

# Ready, SET, go for academic surgery?

Bruce P Waxman

*The new Australian surgical training program starts in 2008*

The Council of the Royal Australasian College of Surgeons (RACS), with the support of the nine specialty boards and related specialist societies, has approved the new Surgical Education and Training (SET) program, to commence in 2008.<sup>1</sup> The RACS has responded to drivers of change in medical education, the bottleneck of basic surgical trainees and a wish to move to a competency-based training program.

There will be a single point of selection into one of the nine specialties for medical graduates who have completed at least their second postgraduate year. The training program will be 5 to 6 years, the duration depending on the specialty. The years of training will be called SET 1 to SET 6, with the Fellowship examination remaining the final exit assessment. Selection tools for all specialties include three components: a scored curriculum vitae, reports from mentors and referees, and a semistructured objective interview. The first round of selection was successfully completed in August 2007, with 1538 applications from 1000 applicants over the nine specialties. Applicants could nominate more than one specialty. Most reached the interview stage, and 472 offers were made (198 for SET 1 and 274 for SET 2); 80% of the positions were offered to current basic surgical trainees.<sup>2</sup>

Medical graduates and students can indicate their interest in surgical training by registering with the RACS in PreSET, an unstructured phase leading to selection into SET. Completion of the Australian and New Zealand Surgical Skills Education and Training (ASSET) course during PreSET will be compulsory. This course provides an educational package of required generic surgical skills.<sup>3</sup>

During the SET years, assessment will be largely formative and competency-based. It will test the RACS's nine core competencies and will rely heavily on in-training assessment tools such as Mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills), with a structured performance management process, overseen by supervisors and trainers, who will have completed a prescribed course on assessment and management of trainees (SAT SET).<sup>4</sup>

A summative assessment involving a multiple-choice examination and an objective structured clinical examination will have to be completed in SET 1 or 2 before a trainee progresses. In addition, by the end of SET 2, trainees will need to have completed the skills courses: Care of the Critically Ill Surgical Patient (CCrISP), Early Management of Severe Trauma (EMST) and Critical Literature Evaluation and Research (CLEAR).

Potential trainees contemplating a career in surgery will have to decide at a much earlier stage, usually as undergraduate medical students. To attract the brightest students, academic surgical departments will need to be innovative and raise the profile of surgery in the curriculum, a task that has proved difficult in the past. Some universities have met this challenge by proposing streaming students into programs with specific surgical modules in the later years of the course.

## Relationships with academic surgeons and universities

For the implementation of SET, the College is considering establishing its own university, and is evaluating other models, one of which is to form closer relationships with existing university surgery departments in curriculum development and infrastructure support and administration. Macquarie University has established a Master of Advanced Surgery program in neurosurgery and is negotiating with the RACS and the Neurosurgical Society of Australasia.<sup>5</sup>

Other ways that academic surgical departments can form closer relationships with the RACS is in the conduct of the courses, such as ASSET and SAT SET, by providing the venue, organisation, instructors and facilitators, with the added advantage of ease of access for trainees, supervisors and trainers in that institution. University surgical departments could consider providing a package for potential trainees from the undergraduate years through PreSET to selection into SET, giving their students an advantage and an almost guaranteed pathway into SET.

The core business of academic surgical departments is research. SET provides a catalyst for undergraduates, graduates and trainees considering research projects, graduate diplomas and higher degrees. Because research and publications rate highly in scoring for SET selection, and the new policies and regulations require research as part of SET, clinical and laboratory-based research projects will be keenly sought after, and many will wish to undertake a Bachelor of Medical Science or higher degrees such as a Master of Surgery, Doctor of Medicine or the combined Fellowship (FRACS)–PhD program. Surgical departments in New Zealand have established a Master of Medical Science diploma, with 50% undertaken by dissertation and 50% by publication combined with research forums and surgical research networks.<sup>6</sup>

## Training for academic surgery

These initiatives by academic departments also provide trainees with the motivation to consider a career in academic surgery. Closer relationships among universities, the RACS and hospitals can also create the potential for young surgeons with an interest in an academic career to have infrastructure support, such as an administrative assistant or receptionist; acceptance into an existing clinical craft-group practice; operating theatre access; and an appropriate academic title.

It is not surprising that when the Association of Surgeons of Great Britain and Ireland and the Society of Academic and Research Surgery met in a consensus conference in September 2005, the focus was on surgical training as the greatest opportunity for preparing young surgeons for an academic career.<sup>7</sup>

The private sector provides another opportunity. The Commonwealth Government has allocated significant funding and has established the Enhanced Medical Education Advisory Committee to explore opportunities for surgical training in the private sector, including surgical departments in private hospitals with university affiliation.

SET is ready. Will academic surgeons and universities see this as an opportunity to go forward? Will they develop innovative programs for undergraduates, sponsor RACS courses, provide SET preparation packages, develop attractive research programs, form closer relationships with RACS and hospitals (public and private) to implement SET and serendipitously promote academic surgery as a career?

### Competing interests

I am chair of the SAT SET committee of the Royal Australasian College of Surgeons.

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