post Fellowship training
- g) ensure leave is granted to the trainee to be able to attend the annual BreastSurgANZ Trainees’ Day and any other compulsory in-person workshops including adequate time for travel either side of any workshop or meeting.

4.3 Role of Hospital Training Supervisor

Each nominated Hospital Supervisor is responsible for:

- a) providing supervision and co-ordinating education, training, and management of the Trainee in accordance with the requirements of the PFT program and the Regulations, including provision of adequate Trainee remuneration, appropriate contract, roster, standards and workplace conditions, and compliance with occupational health and safety standards and requirements.
- b) adequate training experiences for the Trainee, as are reasonably possible to meet the needs and requests of the Trainee.
- c) oversight of the Trainee's progress in the PFT Program including logbook, DOPs, research project, any Trainee's Day papers and presentations, and any trainee assessment and evaluation requirements.
- d) monitoring and managing the Trainee's performance, including providing constructive feedback from the Consultant team to the Trainee about the Trainee's performance, including regular informal feedback and formal feedback, including providing evaluation reports (as set out below) at least every three (3) months.
- e) completion of a Supervisor Letter at the completion of Term 1 and Term 2 of each 12-month training rotation. The Supervisor letter must acknowledge that the trainees' logbook has been reviewed and sighted and signed as true and accurate; and that the trainee has satisfactorily met all the requirements stipulated in clause 5.1 of this handbook. End of term Supervisor letters must be on letterhead and signed by the training supervisor.
- f) ensuring accurate reporting of the Trainee's operative experience.

4.4 Reporting of Unsatisfactory Performance

Hospital Supervisor's must inform BreastSurgANZ in writing of any unsatisfactory or marginal performance or misconduct of the Trainee, to be forwarded within a reasonable timeframe should these or any other issues be identified.

Such report must detail the areas of concern and any steps being undertaken or proposed to assist the trainee to improve performance, or any other recommendations to the Committee including probation, dismissal, or additional training requirements.

5. ASSESSMENT

The table below provides an overview of the overall minimum training requirements of the BreastSurgANZ PFT Program in Breast Surgery.

5.1 Annual Reporting and Training Requirements

FIRST YEAR	
Requirement	Quantity/Description
Logbooks	<ul style="list-style-type: none"> • Two (2) per twelve-month rotation • Trainees are required to use the RACS MALT logbook to record operative cases. • Logbooks, must be sighted, signed, and dated by your Training Supervisor, for each six (6) month rotation. It is the Trainee's responsibility to ensure that Logbooks are signed by their supervisor prior to submission for assessment. • Trainees are to submit the Logbook Summary Report (LSR) only and the status must be 'completed and approved' not draft. No other reports will be considered for assessment purposes. • >/+ 150 minimum cases per annum • Must be breast cancer operative cases • Must be a minimum of 100 cases as the primary operator including supervisor of SET trainees / others • The minimum case number requirement will be reviewed bi-annually by the PFT Committee
Direct Observation of Procedural Skill (DOPS)	<p>Four DOPS per training year (two per term)</p> <ul style="list-style-type: none"> • DOPS are a learning tool for trainees and may be completed on multiple occasions by a trainee prior to the trainee obtaining a rating of <u>Competent</u>. • DOPS assess a trainee's competency to independently perform each of the procedures outlined below by end of their first year of training • A rating of <u>Competent</u> on all four DOPS is a compulsory requirement to move from first to second year of training • Unit Consultants may complete multiple DOPS with trainees; however, the Training Supervisor must complete the final DOPS to confirm a trainee is Competent. This is the DOPS which must be submitted to BreastSurgANZ for PFT Committee review as per the timelines detailed annually. • Trainees should allow sufficient planning time to ensure their nominated Training Supervisor has sufficient time to complete the DOPS prior to the submission deadlines. <p>Trainees must complete one of each of the following DOPS in first year of training.</p> <ol style="list-style-type: none"> 1. Mastectomy (Term 1) 2. Sentinel node biopsy (Term 1) 3. Image guide excision (Term 2) 4. Axillary clearance (Term 2) <ul style="list-style-type: none"> • Mastectomy and Sentinel Node biopsy DOPS must be completed, and trainee signed off as competent in Term 1 prior to completion of the selection process for the following year's training to assess the ability of a trainee to progress an application for a second year of training. • Image guided excision and Axillary clearance DOPS must be completed in Term 2, and trainee signed off as competent by mid-way through the term of training to allow time for feedback and further training / completion of DOPS where a trainee is not yet competent. In this situation the trainee will progress to second year but will in effect be repeating their first year of training. • Annual submission deadlines are provided to trainees prior to the start of their training year.

SECOND YEAR

Requirement	Quantity/Description
<p>Logbooks</p>	<ul style="list-style-type: none"> • Two (2) per twelve-month rotation • Trainees are required to use the RACS MALT logbook to record operative cases. • Logbooks, must be sighted, signed, and dated by your Training Supervisor, for each six (6) month rotation. It is the Trainee’s responsibility to ensure that Logbooks are signed by their supervisor prior to submission for assessment. • Trainees are to submit the Logbook Summary Report (LSR) only and the status must be ‘completed and approved’ not draft. No other reports will be considered for assessment purposes. • >/+ 200 minimum cases per annum • Must be breast cancer operative cases • Must be a minimum of 150 cases as the primary operator including supervisor of SET trainees / others • The minimum case number requirement will be reviewed bi-annually by the PFT Committee
<p>Direct Observation of Procedural Skill (DOPS)</p>	<p>Four DOPS per training year (two per term)</p> <ul style="list-style-type: none"> • DOPS are a learning tool for trainees and may be completed on multiple occasions by a trainee prior to the trainee obtaining a rating of <u>Competent</u>. • DOPS assess a trainee’s competency to independently perform each of the procedures outlined below by end of their first year of training • A rating of <u>Competent</u> on all four DOPS is a compulsory requirement to move from first to second year of training • Unit Consultants may complete multiple DOPS with trainees; however, the Training Supervisor must complete the final DOPS to confirm a trainee is Competent. This is the DOPS which must be submitted to BreastSurgANZ for PFT Committee review as per the timelines detailed annually. • Trainees should allow sufficient planning time to ensure their nominated Training Supervisor has sufficient time to complete the DOPS prior to the submission deadlines. <p>Trainees must complete one of each of the following DOPS in first year of training.</p> <ol style="list-style-type: none"> 5. Nipple Sparing Mastectomy (Term 1) 6. Implant Based Reconstruction (Term 1) 7. Therapeutic Mammoplasty (Term 2) 8. Trainee Choice (Term 2). A repeat of first year DOPS is not permitted. <ul style="list-style-type: none"> • Nipple Sparing Mastectomy and Implant Based Reconstruction DOPS must be completed, and trainee signed off as competent in Term 1 • Therapeutic Mammoplasty and Trainee Choice DOPS must be completed in Term 2, and the trainee signed off as competent by mid-way through the term to allow time for feedback and further training / completion of DOPS where a trainee is not yet competent. • Where competency is not reached across all four DOPS the trainee may need to complete an additional year of training. • Annual submission deadlines are provided to trainees prior to the start of their training year.

FIRST AND SECOND YEAR

<p>Surgical Portfolio</p>	<ul style="list-style-type: none"> • >/= 20 case per annum (10 per term) • The Surgical Portfolio is a brief record of new patients seen in clinic or rooms • The portfolio is designed for trainees to undertake a succinct reflection of each case including the imaging modalities used, the operation performed, the histology and multi-disciplinary team (MDT) treatment recommendations • It should only take 5 – 10 minutes to complete. • It is mandatory that once completed, trainees discuss each case with their nominated training supervisor and that their nominated training supervisor signs off on each case prior to submission at the end of each term. • Templates for completion will be provided to all trainees at the start of their training year and an example template will be provided to all trainees for reference purposes
<p>BreastScreen</p>	<ul style="list-style-type: none"> - Mandated five (5) BreastScreen sessions per annum. - Where a training hospital does not mandate attendance at BreastScreen, it is an expectation that the training Supervisor will facilitate an approach/introduction of the fellow to the designated surgeon in the relevant region to facilitate attendance. - It is the responsibility of the trainee to work with their training Supervisor to facilitate achievement of this requirement. - Where a trainee requires further support to attend the required BreastScreen sessions, or if a trainee has concerns they will not be able to meet this requirement, the trainee should contact BreastSurgANZ on training@breastsurganz.org to request assistance as early as feasible to allow adequate time for the PFT Committee to respond.
<p>Supervisor Letter</p>	<ul style="list-style-type: none"> • 2 per annum (submitted at the end of Term 1 and Term 2) • Supervisor letters must be submitted via email with full email signature or on professional letterhead stating: <ul style="list-style-type: none"> - the supervisor has sighted, signed, and approved the trainee’s logbook, and - the trainee has satisfactorily passed the term of training • Where a supervisor submits a letter on formal letterhead, the Supervisor must also sign the letter • Supervisor letters submitted on blank paper and/or unsigned will not be accepted
<p>Ultrasound</p>	<ul style="list-style-type: none"> • Completion of Advanced Ultrasound Course by completion of two years training is compulsory • Trainees are encouraged to build relationships with Ultrasonographers and the radiology team • Evidence of ultrasound training/exposure to be reflected in the surgical portfolio • Details of approved Ultrasound courses will be provided to trainees prior to the commencement of their training year

FIRST AND SECOND YEAR

Research (Higher Learning)

- Trainees have three years (two years of clinical training plus an additional 12 months) within which to complete their higher learning requirements
- Full membership however will not be awarded until such time as the trainees' research and presentation requirements have been satisfactorily met
- The higher learning requirement for the BreastSurgANZ PFT Program will be met by any of the following:
 - Completion of a PhD of any kind providing confirmation is completed by the end of three years including submission of a letter from the research supervisor confirming the PhD and a project proposal
 - Completion of the Graduate Certificate in Advanced Surgery (Breast surgery) or the Master of Advanced Surgery (Breast Surgery) or the research subject for submission to the Masters
 - Chief Investigator (CI) on an existing or upcoming major grant application, major international research project or an ongoing training research project that has commenced but will be completed within the two years of BreastSurgANZ PFT training. Involvement in any of these projects requires PFT committee approval.
 - Publication (or evidence of successful acceptance) of research in a peer-reviewed journal (first author). Does not need to be a breast specific journal but must be a breast.
 - Research may be presented at the annual Trainees' Day only where prior approval/sign off has been provided by the PFT Committee a minimum of eight weeks prior to the meeting.
 - Research must be a breast specific topic and trainees must be able to demonstrate where their research will be presented e.g., Poster Presentation at the RACS ASC or other breast specific meeting.
- The following does not constitute completion of the Higher Learning requirement of training:
 - Presentation at the Trainees' Day which is not the trainee's own research
 - Case reports
- Timelines for submission of research (first years) and research progress (second years) will be provided to trainees prior to the commencement of their training year.

Presentations

- Trainees must, within their two-year training period complete the following in order to meet the Presentation requirements of training:
 - Evidence of presentation at a national or international breast meeting/conference is mandatory and constitutes the satisfactory completion of the presentation requirement of training
 - Evidence of presentation at State based breast meeting/conference is required but does not constitute satisfactory completion of the presentation requirement of training.
 - Presentation of own breast specific research at the annual Trainees' Day (pending approval by the PFT Committee). Presentation and answering of questions will be adjudicated by the PFT Committee members present at Trainee's Day.

5.2 Other Training Requirements (First and Second Year)

OTHER	
Trainees' Day	<ul style="list-style-type: none"> Attendance at Trainees' Day is compulsory. The BreastSurgANZ Trainees' Day is typically held in conjunction with the BCT ASM in July or as otherwise approved by BreastSurgANZ. A presentation by second year trainees is compulsory at Trainees' Day. Presentation requirements will be advised to Trainees at least six (6) weeks prior to the meeting.
Level 1 & 2 Oncoplastic Breast Surgery Workshops	<ul style="list-style-type: none"> Trainee attendance at the BreastSurgANZ Level 1 and Level 2 BreastSurgANZ Oncoplastic Breast Surgery (OPBS) Workshops is compulsory Attendance at the Level 1 OPBS Workshop in first year is compulsory Attendance at the Level 2 OPBS Workshop in first year is strongly recommended however application can be made to the PFT Committee in exceptional circumstances for the course to be completed in a trainee's second year of training
Journal Club	<ul style="list-style-type: none"> PFT Program Journal club online meetings are held quarterly (or as otherwise advised by BreastSurgANZ) and are coordinated by the Trainee Representative. First and/or second year trainees may be asked to present at one or more BreastSurgANZ PFT Program Journal Club online meetings during training. Details including presentation topics and papers will be discussed and provided to the trainee with at least four (4) weeks' notice prior to the meeting taking place. Annual Journal Club meeting dates will be advised prior to the commencement of the training year
BreastSurgANZ / VCCC Webinars	<ul style="list-style-type: none"> BreastSurgANZ / VCCC Breast Cancer Education webinars will be held bi-annually First and/or second year trainees may be asked to present at a VCCC/BreastSurgANZ Breast Cancer Educational webinars during their training. Trainees will be consulted prior to involvement being confirmed. Annual BreastSurgANZ / VCCC Breast Cancer Education webinar dates will be advised prior to the commencement of the training year.
Members Only Forum (BreastSurgANZ website)	<ul style="list-style-type: none"> Trainees may be required to contribute case discussions to be presented on the BreastSurgANZ Member's Only Forum. Any involvement of trainees in the Member's Only Forum will be advised via the BreastSurgANZ Education Committee and/or the Trainee Representative Case discussions are planned on a monthly basis.

5.3 Training, Terms and Posts

The BreastSurgANZ PFT Program is designed to allow the Trainees to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist breast surgeon.

5.3.1 All training terms are twelve (12) months in duration. Trainees will be required to satisfactorily complete a minimum of two (2) terms.

5.3.2 Trainees may be required to complete additional training terms based on performance and level of competency.

5.4 BreastSurgANZ Minimum Case Load – Competency Based Assessment

Prior to being awarded the BreastSurgANZ Certificate of Post Fellowship Training in Breast Surgery, Trainees are required to:

5.1.1 Complete all PFT Program training requirements, as listed in the above table.

5.1.2 Achieve minimum experience during 2 years of training as primary operator:
A minimum of 200 breast procedures, including 60% as primary operator

- Mastectomy (minimum 15 cases)
- Skin sparing mastectomy (5 cases)
- Needle localization / ROLL / sCEOent mastectomy/biopsy (minimum 15 cases)
- SCEOental mastectomy/wide local excision for malignancy (minimum 25 cases)
- Axillary dissection (minimum 10 cases)
- Sentinel node biopsy (minimum 30 cases)
- Benign breast disease (minimum 25 cases) reconstructive procedures (minimum 7 cases - observation at minimum not as primary operator)
- Microdochectomy (minimum 5 cases)

5.5 Direct Observation of Procedural Skills in Surgery (DOPS) Assessment

5.5.1 Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

5.5.2 The DOPS forms can be found in the BreastSurgANZ Member's Only Portal under Resources.

5.5.3 Multiple scores of 'Improvement Required' or a single score of 'Significant Improvement Required' indicates a need for improvement in performance. Trainees should be counselled and given the opportunity to improve the relevant skills before being re-assessed. This process may be repeated until significant improvement is demonstrated

5.6 Satisfactory Completion

5.6.1 A twelve (12) month training year will be assessed by the Committee and considered by BreastSurgANZ as satisfactory when the training requirements are submitted by the due date and satisfy the stipulated training requirements for successful completion of a training term.

5.7 Unsatisfactory Completion

A twelve (12) month training year will be assessed by the Committee and considered by BreastSurgANZ as unsatisfactory when either:

- a) the training requirements are not submitted by the stipulated due dates
- b) the training requirements are not satisfied for clinical performance and training standards
- c) Leave exceeds six weeks, or seven weeks if at least one week of professional development leave is included without prior approval of the Committee as per [clause 3.9](#)

- d) The trainee withdraws from the PFT program without prior approval of BreastSurgANZ, or
- e) As otherwise deemed unsatisfactory by BreastSurgANZ in extraordinary circumstances.

5.8 Unsatisfactory or Marginal Trainee Performance

- 5.8.1 Where a Trainee is reported during the training evaluation and assessment of their training by the Hospital Supervisor as having unsatisfactory performance, both BreastSurgANZ as the body responsible for managing the PFT program, together with the Trainee's employing hospital body, are responsible for managing the Trainee's performance, including any probation or dismissal for unsatisfactory performance.
- 5.8.2 If the trainee is considered by the Hospital Supervisor in consultation with the training unit to be borderline or unsatisfactory in performance, the trainee should be placed immediately on probation. A probationary plan must be developed by the Supervisor and the Committee Chair/s, including:
 - a) identifying the areas of concern in performance and what improvements are required to meet training standards.
 - b) a remedial plan, including proposed support, additional training, meetings, and supervision.
 - c) further ongoing assessment and update reports, copies to be submitted to BreastSurgANZ
 - d) possibility of dismissal if satisfactory improvement is not made within a reasonable probationary period, within a maximum of six (6) months.
 - e) a written confirmation of the summary of a meeting discussing the probationary plan to be promptly sent by the Committee Chair/s to all attendees.
- 5.8.3 Where the trainee's performance is considered satisfactory at the end of the probation period, the probation status is removed.
- 5.8.4 Where the trainee's performance is considered to remain unsatisfactory at the end of the probation period, the Trainee is deemed to have failed this year of training and may at the option of BreastSurgANZ be dismissed from the PFT training program unless any other special circumstances apply to allow consideration by the Committee of an offer to repeat the training year.

5.9 Trainee Misconduct

- 5.9.1 The Committee and BreastSurgANZ will consider any necessary action in relation to the training program from any misconduct by the Trainee, including removal or deferral from the program, unsatisfactory completion of training, recommendation for any additional training, and/or any other necessary action in accordance with the BreastSurgANZ PFT Program Misconduct Policy.
- 5.9.2 Should a trainee be disciplined or dismissed by the Trainee's employing hospital body or a regulatory body for misconduct, such action must be immediately reported to BreastSurgANZ by the Trainee as well as the Hospital Supervisor and/or participating hospital.

5.10 Appeals

Decisions relating to training assessment and satisfactory completion of training may be reviewed or appealed in accordance with the BreastSurgANZ policy for appeals, consistent with the rules of fairness and natural justice.

6. DOCUMENT VERSION

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