

December 2010 Newsletter



President's Report



I extend Christmas Greetings to all ANZAPS members and I hope that everyone will get at least an opportunity for some relaxation over the Christmas, New Year period.

I would like to take this opportunity to thank the huge number of people who keep our Association running including our Executive Officer Kristy Scalea, Secretary Robert Stunden, all the state and regional representatives and the hard working local convenors of the Annual Scientific Meetings. In addition we are well served by Hugh Martin as our Council Representative, Deborah Bailey and her very hard working team of Board Members and many others who represent us on the other committees, educational groups, etc. In addition we are lucky to have Spencer Beasley on the Council in his senior role bringing paediatric surgical issues forward.

Whilst we are the smallest Paediatric Specialty group we cover a large spectrum of sub specialities. The diversity of many of our members was demonstrated to me in the responses I received to my email requesting members' views on the place of using the private sector in the education and experience of our trainees. I received quite polarised divergent views with some totally in favour with others totally opposed. A common thread was that many saw operating in private as an opportunity to operate in an efficient, compliant environment without the constant need to educate, supervise and provide feedback. There is no doubt that there has been a significant increase in the amount of supervision, oversight and teaching now required with the new SET program. Not only have our number of Paediatric Surgical Trainees increased threefold in the last ten years, the actual number of Paediatric Surgery Consultant sessions around Australia and New Zealand has decreased. This has increased enormously the educational workload and responsibility required. Not only is this largely non paid in most institutions, there is a conflicting pressure from hospital administrations for increasing through put. The challenge of spending more time with less experienced trainees with each case whilst actually performing more operations in less time is unachievable. In addition the educational model of sitting down for 10-

15 minutes after each case and explaining potential improvements is totally impractical.

The issue of "safe hours" is producing significant difficulties in managing a busy paediatric workload with a large emergency component. An interesting prospective on this issue was raised by Professor Des Gorman, Executive Chairman of Health Workforce of New Zealand at a recent surgical forum held at the College in Melbourne. He explained that there was no doubt that safe working hours was acceptable for trainees as it allowed a better quality of lifestyle. The drawback for them is that less hours reduces clinical experience which in many specialities can only be compensated by a longer period of training. However, the balancing third factor is the quality of patient care. It has been assumed due to anecdotal evidence that working longer hours produced a worse outcome for patients. In fact a review in New Zealand has revealed that the shorter hours with the increased number of Doctors looking after each patient is associated with an increase in adverse outcomes. This is largely related to poor handovers with significant mistakes being made due to lack of continuity of care. This fact has been obvious to those of us who often have 3 or 4 Registrars reporting to us when we are on call for an extended period. The concept of upward delegation is only going to increase.

Our Annual General Meeting will be in Coolom at our joint meeting with SPANZA for 20th to 23rd October 2011. Our visitor will be Professor George Youngson from Aberdeen.

In 2012 we will be meeting with the RACS ASM in Kuala Lumpur and in 2013 we will be part of the PAPS meeting in Newcastle.

Finally may I encourage all the younger Fellows to put their hand up and become actively involved in the Association so we can be sure that we are moving forward with the times.

Merry Christmas to all.

Mr Anthony Sparrow FRACS
President, ANZAPS

SECRETARY / TREASURER

Report from the Secretary / Treasurer

I was recently in Darwin for the Australia and New Zealand Burns Association Annual Scientific Conference, and used the opportunity to accredit the Royal Darwin Hospital on behalf of the Board of Paediatric Surgery for surgery-in-general training in the first two years of the SET program.

To some extent it was a shock to see third world pathology in Australia, but there is no doubt that it is a superb place to learn surgical skills, as attested by three current trainees – Rohan Brent, Gideon Sandler and Rajay Rampersad. It probably isn't best suited to a first year trainee, but the volume and variation of diseases and poly-pathology make it an ideal training ground for the avid learner, and the keener you are the more that you will see. The two Consultants most involved in teaching are kind, considerate and very supportive of trainees. And on top of that, apart from a little humidity, the climate is superb!

As one of my roles, I am your representative on the Advisory Committee to the Academy of Surgical Educators, whose membership includes delegates from all of the College subspecialty societies, some academic Fellows and some members of College staff.

The Academy within the College was launched in 2009, and will have two types of members – basically those with an interest in Surgical Education, and a second group of those with formal education qualifications. More information about application processes will be placed on the College website soon.

Of particular interest to the Academy are the current methods of formative and summative assessments by the different specialty Boards/Societies, and it wishes to form matrices of each Specialty's Courses and Curriculum modules against the nine competencies promoted by the College. In this way it should be possible to benefit each craft group by bringing to its attention tools that others use in their SET trainee evaluation.

The Academy is also examining ways for the College to interact better with Universities, encouraging co-badging of courses which could be of benefit to trainees or trainers eg the Melbourne or Dunedin Universities Anatomy Courses or the recently launched Master of Surgical Education. A Clinical Teaching and Learning Course is envisaged for Registrars in training to help consolidate the 'Learning for Life' philosophy.

There is a strong push to provide standards to appraisals of SET Trainees with appropriate evidence-based verification. Of particular concern to the Australian Medical Council, the accrediting body of all post-graduate medical training organisations, are that the College has significant diversity of

training processes within its nine specialties, and that the definition and assessment of non-technical competencies need development.

There is also the realisation that if the College wishes to promote its academic standing, its website had to be more useful educationally and far more user-friendly. This process of change has already started.

There are going to be some changes to the Anatomy and Patho-Physiology Examinations in 2011, one will involve a change of fees where by the full fee will be charged, but candidates unsuccessful in reaching the vivas will receive a partial refund.

NEWS

- Ralph Cohen, wanted to remind members of the PAPS conference in Cancun; the website is www.paps2011.org
- The Royal Children's Hospital Melbourne is looking for a Urologist at the moment.
- Adelaide Women's and Children's are still looking for a Paediatric Surgical Registrar for next year.
- Michael Ee has been appointment full time staff specialist at the Royal Hobart Hospital.
- At the Sydney Children's Hospital, Andrew Holland has been promoted to full Professor in the department.
- Dr Jonathan Karpelowsky has been appointed Clinical Senior Lecturer in Paediatric Surgery at Sydney University.
- Townsville and far North Queensland are still looking for a Consultant for Paediatric Surgery, contact Harry Stalewski.
- At the Starship Children's Hospital in Auckland, Neil Price has been appointed as full time consultant in General Paediatric Surgery with an interest in Urology.
- Amiria Lynch has been appointed as a consultant in Paediatric Surgery at Christchurch Hospital in 2012 or 2013.
- There has been a rearrangement of Childhood Oncology Services in New Zealand to Auckland and Christchurch.
- Spencer Beasley has recently been to Vanuatu as part of the College's Pacific Island Project.
- Christchurch is recovering from its earthquake which amongst other things necessitated relocation of the Final Fellowship exam to Sydney.
- John Cassey from Newcastle is continuing with his visits to Vietnam in 2011.
- KK Varma will be visiting Waikato in January 2011, and hopefully will be giving a lecture on bladder extrophy whilst he is there.

I wish everyone a fantastic 2011.

Mr *Robert Sturden* FRACS
Secretary/Treasurer

BOARD OF PAEDIATRIC SURGERY

Report from the Chair, Board of Paediatric Surgery

Congratulations to Jonathan Karpelowsky in passing his Fellowship examinations in October and the Board looks forward to his active contribution to ANZAPS in the future. Our special gratitude and respect is given to the examiners and local examination convenors for the extraordinary effort in hosting the examinations in Sydney at the last minute, due to the terrible earthquakes in Christchurch.

Selection will be held in Brisbane next year after RATS. We will be selecting candidates to start their first year in a paediatric surgery unit in 2012. These new trainees will be taught and evaluated on their ability to perform: basic surgical procedures, basic surgical assessment and formulate early management plans of acute common surgical conditions (eg abdominal pain, abscesses) and their aptness for surgical training. If compulsory courses and examinations are complete and competency in basic surgical skills are achieved the trainee will then be placed in a training position in surgery in general the following year. If we use one of the general surgical training posts they will be charging us approximately \$2000 for the use of the post so we want our trainees to be able to make the most of the position by being given more responsibility and access to more complex clinical cases. This will only be possible if the trainees we send to general surgery can take call at a junior registrar level. There will be some trainees who already are at a higher competency level and may not need further general surgery experience and this will be demonstrated to their trainers and thus the Board in their first year in a paediatric surgical unit in 2012.

Since SET began there has been much made of the increased workload for trainers and supervisors – that is all of you, our ANZAPS colleagues. The frequent feedback assessments and structured learning modules have done more than standardise and individualise training. They have brought us into a tighter stronger community. Paediatric surgeons met regularly as department members. Increasingly now we are in touch between departments, hospitals, states and nations to discuss SET issues and share solutions to training concerns.

Amongst us there has been resistance to the changes, not least from myself. There is no doubt that the simpler method was when a senior respected surgeon would recognise a good junior and encourage their training. The juniors would then embark on a long unstructured program, which would include time at the best centers through the influence of their mentors, but which was at the mercy of serendipity to accomplish exposure to good teachers and cases.

An adept or naturally gifted surgical trainee will be able to learn in most environments but what of the not so masterful?

This is where the current structured feedback assessments really help ensure thorough training in all aspects within a shortened duration of training. Surgical training can now be seen to be similar to university in one sense. Just as a student must pass each semester to progress to the next semester, so must a surgical trainee demonstrate competency consistent with their stage of training in order to progress to the next level. Therefore it is important that trainers are up-to-date with the assessments used and the definitions and expectations of what is being required within SET. The College and the community legally expect us to take very seriously the responsibility of graduating safe competent surgeons. In the end any assessment of expertise will still rely on the sensei's ability to recognise satisfactory performance. However if the master/trainer is not trained to identify whether cumulative progression is faster, average or slow in comparison to the norm then the system will flounder. We have been making SATSET training compulsory with accreditation of training posts. In the future, the opinions of those trainers who have not completed SATSET training may not be considered valid in determining the outcome in significant trainee reports.

I strongly believe the standard at which a paediatric surgeon performs is much higher than in any other surgical specialty. We must become proficient at multiple pathologies and their management across most body systems and over the age range from antenatal to adolescent. Our natural modesty must be overcome when dealing with government and administration to achieve the best outcome for our patients, practices, funding and future of our profession. Especially when it impacts on recruitment to what is the most rewarding and demanding surgical speciality, but least remunerated.

Thank you to all Board members, supervisors and members of all the departments of paediatric surgery units in Australia and New Zealand for your continuing enthusiasm and hard work in training. Thank you to Kristy Scalea for keeping us on track.

Merry Christmas and Best Wishes to all!

**Assoc. Prof *Deborah Bailey* FRACS
Chair, Board of Paediatric Surgery**

PROFESSIONAL DEVELOPMENT

PDSB Report October

If any one of you doubts that we live in a time of increasing regulation, go to the Australian Health Practitioners' Regulation Agency's (AHPRA) web site. This is the body that now registers us via the Australian Medical Board, as well as nurses, physiotherapists, dentists and other groups with lesser evidence of their effectiveness in treating patients. There is a Code of Conduct on there that carries legal force. The rationale behind this is that it is for the protection of the public. True, none of us want to see untrained quacks posing as doctors capable of professionally treating sick people. But one has to wonder what evidence there is for osteopaths and podiatric "surgeons" to lay claim to be effective. It is also curious that if the rationale for AHPRA's existence is to protect the public (a direct quote from their literature), and we live in a "user pays" era, why it is that the public purse is not paying the cost of registration instead of increasing the cost to each of us.

This was the first meeting of PDSB since national registration under the control (or under the lack of control) of AHPRA came into force on 1st July. This means that compliance with CPD is now mandatory for registration in both Australia and NZ. It is no longer a chore imposed on us by the College but an essential part of remaining a registered medical practitioner. Nothing but good news for me as it means I can stop nagging you about it as all of us will have to be grown up and assume responsibility for getting it done ourselves.

Back to the Code of Conduct. This had extensive input from the College when it was drafted and the final version is much less restrictive than it was initially. It is well aligned to the College's Code of Conduct but is set out differently. To make reading them easier the College's Code is undergoing revision, mainly in its format to make it the same as AHPRA's. It is a powerful document that is worth looking at particularly the sections on our relationship with trade. If we think a colleague or trainee is behaving reprehensively, should we do something about it? I think we should. We claim to be a self regulating group, professionals with high standards of behaviour. This is our protection against closer and more onerous restrictions that would undoubtedly be imposed on us if government were to write the regulations. So unpleasant though it may be, if there is a flagrant breach of the Code of Conduct, I believe we must take action.

A topic that took considerable discussion at the meeting was the Surgical Safety checklist. You may recall that this was launched in Australia in Canberra by the Commonwealth Minister for Health and Aging last year. Its presence has been noted by many hospital administrators and by the indemnity groups. Professor Michael Grigg attended a meeting that involved private hospital administrators and representatives of

the medical indemnity industry. The surprising information that emerged was that errors in site, side or nature of operation were still an almost weekly occurrence in Australia. Not all of these incidents were associated with the Surgical Safety checklist being ignored, but in the majority the steps in the checklist had not been followed. This means that we must all be active in ensuring that the checklist steps are followed as well as being constantly aware of the risk of error. Prof. Grigg gathered that there was a feeling in those from the insurance industry that if a surgeon breached hospital policy that led to error, it might be that the insurance company could refuse to cover the incident. A chilling thought.

How compliance with the checklist was to be recorded was also discussed. At one end of the spectrum a simple note "checklist (tick)" could be considered sufficient, while at the other end would be a printed list with every item on it that is ticked separately. It was felt that a simple note to record that it had been gone through was preferable.

It is my impression that we Paediatric Surgeons are more involved in the prevention or control of pain in our patients than some other specialties. You may know that there is a body devoted entirely to Pain Medicine, with a training programme set up. The RACS was one of the bodies that founded this group. It is, then, perhaps surprising that the College does not have a Pain Section or interest group especially as almost everything we do to our patients causes, or has the potential to cause, pain. At this meeting it was resolved to recommend to Council that such a Section be created.

It is a repeated complaint that I hear from Fellows that they get very little from the College for their money. This ignores the fact that without the College's constant efforts they would not be able to continue to practice nor use the library etc etc, but it does reflect on the visible profile of the College in our everyday life. It is likely that this will soon be greater. The College has a media watch that extracts any reference to surgery or surgeons. It is distributed twice a week. This started as being a service to Councillors and office bearers to keep them informed, but at this meeting of PDSB it was suggested that Surgical Snips be emailed to all Fellows. If this is not wanted you will be able to opt out. Being an extract of media references the information is at the level of the media, but this is what the public sees of us.

By the time you read this 2010 will be almost gone.

I hope 2011 is a good year for all of you.

Mr Hugh Martin FRACS
Council Representative

PD WORKSHOPS AND EO REPORT

Professional Development Workshops Jan - Jun 2011

REGION	DATE	WORKSHOP
NSW	12 February	Supervisors and Trainers for SET (SAT SET), <i>Sydney</i>
	18-20 March	Providing Strategic Direction, <i>Sydney</i>
	11 June	Keeping Trainees on Track (KTOT), <i>Sydney</i>
	28 June	Supervisors and Trainers for SET (SAT SET), <i>Sydney</i>
QLD	26 February	Supervisors and Trainers for SET (SAT SET), <i>Brisbane</i>
	31 Mar – 2 Apr	Surgical Teachers Course, <i>Gold Coast</i>
	27-29 May	Sustaining Your Business, <i>Brisbane</i>
SA	29 Ap – 1 May	Younger Fellows Forum, <i>Adelaide</i>
	2 May	Keeping Trainees on Track (KTOT), <i>Adelaide (pre ASC)</i>
	2 May	Occupational Medicine, <i>Adelaide (pre ASC)</i>
	2 May	Polishing Presentation Skills, <i>Adelaide (pre ASC)</i>
	2 May	Practice Made Perfect, <i>Adelaide (pre ASC)</i>
2 May	Supervisors & Trainers for SET (SAT SET), <i>Adelaide (pre ASC)</i>	
VIC	12 March	Communication Skills for Cancer Clinicians, <i>Melbourne</i>
	TBC	Keeping Trainees on Track (KTOT) (Facilitator), <i>Melbourne</i>
	TBC	Occupational Medicine, <i>Melbourne</i>
	5 April	Supervisors and Trainers for SET (SAT SET), <i>Melbourne</i>
WA	23 March	Supervisors and Trainers for SET (SAT SET), <i>Perth</i>
	11 June	Keeping Trainees on Track (KTOT), <i>Perth</i>
NZ	17 February	Supervisors and Trainers for SET (SAT SET), <i>Auckland</i>

Further Information

Please contact the Professional Development Department on:

Phone: +61 3 9249 1106

E-mail: PDactivities@surgeons.org or visit the

Website: www.surgeons.org - select Fellows then click on Professional Development.

From the ANZAPS Executive Officer

Hello everyone,

It's been a very busy year and an enjoyable one from a Paediatric Surgery point of view. The ASC in Perth this year was fantastic, especially to meet many members and to put names to faces, Colin Kikiros deserves another congratulations as Convenor.

I am really looking forward to the ASM in Coolum next year which will be quite different to the meeting this year, Craig McBride is putting together with the assistance of Will Organise an interesting program. I look forward to seeing you then!

I would also like to encourage our Paediatric Surgery trainees to submit abstracts at the ANZAPS meeting in Coolum, I will be sending out information on how to submit abstracts next year, so watch this space.

I also enjoyed working for the Board of Paediatric Surgery – the Board is a group of fantastic and dedicated Paediatric Surgeons and I must give a big thank you especially to Deborah Bailey who tirelessly works to maintain an extremely high standard for our Paediatric Surgery trainees.

A big thank you to Tony Sparnon and Robert Stunden for their efforts and support to me this year.

I wish everyone a happy and safe festive period!

Kristy Scalea

Executive Officer, ANZAPS

BOARD OF SURGICAL RESEARCH

Report from the Board of Surgical Research

Dear Colleagues,

The Board of Surgical Research (BSR) held its final meeting of the year in October. Most of the work of the board is performed earlier in the year, with debate focused on the assessment and interview of applications for the many scholarships, grants and research awards now available to Trainees and Fellows of the College.

There were, however, a few items discussed at the most recent meeting which may be of interest to paediatric surgeons. The first relates to eligibility of applicants. One of the criteria used states that successful applicants must be either a Fellow or a Trainee of the College. Whilst the board accepts that a very considerable amount of research of surgical importance may be conducted by non-surgeons, on balance the view was upheld that the BSR and therefore the College should only award scholarships to its Fellows and Trainees.

Secondly, the issue of the location of the research has also recently been challenged. Several scholars, upon receiving an award, have then elected to conduct their research outside Australia and New Zealand. On this occasion, the board felt that whilst scholars should be encouraged to conduct their research locally, a project to be conducted or transferred overseas should still be considered eligible for an award.

As ever, if members have any comment, questions or concerns in relation to the BSR, please contact me. I would also be encouraging to see scholarship applications from members and Trainees in the future, as certainly there have been very few paediatric surgical applicants in the last few years.

With kind regards and best wishes.

Mr Andrew J.A. Holland FRACS
BSR Representative for ANZAPS

PAEDIATRIC UROLOGY

Report from the Urology Club Meeting

Thanks to all those who attended the Urology Club Meeting in Wellington 6-7th November. A wide variety of topics was covered and a great evening had by all at the Cobar Restaurant across the bay.

The weather held and indeed hit 26 degrees the week following. The highlight as mentioned by quite a number was the tour of the new Wellington Zoo Hospital and half an hour spent up close with two young cheetahs. Some went clubbing others retired early and everyone survived.

We have had excellent media coverage of the conference and all positive I might add. The conference reached agreement of a more structured path forward to help formalize the club and planned for the next meet in Melbourne.

I thank you all again for crossing the ditch!

Mr Brendon Bowkett FRACS
Convenor

SPANZA & ANZAPS CONFERENCE

20-23 October 2011, Coolum QLD

Each association is pleased to report that their chosen speakers have formally accepted invitations to attend this meeting. We're planning a truly combined conference, with approximately half of the sessions targeted at both surgeons and anaesthetists. Our keynote speakers will be at these sessions discussing patient safety, technological safety, and interpersonal factors. We are in the early stages of planning hands on workshops looking at technologies such as the use of intraoperative ultrasound scanning for percutaneous line insertions, and for nerve blockade. Over the next few months we expect to have more program detail available.

Website now up - For those planning on coming to Coolum, broad details of the conference can be viewed at <http://www.willorganise.com.au/spanza-anzaps>. The website will be populated over the next few months with details regarding the scientific and social programmes, registration and paper submission details. We are planning a number of invited papers, in addition to our speakers, but there will be plenty of space for free papers also. Registration and abstract submission is expected to be available from May 2011.

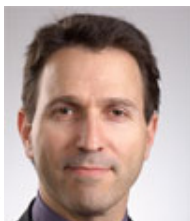
Keep your diaries open for the end of October. We will have big screen access to all Rugby World Cup matches, and won't mind too much if you duck out to see your team play...

We look forward to seeing you in Coolum!

On behalf of the Organising Committee

Dr *Craig McBride* FRACS and

Mr *Chris Bourke* FRACS



Brief biographies of our speakers

Paul Barach, B.Sc (hon), MD (hon), MPH, Maj. (ret.), has over 15 years experience in researching, teaching and applying human factors and has been integrally involved as a clinician, educator, researcher and policy maker in enhancing healthcare improvement and patient safety policy in the United States, Europe and, more recently, in Australia. He is a board-certified Anesthesiologist, with fellowship training in Cardiac Anesthesia, Critical Care medicine and human factors, at the Massachusetts General Hospital and Harvard Medical School where he trained and practiced. His major research focus is on developing and extending theoretical work in the areas of human factors, injury prevention, patient safety and quality improvement, with a particular focus on patient transitions, resilience of surgical teams and the role of human factors in enabling safe patient care. He has published extensively on ways to improve patient safety in paediatric cardiac surgery. He was recruited as Professor to set up the Center for Patient Safety at Utrecht Medical Center, Utrecht, Netherlands and runs a large European Union research trial on patient handovers. He has received over \$10 million in federal funding and has published over 100 peer review papers and communications.

Professor George G Youngson CBE, MB ChB, PhD, FRCS Ed graduated in medicine from Aberdeen University in 1973; he was appointed a consultant general surgeon in 1984 following training in general surgery, cardiovascular surgery (University Hospital, London Ontario Canada), and paediatric surgery (Hospital for Sick Children in Toronto), and was appointed consultant paediatric surgeon at Royal Aberdeen Children's Hospital in 1988. He was awarded a personal chair in paediatric surgery by Aberdeen University in 1999 and appointed as Professor Emeritus in February 2010. He was made CBE in the Queens Birthday Honours list in June 2009. He is Vice President and Council member of the Royal College of Surgeons of Edinburgh, and head of professional affairs with lead responsibilities in revalidation, patient safety, and surgical standards. He is a member of the National Advisory Board of the Scottish Patient Safety Alliance and is co-convenor of the colleges' Safer Operative Surgery Course and Non Technical Skills Master Classes. As past chairman of the Intercollegiate Specialty Examination Board in Paediatric Surgery and member of SACs in General Surgery and Paediatric Surgery, he has a major interest in surgical education, research into human factors related to surgical performances, and service delivery for children's surgical specialties.



EVENTS & ANNOUNCEMENTS

WOFAPS

WOFAPS had a very successful international meeting recently in Delhi, India. There was a big turnout of international visitors to India, as well as a large contingent of Indian and other subcontinent paediatric surgeons for this very successful meeting.

There were laparoscopic workshops before and intersex workshops after the Congress which was also well attended and very successful.

Overall, it is a sign that the international community of paediatric surgeons is starting to coalesce around WOFAPS meetings, which I am sure will continue to be successful venues.

Prem Puri has stepped down as the President of WOFAPS and Richard Azizkhan from Cincinnati is taking over.

Professor *John M Hutson, AO*
WOFAPS Representative

Upcoming meetings & conferences

2011

Pacific Association of Pediatric Surgeons

44th Annual Meeting, 10-14 April, 2011

Cancun Mexico

E-Mail: info@paps2011mexico.org

Website: <http://www.paps2011.org>

Registrars Annual Training Seminar

23 -26 June 2011

Brisbane

ANZAPS ASM / SPANZA Conference

20 - 23 October 2011

Hyatt Regency Coolum, Queensland

www.willorganise.com.au/spanza-anzaps

Australia & New Zealand Paediatric Urology Club and

Asia Pacific Association of Paediatric Urologists

International Paediatric Urology Meeting

25 – 27 November 2011

St Kilda Melbourne

2012

PAPS Conference

22nd to 26th April 2012

PAPS - Shanghai, China

ANZAPS ASM

Combined RACS / ANZAPS at ASC

6 – 10th May 2012

2013

ANZAPS ASM and AGM & PAPS Conference

7th-11th April 2013 PAPS - Hunter Valley

Newcastle, Australia

Combined PAPS / ANZAPS meeting

If you have any meeting/conference dates that you would like to appear in the section email:

anzaps.college@surgeons.org

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SURGICAL EDUCATION & TRAINING (SET) IN PAEDIATRIC SURGERY

2011 Training Calendar

All trainees to note that deadlines for all assessments should be strictly adhered to. It is the trainees responsibility to ensure that assessments especially mid and end term assessments (log books, evaluations progress overview etc) are submitted to the Executive Officer by the due date. In accordance with the Board of Paediatric Surgery Regulations if these are not received by the due date may result in the rotation not being accredited.

Dates relevant to New Zealand – Black	
Dates relevant to Australia – Green	
December	
Mon 6	NZ Trainees are to submit completed & signed assessment forms for Rotation 2 2010 to the Executive Officer by no later than 20 December SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
Mon 20	NZ Trainees – Deadline for assessment forms to be submitted to the Executive Officer
January	
Mon 10	AUS Trainees are to submit completed & signed assessment forms for Rotation 2 2010 to the Executive Officer by no later than 24 January SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
Mon 24	AUS Trainees – Deadline for assessment forms to be submitted to the Executive Officer
Tue 25	Fellowship Examination closing date
February	
Sat 5 – Sun 6	Board Meeting in Melbourne
Fri 25	CAT # 1 sent to SET 3-6 Trainees (due 25 May)
March	
Wed 2	DOGS # 1 Session 1 Opens (open for 1 week)
Fri 4	NZ Trainees are to submit completed & signed assessment forms for Dec - Mar 2011 to the Executive Officer by no later than 18 March SET 1 – 2 Evaluation form, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Evaluation form & 6 MOUSE
Wed 9	DOGS # 1 Session 2 Opens (open for 1 week)
Wed 16	DOGS # 1 Session 3 Opens (open for 1 week)
Fri 18	NZ Trainees - Deadline for assessment forms to be submitted to the Executive Officer
Tue 22	DOGS # 1 Session 3 Closed
Mon 28	AUS Trainees are to submit completed & signed assessment forms for Jan - Mar 2011 to the Executive Officer by no later than 11 April SET 1 – 2 Evaluation form, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Evaluation form & 6 MOUSE
April	
Mon 11	AUS Trainees – Deadline for assessment forms to be submitted to the Executive Officer
Mon 11	Paediatric Anatomy Examination Closing date
Tue 12	Fellowship Examination Written Papers (Multiple centres)
May	
Mon 16	Board of Paediatric Surgery teleconference
Fri 13 – Mon 16	Fellowship Examination – Clinicals/Vivas (Melbourne)
Wed 25	CAT # 1 submission deadline to be submitted to the CAT Co-ordinator
Tue 31	Fellowship Examination closing date
June	
Fri 3	NZ Trainees are to submit completed & signed assessment forms for Rotation 1 2011 to the Executive Officer by no later than 17 June

	SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
Fri 3	AUS Trainees are to submit completed & signed assessment forms for Rotation 1 2011 to the Executive Officer by no later than 17 June SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
Fri 10	Paediatric Anatomy Examination Written paper
Fri 17	NZ Trainees - Deadline for assessment forms to be submitted to the Executive Officer
Fri 17	AUS Trainees – Deadline for assessment forms to be submitted to the Executive Officer
Thu 23	Registrar Annual Training Seminar (RATS) commences
Fri 24	Trainee / Board interviews
Sun 26	Registrar Annual Training Seminar concludes
July	
Tue 5	CAT #2 sent (deadline 28 October)
Mon 25	DOGS # 2 Session 1 Open (open for 1 week)
August	
Mon 1	DOGS # 2 Session 2 Opens (open for 1 week)
Mon 8	DOGS # 2 Session 3 Opens (open for 1 week)
Sun 14	DOGS # 2 Session Closed
Tue 16	Fellowship Examination Written papers (Multiple centres)
Mon 29	All NZ Trainees are to submit completed & signed assessment forms for Jun - Aug 2011 to the Executive Officer by no later than 12 September SET 1 – 2 Evaluation form, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Evaluation form & 6 MOUSE
Wed 30	Paediatric Patho-Physiology Examination Closing date
September	
Sat 3	Paediatric Anatomy Examination Vivas
Mon 12	NZ Trainees - Deadline for assessment forms to be submitted to the Executive Officer
Fri 16 – Mon 19	Fellowship Examination – Clinicals/Vivas (Adelaide)
Fri 30	All AUS Trainees are to submit completed & signed assessment forms for Jun - Sep 2011 to the Executive Officer by no later than 14 October SET 1 – 2 Evaluation form, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Evaluation form & 6 MOUSE
October	
Fri 14	AUS Trainees - Deadline for assessment forms to be submitted to the Executive Officer
Mon 17	Paediatric Patho-physiology Examination
Wed 19	Board of Paediatric Surgery meeting - Coolum
Thu 20 – Sun 23	Australian & New Zealand Association of Paediatric Surgery ASM Coolum
Fri 28	CAT # 2 submission deadline to be submitted to the CAT Co-ordinator
November	
Tue 29 NZ	All NZ Trainees are to submit completed & signed assessment forms for Rotation 1 2011 to the Executive Officer by no later than 13 December SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
December	
Tue 13	NZ Trainees - Deadline for assessment forms to be submitted to the Executive Officer
January 2012	
Mon 9	All AUS Trainees are to submit completed & signed assessment forms for Rotation 1 2011 to the Executive Officer by no later than 23 January SET 1 – 2 Logbook, Evaluation form, Trainee Progress Overview, Mini-CEX, DOPS & 360 self assessment & contact details. SET 3 – 6 Logbook, Evaluation form, Trainee Progress Overview & 6 MOUSE
Mon 23	AUS Trainees – Deadline for assessment forms to be submitted to the Executive Officer