RACGP

Rural General Fellowship (FRACGP-RG)

Additional Rural Skills Training (ARST) Curriculum for Surgery

Rural Generalist Fellowship (FRACGP-RG): Additional Rural Skills Training (ARST) Curriculum for Surgery

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

ABN 34 000 223 807

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Contents

1 Introduction
- Objectives
- Prerequisites
- Duration

3 Context for the FRACGP-RG ARST Curriculum for Surgery

4 Content of the FRACGP-RG ARST Curriculum for Surgery

10 Learning outcomes and performance criteria
- Range statements

17 Assessment
- Logbook
- Random case notes analysis
- Supervisor reports
- Mini-CEX
- Case-based discussions

19 Recommended learning resources

19 References

20 List of acronyms and initialisms

Introduction

The Rural Generalist Fellowship (FRACGP-RG) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP). Completion of a minimum 12 months of Additional Rural Skills Training (ARST) in an accredited training post is an essential component of training towards FRACGP-RG. This additional training is designed to augment core general practice training by providing an opportunity for rural general practitioners (GPs) to develop additional skills and expertise in a particular area and enhance their capability to provide secondary-level care to their community.

This curriculum sets out the competencies that candidates are required to develop to complete ARST in Surgery. It is also designed to provide a framework for the teaching and learning of the critical knowledge, skills and attitudes that rural generalists require to effectively deliver end-of-life care in rural and remote environments, where specialist support is often limited.

Objectives

GPs with additional training in surgical skills make an important contribution to comprehensive care in rural and remote communities that face reduced access to specialist surgical services. Patients served by these GP surgical proceduralists generally benefit from a reduced need to travel, shorter waiting times for regular and smaller surgical procedures, and having their specialised care delivered by a medical practitioner with whom they have an established and trusted therapeutic relationship. GP surgical proceduralists must be appropriately trained to deliver unsupervised surgical procedures, and the procedures they can perform will be determined by the individual practitioner's training, hospital accreditations, and the local infrastructure and support services available to them.

By undertaking ARST in Surgery, candidates will build their capacity to provide high-quality surgical services to their community. A long-term outcome of this will be improved equity of access to skilled practitioners and quality care for rural Australians.

Prerequisites

ARST in Surgery can be undertaken any time after the Hospital Training Time component of FRACGP has been completed. To give candidates a rural general practice context to the learning, and provide a better understanding of where their additional skills will be practised, it is recommended (but not mandatory) that they have completed at least 12 months full-time equivalent (FTE) of community rural general practice terms before starting the ARST. However, RACGP recommends that candidates work closely with their training team to plan the best training pathway for their individual circumstances.

A final requirement for ARST in Surgery is for the candidate to have successfully completed the Care of the Critically Ill Surgical Patient (CCrISP) course and at least one of the advanced trauma management courses from the list below, either in the 12 months before or during their ARST training:

- Early Management of Severe Trauma (EMST)
- Emergency Trauma Management (ETM)
- Pre-Hospital Trauma Life Support (PHTLS)
- Rural Emergency Assessment Clinical Training (REACT)
- an equivalent course approved by the RACGP Rural Censor.

Duration

This ARST in Surgery requires a minimum of 12 months (FTE) in an accredited training post, in accordance with the vocational standards and requirements published by the RACGP. Candidates must demonstrate satisfactory achievement of outcomes as per the curriculum. The time requirements for this ARST depend on the scope of practice, which is tailored for the community and candidate needs. Although 12 months is a minimum, candidates may take longer to complete this ARST. This can be detailed in the training plan.

Context for the FRACGP-RG ARST Curriculum for Surgery

ARST in Surgery must be completed in a surgical training post that has been approved by the Royal Australasian College of Surgeons (RACS) and accredited by the RACGP.

During the 12-month training period, candidates must complete a **minimum**:

- six-month general surgery rotation
- three-month orthopaedics rotation
- three months in another relevant surgical rotation or additional general surgery or orthopaedic rotations.

Where possible, training should take place in the region where the registrar intends to practise, to enable an ongoing consultant–registrar relationship. During training, candidates are expected to take on the roles and responsibilities of a junior surgical registrar under the direction of the head of the unit or surgical supervisor. In general, these duties would include:

- admission and assessment of patients
- drawing up and implementing management plans under supervision with increasing responsibility over time
- assistance at operations with increasing responsibility over time
- performance of operations initially under supervision but with reducing supervision and increasing independence over time
- post-operative management including management of complications
- preparation of discharge summaries and plans for follow-up
- participation in emergency duties in the unit
- participation in retrieval teams and acute trauma situations.

The emphasis of this ARST in Surgery is on the acquisition of relevant surgical skills and experience. Candidates must be exposed to diverse presentations that will allow them to meet the full range of curriculum requirements. Candidates will engage in self-directed learning under the supervision of a Fellow of the Royal Australasian College of Surgeons (FRACS) in their local region. Registrar candidates will be supported by a GP medical educator. A rural GP mentor is recommended as an additional source of advice on training in the broader context of rural general practice, as well as a professional role model and support person.

The role of the GP mentor includes:

- act as professional role model and support person
- observe the candidate's performance and provide regular feedback and assistance in general practice settings, where appropriate
- contribute to formative assessment of the candidate, where appropriate.

The GP medical educator provides a link back to the training team to inform the candidate about educational activities and overall training requirements. Their role is to:

- provide advice and assistance regarding training needs, learning activities and completion of training requirements
- assist in the development, implementation and evaluation of learning materials

- assist in access to learning opportunities for procedural skills and other abilities
- contribute to formative assessment of the candidate and monitor progress.
- contextualise learning to rural general practice

The FRACS surgeon provides the candidate with a source of clinical expertise, advice and educational support. Their role is to:

- provide supervision in the clinical setting
- facilitate access to clinical learning opportunities
- demonstrate clinical skills and procedures
- observe the candidate's performance and provide regular feedback and assistance
- conduct regular teaching sessions
- monitor candidate progress and contribute to formative assessments
- report on progress in completing assessment requirements.

An alternate or independent assessor is someone with similar qualifications as the supervisor who will contribute to formative assessment of the candidate. They should be a surgeon who is a Fellow of the RACS or a Fellow of the RACGP or ACRRM with additional skills in surgery.

A combination of teaching methods is used, taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practice settings. Through demonstration, observation and interactive teaching methods, candidates are challenged to perform, reflect upon and assess their competence in applying the clinical knowledge and skills described in the curriculum.

Teaching methods may include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on candidate performance
- group discussion, activities, case studies and presentations
- role-play or simulated scenarios illustrating challenging clinical situations
- online learning modules
- simulation of clinical presentations
- specific courses and workshops
- audio-visual presentations and web-based presentations
- research projects
- regular meetings with supervisors
- access to continuing professional development workshops
- presentation of educational sessions to other staff or community groups
- journal articles and web-based resources
- development of teaching skills through teaching of junior medical staff and medical students.

Candidates are expected to determine the depth and extent of education and training required in consultation with their supervisors and document this as part of their training plan.

Content of the FRACGP-RG ARST Curriculum for Surgery

The following content list provides guidelines for the candidate and the supervisors regarding topics to be covered during training. This is a non-exhaustive list of desirable knowledge and skills to meet the surgical needs of rural communities. It is anticipated that this list may be adapted to address the particular learning goals of candidates and the particular context in which the training is conducted.

The content is organised under the following headings:

1. The management process
2. Common surgical conditions to be managed
3. Common surgical skills and procedures
4. Common practices in surgical management

1. The management process

- Conducting an initial assessment:
  - history
  - physical examination
  - arranging and interpreting appropriate investigations
  - reaching a provisional diagnosis
  - initial management.
- Management planning:
  - deciding whether management should be local, local with consultation or involve referral and transfer
  - arranging for referral and transfer if appropriate
  - implementing local management or local management with consultation
    - arranging and interpreting further investigations
    - undertaking conservative measures as appropriate
    - undertaking operative measures as appropriate.
- Post-operative care and follow-up:
  - undertaking immediate post-operative care for locally managed patients, including identification, assessment and management of surgical complications with consultant advice, if necessary
  - undertaking long term follow-up for local or transfer patients
  - undertaking follow-up of conservatively managed patients.
- Critical considerations in the management process, including the:
  - nature of the disease or presenting condition
  - health status of the patient and co-morbidities
  - availability of resources for local management of conditions

  - planned/elective
  - unplanned/urgent
- availability and limitations of local and regional resources for consultation, referral and transfer
- expertise and limitations of the candidate, as well as the supervision available (local vs regional).

2. Common surgical conditions to be managed

- Recognition and appropriate initial management of common conditions, such as:
  - abscesses, haematomata and cellulitis
  - abdominal trauma
  - acute abdominal pain
  - acute gynaecological problems, ectopic pregnancy, pelvic inflammatory disease, ovarian problems
  - altered bowel habits
  - arterial trauma
  - breast infection (mastitis)
  - breast lumps (likely benign versus cancer)
  - burns – major
  - burns – minor
  - carpal tunnel syndrome
  - chest trauma
  - compartment syndrome
  - contusions
  - ENT emergencies including epistaxis, quinsy
  - eye trauma
  - facial injuries
  - foreign bodies (in soft tissues, airway, upper gastrointestinal tract [GIT])
  - fractures
  - GIT bleeding
  - hand injuries
  - head injuries
  - hernia
  - ingrown toenails
  - intermittent claudication
  - leg ulcers
  - ligament injury
  - limb fractures/dislocations – upper and lower limbs
  - pelvic injuries
  - perianal conditions

- pilonidal abscess/sinus
- prostate disease, management of urinary retention
- rectal bleeding
- renal pain
- rest pain, threatened limb, critical ischaemia
- scrotal swellings/pain
- simple plastic surgery conditions (flaps, grafts)
- skin lesions
- tendon entrapment/repair
- thyroid masses, cervical lymph nodes
- urinary tract infection
- vasectomy
- wounds – simple and complex.

3. Common surgical skills and procedures

- Skills and procedures commonly undertaken by GP surgical proceduralists, such as:
  - abdomen
    - abdominal mass, diagnosis and surgical management
    - abdominal trauma, diagnosis–resuscitation
    - acute gastrointestinal bleeding, resuscitation
    - appendicectomy – open or laparoscopic
    - colonoscopy
    - gastroscopy
    - laparoscopy for appendicitis and diagnosis of acute gynaecological
  - breast abscess/infection
    - ultrasound guided drainage, open drainage
  - burns
    - burns – minor only (transfer major, head and neck, hands to burns centre) – 'minor' meaning single area, <5%
    - criteria for referral (most)
    - escharotomy (acute management)
    - staging diagnosis and dressings (acute management)
  - chest trauma
    - closure of open wounds
    - emergency pericardial aspiration
    - management of haemothorax (ICC)

  - management of pneumothorax (intercostal catheter (ICC))
  - pleural tap
  - recognise and transfer of flail chest
- genitourinary
  - circumcision
  - scrotal lumps – diagnosis and management
  - suprapubic catheterisation
  - testicular torsion – surgical management, if trained
  - testicular trauma – surgical management, if trained
  - vasectomy
- gynaecological/obstetric – diagnosis and surgical management, as appropriate to the context and training of the GP surgeon
  - acute gynaecology conditions
  - ectopic pregnancy
  - obstetric emergency
- head and neck – facial injuries (complex)
  - airway protection
  - cricothyroidotomy
  - mandible stabilisation
  - suture lacerations
  - tracheostomy
- head and neck – management of open head injuries
  - temporary packing/coverage/ loose suture
  - transfer arrangements
- head and neck – ENT
  - incision and drainage abscesses
- head and neck – assessment of sudden deafness, ear infection
  - penetrating ear injuries (assessment and referral)
- head and neck – lump in neck
  - diagnosis (eg lymph node biopsy after consultation)
- musculoskeletal – hand injuries
  - abscess drainage
  - tendon repair
  - tendon sheath drainage
  - terminalisation of digit

- musculoskeletal – limb fractures/dislocations
  - carpal tunnel release (open)
  - closed reduction of dislocations
  - complex fracture management – assess/initial management and transfer
  - simple fracture management /closed reduction
- peri-anal
  - banding of haemorrhoids
  - lay open/excise pilonidal sinus; drain pilonidal abscess
  - peri-anal and ischiorectal abscess drainage
  - peri-anal haematoma (incision and drainage)
  - proctoscopy, rigid/fibre optic sigmoidoscopy (diagnosis)
- skin/subcutaneous tissue
  - drainage/debridement of infected or contaminated wound
  - drainage of deep abscess
  - drainage of haematomata
  - excision and suture of complex wounds
  - removal of deep foreign bodies
  - removal of toenail and ablation toenail bed
  - simple flap closure of wounds
  - skin grafts – partial/full thickness
- vascular
  - compartment syndromes – emergency fasciotomy
  - ruptured abdominal aortic aneurysm – assessment and resuscitation, transfer

4. Common practices in surgical management

- Acute bleeding and blood replacement
- Fluid and electrolyte balance
- Management of shock
- Nutrition
- Pain management
- Recognising surgical infections
- Recovery and mobilisation
- Sterilisation principles
- Understanding common surgical complications

Learning outcomes and performance criteria

The **RACGP curriculum for Australian General Practice 2022** bases lifelong teaching and learning on the five domains of general practice. The domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation and form the foundation of the skills of rural GPs. Candidates undertake this ARST in Surgery in conjunction with the **RACGP Curriculum for Australian General Practice 2022**. Subsequently, this curriculum is designed to detail the additional knowledge and skills that GPs completing their ARST in Surgery are required to develop in order to provide comprehensive surgical care in rural and remote communities. The five domains are:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

By the end of this ARST in Surgery, the candidate will have expanded upon the assumed level of knowledge of the vocational registrar in these areas.

Note: Italicised terms in the following tables are defined in the next section, titled 'Range statements'.

1. Communication skills and the patient–doctor relationship

Learning outcomes	Performance criteria
1.1 Communicate empathically with patients, relatives and others to understand patient needs and provide surgical and post-surgical advice	1.1.1 Demonstrate a *holistic approach* to identifying issues of most importance to patients' health and management 1.1.2 Discuss surgical management options, including conservative management, with patients 1.1.3 Use effective cross-cultural communication when providing surgical care to patients and families from diverse backgrounds 1.1.4 Obtain *informed consent* for surgical procedures
1.2 Manage potentially challenging or difficult situations and assist patients, relatives and others to cope with, and manage the effects of, surgery	1.2.1 Provide empathic advice and support to patients, carers and other team members 1.2.2 Identify stress and grief symptoms in patients and their relatives and friends, and provide empathic and culturally appropriate support and follow-up 1.2.3 Be able to have difficult conversations with patients who may have complex risk factors, where the diagnosis is uncertain or where surgery results are less than expected
1.3 Effectively communicate with all healthcare team members in the delivery of surgical	1.3.1 Communicate effectively with tertiary centre specialists and the multidisciplinary team in the formulation and implementation of the management plan 1.3.2 Communicate using Introduction, Situation, Background, Assessment, Recommendation (ISBAR) (or other locally accepted communication protocols) with regional centre surgeon and/or other staff

2. Applied professional knowledge and skills

Learning outcomes	Performance criteria
2.1 Use current, and develop new, surgical skills and techniques	2.1.1 Demonstrate surgical techniques that are appropriate to own skill level and the context of the situation 2.1.2 Identify areas where surgical skills can be enhanced 2.1.3 Perform a *suitable range of common surgical procedures*, initially under supervision, leading to independent practice
2.2 Use knowledge of relevant anatomy, physiology, pathology and research findings as well as appropriate clinical skills to competently diagnose, investigate and manage common surgical conditions in rural and remote practice	2.2.1 Take an accurate and detailed surgical history and perform a comprehensive physical examination to facilitate decision making 2.2.2 Undertake pre-operative and post-operative management of common surgical conditions and their associated complications
2.3 Ensure delivery of patient-centred care	2.3.1 Identify surgical services that best meet the needs of the patient 2.3.2 Work effectively as part of a multidisciplinary team to provide surgical services that are in the best interests of the patient and within individual limitations 2.3.3 Establish and use a comprehensive professional and emergency referral network
2.4 Work effectively as part of a multidisciplinary team to stabilise critically ill and trauma patients and provide primary and secondary	2.4.1 Provide a *problem-solving approach* to the appropriate early management of patients with trauma 2.4.2 Effectively manage surgical crises and complications 2.4.3 Take actions and provide advice appropriate to the situation and team skill mix 2.4.4 Arrange and/or perform emergency patient transport or evacuation when required

3. Population health and the context of general practice

Learning outcomes	Performance criteria
3.1 Address health risks to individuals and the rural community	3.1.1 Identify trends and patterns in surgical presentations in the context of the community 3.1.2 Apply a population health approach to planning and developing processes to address identified trends and patterns 3.1.3 Consider the differing profile of disease and health risks among culturally diverse groups and develop a flexible approach to health management for such patients 3.1.4 Use relevant protocols and guidelines and, where necessary, participate in the development of these guidelines for population health issues in the community
3.2 Effectively use the available human and physical resources in the management of population health issues in rural communities	3.2.1 Identify, and use, the extended role of other healthcare professionals in the rural community 3.2.2 Identify and document the scope of surgical services that can be safely provided in the community 3.2.3 Identify and, where needed, develop, local processes and policies to ensure available health resources are used efficiently

4. Professional and ethical role

Learning outcomes	Performance criteria
4.1 Deliver professional and ethical care as a GP surgical proceduralist	4.1.1 Take appropriate steps to ensure safety, privacy and confidentiality in patient care 4.1.2 Work within relevant professional and ethical guidelines while effectively managing the particular needs and challenges relating to practising in small communities 4.1.3 Balance the caseload and demands of working in a rural practice with social and personal responsibilities
4.2 Facilitate collaboration and coordinated care	4.2.1 Demonstrate a commitment to teamwork, collaboration and continuity of care by working collaboratively with local healthcare team members 4.2.2 Support the supervision, training and development of junior medical staff and the wider care team 4.2.3 Establish professional networks, organisations and use available rural resources and referral agencies
4.3 Demonstrate a commitment to continuing self-directed learning and professional development, sufficient to provide quality medical care	4.3.1 Identify own strengths and limitations as a GP surgical proceduralist 4.3.2 Identify, and take appropriate steps to mitigate, the risks for a GP surgical proceduralist working in professional and/or geographical isolation 4.3.3 Use available resources and referral agencies, professional support networks and organisations to practise self-care and improve self-reliance 4.3.4 Identify professional development needs and opportunities and participate in professional development activities relevant to GP surgical proceduralists

5. Organisational and legal dimensions

Learning outcomes	Performance criteria
5.1 Work within organisational frameworks, and apply relevant jurisdictional requirements and best practice guidelines	5.1.1 Write legally appropriate and medically effective *patient records*. 5.1.2 Complete *documentation* and required reports in the care of a surgical patient according to jurisdictional, legal and legislative requirements 5.1.3 Identify, and abide by, legal responsibilities regarding reporting of notifiable disease, birth, death and autopsy 5.1.4 Work within relevant national and state legislation when providing surgical care (eg obtaining informed consent for surgical procedures, completing appropriate documentation relevant to the patient and context, and abiding by legislative requirements)
5.2 Follow effective procedures for the safe and timely provision of surgical care with consideration of local issues that impact upon decision making for patient management	5.2.1 Consider the availability of local and transfer resources in making decisions about whether to provide surgical management locally or transfer to another facility 5.2.2 Refer and arrange local rural community transport and safe evacuation processes as required 5.2.3 Appropriately prioritise patient management according to individual patient needs, time and other resources available

Range statements

The following statements and definitions are offered to improve the understanding of key terms used throughout the learning outcomes and performance criteria. These terms are not definitive and need to be considered in local contexts. They are grouped according to the five domains of general practice.

Communication skills and the patient–doctor relationship

Holistic approach – This refers to the practice of looking at the health of the whole person, not just the illness itself. The holistic concept in medical practice upholds that all aspects of people's needs, including psychological, physical and social, should be taken into account and seen as a whole.

Informed consent – There are many definitions related to informed consent. While these definitions can vary between jurisdictions, the central requirement is that the consent process has been undertaken, recognised and documented.

The **RACGP Standards for General Practice** (5th edn) state that patients require sufficient information about the purpose, importance, benefits and risks associated with proposed investigations, referrals or treatments in order to enable them to make informed decisions about their health.[1]

The RACS position paper on informed consent further states that the informed consent discussion should ensure the patient has an understanding of the medical condition, investigation options, treatment options, benefits, possible adverse effects of investigations or treatment, and the likely result if treatment is not undertaken.[2]

Applied professional knowledge and skills

Suitable range of common surgical procedures – This will vary depending on training and the local regional context. See the ARST in Surgery Logbook for a full list of required surgical procedures that must be covered during training.

Problem-solving approach – The initial assessment and management of seriously injured patients is a challenging task and requires a rapid and systematic approach. A problem-solving approach is a reliable method for assessing and initially managing the trauma patient and requires an organised approach for evaluation and management. The emphasis of trauma care is on the critical 'first hour' of care, focusing on initial assessment, lifesaving intervention, re-evaluation, stabilisation and, when needed, transfer to more appropriate or specialised faciltities.[3]

Organisational and legal dimensions

Patient record – Patient health records must contain sufficient information to identify the patient and to document the reason(s) for a visit, relevant examination, assessment, management, progress and outcomes. A complete, structured, problem-oriented health record will be invaluable to any medical practitioner.

Documentation – A comprehensive, factual and sequential record of a patient's condition and the treatment and support offered and provided. A complete medical record is essential for reliable continuity of medical care.

Assessment

Satisfactory completion of the ARST in Surgery will be assessed by a combination of workplace-based assessment (WBA) approaches during the candidate's 12-month (FTE) placement in an accredited training post.

WBA is a recognised approach to assessing medical practitioners in training in the actual workplace, and WBA assists with training, as well as assessment. To achieve this requirement, WBAs assess a diverse range of attributes, including clinical competencies, domains and skills. Further details about WBA and how it is applied in ARST assessment can be found in the **AGPT Registrar Training Handbook** and the **Rural Generalist Training Handbook**.

The following WBA assessment tools will be used to assess the candidate's competency in this ARST in Surgery:

- logbook
- three random case note analysis sessions reviewing a minimum of three cases per session
- two supervisor reports, one completed at six months and one at completion of 12 months of training (FTE)
- two Mini-Clinical Evaluation Exercise (Mini-CEX) sessions, with a minimum of three cases per session
- two case-based discussion sessions (candidate submits four cases and is assessed on two each session).

Each task is described in more detail below.

Logbook

Candidates will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community requirements.

This logbook will need to be regularly reviewed by the supervisor and reviewed by the medical educator at each medical educator meeting.

Random case notes analysis

Candidates will be required to undertake three random case note analysis sessions in which a minimum of three cases are reviewed per session. Using patient notes that are randomly selected, the assessor will review the quality of case notes as well as explore the candidate's clinical decision making, management and therapeutic reasoning.

The first of these random case notes analysis sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months four to six (FTE). The third session should be completed in months seven to eight (FTE) by the supervisor.

Supervisor reports

The candidate and their supervisor will meet half-way through the training (eg at six months for full-time training) and at the end of the training period (eg at 12 months for full-time training) to complete a supervisor report.

These reports should provide a global assessment of performance against the outcomes outlined in this curriculum. The candidate and supervisor will meet to discuss the candidate's performance, identify areas for further learning and development, and ensure that the candidate is progressing adequately in their training. Progression, or lack thereof, should be documented and discussed, with the intent of formulating a plan to remediate any gaps identified either through additional learning, or experiences, or a combination of both.

Direct observation of procedural skills (DOPS)

Candidates will be required to undertake two direct observation of procedural skills sessions in which a minimum of three cases are observed per session. The assessor will observe the candidate conducting a procedure on real patients and provide feedback about their performance.

The first DOPS session should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by a different senior surgeon or, if this is not possible, by a medical educator with additional surgical skills in months seven to eight (FTE).

Case-based discussions

Candidates will be required to undertake two case-based discussion sessions. The candidate will be required to submit four cases and will be assessed on two cases for each session. The assessor will explore the candidate's case management and clinical reasoning alongside their medical knowledge.

The first of these case-based discussion sessions should be completed by an independent assessor in months four to six (FTE) of the training. The second session should be completed by an independent assessor in months nine to 11 (FTE).

Recommended learning resources

- McLatchie G, Borley N, Chikwe J, editors. Oxford handbook of clinical surgery (4th edn). Oxford University Press, 2013.
- National Health and Medical Research Council. Australian guidelines for the prevention and control of infection in healthcare. Canberra: NHMRC, 2019. Available at **https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019**
- Royal Australasian College of Surgeons. Fundamental skills for surgery. San Francisco: McGraw-Hill, 2013.
- Smith JA, Fox JG, Saunder AC, Yii MK. Hunt and Marshall's clinical problems in surgery (3rd edn). Chatswood: Elsevier Australia, 2017.
- Williams NS, Bulstrode CJK, O'Connell PR. Bailey and Love's short practice of surgery (27th edn). Boca Raton: Taylor & Francis Group, 2018.

References

1. Royal Australian College of General Practitioners. Standards for general practice (5th edn). East Melbourne: RACGP, 2020. Available at **https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed** [Accessed 11 August 2021].
2. Royal Australasian College of Surgeons. Position paper on informed consent. Melbourne: RACS, 2019. Available at **https://www.surgeons.org/en/about-racs/position-papers/informed_consent_2019.** [Accessed 11 August 2021].
3. American College of Surgeons. Advanced trauma life support. 10th edn. Chicago, IL: ACS, 2018.

List of acronyms and initialisms

ARST	Advanced Rural Skills Training
CCrISP	Care of the Critically Ill Surgical Patient
DOPS	direct observation of procedural skills
EMST	Early Management of Severe Trauma
ETM	Emergency Trauma Management
FRACGP-RG	RACGP Rural Generalist Fellowship
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRACS	Fellow of the Royal Australasian College of Surgeons
FTE	full-time equivalent
GIT	gastrointestinal tract
GP	general practitioner
ICC	intercostal catheter
ISBAR	Introduction, Situation, Background, Assessment, Recommendation
Mini-CEX	Mini-Clinical Evaluation Exercise
PHTLS	Pre-Hospital Trauma Life Support
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
REACT	Rural Emergency Assessment Clinical Training
WBA	workplace-based assessment

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