



## POST FELLOWSHIP TRAINING (PFT) PROGRAM IN BREAST SURGERY

Post Fellowship Training Program Handbook  
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## 1. INTRODUCTION

This Handbook sets out the rules, regulations, policies, and administrative requirements governing the BreastSurgANZ Post Fellowship Training Program in Breast Surgery.

### 1.1. Definition and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, are used throughout this Handbook.

Term	Definition
<b>Accredited Hospital</b>	A hospital approved by BreastSurgANZ for participation in the PFT Program.
<b>Accredited Training Unit</b>	A breast surgery unit within a hospital approved by BreastSurgANZ to provide clinical training as part of the PFT Program.
<b>BreastSurgANZ</b>	Breast Surgeons of Australia and New Zealand Inc.
<b>BreastSurgANZ PFT program</b>	Post Fellowship Training (PFT) Program or 'the Program'
<b>BreastSurgANZ Selection Process</b>	BreastSurgANZ Selection Process is the process for application, interview, and selection of Trainees in the PFT Program as advertised on the BreastSurgANZ website from time to time.
<b>Committee</b>	'The Committee' being the BreastSurgANZ Post Fellowship Training Committee
<b>Council</b>	BreastSurgANZ Council
<b>CPD</b>	Continuing Professional Development
<b>DOPS</b>	Direct Observation of Procedural Skills in Surgery
<b>OPBS</b>	Oncoplastic Breast Surgery
<b>PFT</b>	Post Fellowship Training
<b>PFT1</b>	First year Trainee
<b>PFT2</b>	Second year Trainee
<b>PFT program</b>	BreastSurgANZ Post Fellowship Training Program
<b>RACS</b>	Royal Australasian College of Surgeons
<b>Regulations</b>	Regulations for the BreastSurgANZ Post Fellowship Training Program in Breast Surgery
<b>RPL</b>	Recognition of Prior Learning
<b>Hospital Supervisor</b>	The surgeon appointed by an accredited PFT Hospital Unit and approved by BreastSurgANZ to supervise a Trainee in the PFT program
<b>Term</b>	The PFT program consists of two (2) training terms per 12-month training year, each being six months in duration typically February to July (Term 1) and August to January (Term 2)
<b>Trainee</b>	Trainee/s participating in the BreastSurgANZ PFT Program
<b>Training year</b>	A training year consists of one (1) twelve-month period (typically February to February) in an accredited BreastSurgANZ training post

### 1.2 Overview of the Regulations

- 1.2.1 The Regulations are approved by the Committee and the Council and may be amended over time. Amendments are made in accordance with BreastSurgANZ governance policies and strategic direction.
- 1.2.2 This Handbook encompasses the rules, procedures, policies, and administrative processes governing the establishment and conduct of the PFT Program and operates alongside other BreastSurgANZ policies and procedures.

- 1.2.3 All Trainees, supervisors, Committee members, and Council members are required to comply with this Handbook and all applicable BreastSurgANZ policies.
- 1.2.4 Where amendments occur, the most current version of this Handbook will be published on the BreastSurgANZ website. Trainees and supervisors are responsible for ensuring they are consulting the current version.

### 1.3 Administration, Governance and Ownership

- 1.3.1 BreastSurgANZ is the body responsible for administering and managing the PFT Program in Breast Surgery in Australia and New Zealand.
- 1.3.2 The PFT Program is administered independently of the Royal Australasian College of Surgeons (RACS).
- 1.3.3 The PFT Committee has oversight of the Program, including accreditation of hospital units, and Trainee selection, assessment, and certification.
- 1.3.4 Clinical training and supervision are the responsibility of the accredited hospital unit and the appointed Hospital Supervisor.
- 1.3.5 Trainees are employed by their allocated hospital and are subject to that hospital's employment contracts, workplace policies, and human resources requirements.
- 1.3.6 The composition, roles, and terms of reference of the PFT Committee are detailed in the PFT Committee Terms of Reference, as approved by Council from time to time.
- 1.3.7 The Committee provides advice and recommendations to Council on matters relating to the PFT Program including recommendations for the ongoing development of the training program and updating the PFT Program syllabus.

## 2. PROGRAM OVERVIEW

The aim of the BreastSurgANZ PFT Program is to provide advanced subspecialty training in breast surgery for surgeons who have successfully completed Fellowship training in General Surgery and obtained Fellowship of the Royal Australasian College of Surgeons (FRACS), enabling independent practice as a specialist breast surgeon.

The BreastSurgANZ PFT program in breast surgery is open to applicants who:

- a) have been awarded their FRACS in General Surgery; or
- b) have successfully passed the RACS Fellowship Examination and completed all SET training requirements, including mandatory courses, SEAMs, presentations, and research by the time offers are made.

BreastSurgANZ reserves the right to request documentary evidence of FRACS, completion of GSET requirements, and/or satisfactory SET 5 Term 1 assessments.

Applicants must be willing and able to travel interstate within Australia and/or to New Zealand to accept an accredited training position.

Applicants should familiarise themselves with the Leave, Interruption and Accreditation Requirements set out in the BreastSurgANZ PFT Handbook. Acceptance into the Program requires the ability to meet the minimum accredited training and attendance requirements.

## 3. TRAINING TERMS AND POSTS

The BreastSurgANZ PFT Program is designed to allow the Trainees to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist breast surgeon.

- 3.1 Each training year (first year and second year) is twelve (12) months in duration. Trainees will be required to **satisfactorily** complete a minimum of two (2) years of training to meet the requirements for completing the program.
- 3.2 Trainees may be required to complete additional training terms based on performance and level of competency.
- 3.3 The first year of training has an oncology focus whilst the second year of training is focused on oncoplastic training.

## 4. TRAINEE ADMINISTRATION

### 4.1 Trainee selection

- 4.1.1 Trainees are selected to the PFT Program in accordance with the *PFT Program and Selection Guidelines*, including allocating Trainees to accredited training positions via a competitive centralised ranking process.
- 4.1.2 The selection process and matching of candidates to accredited hospital positions is managed by the BreastSurgANZ administration team and annual selection timelines are published on the BreastSurgANZ website.
- 4.1.3 Following assessment of Trainee applications, assessment scores for each applicant are collated and a final, overall score is calculated, ranking candidates from highest to lowest.
- 4.1.4 Candidates are allocated to accredited positions in order of their final ranking (from first to last) and candidate preference of the available training positions.
- 4.1.5 Placement to a BreastSurgANZ PFT Program hospital position **cannot** be made outside the centralised ranking and allocation system.
- 4.1.6 Unless in exceptional circumstances, any candidate who declines an offer at the completion of the selection process will have that offer withdrawn. Refer to clause 4.7.3. for full details.
- 4.1.7 For detailed information regarding selection into the BreastSurgANZ Post Fellowship Training Program, please refer to the PFT Program and Selection Guidelines located on the BreastSurgANZ website.
- 4.1.8 An ability to travel interstate within Australia and/or to/from New Zealand for one or both years of training is a requirement of acceptance to the BreastSurgANZ PFT Program.

### 4.2 Hospital Position Allocation

- 4.2.1 Every applicant for a position on the PFT Program must submit a list of hospital position preferences following their initial application. Applicants must rank **all** available hospital positions relevant to their training year (first or second year) from first to last and must be prepared to accept any allocated position from the list of ranked hospital positions.
- 4.2.2 The BreastSurgANZ PFT program is a bi-national program consisting of two, twelve-month training rotations, which are undertaken in hospitals in Australia and/or New Zealand to provide broad training experience in breast surgery.
- 4.2.3 Candidates applying for a position on the program **must** be able to travel interstate within Australia and/or to/from New Zealand to complete their training for one or both years of training.
- 4.2.4 Applicants who are unable to travel within Australia and/or New Zealand are ineligible for acceptance onto the Program.

### 4.3 Overseas training

- 4.3.1 A period of overseas training may be accredited for up to twelve (12) months but only for Trainees completing their second year of training.
- 4.3.2 The PFT Committee may, upon its satisfaction of the training being of high quality and of at least equivalent standard, provide prospective approval of a period of overseas training as an accredited PFT training year, subject to the necessary requirements being fulfilled, as is stipulated in this handbook for a satisfactory completion of a training year.
- 4.3.3 Pre-approval of an overseas training position must be obtained from the Committee upon written application made a minimum of six weeks **prior to** the commencement of the selection process for the training year in which the candidate intends to travel overseas and evidenced with full supporting documentation.
- 4.3.4 Application for prospective approval must include full details of the position description, hospital/unit and Supervisor details, employment contract (if an overseas position has been approved) and any other details as required and as detailed in the Application for Prospective Accreditation of Post Fellowship Training.
- 4.3.5 Applications must be submitted to the PFT Committee for consideration at [training@breastsurganz.org](mailto:training@breastsurganz.org)
- 4.3.6 An overseas accredited training position is required to be within a reputable international post-fellowship breast surgery training program and at a training hospital with equal, or greater, standards to other bi-national accredited PFT program training positions.

- 4.3.7 It is a mandatory requirement of the BreastSurgANZ PFT Program that all Trainees complete their first year of their clinical training in an Australian or New Zealand accredited hospital unit.
- 4.3.8 Where a Trainee is unable to complete a full 12 months of full time training as part of an overseas placement, the Trainee must, upon return to Australia or New Zealand complete an additional 12 months of full time training unless a part time accredited training position is available. Under these circumstances a Trainee must submit an application for selection for an additional year of clinical training via the BreastSurgANZ PFT Program Selection process.
- 4.3.9 Approval of an overseas period of training will not be given to any Trainee who has already accepted an allocated training position on the PFT program within Australia or New Zealand, except in extraordinary circumstances to be immediately notified in writing to BreastSurgANZ. An alternate offer of overseas training will not be considered as an extraordinary circumstance.
- 4.3.10 In the event a Trainee is approved for a period of overseas training, but where a Trainee fails to adhere to the stipulated assessment and reporting requirements detailed in clause 8.1, within two weeks following the specified deadline for submission of the required assessment documentation, the Trainee may be considered to have withdrawn from the PFT Program and will be noted on BreastSurgANZ records as officially withdrawn from training.

#### 4.4 Training Duration

- 4.4.1 PFT Program training must be completed within a three (3) year period, or otherwise as approved in writing by BreastSurgANZ. Approved family, carers or sick leave shall not be included in the calculation of the maximum period of training.
- 4.4.2 It is mandatory for Trainees to satisfactorily complete two, full-time equivalent 12-month periods of clinical training (PFT 1 and PFT 2) to qualify for successful completion of the program.
- 4.4.3 A third year of research may be completed within the required three (3) year completion period. Approval to complete a year of research must be prospectively approved by the PFT Committee and any requests to complete a year of research must be submitted to the Committee prior to commencement of the selection process for the year in which the Trainee wishes to undertake research.

#### 4.5 Part Time Training

- 4.5.1 Part time training is not generally permitted unless an accredited, part-time hospital position is available at the commencement of each annual selection process and following prospective approval by the Committee.
- 4.5.2 Any application for an available part time position must be submitted to the PFT Committee a minimum of four weeks prior to the commencement of each annual PFT Program selection process.
- 4.5.3 Approval will only be granted where the Committee is satisfied that the Trainee will remain eligible for successful completion of the PFT Program, including completion of the equivalent of two full-time 12-month periods of clinical training (PFT1 and PFT2).
- 4.5.4 If a part time training position is available, it will be advertised on the BreastSurgANZ website under available hospital positions.
- 4.5.5 Part time training in an un-accredited hospital position will not be approved by the Committee.

#### 4.6 Leave, Interruption and Deferral from Training

##### 4.6.1 Leave During Training

Trainees may take approved leave during the PFT Program in accordance with the requirements of their employing hospital and this Handbook.

A Trainee may take up to six (6) weeks cumulative leave during a twelve-month training year without ordinarily affecting accreditation of that training year, provided all mandatory training, assessment, DOPS portfolio and caseload requirements are satisfactorily completed.

For the avoidance of doubt, approved leave under this clause does **not** include attendance at compulsory BreastSurgANZ workshops, training days, assessments, or other mandatory Program activities.

Approved leave may include:

- annual leave;
- personal leave;
- professional development leave;

- parental leave;
- compassionate leave; and
- other leave approved by the employing hospital.

All leave undertaken during the PFT Program, including leave within the permitted six (6) week allowance must be approved in accordance with the requirements and leave processes of the employing hospital.

#### 4.6.2 **Extended Leave and Assessment of Training**

A trainee seeking leave beyond the permitted six weeks (6) during a training year must submit a written request for extended to the PFT Committee in writing as soon as practicable.

Applications for extended leave must include:

- the reason for the request;
- the anticipated duration of leave;
- written support from the Trainee's Hospital Supervisor; and
- any supporting documentation requested by the Committee

Applications for extended leave will be considered by the PFT Committee in consultation with the Hospital Supervisor.

To achieve successful completion of a training year, a Trainee must complete a minimum of forty-two (42) weeks of accredited clinical training during the relevant training year. Accordingly, cumulative leave, interruption to training, or other absence from the Program during a training year must not ordinarily exceed ten (10) weeks in total.

Where approved leave, interruption, or absence exceeds ten (10) weeks, the PFT Committee may determine that:

- additional training time is required;
- the training year is not accredited; or
- additional requirements must be completed to achieve satisfactory completion of the Program.

#### 4.6.3 **Parental Leave and Exceptional Circumstances**

BreastSurgANZ recognises that Trainees may require flexibility during training due to parental leave, illness, family responsibilities, or other exceptional personal circumstances.

The PFT Committee may approve parental leave and exceptional circumstances provided that the Committee remains satisfied that the Trainee will achieve the competencies and requirements necessary for satisfactory completion of the Program.

#### 4.6.4 **Interruption to Training**

Interruption to training is a period of approved absence from the PFT Program and includes deferral from training.

All requests for interruption must:

- be submitted in writing to the PFT Committee;
- include the reason for interruption;
- specify the anticipated duration of interruption; and
- any other supporting documentation requested by the Committee.

Except in exceptional circumstances, applications for interruption should be submitted prospectively and, where possible, prior to commencement of the annual selection process for the relevant training year.

Periods of interruption extending beyond the permitted leave provisions under clause 4.6.1 require approval by the PFT Committee in consultation with the Trainee's Hospital Supervisor.

Retrospective accreditation of clinical training undertaken during an unapproved interruption period will not ordinarily be granted.

#### 4.6.5 **Deferral Following Acceptance of a Training Position**

Deferral from training following acceptance of a PFT position is strongly discouraged and will only be approved in exceptional circumstances.

Applications for deferral must be submitted in writing to the PFT Committee as soon as practicable.

Change of mind or preference regarding travel, hospital allocation, or personal convenience will not ordinarily constitute exceptional circumstances.

Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

#### 4.7 Withdrawal from a training position

- 4.7.1 Withdrawal from the PFT Program is strongly discouraged by BreastSurgANZ, except where special circumstances apply in which the Committee should be immediately notified in writing.
- 4.7.2 Withdrawal from a training position after acceptance of a matched position, and prior to commencement of the position, must be immediately notified in writing to BreastSurgANZ.
- 4.7.3 Withdrawal from an offer of an allocated BreastSurgANZ Post Fellowship Training position can result in a penalty of up to a two (2) year period of exclusion from re-applying. During this period, the Trainee is ineligible for membership of the Society. Please refer to the BreastSurgANZ Membership Policy for further information.
- 4.7.4 A Trainee who formally withdraws from the program following commencement of an accredited training position and prior to the successful completion of two years of clinical training (PFT 1 and PFT 2) will not be eligible for Full membership of BreastSurgANZ unless the Trainee re-applies and is successfully selected back onto the program and successfully completes two years (PFT 1 and PFT 2) of clinical training.
- 4.7.5 Trainees who withdraw without successfully completing first and second year of clinical training may apply for Associate Membership, the five-year transitional pathway to Full membership following their withdrawal and pending approval by the BreastSurgANZ Membership Committee and Council.

#### 4.8 Extension to Training

- 4.8.1 Requests for an extension to training must be made to the Committee and approved at least six (6) months prior to the commencement of a new training year. Requests submitted outside of this timeframe will only be considered in exceptional circumstances.
- 4.8.2 Requests must be made in writing and must specify the following:
  - a) Length of extension
  - b) Reason for the extension, including details of the area of concern.
- 4.8.3 The Committee will consider the request for extension to training and will advise the Trainee once a decision has been reached.
- 4.8.4 Trainees will be notified of the decision of the Committee within seven (7) working days of the decision being made. Trainees are reminded that the Committee meets quarterly. If a request is urgent, Trainees should call the BreastSurgANZ CEO to advise the urgency of the request so that the request is fast-tracked for consideration/approval by the Committee if required.
- 4.8.5 All requests pertaining to a request for an extension to training must be submitted to [training@breastsurganz.org](mailto:training@breastsurganz.org).
- 4.8.6 Where prior approval for an extension to the allowed six (6) weeks leave during a single training year (12-month period) is not provided, the Trainee must apply for an interruption to training as per clause 4.6 of this Handbook.
- 4.8.7 Any leave approved and taken beyond the allowed six (6) weeks leave during a single training year **must** be reported to the Committee by the PFT supervisor where the Committee has not been advised by the Trainee.
- 4.8.8 In this instance, a written report must be provided by the Hospital Supervisor to the Committee for review and consideration. The Committee will make the final determination as to whether the training term can be assessed.
- 4.8.9 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal (including sick leave), compassionate, parental, study, exam, and carer's leave. This does not include attendance at compulsory BreastSurgANZ workshops, conferences, webinars or educational activities.

4.8.10 Trainees who take leave from Training without the prior approval of, or notification to, the Committee, will be considered as having permanently withdrawn from the PFT Program. Upon learning that the Trainee has left their employment, the BreastSurgANZ PFT Committee will provide 10 days' notice to the Trainee, for attendance at a meeting to consider their continued participation in the program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed from training.

#### 4.9 Recognition of Prior learning

4.9.1 No recognition of prior learning shall be considered in the assessment of satisfactory completion of the PFT program.

4.9.2 Any work undertaken in a vacant, approved accredited PFT position which has not been filled via the BreastSurgANZ PFT centralised selection process is not recognised as prior learning.

#### 4.10 Registration and Training Fees

4.10.1 Trainees are required to pay the following fees if successfully selected onto the BreastSurgANZ PFT Program:

- a) BreastSurgANZ Specialist Trainee Membership fee,
- b) PFT Program fee, and
- c) PFT program application fees for any application for selection during the period of Post Fellowship Training.

4.10.2 Training fees are approved each year by BreastSurgANZ and published on the BreastSurgANZ website. Trainee fees are used to cover the substantial administrative workload associated with management and delivery of the PFT Program.

4.10.3 Trainee assessment will be withheld for non-payment of fees. No Certificate of Completion will be issued when any monies remain outstanding and owing to BreastSurgANZ.

4.10.4 Trainees with outstanding fees at the commencement of the annual selection process for their second year of training will be ineligible to apply until all outstanding fees are paid. This does not apply to Trainees who have negotiated a payment plan for their annual PFT Program fees.

### 5. WORKSHOP/WEBINAR/CONFERENCE ATTENDANCE

BreastSurgANZ PFTs are required to attend all in-person and/or online training workshops, webinars and/or conferences which have been deemed by the Committee as compulsory to attend to satisfactorily complete the training program.

The costs of registration, accommodation and travel to/from these workshops, will be the responsibility of the Trainee.

### 6. CODE OF CONDUCT

All Trainees are bound by the [BreastSurgANZ Code of Conduct](#).

### 7. ACCREDITED HOSPITALS AND HOSPITAL SUPERVISORS

A hospital may apply to BreastSurgANZ for accreditation as a participating training hospital on the PFT Program.

#### 7.1 Application to the Program

Hospitals wishing to apply for a position on the BreastSurgANZ PFT Program must complete all required documentation as provided by the Committee and BreastSurgANZ, for the purposes of assessing the suitability of a hospital and the teaching unit for the program.

Factors which may affect the acceptance of a hospital onto the program may include annual Trainee case volumes and adherence to the requirements of an accredited BreastSurgANZ training position.

#### 7.2 Role of the Hospital Unit

Hospitals accepted onto the BreastSurgANZ PFT Program are responsible for ensuring the quality of clinical training and supervision of any BreastSurgANZ Trainee working on the unit as part of the BreastSurgANZ PFT Program, including:

- 7.2.1 Providing a structured learning environment that aligns with the requirements and objectives of the BreastSurgANZ PFT Program.
- 7.2.2 Ensuring all Trainees receive appropriate supervision from experienced consultants, with a balance of autonomy and oversight.
- 7.2.3 Facilitating Trainees' attendance at multidisciplinary team meetings and any other compulsory training or education sessions which are a requirement of the training program.
- 7.2.4 Encouraging participation in clinical audits, research and quality improvement initiatives.
- 7.2.5 Facilitating access to mentorship and career development guidance.
- 7.2.6 Providing sufficient case volume and complexity to meet training requirements.
- 7.2.7 Ensuring equitable access to surgical cases, balancing training needs with patient safety and service demands.
- 7.2.8 Conducting regular formative and summative assessments in line with BreastSurgANZ PFT Program requirements.
- 7.2.9 Providing constructive feedback on clinical, surgical and professional performance.
- 7.2.10 Addressing any concerns regarding fellow competency, professionalism, or well-being in accordance with hospital and BreastSurgANZ PFT program guidelines.
- 7.2.11 Ensuring training activities comply with hospital policies, patient safety standards, and regulatory guidelines.
- 7.2.12 Supporting a positive and inclusive training culture that fosters respect, learning and professional growth.

### **7.3 Role of Hospital Training Supervisor**

Each nominated Hospital Supervisor is responsible for:

- 7.3.1 Providing supervision and co-ordinating education, training, and management of the Trainee in accordance with the requirements of the PFT program and the Regulations, including provision of adequate Trainee remuneration, appropriate contract, roster, standards and workplace conditions, and compliance with occupational health and safety standards and requirements.
- 7.3.2 Providing adequate training experiences for the Trainee, to meet the requirements of the training program.
- 7.3.3 Oversight of the Trainee's progress in the PFT Program including submission and completion of logbooks, DOPS, research project(s), Trainee's Day presentation(s), and any other Trainee assessment and evaluation requirements as stipulated by the Committee and BreastSurgANZ.
- 7.3.4 Monitoring and managing the Trainee's performance, including providing regular constructive informal and formal feedback from the Consultant team to the Trainee about Trainee performance.
- 7.3.5 Completion of any required end of term assessment forms and/or supervisor letter at the completion of Term 1 and Term 2 of each 12-month training rotation. The Supervisor must sight, review and sign the Trainees' MALT Summary logbook as true and accurate.
- 7.3.6 Ensuring the Trainee has satisfactorily met all the requirements stipulated in clause 6.1 of this handbook.
- 7.3.7 Ensuring accurate reporting of the Trainee's operative experience.

## 8. ASSESSMENT

The table below provides an overview of the overall minimum training requirements of the BreastSurgANZ PFT Program in Breast Surgery. All training documents and templates can be found by logging into the Members Only portal of the BreastSurgANZ website and clicking on the My Membership Tab > Member Resources > Resources > Post Fellowship Training (PFT) Program.

### 8.1 Annual Reporting and Training Requirements

FIRST YEAR	
Requirement	Quantity/Description
<b>Logbooks</b>	<ul style="list-style-type: none"> <li>• <b>Two (2) per twelve-month rotation</b></li> <li>• Trainees are required to use the RACS MALT logbook to record operative cases.</li> <li>• <b>Logbooks, must be sighted, signed, and dated by your Training Supervisor</b>, for each six (6) month rotation. It is the Trainee's responsibility to ensure that Logbooks are signed by their supervisor prior to submission for assessment.</li> <li>• Trainees are to submit the <b>MALT Logbook Summary Report (LSR)</b> only and the status must be <b>'completed and approved' not draft</b>. No other reports will be considered for assessment purposes.</li> <li>• Entry of at least <b>200</b> breast / breast cancer operations cases per annum</li> <li>• A minimum of <b>100</b> cases as the primary operator including supervising SET Trainees / others</li> <li>• The minimum case number requirement will be reviewed bi-annually by the PFT Committee</li> </ul>
<b>Direct Observation of Procedural Skill (DOPS)</b>	<p>Four DOPS per training year (two per term)</p> <ul style="list-style-type: none"> <li>• DOPS are a learning tool for Trainees and may be completed on multiple occasions by a Trainee prior to the Trainee obtaining a rating of <u>Competent</u>.</li> <li>• DOPS assess a Trainee's competency to independently perform each of the procedures outlined below by the end of their first year of training</li> <li>• A rating of <u>Competent</u> on all four DOPS is a compulsory requirement to move from first to second year of training</li> <li>• Unit Consultants may complete multiple DOPS with Trainees. <b>If the Training Supervisor does not complete the final DOPS for submission they must sight and sign the final DOPS prior to submission</b> for review by the PFT Committee.</li> <li>• Multiple scores of 'Improvement Required' or a single score of 'Significant Improvement Required' indicates a need for improvement in performance. Trainees should be counselled and given the opportunity to improve the relevant skills before being re-assessed. This process may be repeated until significant improvement is demonstrated.</li> <li>• Trainees should allow sufficient planning time to ensure their nominated Training Supervisor has sufficient time to complete the DOPS prior to the submission deadlines.</li> <li>• Trainees <b>must</b> complete one of each of the following DOPS in their first year of training. <ol style="list-style-type: none"> <li>1. <u>Mastectomy &amp; Sentinel Node Biopsy</u> (Term 1): This DOPS must be completed, and Trainee signed off as competent in Term 1, if feasible prior to completion of the selection process for the following year's training to assess the ability of a Trainee to progress an application for a second year of training.</li> <li>2. <u>Image-guided Wide Local Excision</u> (Term 2): This DOPS must be completed in Term 2, and Trainee signed off as competent by mid-way through the term of training, to allow time for feedback and further training/completion of DOPS where a Trainee is not yet competent.</li> </ol> </li> <li>• If a Trainee does not achieve a ranking of competent for one or both DOPS in Term 1, they will be required to repeat submission of the Term 1 DOPS in Term 2 until a ranking of Competent has been achieved.</li> <li>• Annual submission deadlines are provided to Trainees prior to the start of their training year.</li> </ul>

SECOND YEAR	
Requirement	Quantity/Description
<b>Logbooks</b>	<ul style="list-style-type: none"> <li>• <b>Two (2) per twelve-month rotation</b></li> <li>• Trainees are required to use the RACS MALT logbook to record operative cases.</li> <li>• <b>Logbooks, must be sighted, signed, and dated by your Training Supervisor</b>, for each six (6) month rotation. It is the Trainee’s responsibility to ensure that Logbooks are signed by their supervisor prior to submission for assessment.</li> <li>• Trainees are to submit the <b>Logbook Summary Report (LSR)</b> only and the status must be ‘completed and approved’ not draft. No other reports will be considered for assessment purposes.</li> <li>• Entry of at least <b>250</b> cases per annum</li> <li>• A minimum of 185 cases as the primary operator including supervising of SET Trainees / others</li> <li>• The minimum case number requirement will be reviewed bi-annually by the PFT Committee</li> </ul>
<b>Direct Observation of Procedural Skill (DOPS)</b>	<p><b>Four DOPS per training year (two per term)</b></p> <ul style="list-style-type: none"> <li>• DOPS are a training tool for Trainees and may be completed on multiple occasions by a Trainee prior to the Trainee obtaining a rating of <u>Competent</u>.</li> <li>• DOPS assess a Trainee’s competency to independently perform each of the procedures outlined below by the end of their second year of training. They are designed to facilitate feedback to drive learning.</li> <li>• A rating of <u>Competent</u> on all four DOPS is a compulsory requirement for satisfactory completion of the second year of training.</li> <li>• Unit Consultants may complete multiple DOPS with Trainees. <b>If the Training Supervisor does not complete the final DOPS for submission they must sight and sign the final DOPS prior to submission</b> for review by the PFT Committee. The signed copy of the DOPS is the version of the DOPS that must be submitted.</li> <li>• Multiple scores of ‘Improvement Required’ or a single score of ‘Significant Improvement Required’ indicates a need for improvement in performance. Trainees should be counselled and given the opportunity to improve the relevant skills before being re-assessed. This process may be repeated until significant improvement is demonstrated.</li> <li>• Trainees should allow sufficient planning time to ensure their nominated Training Supervisor has sufficient time to complete the DOPS prior to the submission deadlines.</li> <li>• A repeat of first year DOPS is not permitted nor previously completed second year DOPS. Please refer to the list of appropriate second year procedures that may be completed. Trainee Choice (Term 2).</li> <li>• Trainees <b>must</b> complete the following DOPS in their second year of training.               <ol style="list-style-type: none"> <li>1. Nipple Sparing Mastectomy and Implant Based Reconstruction (Term 1): This DOPS must be completed in Term 1, and the Trainee signed off as competent by mid-way through the term to allow time for feedback and further training/ completion of DOPS where a Trainee is not yet competent.</li> <li>2. Therapeutic Mammoplasty &amp; Trainee Choice (Term 2): This DOPS must be completed in Term 2, and the Trainee signed off as competent by mid-way through the term to allow time for feedback and further training/ completion of DOPS where a Trainee is not yet competent.</li> </ol> </li> <li>• Where a Trainee is unable to complete any of the specified DOPS, the Trainee must advise the PFT Committee in writing to confirm and agree an alternative. Where competency is not reached across all four DOPS the Trainee may need to complete an additional year of training.</li> <li>• Annual submission deadlines are provided to Trainees prior to the start of their training year.</li> </ul>

FIRST AND SECOND YEAR	
<b>Surgical Portfolio</b>	<ul style="list-style-type: none"> <li><b>≥ Twenty (20) cases per annum</b> (10 per term)</li> <li>The Surgical Portfolio is a brief record of <b>new patients</b> seen in clinic or rooms</li> <li>The portfolio is designed for Trainees to undertake a succinct reflection of each case including the imaging modalities used, the operation performed, the histology and multi-disciplinary team (MDT) treatment recommendations</li> <li>Each case should only take 5 – 10 minutes to complete.</li> <li>It is mandatory that once completed, Trainees discuss each case with their nominated training supervisor and that their nominated training supervisor signs off on each case prior to submission at the end of each term.</li> <li>Templates for completion will be provided to all Trainees at the start of their training year, and an example template will be provided to all Trainees for reference purposes</li> </ul>
<b>BreastScreen</b>	<ul style="list-style-type: none"> <li><b>Mandated ten (10) BreastScreen sessions per annum</b> (five per term).</li> <li>Where a training hospital does not mandate attendance at BreastScreen, it is an expectation that the training Supervisor will facilitate an approach/introduction of the Trainee to the designated surgeon in the relevant region to facilitate attendance.</li> <li>It is the responsibility of the Trainee to work with their training Supervisor to facilitate achievement of this requirement.</li> <li>Where a Trainee requires further support to attend the required BreastScreen sessions, or if a Trainee has concerns, they will not be able to meet this requirement, the Trainee should contact BreastSurgANZ on <a href="mailto:training@breastsurganz.org">training@breastsurganz.org</a> to request assistance as early as feasible to allow adequate time for the Committee to respond.</li> <li>A template for completion will be provided to all Trainees at the start of their training year, and an example template will be provided to all Trainees for reference purposes.</li> </ul>
<b>End of Term Confirmation of completion (Supervisor)</b>	<ul style="list-style-type: none"> <li><b>One (1) per term</b> – to be completed by the Training Supervisor</li> <li>Supervisors must complete all required BreastSurgANZ documentation to confirm the successful completion of each term of training.</li> <li>Supervisor confirmation must be submitted in the format required by BreastSurgANZ.</li> <li>End of term sign off requires a discussion between the Trainee and the training supervisor to assess performance.</li> </ul>
<b>End-of-Term Assessment Summary Forms</b>	<p><b>Two (2) per annum (submitted at the end of Term 1 and Term 2) – to be completed by the Trainee</b></p>
<b>Ultrasound Workshops</b>	<ul style="list-style-type: none"> <li>Completion of the Level 1 Clinician Performed Breast Ultrasound - Introductory Workshop is compulsory and must be satisfactorily completed by the completion of a Trainees' second year of training.</li> <li>Completion of the Level 2 Clinician Performed Breast Ultrasound - Advanced Workshop is strongly encouraged but is not currently compulsory.</li> <li>Trainees are encouraged to build relationships with Ultrasonographers and the radiology team within their training hospital.</li> <li>Evidence of ultrasound training/exposure to be reflected in the surgical portfolio. Details of approved Ultrasound courses will be provided to Trainees prior to the commencement of their training year.</li> </ul>

## FIRST AND SECOND YEAR

### Research (Higher Learning)

- Trainees have three years (two years of clinical training plus an additional 12 months) within which to complete their higher learning requirements.
- Full membership however will not be awarded until such time as the Trainees' research and presentation requirements have been satisfactorily met.
- The higher learning requirement for the BreastSurgANZ PFT Program will be met by any of the following:
  - Completion of a PhD, provided confirmation of completion is submitted by the end of the three-year period, including a letter from the research supervisor confirming completion of the PhD and submission of the project.
  - Completion of the Graduate Certificate in Advanced Surgery (Breast surgery) or the Master of Advanced Surgery (Breast Surgery) at the University of Sydney or completion of the research subject component of the Master of Advanced Surgery (Breast Surgery).
  - Chief Investigator (CI) on an existing or upcoming major grant application, major international research project or an ongoing training research project that has commenced but will be completed within the two years of BreastSurgANZ PFT training. Involvement in any of these projects requires PFT Committee approval.
  - Publication (or evidence of successful acceptance) of research in a peer-reviewed journal (first author). The journal does not need to be breast-specific, but the research must be breast-specific research.
  - Research may be presented at the annual Trainees' Day only where prior approval/sign off has been provided by the Committee a minimum of eight weeks prior to the meeting.
  - Research must be a breast-specific topic, and Trainees must be able to demonstrate where their research will be presented e.g., Poster Presentation at the RACS ASC or other breast-specific meeting.
- The following does not constitute completion of the Higher Learning requirement of training:
  - Presentation of work at the Trainees' Day, which is not the Trainee's own research.
  - Published Case reports
- Timelines for submission of research (first year) and research progress (second year) will be provided to Trainees prior to the commencement of their training year.

### Presentations

- Trainees must, within their two-year training period, complete the following to meet the Presentation requirements of training:
  - Evidence of presentation of their research at a national or international breast meeting/conference is mandatory and constitutes the satisfactory completion of the presentation requirement of training.
  - Evidence of presentation of their research at state-based breast meeting/conference is required but does not constitute satisfactory completion of the presentation requirement of training.
  - Presentation of own breast-specific research at the annual Trainees' Day (pending approval by the Committee). Presentation and answering of questions will be adjudicated by the Committee members present at Trainee's Day.

OTHER	
<b>Trainees' Day</b>	<ul style="list-style-type: none"> <li>Attendance at Trainees' Day is <b>compulsory</b>.</li> <li>The BreastSurgANZ Trainees' Day is typically held in conjunction with the Breast Cancer Trials ASM in July or as otherwise approved by BreastSurgANZ.</li> <li>A presentation by second year Trainees is compulsory at Trainees' Day.</li> <li>Presentation requirements will be advised to Trainees at least six (6) weeks prior to the meeting.</li> <li>The cost of attending the Trainee's Day and travel to/from the workshop is the responsibility of the Trainee.</li> </ul>
<b>Level 1 &amp; 2 Oncoplastic Breast Surgery Workshops</b>	<ul style="list-style-type: none"> <li>Trainee attendance at the BreastSurgANZ Level 1 and Level 2 BreastSurgANZ Oncoplastic Breast Surgery (OPBS) Workshops is compulsory.</li> <li>Attendance at both the Level 1 and Level 2 OPBS Workshops in the first year of training is compulsory, however application can be made to the PFT Committee in exceptional circumstances for the course to be completed in a Trainee's second year of training.</li> <li>The cost of attending the Trainee's Day and travel to/ from the workshop is the responsibility of the Trainee.</li> </ul>
<b>BreastSurgANZ Journal Club</b>	<ul style="list-style-type: none"> <li>BreastSurgANZ Journal Club online meetings are held quarterly (or as otherwise advised by BreastSurgANZ) and are coordinated by the Trainee Representative(s).</li> <li>First and/or second year Trainees may be asked to present at one or more BreastSurgANZ PFT Program Journal Club online meetings during training.</li> <li>Details including presentation topics and papers will be discussed and provided to the Trainee with at least four (4) weeks' notice prior to the meeting taking place.</li> <li>Annual Journal Club meeting dates will be advised prior to the commencement of the training year</li> <li>Attendance at all Journal Club meetings is preferred however attendance at a minimum of three of four annual Journal Club meetings is compulsory. The reason for non-attendance at least three of the four Journal Club meetings must be advised to the Committee.</li> </ul>
<b>BreastSurgANZ Educational Webinars</b>	<ul style="list-style-type: none"> <li>BreastSurgANZ educational webinars will be held annually.</li> <li>First and/or second year Trainees may be asked to present at a BreastSurgANZ webinar during their training.</li> <li>Trainees will be consulted prior to involvement being confirmed.</li> <li>Annual BreastSurgANZ educational webinar dates will be advised prior to the commencement of the training year.</li> <li>Trainees are strongly encouraged to attend all BreastSurgANZ educational webinars however it is a requirement that Trainees attend at least two BreastSurgANZ educational webinars in any training year.</li> </ul>

### 8.3 Reporting of Unsatisfactory Performance

- 8.3.1 Hospital Supervisors must inform BreastSurgANZ in writing of any unsatisfactory or marginal performance or misconduct of the Trainee, to be forwarded to the Committee as soon as is reasonable to do so and, if feasible to do so, prior to the commencement or completion of the selection process for the following training year.
- 8.3.2 Unsatisfactory training reports must fully detail all areas of concern and the steps being undertaken or proposed to assist the Trainee to improve performance, or any other recommendations to the Committee including probation, dismissal, or additional training requirements (refer clause 6.4 for full details).

### 8.4 Satisfactory Completion

A twelve (12) month training year will be assessed by the Committee and considered by BreastSurgANZ as satisfactory when the training requirements are submitted by the due date and satisfy the stipulated training requirements for successful completion of each training term, including the minimum caseload requirements stipulated in clause 7.

## 9. MINIMUM CASELOAD REQUIREMENTS

Trainees must achieve the following minimum case load requirements to satisfactorily complete each year of training as stipulated below. Minimum case numbers are indicative requirements only. and may be adjusted by the Committee where interruption to training, approved leave, part-time training or exceptional circumstances apply.

### 9.1 First Year Training – Oncology

- Minimum of 200 cases per annum (breast)
- A minimum of 100 breast cancer surgical cases (individual patients) per annum, of which approximately three quarters must be breast conservation, and one quarter must be mastectomies
- For at least 50% of the major cases (WLE, breast conservation, mastectomy, subcutaneous mastectomy, axillary clearance) the Trainee must be the primary operator (100 cases per annum). These case numbers do not include sentinel lymph node biopsies.
- Logbook numbers will be reviewed by the Committee annually when logbooks are submitted

SURGICAL PROCEDURES (Compulsory)			Total	Primary	Assisting
Mastectomies (includes skin or nipple sparing)			40	20	20
Breast Conservation (benign and malignant)	Palpable Wide Excisions	70	25	15	10
	Localised (non-palpable)		45	20	25
Sentinel Node Biopsies			60	30	30
Targeted Axillary Dissection and/or Axillary clearance			10	5	5
Level 1 Oncoplastic Procedures Complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps including recentralisation of nipple.			20	10	10
<b>TOTALS</b>			<b>200</b>	<b>100</b>	<b>100</b>

## 9.2 Second Year Training – Oncoplastic

- a) Minimum of 250 cases per annum (breast)
- b) Must be breast cancer operative cases and mandated more complex Level 2 Oncoplastic Procedures as detailed below
- c) For at least 75% of cases the Trainee must be the primary operator (approximately 185 cases per annum)
- d) Logbook numbers will be reviewed by the Committee annually when logbooks are submitted.

SURGICAL PROCEDURES (Compulsory)	Total	Primary	Assisting
Implant based reconstruction (Implant/expander)	30	10	20
<b>Level 2 Oncoplastic - breast lesion with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple</b>			
Therapeutic Mammoplasty (classic reduction)	40	15	25
Grisotti Flap, Melon Slice, Bat Wing			
<b>Nipple-Sparing or Subcutaneous Mastectomy</b>	10	5	5
<b>Local Perforator Flaps</b> (non-prescriptive)	10	5	5
<b>Symmetry Procedures</b> (Reduction, Mastopexy, Augmentation)	20	10	10
<b>First Year Procedures</b>	140	140	0
<b>TOTALS</b>	<b>250</b>	<b>185</b>	<b>65</b>

## 9.3 Unsatisfactory Completion

A twelve (12) month training year will be assessed by the Committee and considered by BreastSurgANZ as unsatisfactory when either:

- a) the training requirements are not submitted.
- b) the training requirements are not satisfied for behavioural and clinical performance standards.
- c) Leave exceeds 10 weeks, without prospective Committee approval as per clause 4.9.
- d) The Trainee withdraws from the PFT program without prior approval of BreastSurgANZ, or
- e) As otherwise deemed unsatisfactory by BreastSurgANZ in extraordinary circumstances.

## 9.4 Unsatisfactory or Marginal Trainee Performance

9.4.1 It is expected that Trainee performance is continually assessed and managed throughout each training year.

9.4.2 Where a Trainee is reported during the evaluation and assessment of their training by the Hospital Supervisor as having unsatisfactory performance, the Trainee's employing hospital body and training supervisor, are responsible for managing the Trainee's performance, including set up of regular, documented meetings where training performance can be discussed and agreed by both the training supervisor and the Trainee.

9.4.3 BreastSurgANZ as the body responsible for managing the PFT Program can assist the training supervisor to set the probationary or performance process.

9.4.4 The final decision as to whether a Trainee should repeat a training year or be dismissed from training for unsatisfactory performance is the responsibility of the Committee and any decision of the Committee must be endorsed by the Council.

- 9.4.5 It is the responsibility of the Hospital Supervisor to promptly advise the Committee, in writing, of any concerns regarding Trainee performance at [training@breastsurganz.org](mailto:training@breastsurganz.org). Failure to provide appropriate notification and involvement may compromise the validity of any subsequent performance management actions.
- 9.4.6 It is the responsibility of the Hospital Supervisor to promptly advise a Trainee of any concerns regarding their performance with clear and constructive feedback. It is expected that the training supervisor will:
- a) Inform the Trainee of any concerns regarding their performance as soon as they are identified to allow for timely improvement.
  - b) Ensure all communication with the Trainee is open, objective and documented. The training supervisor and the Trainee must sign any documentation pertaining to discussions regarding performance, to demonstrate the Trainee fully understands the areas requiring improvement.
  - c) Ensure Trainees are included in all discussions related to their performance, remediation plans, and any formal review processes. The Trainee should have the opportunity to respond, seek clarification, and contribute to any action plans.
  - d) Provide the Trainee with structured support, including supervision, mentorship, or formal remediation plans.
  - e) Ensure performance concerns are managed in a manner that is fair, consistent and in accordance with training program policies and procedures and which facilitates the Trainee achieving improvement in performance.
  - f) Facilitate the Trainee having a support person present in any discussion involving formal performance management.
- 9.4.7 At the completion of both training terms, the Trainee and their training supervisor must complete the BreastSurgANZ End of Term Assessment form.
- 9.4.8 If the Trainee's overall performance is rated as 'Borderline' or 'Unsatisfactory' at a mid-year assessment, by the Hospital Supervisor in consultation with the training unit, the Trainee must immediately be placed on a six (6) month probationary performance plan.
- The probationary performance plan must be in the format approved by BreastSurgANZ and must be completed by the Hospital Supervisor in conjunction with the PFT Committee Chair(s) and/or other designated Committee representative(s). The plan must include:
- a) Identifying the areas of concern in performance and what improvements are required to meet training standards.
  - b) A remedial plan, including any proposed additional training support and/or supervision together with an associated timeline and clearly specified key dates by which the plan must be reviewed and /or completed.
  - c) Details of any additional ongoing assessment/s and/or reports, and the dates on or by which these assessments and reports will be completed. Copies of all assessments and reports must be submitted to BreastSurgANZ.
  - d) Possibility of dismissal or repeat of a training year if satisfactory improvement is not made within a reasonable probationary period, within a maximum of six (6) months.
  - e) All meetings to discuss performance and/or a probationary plan must be documented, and minutes of those meetings, signed by both the training Supervisor and the Trainee provided to the PFT Committee upon completion.
  - f) At all times the Trainee must be kept informed of the process and any plans for performance improvement.
- 9.4.9 Where the Trainee's overall performance is rated as 'Satisfactory' at the end of the probation period, the probationary status is removed.

- 9.4.10 Where the Trainee’s overall performance is rated as ‘Unsatisfactory’ at the end of the probation period, the Trainee will be deemed to have failed that year of training.
- 9.4.11 Should a Trainee’s overall performance at the conclusion of the probationary period be rated as ‘Unsatisfactory’ this will constitute grounds for the Committee to consider whether the Trainee must repeat their year of training (if the Trainee has not already repeated the same year of training previously) or be dismissed from training due to being time expired as per clause 4.4.
- 9.4.12 Where permissible, a Trainee may repeat the year of training on approval of the Committee, or in circumstances where the Trainee is time expired, the Trainee may be dismissed from the PFT Training Program unless other special circumstances apply to allow consideration by the Committee and the Council of an approval to repeat the training year.
- 9.4.13 The Council must be informed of any Trainee who is required to repeat a year of training or where a recommendation is made by the Committee to remove a Trainee from the program.
- 9.4.14 All trainee assessments, remediation processes, performance management discussions, and Committee deliberations will be managed confidentially, subject to BreastSurgANZ governance requirements and applicable legal obligations.

**9.5 Trainee Misconduct**

- 9.5.1 The Committee and BreastSurgANZ will consider any action necessary relating to Trainee misconduct (including removal or deferral from the program), unsatisfactory completion of training, recommendation for any additional training, and/or any other necessary action in accordance with the BreastSurgANZ PFT Program Misconduct Policy.
- 9.5.2 If a Trainee is disciplined or dismissed by their employing hospital or any regulatory body for misconduct, or if any restrictions are placed on the Trainee’s practice by AHPRA or another state authority, such action must be reported immediately to BreastSurgANZ by the Trainee and by the Hospital Supervisor and/or the participating hospital.

**9.6 Appeals**

Decisions relating to training assessment and satisfactory completion of training may be reviewed or appealed in accordance with the BreastSurgANZ policy for appeals, consistent with the rules of fairness and natural justice.

**10. DOCUMENT VERSION**

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