



POST FELLOWSHIP TRAINING (PFT) PROGRAM IN BREAST SURGERY

Training Regulations & Policies Handbook
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1. INTRODUCTION

This Handbook sets out the rules, regulations, policies, and administrative requirements governing the BreastSurgANZ Post Fellowship Training (PFT) Program in breast surgery.

1.1. Definition and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout this Handbook.

Term	Definition
BREASTSURGANZ	Breast Surgeons of Australia and New Zealand Inc.
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.
PFT PROGRAM	Post Fellowship Training (PFT) Program or ‘the Program’
COMMITTEE	‘the Committee’ being the BreastSurgANZ Post Fellowship Training (PFT) 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 TRAINING DAY	Post Fellowship Training Day
RACS	Royal Australasian College of Surgeons
REGULATIONS	The rules, policies and processes for the BreastSurgANZ Post Fellowship Training Program in Breast Surgery
RPL	Recognition of Prior Learning
TRAINING SUPERVISOR	The surgeon appointed by an accredited PFT Hospital Unit and approved by BreastSurgANZ to supervise training.
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 reviewed by the BreastSurgANZ Council and may be amended from time to time.
- 1.2.2 The regulations as outlined in this Handbook encompasses the rules, procedures, policies, and administrative processes governing the establishment and conduct of the PFT Program and operates alongside other BreastSurgANZ policies and procedures.
- 1.2.3 All trainees, supervisors, committee members, and Council members are required to comply with these Regulations and any applicable BreastSurgANZ policies.
- 1.2.4 The information in this Handbook is as accurate as possible at the time of publication. The PFT Committee reserves the right to make reasonable changes at any time. As the regulations are subject to change, the most current version will be published on the BreastSurgANZ website and affected persons are responsible for ensuring they consult the current version.
- 1.2.5 All Trainees and Hospital Supervisors must be familiar with any applicable BreastSurgANZ policies referred to throughout this Handbook.

1.3 Administration, Governance and Ownership

- 1.3.1 BreastSurgANZ is the body responsible for administering and managing the PFT Program in breast surgery in Australia and New Zealand.
- 1.3.2 The PFT Program is administered and governed independently of the Royal Australasian College of Surgeons (RACS).
- 1.3.3 The PFT Committee has oversight of the Program, including accreditation of hospital units, trainee selection, assessment, and evaluation.
- 1.3.4 Clinical training and supervision are the responsibility of the accredited hospital unit and the appointed Hospital Supervisor. Trainees are employed by their allocated hospital and are subject to that hospital's employment contracts, workplace policies, and human resources requirements.
- 1.3.5 The composition, roles, and terms of reference of the PFT Committee are detailed in the PFT Committee Terms of Reference, as approved 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 program development and syllabus updates.

2. PROGRAM OVERVIEW

The aim of the BreastSurgANZ Post Fellowship Training (PFT) Program is to provide advanced subspecialty training in breast surgery to general surgeons following successful completion of Fellowship of the Royal Australasian College of Surgeons (FRACS), enabling independent practice as a specialist breast surgeon.

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

- a) have been awarded Fellowship of the Royal Australasian College of Surgeons (FRACS) in General Surgery; or
- b) have successfully passed the RACS Fellowship examination and completed all SET training requirements, including mandatory courses, SEAMs, presentations, and research, at the time of application to the program.

BreastSurgANZ reserves the right to request documentary evidence of FRACS and/or completion of SET requirements.

The PFT Program is a bi-national program delivered across accredited hospitals in Australia and New Zealand. Applicants must be willing and able to travel interstate within Australia and/or to New Zealand to accept an accredited training position.

Applicants must be prepared to accept any allocated position from their ranked list. 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. TRAINING TERMS AND POSTS

- 3.1 The BreastSurgANZ PFT Program is designed to develop competency across clinical, technical, professional, and leadership domains required for safe, independent practice as a specialist breast surgeon.
- 3.2 Each training year is twelve (12) months in duration. Trainees must satisfactorily complete a minimum of two (2) full-time equivalent training years (PFT 1 and PFT 2) to be eligible for completion of the Program.
- 3.3 Additional training time may be required where a trainee has not demonstrated the required level of competency or has not met assessment requirements.
- 3.4 The first year of training focuses primarily on breast oncology, while the second year of training focuses on oncoplastic breast surgery.

4. TRAINEE ADMINISTRATION

4.1 Trainee selection

- 4.1.1 Trainees are selected to the PFT Program in accordance with the BreastSurgANZ Post Fellowship Training Selection Guidelines, using a competitive, centralised ranking and allocation process.
- 4.1.2 The selection process and annual timelines are published on the BreastSurgANZ website and administered by the BreastSurgANZ.
- 4.1.3 Applicants are ranked based on their final aggregate assessment score once selection assessment has been completed. (from first to last preference).
- 4.1.4 Training positions are allocated in rank order according to applicant preferences and available accredited positions
- 4.1.5 Allocation of training positions outside the centralised selection process is not permitted. Hospital Supervisors and hospital units must not offer, imply, or guarantee training positions outside the approved allocation process.
- 4.1.6 Unless exceptional circumstances apply, an applicant who declines an offered position will have that offer withdrawn. Consequences of declining an offer are outlined in clause 4.7 (Withdrawal).
- 4.1.7 For detailed information regarding selection onto the BreastSurgANZ Post Fellowship Training Program, please refer to the PFT Program Selection Regulations on the BreastSurgANZ website (Education → Post Fellowship Training).

4.2 Hospital Position Allocation

- 4.2.1 Applicants must rank **all** available hospital positions relevant to their training year.
- 4.2.2 Applicants who are unable to travel as required Australia and/or New Zealand are ineligible.

4.3 Overseas training

- 4.3.1 Prospective accreditation of overseas training may be approved for up to twelve (12) months and is limited to trainees undertaking their second year of training. All first-year (PFT 1) training must be completed in an accredited Australian or New Zealand hospital.
- 4.3.2 Overseas training must be prospectively approved by the PFT Committee and must be of an equivalent standard to accredited BreastSurgANZ PFT training posts. All training undertaken overseas is subject to the usual and required reporting, supervision and training requirements for satisfactory completion of a training year, as stipulated in this Handbook.
- 4.3.3 Applications for overseas training must be submitted in writing at least six (6) weeks prior to the commencement of the annual selection process.
- 4.3.4 Applications must include position details, supervisor credentials, hospital/unit information, and any employment contract where applicable.
- 4.3.5 Where a trainee is unable to complete a full twelve (12) months of full-time equivalent accredited training during an approved overseas placement, the trainee must, upon return to Australia or New Zealand, complete an additional twelve (12) months of full-time equivalent accredited clinical training, unless an accredited part-time training position is available and approved by the PFT Committee. In these circumstances, the trainee must submit an application for selection for an additional year of clinical training through the BreastSurgANZ PFT Program centralised selection process.

- 4.3.6 Approval will not be granted where a trainee has already accepted a matched accredited position, except in extraordinary circumstances approved by the Committee.
- 4.3.7 Failure to meet reporting and assessment requirements and timelines during an approved overseas placement may result in removal from the program.

4.4 Training Duration

- 4.4.1 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.
- 4.4.2 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.
- 4.4.3 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.

4.5 Part Time Training

- 4.5.1 Part time training is not generally permitted unless an accredited, part-time hospital position is available at the commencement of each annual selection process and following prospective approval by the PFT Committee.
- 4.5.2 Any application for an available part time position must be submitted to the PFT Committee a minimum of six weeks prior to the commencement of each annual PFT Program selection process.
- 4.5.3 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).
- 4.5.4 If a part time training position is available it will be advertised on the BreastSurgANZ website under available hospital positions.
- 4.5.5 Part time training in an un-accredited hospital position will not be approved by the Committee.

4.6 Interruption to training

Interruption to training is a period of approved absence of a trainee from the BreastSurgANZ PFT Program. This includes deferral from the Program.

- 4.6.1 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 4.10, must be approved by the BreastSurgANZ PFT Committee in consultation with the Trainee's hospital supervisor.
- 4.6.2 With the exception of leave for medical or family reasons, applications for periods of extended leave must be provided to the PFT Committee for approval, wherever possible, *prior* to commencement of selection for a new training year.
- 4.6.3 Deferral from training, unless in exceptional circumstances, is not permitted following successful selection to the program. Deferral may be permitted with prospective approval from the Committee, upon application in writing to the PFT Committee, which should be made prior to the completion of the selection period for which the application is being made, or otherwise in extraordinary circumstances. A change of mind about travel is not considered an extraordinary circumstance.
- 4.6.4 Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

4.7 Withdrawal from a training position

- 4.7.1 Withdrawal from the PFT Program is strongly discouraged by BreastSurgANZ, except where special circumstances apply which should be notified in writing to the Committee.
- 4.7.2 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.

- 4.7.3 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 membership of the Society.
- 4.7.4 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.
- 4.7.5 Trainees who withdraw without successfully completing training may apply for Associate Membership, the five year transitional pathway to Full membership following their withdrawal. Any application for membership must be reviewed and approved by the BreastSurgANZ Membership committee and endorsed the BreastSurgANZ Council.

4.8 Extension to Training

- 4.8.1 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.
- 4.8.2 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
- 4.8.3 The PFT Committee will consider the request for extension to training and will advise the Trainee once a decision has been reached.
- 4.8.4 Trainees will be notified of the decision of the Committee within 14) 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 can be fast-tracked for consideration/approval by the Committee.
- 4.8.5 All requests pertaining to a request for an extension to training must be submitted to training@breastsurganz.org.

4.9 Leave

- 4.9.1 Trainees undertaking full-time training are permitted a maximum of six (6) weeks of personal leave per training year (12 month period) subject to approval by the employing authority.
- 4.9.2 Personal leave does not include leave to attend compulsory workshops and/or conferences required by the BreastSurgANZ PFT Program or the employing authority.
- 4.9.3 Leave that extends beyond six (6) weeks may result in that year of training not being accredited due to insufficient time to adequately assess trainee performance.
- 4.9.4 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal (including sick leave), compassionate, parental, study, exam, conference, and carer's leave.

4.10 Leave extension requests

- 4.10.1 Trainees may request an extension to the six (6) weeks of leave stipulated in clause 4.9.1. up to a maximum of 10 weeks leave.
- 4.10.2 Trainees requesting a leave extension **must receive prior approval** from both the BreastSurgANZ PFT Committee and the employing authority. The request for an extension should not include leave to attend compulsory workshops and/or conferences as specified in clause 3.9.2.
- 4.10.3 Where leave requested extends beyond 10 weeks of leave, the trainee will need to make an application for an interruption to training as per clause 4.6.
- 4.10.4 Where prior approval for an extension to the allowed six (6) weeks leave has not been provided, the trainee must apply for an interruption to training as per clause 4.6 of this handbook.
- 4.10.5 Any leave approved and taken beyond the allowed six (6) weeks leave during a single training year **must** be reported to the PFT Committee by the PFT supervisor where the Committee has not been advised by the trainee.

- 4.10.6 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.
- 4.10.7 Trainees who take extended leave beyond the permitted six (6) weeks, without the prior approval of or notification to the PFT Committee, will be considered as having withdrawn from 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.

4.11 Recognition of Prior learning

- 4.11.1 No recognition of prior learning shall be considered in the assessment of satisfactory completion of the PFT program.
- 4.11.2 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 learning.

4.12 Registration and Training Fees

- 4.12.1 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.
- 4.12.2 Training fees are approved each year by BreastSurgANZ and published on the BreastSurgANZ website. Trainee fees are used to cover the substantial administrative workload associated with management and delivery of the PFT Program.
- 4.12.3 Trainee assessment will be withheld for non- payment of fees. No Certificate of Completion will be issued while any monies remain outstanding and owing to BreastSurgANZ.
- 4.12.4 Trainees with outstanding fees at the commencement of the annual selection process for their second year of training will be ineligible to submit an application until all outstanding fees are paid. This does not apply to trainees who have negotiated a payment plan for annual PFT Program fees.
- 4.12.5 Payment plans for the PFT Program fee must be agreed at the commencement of each training year.
- 4.12.6 BreastSurgANZ Post Fellowship Trainees are required to attend all in-person and/or online training workshops, webinars and/or conferences which have been deemed by the PFT Committee as compulsory to attend in order to satisfactorily complete the training program. The costs of attendance at, and travel to from these workshops will be the responsibility of the trainee.

4.13 Code of Conduct

All trainees are bound by the [BreastSurgANZ Code of Conduct](#).

5. ACCREDITED HOSPITALS AND HOSPITAL SUPERVISORS

A hospital may apply to BreastSurgANZ for accreditation as a participating training hospital on the PFT Program.

5.1 Application to the Program

Hospitals applying to participate in the BreastSurgANZ PFT Program must complete all required documentation, as specified by the PFT Committee and BreastSurgANZ, to enable assessment of the suitability of the hospital and training unit.

Factors which may affect the acceptance of a hospital onto the program may include annual trainee numbers and adherence to the requirements of an accredited BreastSurgANZ training position.

5.2 Role of the Hospital Unit

Hospitals accredited under the BreastSurgANZ PFT Program are responsible for ensuring the quality of clinical training and supervision provided to trainees, including the following responsibilities:

- 5.2.1 providing a structured learning environment that aligns with the requirements and objectives of the BreastSurgANZ PFT Program.
- 5.2.2 ensuring all trainees receive appropriate supervision from experienced consultants, with a balance of autonomy and oversight.
- 5.2.3 facilitating trainees attendance at multidisciplinary team meetings and any other compulsory training or education sessions which are a requirement of the training program.
- 5.2.4 encouraging participation in clinical audits, research and quality improvement initiatives.
- 5.2.5 facilitating access to mentorship and career development guidance.
- 5.2.6 providing sufficient case volume and complexity to meet training requirements.
- 5.2.7 ensuring equitable access to surgical cases, balancing training needs with patient safety and service demands.
- 5.2.8 conducting regular formative and summative assessments providing constructive feedback on clinical, surgical and professional performance.
- 5.2.9 addressing any concerns regarding trainee competency, professionalism, or well-being in accordance with hospital and BreastSurgANZ PFT Program guidelines.
- 5.2.10 ensuring training activities comply with hospital policies, patient safety standards, and regulatory guidelines; and
- 5.2.11 supporting a positive and inclusive training culture that fosters respect, learning and professional growth.

5.3 Role of Training Supervisor

Each nominated Training Supervisor is responsible for:

- 5.3.1 providing supervision and coordinating 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.
- 5.3.2 ensuring adequate training experiences for the trainee, to meet the requirements of the training program.
- 5.3.3 overseeing the trainee's progress in the PFT Program including submission and completion of logbooks, DOPs, research project/s, Trainee's Day presentations, and any other trainee assessment and evaluation requirements as stipulated by the PFT Committee and BreastSurgANZ.
- 5.3.4 monitoring and managing trainee's performance, including providing regular constructive informal and formal feedback from the consultant team to the trainee about trainee performance.
- 5.3.5 completion of any required end of term assessment forms at the completion of Term 1 and Term 2 of each 12-month training rotation. The Supervisor must sight, review and sign the trainees' MALT Summary logbook as true and accurate.
- 5.3.6 ensuring the trainee has satisfactorily met all the requirements stipulated in clause 6 of this handbook.
- 5.3.7 ensuring accurate reporting of the Trainee's operative experience.

6. ASSESSMENT

The table below outlines the overall minimum training and assessment requirements of the BreastSurgANZ Post Fellowship Training (PFT) Program in Breast Surgery. All training documents and templates are available via the Members' Only portal of the BreastSurgANZ website under My Membership → Member Resources → Post Fellowship Training (PFT) Program.

6.1 Table 1: First Year 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 MALT Logbook Summary Report (LSR) only and the status must be 'completed and approved' not draft. No other reports will be considered for assessment purposes. Entry of at least 200 breast cancer operations cases per annum A minimum of 100 cases as the primary operator including supervising 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 the 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. If the Training Supervisor does not complete the final DOPS for submission they must sight and sign the final DOPS prior to submission for review by the PFT Committee. 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. 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> <ul style="list-style-type: none"> Mastectomy & Sentinel Node Biopsy (Term 1) Image guided Wide Local Excision (WLE) & Mastectomy and Sentinel Node biopsy DOPS must be completed, and trainee signed off as competent in Term 1, if feasible 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 WLE 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. If a trainee does not achieve a ranking of competent for one or both DOPS in Term 1, they will be required to repeat submission of the Term 1 DOPS in Term 2 until a ranking of Competent has been achieved./ Annual submission deadlines are provided to trainees prior to the start of their training year.

6.2 Table 2: Second Year Training Requirements

SECOND 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. entry of at least 250 cases per annum A minimum of 185 cases as the primary operator including supervising 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 training 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 the end of their second year of training. They are designed to facilitate feedback in order to drive learning. A rating of <u>Competent</u> on all four DOPS is a compulsory requirement to move from their first to second year of training Unit Consultants may complete multiple DOPS with trainees. If the Training Supervisor does not complete the final DOPS for submission they must sight and sign the final DOPS prior to submission for review by the PFT Committee.. 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. 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"> Nipple Sparing Mastectomy & Implant Based Reconstruction (Term 1) Therapeutic Mammoplasty & Trainee Choice (Term 2). A repeat of first year DOPS is not permitted nor previously completed second year DOPS. Please refer to the list of appropriate second year procedures that may be completed. Trainee Choice (Term 2). <ul style="list-style-type: none"> 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. Where a trainee is unable to complete any of the specified DOPS, the trainee must advise the PFT Committee in writing to confirm and agree an alternative.

6.3 Table 3: First and Second Year Training Requirements

FIRST AND SECOND YEAR	
Surgical Portfolio	<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 • Each case 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
BreastScreen	<ul style="list-style-type: none"> • Mandated ten (10) BreastScreen sessions per annum (five per term). • 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. • A template 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.
End of Term Confirmation of completion	<ul style="list-style-type: none"> • One per term – to be completed by the Training Supervisor • Supervisors must complete all required BreastSurgANZ documentation to confirm the successful completion of each term of training. • Supervisor letters must be submitted on formal letterhead or via work email. Supervisor letters completed on blank paper and/or without the supervisor's signature will not be accepted. • End of term sign off requires a discussion between the trainee and the training supervisor to assess performance.
End-of-Term Assessment Summary Forms	<ul style="list-style-type: none"> • 2 per annum (submitted at the end of Term 1 and Term 2) – to be completed by the trainee
Ultrasound Workshops	<ul style="list-style-type: none"> • Completion of the Level 1 Clinician Performed Breast Ultrasound - Introductory Workshop is compulsory and must be satisfactorily completed by the completion of a trainees' second year of training. • Completion of the Level 2 Clinician Performed Breast Ultrasound - Advanced Workshop is strongly encouraged but is not currently compulsory. • Trainees are encouraged to build relationships with Ultrasonographers and the radiology team within their training hospital. • 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

Table 3: First and Second Year Training Requirements

FIRST AND SECOND YEAR	
Research (Higher Learning)	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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) at the University of Sydney 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 breast specific research. - 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: <ul style="list-style-type: none"> - Presentation at the Trainees' Day of work 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	<ul style="list-style-type: none"> • Trainees must, within their two-year training period, complete the following in order to meet the Presentation requirements of training: <ul style="list-style-type: none"> - Evidence of presentation of their research at a national or international breast meeting/conference is mandatory and constitutes the satisfactory completion of the presentation requirement of training. - Evidence of presentation of their research 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.

6.4 Table 4: First and Second Year Other Training Requirements

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. The cost of attending the Trainee's Day and travel/to from the workshop is the responsibility of the trainee.
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 both the Level 1 and Level 2 OPBS Workshops in the first year of training is compulsory, 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. The cost of attending the Trainee's Day and travel/to from the workshop is the responsibility of the trainee.
BreastSurgANZ Journal Club	<ul style="list-style-type: none"> BreastSurgANZ Journal club online meetings are held quarterly (or as otherwise advised by BreastSurgANZ) and are coordinated by the Trainee Representative/s. 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 Attendance at all journal club meetings is preferred however attendance at three of the four journal club meetings is essential. The reason for non-attendance at more than three of the four Journal Club meetings must be advised to the PFT Committee.
BreastSurgANZ Educational Webinars	<ul style="list-style-type: none"> BreastSurgANZ educational webinars will be held annually. First and/or second year trainees may be asked to present at a BreastSurgANZ webinar during their training. Trainees will be consulted prior to involvement being confirmed. Annual BreastSurgANZ educational webinar dates will be advised prior to the commencement of the training year. Trainees are strongly encouraged to attend all BreastSurgANZ educational webinars however it is a requirement that trainees attend at least two BreastSurgANZ educational webinar in any training year.
Annual Trainee Survey	<ul style="list-style-type: none"> Trainees are required to complete the annual trainee survey which is typically distributed in late November each year. Information obtained from the survey is used to ensure the continuous improvement of the Training Program.

6.5 Submission of End of Term Paperwork

- 6.5.1 It is the responsibility of trainees to ensure the timely and accurate submission of assessment paperwork.
- 6.5.2 **All** paperwork must be completed correctly and submitted in PDF format only as separate documents
- 6.5.3 **All** paperwork must be submitted in its entirety and signed (where applicable) by the training supervisor.
- 6.5.4 Extensions to submission deadlines will only be considered in exceptional circumstances or where an extension to the submission deadline has been requested at least 10 working days prior to the submission deadline
- 6.5.5 . Failure to plan for leave by the trainee or the Training Supervisor is not considered an exceptional circumstance.
- 6.5.6 Incomplete or late submission of paperwork **will incur a \$150 (exl gst) penalty fee.**

7. MINIMUM CASELOAD REQUIREMENTS

Trainees must achieve the following minimum case load requirements in order to satisfactorily complete each year of training as stipulated below.

7.1 First Year Training – Oncology

- a) At least 200 breast cases per annum including a minimum 100 breast cancer surgical cases (individual patients) per annum, of which approximately three quarters must be breast conservation, and one quarter must be mastectomies
- b) For at least 50% of the major cases performed by the trainee (WLE, breast conservation, mastectomy, subcutaneous mastectomy, axillary clearance) the trainee must be the primary operator (100 cases per annum). These case numbers do not include sentinel node biopsies.
- c) Logbook numbers will be reviewed by the BreastSurgANZ PFT Committee annually when logbooks are submitted

SURGICAL PROCEDURES (Compulsory)			Total	Primary	Assisting
Mastectomies (includes skin sparing mastectomy, image-guided WLE)			40	20	20
Breast Conservation (benign and malignant)	Palpable Wide Excisions	70	25	15	10
	Localised (non-palpable)		45	20	25
Sentinel Node Biopsies			60	30	30
Targeted Axillary Clearance			10	5	5
Level 1 Oncoplastic Procedures Complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps including recentralisation of nipple.			20	10	10
TOTALS			200	100	100

7.2 Second Year Training – Oncoplastics

- a) Minimum of 250 cases per annum (breast). Must be breast cancer operative cases and mandated more complex Level 2 Oncoplastic Procedures as detailed below.
- b) For at least 75% of cases the trainee must be the primary operator (approximately 185 cases per annum). Logbook numbers will be reviewed by the Committee annually when logbooks are submitted.

SURGICAL PROCEDURES (Compulsory)	Total	Primary	Assisting
Implant based reconstruction (Implant/expander)	30	10	20
Level 2 Oncoplastic - breast lesion with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple			
Therapeutic Mammoplasty (classic reduction)	40	15	25
Grisotti Flap, Melon Slice, Bat Wing			
Nipple Sparing Mastectomy/Subcutaneous Mastectomy	10	5	5
Local Perforator Flaps (non-prescriptive)	10	5	5
Symmetry Procedures (Reduction, Mastopexy, Augmentation)	20	10	10
First Year Procedures	140	140	0
TOTALS	250	185	65

8. TRAINEE PERFORMANCE

8.1 Reporting of Unsatisfactory Trainee Performance

- 8.1.1 Hospital Supervisors must inform BreastSurgANZ in writing of any unsatisfactory or marginal performance or misconduct by a trainee. This notification must be forwarded to the PFT Committee as soon as reasonably practicable and, where feasible, prior to the commencement or completion of the selection process for the following training year.
- 8.1.2 Unsatisfactory training reports must clearly detail all areas of concern, the steps being undertaken or proposed to assist the trainee to improve performance, and any recommendations to the Committee, including probation, dismissal, or additional training requirements (refer clause 8.5).

8.2 Satisfactory Completion

A twelve (12)-month training year will be assessed by the Committee and considered satisfactory by BreastSurgANZ when all training requirements are submitted by the due date and meet the stipulated requirements for successful completion of each training term, including the minimum caseload requirements set out in clause 7.

8.3 Unsatisfactory Completion

A twelve (12)-month training year will be assessed by the Committee and considered unsatisfactory by BreastSurgANZ where any of the following apply:

- the training requirements are not submitted.
- the training requirements do not satisfy behavioural and clinical performance standards.
- leave exceeds 10 weeks without prospective PFT Committee approval, as per clause 4.10.
- the trainee withdraws from the PFT program without prior approval of BreastSurgANZ; or
- the training year is otherwise deemed unsatisfactory by BreastSurgANZ in extraordinary circumstances

8.4 Unsatisfactory or Marginal Trainee Performance

- 8.4.1 It is expected that trainee performance will be continually assessed and managed throughout each training year.

- 8.4.2 the Training Supervisor must promptly notify the PFT Committee in writing of any concerns regarding trainee performance by email to training@breastsurganz.org. Failure to provide appropriate notification may compromise the validity of any subsequent performance management actions.
- 8.4.3 the Hospital Supervisor must promptly advise a trainee of any concerns regarding their performance and to provide clear and constructive feedback. In managing performance concerns the Training Supervisor must:
- inform the trainee of concerns as soon as they are identified.
 - ensure all communication is open, objective, and any performance related documentation, including meeting minutes, are signed by both the Training Supervisor and the trainee.
 - ensure the trainee has opportunity to respond, seek clarification, and contribute to any action plans.
 - provide the trainee with structured support, including supervisor, mentorship, or formal remediation plans.
 - ensure performance concerns are managed fairly, consistently and in accordance with Program regulations, policies and procedures and in a manner that facilitates improvement in trainee performance; and
 - facilitate the trainee having a support person present in any discussion involving formal performance management.
- 8.4.4 the Trainee's employing hospital and Training Supervisor, are responsible for managing the Trainee's performance. This may include, but not be limited to, the establishment of regular, documented performance discussions, documentation of performance concerns, remediation, probation, counselling, and any additional training requirements.
- BreastSurgANZ may assist the Training Supervisor to establish and implement a probationary performance management process including liaison and support of the trainee.
- 8.4.5 If the trainee's overall performance is rated as 'Borderline' or 'Unsatisfactory' at a mid-year (end of Term 1) assessment, as determined by the Training Supervisor in consultation with the training unit, the trainee must immediately be placed on a six (6) month probationary performance plan.
- 8.4.6 The probationary performance plan must be in a format approved by BreastSurgANZ and must be completed by the Training Supervisor in conjunction with the PFT Committee Chair/s and/or other designated PFT Committee representative/s. The plan must include:
- Identification of the areas of concern in performance and what improvements are required to meet training standards.
 - a remedial plan, including any proposed additional training support and/or supervision together with an associated timeline and clearly specified key dates by which the plan must be reviewed and /or completed.
 - details of any additional ongoing assessments and/or reports, and the dates on or by which these assessments and reports will be completed. Copies of all assessments and reports must be submitted to BreastSurgANZ.
 - acknowledgement of the possibility of dismissal from training or repeat of a training year if satisfactory improvement is not made during the probationary period, within a maximum of six (6) months.

All meetings to discuss performance and/or a probationary plan must be documented, and minutes taken and signed by both the Training Supervisor and the trainee. Copies of all signed documentation must be provided to the PFT Committee upon completion.

At all times the trainee must be kept informed of the process and be provided with all plans detailing the requirements/expectations for performance improvement.

- 8.4.7 Where the trainee's overall performance is rated as 'Satisfactory' at the end of the probation period, the probationary status is removed.
- 8.4.8 Where the trainee's overall performance is rated as 'Unsatisfactory' at the end of the probation period, the trainee will be deemed to have not successfully completed that year of training. In these circumstances, the PFT Committee will determine whether the trainee is required to repeat the year of training or be dismissed from the Program, including where the trainee is time-expired.
- 8.4.9 A trainee may only repeat a year of training with the approval of the PFT Committee.
- 8.4.10 Any decision requiring repetition of a training year or removal from the Program, must be endorsed by, and reported to, the BreastSurgANZ Council.

8.5 Trainee Concerns Regarding Training or Supervision

- 8.5.1 A trainee who experiences concerns relation to their training, supervisor, or the training environment is encouraged to raise those concerns as early as possible to allow timely resolution.
- 8.5.2 In the first instance, trainees should seek to resolve concerns directly with their Training Supervisor or within the training unit, where appropriate and safe to do so.
- 8.5.3 Where concerns cannot be resolved locally, or where it is not appropriate to raise the matter within the training unit, the trainee may raise the concern in writing with BreastSurgANZ.
- 8.5.4 BreastSurgANZ may, at its discretion, facilitate discussion, provide guidance, or refer the matter to an appropriate committee or officer. BreastSurgANZ does not replace hospital employment, human resources, or regulatory processes.
- 8.5.5 Nothing in this clause limits a trainee's right to access formal performance management, misconduct, or appeals processes where applicable.

8.6 Trainee Misconduct

- 8.6.1 The Committee and BreastSurgANZ will consider any action necessary relating to trainee misconduct, including removal or deferral from the program, recommendations for additional training, and/or other appropriate action, in accordance with the BreastSurgANZ PFT Program Misconduct Policy.
- 8.6.2 If a trainee is disciplined or dismissed by their employing hospital or a regulatory body for misconduct, or if any restrictions are placed on the trainee's practice by Ahpra or another state authority, such action must be reported immediately to BreastSurgANZ by the trainee and by the Training Supervisor and/or the participating hospital.

8.7 Appeals

Decisions relating to training assessment and satisfactory completion of training may be reviewed or appealed in accordance with the BreastSurgANZ Appeals Policy, consistent with the principles of fairness and natural justice.

9 DOCUMENT VERSION

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