REGULATIONS FOR ASSESSMENT OF CLINICAL TRAINING IN VASCULAR SURGERY

Surgical education and training is designed to provide trainees with clinical and operative experience that produces independent specialist surgeons with each of the nine College competencies which encompass the spectrum of the profession.

The administration of the vascular surgical education and training program is delegated to the Australian and New Zealand Society for Vascular Surgery in accordance with the Partnering Agreement.

These regulations are made pursuant to the College’s Assessment of Clinical Training Policy.

Related Documents:
Regulations for Vascular Training Program
Regulations forDismissal from Vascular Surgery Training Program
RACS: Assessment of Clinical Training Policy

1 Assessment of Performance during Clinical Training

1.1 Trainee is a Surgical Education and Training Trainee in Vascular Surgery of the Royal Australasian College of Surgeons.

1.2 College is the Royal Australasian College of Surgeons (RACS).

1.3 Board is the Board of Vascular Surgery.

1.4 SET Program is the Surgical Education and Training (SET) Program in Vascular Surgery

1.5 Supervisor is a surgical supervisor approved by the Board of Vascular Surgery.

2.1 Assessment of Performance during Clinical Training

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

2.1.2 Trainers are surgeons, or other medical specialists, who normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as appraising and assessing their performance.

2.1.3 The assessment of a trainee’s performance by the Vascular surgical supervisor is fundamental to their continuing satisfactory progression through the surgical education and training program.

2.1.4 An assessment report must be completed for each trainee in an accredited clinical training position:
   a. on the communicated due dates, and
b. as soon as is practical any time after the identification of unsatisfactory or borderline performance as determined by the surgical supervisor, and
c. at the end of a probationary period or at more frequent intervals where requested by the Board.

2.1.5 The trainee and the surgical supervisor must have a performance assessment meeting to discuss the assessment report.

2.1.6 The completed assessment report should be signed and dated by the trainee, the surgical supervisor and all surgeons on the unit and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment.

2.1.7 The trainee is responsible for forwarding the completed assessment report to the Board by the communicated due date or within one week of the signing of the assessment report, whichever is sooner.

2.1.8 A trainee is required to keep a copy of the assessment report for their personal records and training portfolio, supervisors will be provided with a trainee portfolio on an annual basis.

2.1.9 The Board is responsible for the review of an assessment report and accreditation of a clinical rotation.

2.2 Assessment of Operative Experience during Clinical Training

2.2.1 Accurate reporting of the operative experience by each trainee in an accredited clinical training position is required. The operative logbook (the logbook) provides details about the trainee’s level of supervised and independent surgical operative experience.

2.2.2 The logbook must be reviewed by the surgical supervisor and an accurate record of the operative, endovascular and ultrasound experience must be entered on the trainee assessment form.

2.2.3 The trainee is responsible for forwarding the completed logbook to the Board by the due date.

2.2.4 A trainee is required to keep a copy of his/her logbook for their personal records and training portfolio.

2.2.5 Inaccurate recording of procedures in the operative logbook is treated as misconduct and may form grounds for dismissal in accordance with the Board’s Dismissal from Vascular Surgical Training Program regulations and the College’s Misconduct Policy.

2.3 Accreditation of Clinical Training Rotations

2.3.1 A clinical rotation will be recorded as satisfactory when the assessment report and logbook have been submitted to the Board by the communicated due date and satisfy the Board’s performance standards.
2.3.2 A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook is not submitted by the due date or in accordance with instructions from the Board.

2.3.3 A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook does not satisfy the Board’s performance standards.

2.3.4 A clinical rotation may be recorded as unsatisfactory if leave exceeds four weeks in any six month rotation (or pro-rata).

2.3.5 Where an assessment report is rated as borderline the Board must review the report and determine if the clinical rotation is to be recorded as unsatisfactory.

2.3.6 If a clinical rotation has been recorded as unsatisfactory the rotation will not be accredited towards the trainee’s surgical education and the trainee will be required to repeat the rotation.

2.3.7 Where a trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption. Trainees may be placed on a return to work plan.

2.4 **Probationary Status for Unsatisfactory or Borderline Performance**

2.4.1 Where an end of term assessment report identifies unsatisfactory performance. The Board must notify the trainee in writing, copied to the surgical supervisor stating that probationary status has been applied. Such notification should include:
   a. Identification of the areas of unsatisfactory or borderline performance
   b. Confirmation of the remedial action plan
   c. Identification of the required standard of performance to be achieved
   d. Notification of the duration of the probationary period
   e. The frequency at which assessment reports must be submitted
   f. Possible implications if the required standard of performance is not achieved

2.4.2 The probationary period will usually be for six months.

2.4.3 During the probationary period the trainee’s performance should be regularly reviewed by the surgical supervisor in line with notification in 2.4.1 and the trainee should be offered constructive feedback and support.

2.4.4 If performance has improved to the required standard at the conclusion of the probationary period the probationary status must be removed.

2.4.5 If performance has not improved to the required standard at the conclusion of the probationary period the Board may instigate with dismissal proceedings in accordance with the Board’s Regulations on Dismissal from Vascular Surgical Training.

2.4.6 Where an assessment report identifies Borderline Performance, one or more Board members will meet with the trainee and the surgical supervisor to implement a performance management plan. The assessment period will be accredited.
2.4.7 If a trainee receives two consecutive Borderline end of term assessments, the second Borderline end of term assessment period will be deemed unsatisfactory and 2.4 will be applied.

2.5 Appeal
Decisions relating to clinical assessment may be reviewed or appealed in accordance with the College Appeals Mechanism policy.