

Global Training in ORL-HNS

Training in otolaryngology—head and neck surgery in Australia and New Zealand

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Introduction

Australia is a federation of States. Each State has its own Government and is responsible for the provision of Health Services. However, the Federal Government increasingly has a supervisory and financial role in the provision of health services. New Zealand likewise is responsible for provision of its own health services. There is considerable and unrestrained trans-Tasman exchange of medical personnel.

The training of medical practitioners in both countries is conducted by accredited Universities. Specialist training thereafter is by the various specialist 'Colleges' similar to the model of the United Kingdom and Ireland. In Australia and New Zealand, the Royal Australasian College of Surgeons is given the community responsibility to define the minimum training requirements for surgeons. The College undertakes training and examinations to establish that required standards have been obtained and has established other mechanisms of continuing assessment.

The continuum of training and evaluation involves: basic surgical training; advanced surgical training; continuing professional development.

Basic surgical training

Medical graduates must complete an intern year and satisfy certain Government requirements after which medical registration is awarded. Basic surgical training is the period when potential surgeons acquire the basic surgical skills, competency in clinical assessment, an understanding of surgical science and sufficient experience to enter more advanced training. This process is overseen by the College through the Board of Basic Surgical Training (BBST) with the general aim being for a seamless transition between the basic surgical training years and advanced training in the nine College specialty disciplines. BST is for a minimum of two years after the intern year with a maximum of four years being allowed. Those wishing to pursue a

surgical career must apply to the College to be an accredited trainee.

BST is the same for everybody with progression through a series of approved hospital based posts. At least a minimum of 12 months must include general and specialty surgical posts. It is desirable that a trainee should also be exposed to intensive care in the emergency department. A period of three months may be accepted in an approved general practice as part of basic surgical training.

During this period the trainee must undertake a number of surgical trainee education modules (STEM). These are primarily task based with clinical problems encountered in every day practice. They focus on the surgical science underpinning clinical surgery. They are not manuals or encyclopaedias designed to cover the syllabus but are guides to develop and encourage an individual study program. The STEM program is flexible and trainees are able to study at a time, location and place of their choosing. They are a distance learning-based program with Internet web site access to an interactive computer-linked programme. There are 22 modules that cover:

- (1) Anatomical and biological basis of disease.
- (2) Basic surgical practice.
- (3) Generic aspects of surgery.

During the period of basic surgical training, three courses in addition to the training modules must be completed encompassing a basic surgical skills course, early management of severe trauma course and critical care course.

Assessment at the completion of basic surgical training is by a multiple choice question exam (MCQ) and an objective structured clinical examination (OSCE).

As mentioned above, the minimum time requirement for BST is two years with the maximum being four. Trainees may begin applying for advanced training positions during their second year of BST. Only accredited trainees can be considered for an

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advanced training position so if the trainee has not secured an appropriate position within the four year limit, then they may not apply further.

Advanced surgical training

The Royal Australasian College of Surgeons insists that surgical trainees must receive adequate training as well as pass examinations. The College has complete control over the assessment and examination process but does depend upon co-operation with hospitals to ensure adequate training. Therefore service responsibilities and the training process are closely inter-related.

It is generally recognized that a single training post will not offer complete training and rotation through more than one post is required to provide sufficiently wide experience. Training programmes are developed with a process of assessment of these by the College to ensure that comprehensive training is developed. An approved training post would ordinarily have three Consultant specialists in Otolaryngology Head and Neck Surgery with the trainee having at least seven structured and supervised operating and out-patient sessions per week. Hospitals are also evaluated in the more general sense to ensure standards exist and comprehensive services are available in other specialty areas including pathology, radiology with computed tomography (CT) scan and magnetic resonance imaging (MRI) access, Speech Pathology, advanced audiological facilities, library services and appropriate journal subscriptions. Inspection and accreditation of posts is undertaken by The Board of Otolaryngology Head and Neck Surgery as required depending upon individual hospital factors. However, every hospital training post is inspected and evaluated at least every five years. Each approved hospital training position has an appointed supervisor of training and this person also represents the hospital on the Regional Training Committee for each State of Australia. These supervisors are involved in the selection and interview process for new trainee applicants. Within each regional area, a training programme is structured such as to monitor trainee progress and also provide a mechanism for tutorials, X-ray and pathology meetings, and audit reviews.

The minimum requirement of training for an advanced trainee in Otolaryngology Head and Neck Surgery is:

- (1) four years rotation through a minimum of three hospital positions;
- (2) a minimum of six months exposure to Paediatric Otolaryngology;
- (3) a minimum of six months exposure to Head and Neck Surgery;
- (4) a prescribed minimum of grades of operations that have to be performed prior to presenting for the final examination (a list and logbook is provided to the trainees);
- (5) twenty-five cadaver temporal bone procedures to be performed and documented;
- (6) attend at least two temporal bone courses;

- (7) complete requirements for the investigation research project.

The investigation and research project is mandatory for all surgical trainees. Publication of an article in a journal which referees all manuscripts will automatically qualify for this requirement but the Board would find acceptable the presentation of a paper for which abstracts are subject to review and selection. A dissertation alone would not necessarily be acceptable but would be assessed by the Board and possibly approved depending upon standards.

The above describes the minimum requirements to complete training. The assessment and examination process is very competitive and trainees are therefore motivated to further their training and exposure to contemporary otolaryngology. Attendance at conferences and courses is encouraged and this includes endoscopic sinus surgery, rhinoplasty and facial cosmetics, audiology, head and neck surgery, skull base surgery, vestibular rehabilitation, cochlear implantation, and paediatric endoscopy. Each year the Registrars have a dedicated Registrar Conference specifically directed towards their own particular requirements.

Of recent times, it has been the practice to coincide the Registrar Conference with the meeting 'Frontiers in Otorhinolaryngology'. This provides exposure to basic research developments in the specialty and is funded by The Garnett Passe and Rodney Williams Memorial Foundation. Hence, the basic curriculum is enhanced in many ancillary areas.

A summary of operative experience is to be kept by all trainees for the full training time. At the completion of each six month period, each trainee is assessed by their consultants and supervisors of training looking at their surgical experience, attendance at the courses required and temporal bone dissections. In addition, an evaluation of performance is undertaken looking at such areas as clinical skills, technical skills, academic performance and attitudes such as communication with patients and staff, self-motivation and reliability. Each six month period needs to be deemed a satisfactory performance. If a performance is not satisfactory, then the trainee may not have that time allowed as approved training thereby effectively lengthening their training programme.

In the final 12 months of advanced surgical training in Otolaryngology Head and Neck Surgery, the trainee may apply to present for the Part 2 examination. The examination has a number of components:

- (1) two written exams of two hours each in Otolaryngology Head and Neck Surgery;
- (2) one multiple choice paper with questions directed at surgery in general;
- (3) oral viva examinations one each in surgical anatomy, operative surgery, surgical pathology;
- (4) oral clinical examinations in two parts (long clinical and short case clinical).

Examiners are appointed by the College to undertake the above process. Over the past few years there has been attention given to standardization of the examination process to ensure equity and fairness. A mechanism of feedback exists to the Supervisor of Training outlining deficiencies in failed candidates. This is of particular value allowing the direction of training and study towards the deficient areas.

Successful trainees are then awarded Fellowship of the Royal Australasian College of Surgeons with the Certificate endorsed in the specialty of Otolaryngology Head and Neck Surgery. This is then automatically accepted by the various government registration authorities as evidence of satisfactory specialist vocational training.

So it is correct to say that the Part 2 exam is essentially an 'exit' exam. The FRACS degree is not conferred until completion of all aspects of advanced training. In that respect it is equivalent to being Board Certified (USA) or being awarded the Higher Accreditation Certificate (UK).

Some will go on to more specific training in an area of special interest or sub-specialisation. In Australia and New Zealand such training Fellowship positions are available in the areas of Paediatric ENT, Head and Neck, Otolaryngology/Skull base, Electrophysiology/cochlear implant, Rhinology/FESS, and Rural and Remote Otolaryngology.

The above positions are also available to overseas applicants. If offered a position, a limited short term Occupational Training Visa (OTV) is required. The mechanism is that the hospital offering the short term employment applies on behalf of the candidate for an OTV. It is the Royal Australasian College of Surgeons (via the Chairman of the Board of Otolaryngology Head and Neck Surgery) that undertakes an assessment of the applicants' qualifications and capability, in combination with the programme provided by the hospital. The OTV is time-limited and none of the hospital positions can be used prospectively or retrospectively by the overseas-trained doctor for the purpose of any credit towards an Australian degree. However, Certificates of Training can be issued for use in their home country if acceptable.

Continuing professional development

For established Fellowship holders, the College oversees a coordinated national programme of continuing professional development undertaking a process of quality assurance, surgical audit, peer review, risk management and continuing medical education. The College does this by requiring involvement in a Recertification Programme. Each year a data form is sent to all Fellows and certain minimum criteria need to be satisfied in order to generate the annual recertification statement provided by the College. Involvement in the following areas needs to be recorded: attendance at hospital and committee meetings; attendance to scientific meetings; self-education activities; conduct of a surgical audit.

Each year there is a verification process whereby a percentage of Fellows are required to submit documentation supporting the above areas that have been indicated as undertaken. The only exemptions are those Fellows who are retired from clinical care of patients or those resident permanently overseas. Fellows are provided with an annual Recertification Statement upon successful application of the above and each three years a copy of the Certificate of Continuing Professional Development.

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