



New Zealand Board in General Surgery

Royal Australasian College of Surgeons, New Zealand Association of General Surgeons

Guide for Supervisors:

For the Surgical Education and Training Program in General Surgery

Last updated: February 2021

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1. Introduction

1.1 Welcome

On behalf of the New Zealand Board in General Surgery, thank you for accepting the role of Supervisor for the General Surgery Training Program. Surgical supervision is an integral part of our profession, and reflects our culture of commitment to quality training. This would not be possible without your involvement and dedication.

These guidelines are designed to support you in your endeavours as a Supervisor; we hope that you will find your role both personally and professionally rewarding.

1.2 Duties as a Supervisor

Supervisors play a vital role in the General Surgery Training Program. In summary the Supervisors are:

- To advise Trainees on all aspects of surgical training
- To monitor and approve Logbooks in SOLA (Surgical Online Logbooks and Assessments)
- To arrange regular meetings with surgeons and to discuss performance and progress of Trainees
- To monitor, report and manage trainee performance
- To provide updates on trainees to the NZ Training Committee to enable the Committee to make recommendations
- To be a member of the New Zealand Training Committee
- To be present at the hospital inspection of employing hospital
- Participate in Quinquennial Hospital Inspections
- Participate in SET Selection

RACS have a [Surgical Supervisors Policy](#) which covers responsibilities and terms of appointment.

2. Governance

2.1 New Zealand Board in General Surgery (NZBiGS)

NZBiGS is the body that is responsible for delivering the SET programme across New Zealand including:

- supervision and assessment of General Surgical Trainees
- the accreditation of hospital posts
- sign off for Examination and Fellowship
- curriculum development in conjunction with the Australian Board in General Surgery
- selection onto the training program

2.2 NZ Training Committee (NZTC)

The New Zealand Training Committee (NZTC) is administered and managed through NZAGS and is responsible for the following:

- allocation of trainees to hospital posts
- delivery of educational programmes
- performance management of trainees
- signing off end of term assessments and logbooks
- trainee selection

The NZTC is also responsible for making recommendations to the Board regarding the following:

- trainee requests for leave, research, transfers and recognition of prior learning
- accreditation of hospital posts
- probationary terms for trainees
- changes to the curriculum and regulations

2.3 Royal Australasian College of Surgeons (RACS)

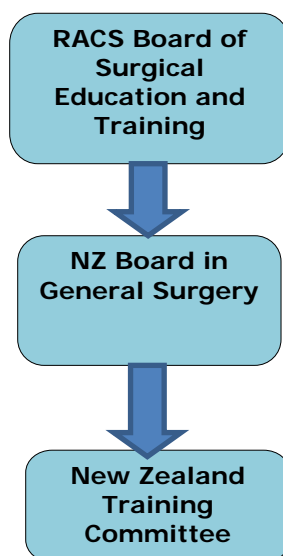
The RACS is responsible for awarding the Fellowship in General Surgery following completion of all the training requirements and approval from NZBiGS.

Board of Surgical Education and Training (BSET)

BSET monitors and coordinates activities associated with the nine surgical training programs. BSET is responsible for proposing changes to policies relating to SET.

2.4 Reporting Structure & Responsibilities

The reporting structure for the various committees and Boards is depicted in the following diagram:



Division of Responsibilities

Activity	Recommendation	Approval
Curriculum content		NZBiGS
Determination of duration of training program		NZBiGS
Hospital accreditation	Training Committee	NZBiGS
Assessment of Trainee Performance and Performance Management	Training Committee	
Authority to place Trainee on Probation	Training Committee	NZBiGS
Trainee Selection (in NZ)	Training Committee	NZTC
Applications to alter training status such as interruption, deferral, part-time or research	Training Committee	NZBiGS
Termination of Training*	Training Committee	NZBiGS
Minimum eligibility criteria to present for Fellowship Examination		NZBiGS
Sign off for trainees to present for Fellowship Examination		TC Chair NZBiGS Chair
Minimum eligibility criteria for Trainees to be recommended to Fellowship		NZBiGS
Sign off for Trainees to be recommended to Fellowship		TC Chair NZBiGS Chair

*Note: Final approval for dismissal is the responsibility of BSET.

3. Regulations and policies

3.1 NZBiGS Regulations

Purpose

The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in General Surgery.

Current regulations - Where to Locate

The most recent version of the Regulations is always available through the [NZAGS website](#).

Updates

Approved updates are communicated to Trainees and Supervisors promptly after any change.

3.2 RACS Policies

The key ones are:

[Trainee Registration and Variation](#) (This covers leave, interruption etc.)

[Former Trainees Seeking Permission to Reapply to Surgical Training](#)

[Recognition of Prior Learning](#)

[Research during Surgical Education and Training](#)

[Fellowship Examination Eligibility and Examination Performance Review](#)

[III. Injured and Impaired Trainees](#)

These may also be useful from time to time:

[SET Misconduct](#)

[Discrimination, Bullying and Sexual Harassment](#)

[Dismissal from Surgical Training](#)

[Training Agreement](#)

[Assessment of Clinical Training](#)

[Code of Conduct](#)

[Complaints Policy](#)

4. SET Program in General Surgery

4.1 Requirements

See diagram below: -

SET GENERAL SURGERY NZ - Required Components

	SET 2	SET 3	SET 4	SET 5
Assessments (all must be submitted via SOLA)	TERM 1 Mid-term Assessment End of term Assessment Logbook TERM 2 Mid-term Assessment End of term Assessment Logbook	TERM 1 Mid-term Assessment End of term Assessment Logbook TERM 2 Mid-term Assessment End of term Assessment Logbook	TERM 1 Mid-term Assessment End of term Assessment Logbook TERM 2 Mid-term Assessment End of term Assessment Logbook	TERM 1 Mid-term Assessment End of term Assessment Logbook TERM 2 Mid-term Assessment End of term Assessment Logbook
Courses	Courses: ASSET CCrISP	Courses: CLEAR (SET 2-5) EMST (SET 2-5)	Courses: CLEAR (SET 2-5) EMST (SET 2-5) DSTC (Optional)	Courses: CLEAR (SET 2-5) EMST (SET 2-5) DSTC (Optional)
Exams	SSE Generic SEAM Clinical Exam Must be passed by the end of 2 nd year of clinical training or by 4 th attempt (whichever comes first)	SSE Generic SEAM Clinical Exam Must be passed to progress to next SET		Fellowship Exam <ul style="list-style-type: none"> • 6 completed rotations beyond SET 1 • 600 majors beyond SET 1 • Research is commenced
Trainee Days	Mandatory attendance March & September	Mandatory attendance March & September	Mandatory attendance March & September	Mandatory attendance March & September
Research	Prior Approval of research topic must be obtained before commencing research. Research Progress Report every 6 months if on interruption	Prior Approval of research topic must be obtained <u>prior to the end of SET 3</u> . Research Progress Report every 6 months if on interruption	Research Progress Report every 6 months if on interruption	Research must be approved by the NZTC and BIGS prior to applying for Fellowship.

Mini-CEX: Mini Clinical Evaluation
 DOPS: Direct Observation of Procedural Skills

ASSET: Australian & New Zealand Surgical Skills Education & Training
 CCrISP: Care of the Critically Ill Surgical Patient
 EMST: Early Management of Severe Trauma
 CLEAR: Critical Literature Evaluation & Research
 DSTC: Definitive Surgical Trauma Course – optional but encouraged (EMST is pre-requisite)

SSE: Surgical Science Exam - Generic
 CE: Clinical Exam
 SEAM: Surgical Education Assessment Modules

November 2015

4.2 Terms/Rotations, leave and interruption

Required number of rotations/terms

The NZTC allocate trainees and successful candidates to accredited rotations.

Trainees should not repeat the same rotation except in exceptional circumstances.

Trainees must complete (i.e. attain “satisfactory” in the end-of-term assessment) the following by the end of their training:

- Ten (10) terms if trainee commenced in SET1
- Eight (8) terms if trainee commenced in SET2

Maximum leave

A maximum of six (6) weeks leave is permitted from any six-month rotation. This includes any type of leave – study, holiday or sick leave. Trainees seeking extended holidays/leave **must** get approval from the supervisor and hospital administration.

Interruption

Trainees who wish to interrupt their training for one term or more must formally apply via a Trainee Request to the Training Manager. The request is reviewed by the Training Committee, with a recommendation to the New Zealand Board in General Surgery who grants the final approval or otherwise.

Trainees must provide at least six months’ notice of their intention to interrupt their training, except for parental leave and in exceptional circumstances such as sudden illness or accident.

All requests for interruption for the following year must be approved by the Board by **30 June each year**. Trainees who submit a request after this date run the substantial risk of not having their request approved.

4.3 Logbooks (SOLA)

All General Surgery Trainees must use the SOLA logbook.

The logbook in SOLA records the following types of procedures:

- Major procedures
- Minor procedures
- Endoscopy
- Colonoscopy
- Major non-operative procedures

When completing the SOLA logbook, trainees must indicate the level of involvement they had with the procedure under the following categories (which are built into SOLA):

- Surgeon mentor scrubbed (recorded as primary operator)
- Surgeon mentor in theatre (recorded as primary operator)
- Surgeon mentor available (recorded as primary operator)
- Assisting surgeon mentor
- Assisting senior registrar

Trainees are required to complete 600 major procedures before presenting for the Examination and 800 major procedures before Fellowship approval. Major procedures completed in SET1 are not included in these totals.

It is expected that Trainees will be involved in a **minimum of 100 major cases per six-month term.**

Trainee **minimum primary operator experience** should be as follows:

SET 2 1st rotation	SET 2 2nd rotation	SET 3 1st rotation	SET 3 2nd rotation	SET 4	SET 5
20%	25%	30%	40%	50%	60%

Supervisors are to sign off the logbook numbers in SOLA at the end of each rotation. The latest version of the SOLA Manual for Supervisors is available on the [NZAGS website](#). (You will need to be logged in to NZAGS website to access through this link)

4.4 Courses

The Board has determined that the following courses are valuable to trainees to obtain the skills and knowledge required to become a General Surgeon.

ASSET [Australian and New Zealand Surgical Skills Education and Training](#) Must be completed by end of SET2.

CCrISP [Care of the Critically Ill Surgical Patient](#) must be completed by end SET 2.

CLEAR [Critical Literature Evaluation and Research](#) must be completed by the end of SET5 and before applying for Fellowship.

EMST [Early Management of Severe Trauma](#) must be completed by the end of SET5 and before applying for Fellowship.

Non-Mandatory Courses:

Definitive Surgical Trauma Care [DSTC](#)

This is highly recommended for SET 4 or 5 Trainees, but is not mandatory. Trainees may elect to complete the DSTC in place of a Trainee Day, but is expected that trainees would elect to do both.

4.5 Clinical Examination

[Clinical Examination](#)

Progression and Failure to Complete

SET Trainees must satisfactorily complete the Clinical Examination, within two clinical (2) years of commencement in the SET program, with a maximum of four (4) attempts permitted.

Trainees who have not successfully completed the Clinical Examination within two clinical years of commencement of SET training (or after four attempts), will be dismissed.

Trainees selected after the 2019 training year are not required to complete the Clinical Exam.

4.6 SEAM (Surgical Education and Assessment Modules)

SEAM replaces the Surgical Sciences Examination (SSE) - Specialty Specific from 2014.

Trainees commencing SET Training from 2015 onwards must pass all 8 modules by the end of Mid-term in the second term of their second clinical year.

The SEAM Modules are as follows:-

- Anatomy
- Acute Abdomen
- Haematology
- Nutrition
- Post-Operative care
- Trauma and Critical Care
- Operating Theatre
- Peri-operative Care

4.7 Research

Trainees must have their Research Project Pre-approved by the Training Committee by the end of SET 3 to progress to SET 4.

Please encourage and support your trainees to undertake research and provide research opportunities where possible.

Once the project has been completed and published and/or presented, Trainees must apply for formal approval through the NZTC and approved at NZBIGS.

4.8 Fellowship Examination

The [Fellowship Examination](#) is conducted by the Royal Australasian College of Surgeons through the Court of Examiners.

Requirements to Present

Trainees will not be able to present for the Fellowship examination unless the following requirements have been fulfilled:

- Satisfactory completion of at least six (6), six-month terms beyond SET 1
- Satisfactory completion of any period of probationary training
- Completion of 600 major operative cases beyond SET 1, in accredited terms, with an appropriate case mix and an overall satisfactory primary operator rate
- Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies
- Fully paid up dues and fees owed to the RACS
- Commencement of approved research activity

All trainees applying to sit the Examination will be required to be approved by the Training Committee Chair and New Zealand Board in General Surgery Chair.

Feedback to Failed Candidates

Circumstance	Feedback Provided By
Failed first time	Local supervisor
Failed second time	Interview by Training Committee Chair and a member of the Training Committee
Failed third and subsequent times	Interview by NZBiGS Chair (or nominee) and Training Committee Chair or representative
Poor performance after any attempt	Interview by NZBiGS Chair (or nominee) and Training Committee Chair or representative

4.9 Fellowship

Requirements for Fellowship

Fellowship is awarded by the Royal Australasian College of Surgeons; however trainees must be approved for Fellowship by the Chair, New Zealand Board in General Surgery.

In order to be approved for Fellowship the following requirements must be met:

- Satisfactory completion of at least eight (8), six-month terms beyond SET 1
- Satisfactory completion of any period of probationary training
- Completion of 800 major operative cases beyond SET 1, in accredited terms, with an appropriate case mix and an overall satisfactory primary operator rate
- Satisfactory completion of all courses
- Satisfactory completion of the Fellowship Examination
- Fully paid up dues and fees owed to the RACS
- Satisfactory completion of the RACS research requirements
- A minimum of six (6) NZAGS Trainee Days. This regulation is only applicable to trainees who commenced training from 2011 onwards.

4.10 Recognition of Prior Learning (RPL)

Trainees may apply for recognition of prior learning (RPL) for any of the following:

- Clinical rotations (experience must have been obtained within the last two years and must be equivalent to the SET program)

- Courses (NB RPL not given for MRCS)
- Research

You will be asked to comment on whether a trainee is performing at a higher level if any Trainee working at your hospital requests RPL for clinical rotations.

4.11 Time Expiry

All training requirements as outlined above, including the Fellowship Examination, must be completed within the following time frames:

- **Trainees commencing in SET 1 have nine (9) years to complete the programme**
- **Trainees commencing in SET 2 have eight (8) years to complete the programme**

Trainees with a period of clinical experience recognised as prior learning, will have the maximum period for completion reduced by the period equivalent to the duration of the recognised prior learning.

Interruption for parental leave or illness is excluded, i.e. the clock stops until return from leave.

Curriculum and Educational Activities

4.12 Curriculum

The Curriculum is set by the New Zealand and Australian Board in General Surgery with input from the General Surgery subspecialty groups. The Curriculum is reviewed on a triannual basis.

The curriculum should be taken as a guide as to what the Trainee is expected to cover. The list is not meant to be prescriptive, but provides an indication of the breadth of knowledge required.

No specific texts are prescribed but recommendations are provided. Trainees should read widely and material should include current journal articles.

The Curriculum is divided into two modules – Technical and Non-Technical and you can view these on the [NZAGS website](#).

4.13 Trainee Days

There are 2 NZAGS Trainee Days per year

Trainees must attend 2 NZAGS training days per year.

Six (6) NZAGS Trainee Days must be attended before approval for Fellowship. **Note: This regulation is only applicable to trainees who commenced training from 2011 onwards.**

Presentations from the Trainee Days are generally available as educational material on the NZAGS website under "[Education and Training](#)"

5. Assessment

5.1 Types of Assessment

Formative and Summative assessments are used. These are all available through the [NZAGS website](#) - under Education and Training, SET Forms for downloading. Log in required

Mid-term Assessment

End of Term Assessment

Mini-CEX and DOPS assessment tools are no longer used, but may be recommended as part of a performance management plan or as a continual assessment tool.

For all assessments, it is **always** the responsibility of the **Trainee** to:

- **arrange assessment times with the supervisor**
- **ensure that the forms are all complete and signed by themselves and the supervisor(s)**
- **upload completed assessments into SOLA**

5.2 Conducting a Mid or End of Term Assessment

1. The Trainee is responsible for setting up a meeting time with their supervisor to review their performance and assessment. A reminder is sent by the Training Manager to all trainees about 4 weeks prior to the mid or end of term date.
2. The Trainee completes the self-assessment component of the form and provides this to their supervisor prior to their scheduled meeting.
3. The surgical supervisor is to seek input from other persons who had contact with the Trainee including nurses, allied health and administrative staff.
4. The surgical supervisor is to involve all consultants of the unit which the Trainee is allocated, to contribute to the assessment. This might best be undertaken at a face-to-face meeting, and to reach consensus on the assessment of each competency listed on the assessment form. This process may be undertaken without the Trainee present.
5. The Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment.
6. If the Trainee has been graded as borderline or not-competent it is essential that goals and methods of improving a discussed with the Trainee.
7. The Surgical Supervisor and Trainee must sign the form. ***The assessment is not valid until all parties have signed the form.***

5.3 Conducting a Mini-CEX or DOPS (if required)

The process of conducting a Mini-CEX or DOPS should be Trainee led, however a Supervisor may initiate an assessment if concerns arise.

The Trainee should select the timing and the problem (under the guidance of the supervisor). Trainees should only be observed undertaking procedures or examinations normally expected of them.

The assessor should complete the appropriate form and provide the Trainee with any feedback.

5.4 Providing Feedback

- Ask the trainee how they felt they have been performing during the term
- Provide factual feedback

- Be specific – provide examples of behaviour
- Provide clear objectives for the remainder of the term or next term even if their performance is satisfactory
- Ensure that any feedback on unsatisfactory performance is clearly documented on the assessment form.

5.5 What Constitutes an Unsatisfactory Assessment?

- An overall “Unsatisfactory” grade is given based on several borderline or not-competent assessments.
- The Trainee receives one or more “Unsatisfactory” grades in any of the essential criteria. If a Trainee receives a “Satisfactory” assessment even though they have received an unsatisfactory grade in the essential criteria, the Training Committee will overturn the assessment.
- Non-submission of completed, signed logbook data or assessment form or any associated documentation within two (2) weeks of the end of term

5.5.1 “Performance Management” or “probation”?

In a nutshell: -

Unsatisfactory performance **mid-term** = “performance management” via a PMP informally arranged (but documented) between supervisor and trainee

Unsatisfactory performance **end of term** = “probation” via a PMP following a formal interview process with between NZTC Chair, supervisor and trainee

5.6 What to do if a Trainee receives an unsatisfactory end of term assessment?

Please let the Training Manager aware of the situation.

Whilst a failed assessment will be identified once the trainee assessment has been received in the NZAGS office, but early notification will speed up the remedial process.

A formal performance management meeting will be organised through the NZAGS office and will be attended by the Chair of the Training Committee.

As the supervisor, you will be involved in the counselling session in an attempt to provide feedback and direction for improvement.

The Trainee will also be automatically placed on Probation for the following term and their training extended by six months.

Probation and Performance Management is covered in the following section.

6. Probation

6.1 Overview

In cases where the performance of a Trainee in a clinical rotation does not meet a certain standard, the Trainee must undertake a probationary term with predetermined and agreed list of standards and targets.

6.2 Duration of Probationary Period

Probationary terms are six (6) months in duration. During Probationary Training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.

The Probationary term is not used as a punitive measure but as an opportunity for the Trainee to improve their performance and correct any deficiencies.

Trainees who are on Probation are not permitted to:

- Change training regions
- Change Rotations
- Commence Interruption of Training to undertake full time research

6.3 Unsatisfactory Assessment Whilst on Probation

If a Trainee receives an unsatisfactory End of Term Assessment while on Probation, the probationary term will not be accredited.

The Trainee may be placed on interruption to training for six (6) months pending review of the Trainee's continuation in the Programme.

Refer to the Dismissal Section for further information on continuation in the program.

7. Performance Management

7.1 Overview

Following an unsatisfactory assessment, a Trainee will be required to undertake a Performance Management meeting and be placed on a performance management plan (PMP) during their probationary term. The aim of the performance management meeting and plan is to:

- clearly identify the unsatisfactory areas
- provide support and guidance
- Implement remedial action via a performance management plan
- Discuss consequences of any further unsatisfactory assessments
- Provide Supervisors and trainers with a list of objectives the Trainee must meet
- Assist Supervisors and trainers in providing opportunities to the Trainee to assist in meeting the objectives

7.2 Conducting a meeting to commence a probation term

The key points to note are:-

- NZAGS will convene a meeting between the Trainee, Training Committee Chair and current Supervisor. If probationary period is to be completed in a different hospital, the supervisor from that hospital should also be present. The Trainee may invite a support person (but not legal representation) to this meeting.
- The Trainee must be provided with at least ten (10) working days' notice of the meeting.
- The Trainee must make every effort to ensure that are able to attend the meeting.
- All attendees are provided with an agenda before the meeting.

The Training Committee Chair will typically chair the meeting and will cover the following areas:

- Review of the unsatisfactory, borderline or not-competent areas
- Requirements of the Performance Management Plan including goals to achieve, frequency of performance meetings, requirement to self-assess and importance of mid-term and end of term assessments
- Future implications of failing the probationary term or further terms which may include a dismissal recommendation to the New Zealand Board in General Surgery
- Minutes are taken to provide a formal record of the meeting. A draft of these is provided to the Trainee to approve. All changes must then be approved by the Training Committee Chair.
- Once confirmed, the Trainee will receive a copy of the minutes and PMP for their records.

7.3 The Performance Management Plan (PMP)

A PMP is to be used in the following circumstances:

- If a Trainee has received an unsatisfactory mid-term assessment
- If a Trainee has received an unsatisfactory end-of-term assessment and is therefore on Probation

The PMP is a means to guide the Trainee's performance. It should be a clear indication of the expectations that are to be met and therefore should be clear and concise.

For each unsatisfactory Essential Criteria or Borderline/Not-competent Assessment the following needs to be specified:

Essential Criteria and/or Assessment Area	<ul style="list-style-type: none"> • Specify the Criteria or Assessment that the objective/goal relates to
Goal to Achieve	<ul style="list-style-type: none"> • List the specific goal(s) the Trainee must meet to assist in improving in the area listed above. • List each goal separately and ensure they are consistent with the training requirements of the Board in General Surgery • The goal also relates to the outcome that is expected • Refer to the Setting SMART Goals Section for tips on writing goals

Performance Indicator	<ul style="list-style-type: none"> • An indicator describes how the objective will be measured and what actions need to be undertaken to achieve the objective • Indicators must relate to the specific objective, however there may be more than one indicator
Timeline	<ul style="list-style-type: none"> • The timeline specifies when the objective should be met • Timelines are particularly relevant when relating to courses and/or meetings

It is vital that the Supervisor, Trainee and Training Committee Chair agree on the objectives that must be achieved to assist in achieving satisfactory performance.

7.4 Setting SMART Goals

SMART goals ensure that objectives are written in a manner that are:

- S = Specific
M = Measurable
A = Attainable
R = Relevant
T = Timely

Examples:

Vague Goal	SMART Goal
Complete In-training Assessments	Ensure In-Training Assessments are completed on the correct form, signed by Supervisor and submitted to the Training Manager within two weeks of the term ending.
Increase operative skills	Improve operative skills in Endoscopic Procedures to the level of a SET4 and in line with the General Surgery Curriculum by mid-term.
Complete research project	Progress towards the completion of a research project by ensuring the following actions have occurred by mid-term: <ul style="list-style-type: none"> • Proposal developed and discussed with Supervisor • Develop time-lines

7.5 Supervising a Trainee on a PMP

As the supervisor of a Trainee on a PMP it is vital that you are aware of the performance issues and the objectives and goals that have been established for the trainee.

A trainee on a Performance Management Plan is required to meet with their supervisor on a monthly basis to:

- Review the objectives
- Review the trainees progress on meeting the objectives
- Review overall performance
- Be provided with constant formal feedback

The outcome should be rated as follows:

Outcome	Explanation
Exceeds Expectation	<ul style="list-style-type: none"> • Exceeds performance indicator • Performs above expected level of training • No omissions or errors • Requires minimal instruction
Meets Expectation	<ul style="list-style-type: none"> • Meets performance indicator • Performs at expected level of training • Minor omissions or errors • Requires some instruction
Progressing toward Expectation	<ul style="list-style-type: none"> • Has not yet met performance indicator • Making satisfactory progress • Some significant omissions or errors • Requires regular instruction
Not meeting Expectation	<ul style="list-style-type: none"> • Has not yet met performance indicator • Making little, slow or inconsistent progress • Regular or significant omissions or errors • Requires frequent and close instruction
N/A	<ul style="list-style-type: none"> • Performance indicator not assessed

The Trainee should undertake a self-evaluation first and then present this to their Supervisor at least 24 hours before the meeting.

The monthly review is also an opportunity to modify, delete or add new indicators to the PMP and to discuss developmental opportunities. At each review both the Trainee and Supervisor have the opportunity to make further comment.

The PMP and Outcome must remain strictly confidential and must be returned the NZAGS office following each review.

It is vital that any concerns are documented thoroughly. Early notification of issues will enable the staff and Training Committee to act appropriately and in a timely manner.

7.6 Can a PMP be used for Trainees who are not on Probation?

A PMP can be used for any instance where trainees are identified as underperforming and can be implemented at any time.

It is important that the supervisor informs the Training Committee Chair, via the Training Manager, that the Trainee is undergoing a performance management plan so that proper records may be kept.

8. Dismissal

8.1 Reasons for Dismissal

Trainees may be dismissed from the General Surgery Training Program for the following reasons:

- Unsatisfactory performance for either receiving an unsatisfactory assessment on a probationary term or receiving three or more non-consecutive unsatisfactory assessments
- Failure to satisfy medical registration and employment requirements
- Misconduct or serious misconduct

The [Dismissal from Surgical Training Policy](#) governs the manner and reasons for dismissal from the Training Programme.

8.2 Process

The Dismissal process is taken extremely seriously by the New Zealand Board in General Surgery and the RACS.

In general the following process for recommending dismissal is followed:

1. The Training Committee will recommend dismissal to the Board, and will present all relevant documentation to support the decision.
2. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented. The Board will not under any circumstances approve a dismissal recommendation if due process has not been followed.
3. If the Board approves the recommendation from the Training Committee, the Trainee will be notified of the decision.
4. The Board will recommend dismissal to the RACS Chair of the Board of Surgical Education and Training who will review the decision including all relevant document to ensure that due diligence and process has occurred.
5. The Trainee will be notified of the final decision by the RACS Chair of the Board of Surgical Education and Training.

The Training Committee may place a trainee who meets the criteria above on Interruption until the dismissal proceedings have been finalised.

9. Trainee portfolio

9.1 Overview

Trainees are expected to keep the following original copies in their Trainee Portfolio:

- Logbooks (prior to June 2013 when SOLA went live)
- Skills courses and research activities completed
- Documentation relating to any period of probationary training
- All completed assessment forms

It is the responsibility of the Trainee to present their portfolio to the Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

9.2 Trainee data in SOLA

In 2013, NZAGS launched SOLA (Surgical Online Logbook and Assessments). SOLA provides Trainees with an online portfolio where all information pertaining to training is securely maintained. SOLA provides all Trainees with the ability to view accurate and current information related to their training including:

- Start date, expected end date, and maximum date
- **Progress against requirements**
- Current and past rotations
- Submitted mid-term and end-of-term assessments
- **Current logbook and previous logbooks submitted (prior to 2013)**
- Submitted mini-CEX and DOPS
- Research documentation (uploaded since February 2015)
- Official Board correspondence to Trainee, including pre-approval for research and interrupted leave

As the Supervisor you are able to use SOLA to view items in bold for Trainees currently allocated to your hospital.

10. Trainees from other specialties

The Board of Paediatric Surgery and Board of Urology sometimes utilise General Surgery training posts. Each year, the Board in General Surgery liaises with the Boards of Paediatric and Urology to inform them on the number of General Surgery posts available for their trainees.

10.1 What to do if you have a non-General Surgery Trainee on your Unit?

If you are allocated a non-general surgery Trainee to your unit, supervisors are to continue as per normal in terms of the day to day supervision of the Trainee. As the supervisor, you will also be required to complete or partake in the assessment of the Trainee.

However, if the Trainee is underperforming, it is the responsibility of the relevant board to undertake a performance management review and implement a performance management plan. As the direct supervisor you may be required to provide feedback to the relevant Board, but it is their responsibility to manage underperforming trainees.

If you have any queries regarding this please contact the Training Manager, Helen Glasgow.

11. Hospital post accreditation

11.1 Overview and Purpose

The RACS, and thus relevant Specialty Board, is accredited by the Australian Medical Council and the Medical Council of New Zealand to provide surgical training.

The responsibility of ensuring all training posts provide adequate training opportunities and comply with the minimum standards in surgical education is delegated by RACS to the specialty boards, including NZBiGS.

11.2 Types of Inspections

Recurring and Quinquennial Inspections (physical inspection)

Posts are accredited for a specific period of time. A reinspection is required in the year prior to the expiration date.

The Training Committee may decide to reinspect a post if problems arise, even though the post is not due for inspection.

Initial Inspection

An initial inspection occurs when a hospital applies for a new post, regardless of whether other posts are currently accredited at that particular hospital. Following the application, the Training Committee will elect to undertake either a physical or paper-based inspection.

Paper Based Inspection

These are used in instances when it is not possible or necessary to physically inspect a post – which is often the case for a reinspection. Paper inspections often result in shorter accreditation periods than physical inspections.

11.3 Applying for a New Post

Hospitals apply for posts to be accredited in a particular specialty through the completion of the [RACS Accreditation Form](#).

11.4 Submission Documentation

The Submission from the hospital covers 41 criteria and supporting attachments are required for many of these, particularly:

- Names of Consultants including number of FRACS, Fellows etc.
- Roster documentation including number of operating lists, endoscopic lists, outpatient clinics and consultant ward rounds
- Details of appropriate hospital based educational activities
- Details of Trainees on-call requirements including night rosters

11.5 Timelines

All hospital posts due for inspection are to be inspected and approved by 30 June each year to enable post allocation to new and existing trainees.

If a hospital fails to submit the required documentation by the due date, the likelihood of a trainee being allocated to the position in the following training year is reduced.

11.6 How Inspections are Undertaken

Physical Inspection

Physical inspections must proceed according to the following guidelines:

The inspection should run for approximately three hours.

The hospital inspection schedule should be provided to the inspectors prior to the inspection date.

Interviews must be conducted with the following personnel:

- Consultant surgeons
- Hospital administrators
- Current trainees (in a private area)
- General Surgery support service employees

Inspections may be conducted of the following areas:

- Wards
- Theatres
- Support services
- Administrative areas
- Library facilities
- Research facilities
- Laboratories

The Inspection Team must complete the approved Inspection Report and clearly note any deficiencies or concerns and remedies required, a recommendation for number of posts and the recommended accreditation period.

Paper Based Inspection

The Inspection Team are still required to examine the documentation that has been provided by the hospital, either via correspondence, telephone, or meeting.

If required, a teleconference will also be set up with the Hospital Administrator, Supervisor, Trainees and Head of Surgery to discuss any issues.

12. Training for supervisors

RACS has mandated that by the end of 2017 all supervisors need to complete:

[Foundation Skills for Surgical Educators](#) face to face course

And the [Operating with Respect](#) e-learning module (login required)

By the end of 2018 all supervisors must have completed the Operating with Respect face to face course. New Supervisors have six months after commencing the role to complete the courses.

The RACS also provides the following courses for supervisors:

[Supervisors and Trainers for SET \(SAT SET\)](#)

SAT SET aims to enable supervisors and trainers to effectively fulfil their responsibilities in facilitating the SET programme. This course is also available via e-learning please visit RACS website and login.

[Keeping Trainees on Track](#)

The course explores how to performance manage trainees by setting clear goals, giving effective feedback and discussing expected levels of performance. This course is also available via e-learning please visit RACS website and login.

13. Definitions and Terminology

Term	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training
NZBiGS	New Zealand Board in General Surgery
Board (the Board)	New Zealand Board in General Surgery
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CCRTGE	Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
GSA	General Surgeons Australia
Mini-CEX	Mini Clinical Examination
NZAGS	New Zealand Association of General Surgeons
NZTC	New Zealand Training Committee
RACS/College	Royal Australasian College of Surgeons
Rotation	Training position accredited by the New Zealand Board in General Surgery
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SOLA	Surgical Online Logbook & Assessments (NZAGS Trainee Management System)
SSE	Surgical Sciences Examination
Surgical Supervisor	Coordinates management, education and training of accredited Trainees in accredited training positions. Member of Training Committee of the Board.
Term	A year consists of two (2) six-month terms.

Appendix 1 Contacts and assistance

New Zealand Association of General Surgeons

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