

Australasian College of Podiatric Surgeons



Fellowship Training Program

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Glossary of Terms

ACPS	Australasian College of Podiatric Surgeons
ANZPAC	Australian and New Zealand Podiatry Accreditation Council
APodC	Australasian Podiatry Council
CBD	Case based discussion
COAG	Council of Australian Governments
DOCS	Direct observation of clinical skills
DOPS	Direct observation of procedural skills
PBA	Podiatry Board of Australia
Registrar	An ACPS Registrar who is currently enrolled in Stage 1 or Stage 2 of the ACPS training Program
Senior Registrar	An ACPS Registrar who is currently enrolled in Stage 3 of the ACPS training Program

Introduction

The ACPS

The Australasian College of Podiatric Surgeons (“ACPS”) is the speciality College representing Podiatric Surgeons (podiatrists qualified and eligible for specialist registration who perform reconstructive foot and ankle surgery) in Australia. Similar to other specialist colleges within Australia and overseas, the ACPS has several important roles.

These include:

- the development, implementation and monitoring of guidelines for the practice of podiatric surgery within Australia;
- representation and advocacy to the profession and the Australian Health Care System;
- providing education and assessment Programs for those who wish to become Fellows of the ACPS (surgical training and assessment); and
- providing an accreditation Program, which includes continuing education and peer review of podiatric surgeons in Australia.

The ACPS Training Program

The ACPS training Program is the pathway by which individuals can become Fellows of the ACPS in Australia, and is the subject of much of this document. The Program is described in detail on page 4.

This document supersedes and replaces the previous ACPS document, which was published in 2004. As in the past, the ACPS anticipates that this current document will be revised on an ongoing five yearly cycle or sooner if deemed necessary.

Podiatric Surgeons

Podiatric Surgeons are specialist podiatrists who are comprehensively trained in surgery of the foot and ankle. Individuals who wish to be registered as specialists with the Podiatry Board of Australia, and accredited as podiatric surgeons under the *Health Insurance Act 1973* (Cth) are required to have a Fellowship or eligibility for Fellowship of the ACPS.

Scope of practice of Podiatric Surgeons

Podiatric surgery is a specialist field in the podiatry profession in many western countries, including Australia, the United States and the United Kingdom. The ACPS defines podiatric surgery as “the surgical treatment of conditions affecting the foot and ankle by accredited and qualified specialist podiatrists”.

Podiatric surgeons have been practising in Australia since 1975. They are podiatrists who have undertaken extensive specialised postgraduate training and education in podiatric medicine and surgery. Podiatric surgeons work within the framework of the modern multi-disciplinary healthcare team with general practitioners, specialists and other health professionals, to provide safe and appropriate clinical care for foot, ankle and lower extremity conditions.

Podiatric surgeons are qualified to care for bone, joint, ligament, muscle and tendon pathology of the foot and ankle. Examples include (but are not limited to):

- structural deformities, including bunions, hammertoes, painful flat foot and high arch deformity, bone spurs;
- heel pain;
- nerve entrapments;
- degeneration and arthrosis of the joints of the foot and ankle;
- skin and nail conditions;
- congenital deformities; and
- trauma-related injuries, including fracture and dislocations and post-traumatic arthrosis.

Pathways to Fellowship of the ACPS

Fellowship of the ACPS has a number of prerequisites and responsibilities.

A Fellow must:

- be knowledgeable and competent in the practice of foot and ankle surgery and related disciplines;
- be an advocate for the highest standards of health care provision both as a podiatric surgeon, and as part of the wider health care system;
- be committed to career-long ongoing professional development; and
- be a person of good standing.

One of the roles of the ACPS is to set standards for knowledge and competencies for podiatric surgeons. These standards are set according to contemporary understanding of best practice, as well as by consultation with relevant stakeholders.

It is expected (and proper) that the standards will evolve over time, influenced by research, community expectations and other factors.

To be eligible to be awarded a Fellowship of the ACPS, an individual must demonstrate that they meet the applicable standards as set by the ACPS. There are a number of pathways by which this can occur.

An individual may:

- start as an *ab initio* Registrar and progress through the ACPS training Program (which is the subject of much of the rest of this document);
- apply for advanced standing within the ACPS training Program, on the basis of prior surgical education, training and experience. Subject to verification and assessment of the candidate, the ACPS may grant the candidate advanced standing, which may then exempt them from some of the requirements of the training Program; and
- have pre-existing qualifications and experience, which in the opinion of the ACPS, meet the standards for Fellowship. In this latter case, subject to verification of credentials and any practical, written or oral examination assessment as deemed necessary by the ACPS, the individual may be granted Fellowship without further training (although there may be mentorship and/or other requirements put in place for a period of time as determined by the ACPS Council on a case by case basis).

All Fellows of the ACPS must meet the same minimum standards for Fellowship, irrespective of the pathway taken to meet those standards. It is important and appropriate that this process is open, transparent, and not subject to any exceptions. This approach provides:

- a public benchmark, which can be used by the health care system and the community to have confidence in the quality and competency of all podiatric surgeons;
- a fair and equitable process for dealing with any individual who wishes to become a Fellow of the ACPS; and
- the opportunity for third party providers of education and surgical training to collaborate with the ACPS in order to prepare candidates to meet some of (or possibly all of) the standards required for Fellowship.

Post Fellowship duties and responsibilities

All Fellows are encouraged to engage in research and advocacy for the profession, and of the speciality of podiatric surgery.

All practicing Fellows participate in an accreditation program, which encompasses continuing education, peer review and surgical audit. This is briefly discussed in this document, and is described in more detail in the ACPS document “Accreditation of Podiatric Surgeons: Design and Implementation Model” (available at www.acps.edu.au). The accreditation Program is designed to ensure that all practicing Fellows maintain the standards defined in the ACPS Competency Standards (Appendix 4, page 10) throughout their careers.

A mandatory Continuing Professional Development Program is likely to commence in 2010 as part of the requirements of the Podiatry Board of Australia.

Accreditation, governance and affiliations

Accreditation of the ACPS Training Program

The APodC was the accrediting body for podiatric education up until the formation of the Australian and New Zealand Podiatry Accreditation Council (“ANZPAC”) in 2008. The Australian Health Workforce Ministerial Council recognised and endorsed ANZPAC in this role during 2009. The ACPS is an affiliated body of the APodC. This affiliation requires ongoing endorsement/accreditation of the ACPS Training Program.

Accreditation of the registered health professions in Australia is expected to evolve significantly in response to the new scheme of National Registration and Accreditation due for implementation from July 2010. The ACPS has been actively involved in the process of reform and supports the reform agenda.

Accreditation of practicing Podiatric Surgeons

The ACPS recognises and supports the requirement for podiatric surgeons to maintain their education, keep up with best practice techniques and stay in touch with their profession. The ACPS also supports the principles of efficacy and accountability in practice.

An ongoing accreditation Program has been designed to ensure that podiatric surgeons in Australia develop and maintain both theoretical and practical skills over the entire duration of their careers, and not just during the period of training that is required in order to become Fellows.

This Program consists of several core requirements. These are:

- recency and scope of practice requirements;
- peer review;
- continuing professional development;
- participation in clinical audit; and
- compliance with clinical standards and ACPS policies.

The ACPS continues to evolve its continuing education Program. To inform this initiative, the ACPS maintains a cooperative approach and an ongoing dialogue relevant stakeholder organisations, including the APodC, ANZPAC, PBA, and government agencies.

Relevant Australian Legislation

The Commonwealth of Australia recognises podiatric surgeons as a distinct group of podiatrists with specialist surgical qualifications. Fellows of the ACPS are recognised by the following instruments of Commonwealth Legislation:

- *Health Insurance Act 1973 (Cth);*
- *Health Practitioner Regulation (National Uniform Legislation) Act 2010 (NT);*
- *Health Practitioner Regulation Act 2009 (NSW);*
- *Health Practitioner Regulation National Law (ACT) Act 2010 (Act);*
- *Health Practitioner Regulation National Law (South Australia) Act 2010 (SA);*
- *Health Practitioner Regulation National Law (Tasmania) Act 2010 (Tas);*
- *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic);*
- *Health Practitioner Regulation National Law Act 2009 (Qld);*
- *National Health Act 1953 (Cth);*
- *National Health Amendment (Prostheses) Act 2005 (Cth);*
- *Podiatric Surgery and other matters Act 2004 (Cth);*
- Private Health Insurance (Complying Product) Rules 2009 (No. 1); and
- *Private Health Insurance Act 2007 (Cth).*

The ACPS Training Program

Introduction to the Training Program

The ACPS Training Program has a three-part structure, which typically takes a minimum of three years of full-time equivalent work to complete (although much of the assessment is competency-based, and so is not necessarily related to a fixed time period). Full-time equivalent is defined as a minimum of 38 hours a week for 48 weeks of a year. The principle features of the Training Program are as follows:

- each stage is based on an approximately one-year full time equivalent work load;
- there are a broad range of learning activities employed;
- appropriate documentation must be kept in order to audit and assess progress;
- progression through each stage is dependent upon satisfactory completion of all prerequisite activities and assessments; and
- Registrars are obliged to comply with satisfactory progress requirements in order to remain in the training Program.

There is a substantial amount of structured, self-directed learning in the Training Program, and Registrars should anticipate that the Program will require a great deal of time and effort over a long period of time. A commitment of this type must be considered carefully (whilst taking into consideration all other work and personal responsibilities) by all prospective candidates before deciding to apply for entry into the Program. Potential candidates who are not based in a major city where teaching Fellows are available will need to consider relocating to a suitable city for the duration of their training.

For fees applicable, including tuition fees, please refer to the ACPS schedule of fees, available on the ACPS website.

A summary of the main stages of the process leading to Fellowship via the training Program is given in Figure 1.

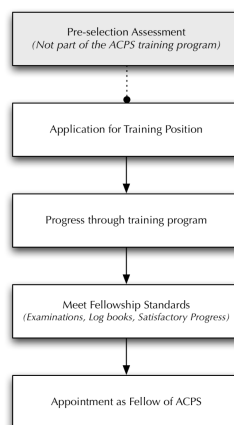


Figure 1: Stages in the ACPS Training Program

Underlying philosophy

In providing this Training document, the ACPS endeavours to embrace accepted models of clinical education, training and assessment. To this end, the Training Program has been devised around a competency-based model and reflects the following educational tenets;

- the goals and methods of podiatric surgical training and education should be clear to all involved;
- the selection, education and examination process should be transparent and accountable; and
- Podiatric surgical training should seek to foster relationships with all stakeholders.

The ACPS defines minimum training requirements for Fellowship of the ACPS and aims to ensure, by training and continuing education, that the highest standards of podiatric surgical practice are achieved and continued.

The ACPS aims to ensure that podiatric foot and ankle surgeons in Australia are trained to the highest International standards.

The Council of the ACPS is involved in ongoing liaison with State and National Podiatrists Registration Boards, ANZPAC, and any appropriate third party stake holder organisations. The purpose of these affiliations is to ensure that the broader podiatric community at an academic and professional level understands and accepts the surgical training requirements of Fellows of the ACPS and that these standards will serve to protect the public's health and safety at all times.

Objectives of the Training Program

The objectives of the ACPS training Program are to:

- produce a competent practitioner of foot and ankle surgery, whilst maintaining the interests of public health and safety;
- foster the development of analytical and research skills to encourage contribution to existing literature in respect to medical and surgical therapeutics of the foot and ankle;
- promote the acquisition of a range of communication skills to enhance the members ability to disseminate knowledge and information;
- ensure the promotion of qualities necessary for the well-being of the patient, the surgeon and the profession; and
- to meet the community and work force "needs" for Podiatric Surgeons in contemporary Australian Health Care.

These objectives will be achieved through the integration of university-based post-graduate theory and research studies, as well as supervised practical foot and ankle surgical Training Program undertaken by candidates seeking Fellowship of the ACPS. Specific details of competency requirements and the syllabus are given in Appendices 4 and five respectively (pages 10 and 1).

Pre-entry requirements

Before being considered for entry into the ACPS Training Program, all potential candidates must fulfil certain minimum eligibility criteria. No application for admission into the Training Program can be considered unless all of the eligibility criteria are met by the applicant.

Some candidates may have additional training or experience in podiatric surgery. This does not exempt candidates from fulfilling minimum entry criteria, but upon successful admission to the Training Program however, may provide the candidate with advanced standing within the Training Program. Advanced standing is discussed on page 13.

Minimum eligibility criteria are as follows:

1. Registration as a podiatrist

The candidate must be registered as a podiatrist with the Australian State or Territory. In 2010, it is anticipated that there will be a single national registration board for podiatrists, and once this comes into effect, the candidate will be required to be registered as a podiatrist with the national registration board.

2. Practical experience

Candidates must have a minimum of two years of actual clinical experience working as a podiatrist. Working in a non-clinical role (such as an administrator, lecturer, or researcher) is not considered to be practical experience. The applicant will need to provide a minimum of two references from colleagues with whom they have worked indicating their suitability for surgical training.

3. Educational requirements

There are minimum educational requirements that candidates must fulfil before applying for the ACPS Training Program. They are:

- qualifications that allow the candidate to be endorsed to have scheduled drug privileges; and
- completion of an approved Masters degree. A Masters degree that leads to a basic qualification as a podiatrist is not suitable for this requirement.

The ACPS recommends a Masters degree in Podiatric Medicine, Podiatric Surgery, Public Health or Medical Science. The ACPS aims to attract applicants with a broad range of academic and research backgrounds. The didactic components of the training program are designed to reinforce and examine candidates knowledge of required surgical sciences.

Many universities offer flexible modes of study via distance education. Candidates are advised to contact the institutions directly to enquire about study options.

Whilst the ACPS encourages individuals to pursue higher degrees, whether they be coursework or research-related, a Masters degree remains the approved minimum standard for surgical training.

All potential candidates for the Training Program are encouraged to obtain a basic familiarity with the ACPS and its work, as well as to make contact with podiatric surgeons in order to gain an appreciation of the role and work of a podiatric surgeon. The ACPS website at www.acps.edu.au is a good place to start.



Application Process

Once potential candidates have fulfilled the minimum eligibility criteria, there is a formal application process that must be undertaken in order to gain entry into the ACPS Training Program.

Entry into the ACPS Training Program is highly competitive and applicants should be aware that not all podiatrists seeking admission will be successful in obtaining a training position. Presently in Australia, there are a limited number of training positions for podiatric surgeons, with a particular lack of positions available in the public sector. For this reason, only a small number of training positions may be available in any given year.

Selection into the Training Program is governed by the principles of equal opportunity, and will be based solely on merit. Only those applicants who meet the entrance criteria will be considered for appointment to the ACPS surgical Training Program. Where the ACPS is unable to identify a sufficient number of appropriately qualified candidates to fill the quota of positions in any given year, places will remain vacant.

The selection process is designed to identify the abilities, qualifications, experience and emotional intelligence of applicants that would enable them to perform all the required duties of a podiatric surgical Registrar, achieve all the objectives of the Training Program and become a skilled and highly competent podiatric surgeon. A summary of the application process is given in Figure 2, and described in more detail below.

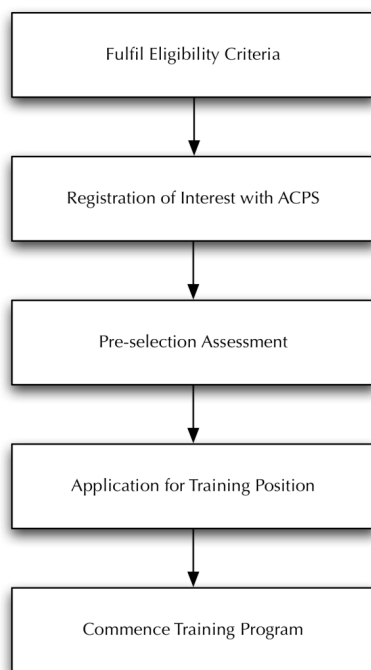


Figure 2: Application Process

1. Registration of interest with ACPS

Once the eligibility criteria have been met, potential candidates are required to register their interest in becoming a Registrar with the ACPS. There is an administration fee required for registration of interest. The registration form and a list of applicable fees are available on the ACPS website at www.acps.edu.au.

2. Pre-selection Assessment

The purpose of the pre-selection assessment is twofold. Firstly, it is to familiarise the candidate with the reality of ACPS Training Program, and secondly it is to assess the candidate to ascertain whether they have sufficient basic knowledge of podiatric surgery, and whether they appear to be a suitable candidate to become a podiatric surgeon.

The pre-selection assessment process consists of the following elements:

- the ACPS Entrance examination;
- a Direct Observation of Clinical Skills (DOCS, an example of this is available on the ACPS website);
- a logbook of clinical and surgical experience; and
- psychometric testing.

Once a potential candidate has passed the pre-selection assessment, they will be issued with a certificate from the ACPS, which entitles them to apply for any ACPS training position during the three-year period from the time that the certificate is issued.

The ACPS entrance examination

The ACPS entrance examinations are normally conducted at the same time as the ACPS Annual General Meeting, and this occurs in either July or August of each year. Dates will be posted on the ACPS website.

There is a fee for sitting the entrance examination (A list of applicable fees is available on the ACPS website at www.acps.edu.au), which must be paid prior to sitting the examination.

The examination is structured to assess the candidate's knowledge of core sciences. The following subjects are covered:

- Anatomy;
- Physiology;
- Pathology;
- Pharmacology; and
- Biomechanics.

The examination contains 120 multiple-choice questions, which must be completed in two hours. The pass mark is 70%. A reading guide is available from the ACPS office.

Direct Observation of Clinical Skills

The DOCS was developed by the Faculty of Podiatric Surgery of the College of Podiatrists, and is based on the procedures profile and knowledge map, which has been piloted by the Royal College of Surgeons Intercollegiate Surgical Curriculum Group (Faculty of Surgery, College of Podiatrists, 2007; Royal College of Surgeons, 2007).

Candidates will be required to organise and attend a minimum of ten sessions (each of four hours, or one half day) with a teaching Fellow. Candidates will observe a minimum of five office consulting sessions and five operating theatre sessions. Using the actual cases observed in these sessions, the teaching Fellow will assess the candidate on their knowledge and understanding of diagnostic and procedural skills. Feedback will be provided to the candidate in the form of a completed knowledge map assessment and procedures profile. The Fellow will also discuss any particular strengths and weaknesses noted in the candidate's learning, and will offer suggestions for further study and development. The DOCS is not a pass/fail assessment, but (as its name suggests) an objective view of a candidate's knowledge and skills at a particular time.

It should be noted that the DOCS assessment involves no actual decision-making or clinical intervention on any patients, however actual patients and cases are used as the basis for clinical discussion that forms part of the assessment process.

If a candidate is not satisfied with the results achieved in their DOCS, then after a period of not less than six months, they may repeat the process.

Logbook of clinical and surgical experience

The logbook should contain details of all relevant clinical and surgical experience of the candidate. Details of the logbook format are available from the ACPS website at www.acps.edu.au.

Please note: The clinical and surgical experience diarised in the logbook is used as part of the application process for entry into the ACPS Training Program. This experience cannot be used as part of the ACPS training requirements. In other words, once a candidate is accepted into the training Program, they will be required to start a new logbook that is used for the duration of the training Program.

Psychometric Testing

Candidates will be required to undertake a validated psychometric test. The Emotional Quotient Inventory (EQ-i®) is a scientifically validated, widely used Emotional Intelligence assessment tool. It is based on more than 20 years of research. The EQ-i examines an individual's social and emotional strengths and weaknesses. Respondents self-report on their life and workplace performance in 15 key areas of emotional skill that have been proven to contribute to proficiency in complex activities such as conflict resolution and planning. Applicants will also have to perform the VTS MLS (Motor Performance Series) Test and VTS 2 HAND (Two-hand coordination) Test.

The VTS MLS measures fine motor abilities through static and dynamic tasks for finger, hand and arm movement. The VTS 2HAND measures visuomotor coordination (eye-hand and hand-hand coordination).

These tests are administered in Brisbane. The above psychometric assessments aim to provide an objective and specific measure of the attributes required by Registrars of the ACPS.

Summary

Satisfactory completion of all aspects of the pre-selection process results in the candidate being deemed to have completed the pre-selection assessment, and this is required before the candidate can apply for a training position.

3. Application for Training Position

Availability of Training Positions

As noted previously, there are a limited number of training positions available at any particular time, and demand for these positions is very high. When training positions become available they will be advertised on the ACPS website (www.acps.edu.au). Training positions are usually based in a particular location (for example, Melbourne or Perth), and so candidates who reside elsewhere would need to relocate to wherever the training position is for the duration of their training.

Requirements to apply for a training position

In order to apply for a training position, candidates must have the following:

- a current pre-selection assessment (i.e. one which has been completed within the last three years);
- a current curriculum vitae; and
- references, which must include at least two professional references from individuals who have known, worked with or supervised the candidate.

Candidates who wish to apply for an advertised training position may do so by using the Application for ACPS Training Position form, which is available on the ACPS website at www.acps.edu.au. Candidates who wish to apply for advanced standing within the training Program should indicate their intention to do so on the application form. See page 13 for more information on advanced standing.

Interviews

Any candidate who has fulfilled the requirements to apply for a training position may apply for any position advertised by the ACPS.

Selection will be by examination of the results of the candidate's pre-selection assessment, curriculum vitae, by consulting referees, and by personal interview. Selection will be based solely on merit, and will be based on the ACPS selection committee's assessment of the candidate's personal and academic suitability to become a podiatric surgeon.

The ACPS is under no obligation to select a candidate for any training position if none of the applicants are deemed suitable for that training position.

4. Commencement of Training Program

Once training has commenced, Registrars are subject to satisfactory progress requirements, which are described on page 1.

Advanced Standing

Once a candidate has been offered a place in the training Program, they may be further assessed if they have applied for advanced standing in order to ascertain where they fit into the Program.

If the candidate applies for advanced standing within the Program on the basis of prior training and experience gained elsewhere. Such applications will be considered on a case-by-case basis by the ACPS, and subject to recommendations may be offered advanced standing within the training Program commensurate with assessed knowledge and skills.

Overseas qualified podiatry graduates

Overseas qualified podiatrists will need to undertake the ACPS Training Program in order to gain Fellowship of the ACPS, and would be considered under the same eligibility and application process as Australian graduates.

Overseas qualified podiatric surgeons

Potential overseas candidates are advised to become familiar with the Australian health care system before considering Fellowship of the ACPS. International podiatric surgeons are also recommended to participate in observational surgical and office based sessions, within Australia, with existing Fellows of the ACPS prior to considering Fellowship application.

Overseas-qualified podiatric surgeons may have pre-existing qualifications and experience, which, as assessed by the ACPS, meet the standards for Fellowship. In this latter case, subject to verification of credentials and any practical, written or oral examination assessment as deemed necessary by the ACPS, the individual may be granted Fellowship without further training (although there will be mentorship and/or other requirements put in place for a period of time as determined by the ACPS Council on a case by case basis).

A Podiatrist from the United States of America may apply for fellowship who may hold accreditation from the American Board of Podiatric Surgery (ABPS). See <http://www.abps.org/content/about/BQRRASurgery.aspx#> for further information. The levels of accreditation vary reflecting currency of practice, training and experience. The level of ABPS accreditation will be taken into account by the ACPS when assessing applicants from American podiatric surgeons, for example:

1. podiatrists from the United States of America who have completed a Podiatric Medical Education (CPME) accredited Podiatric Medicine and Surgery-36, are Certified in Reconstructive Rearfoot and Ankle Surgery by the American Board of Podiatric Surgery (ABPS), and have a current and valid Certification from the ABPS are exempt from the three stage examination process of the ACPS. However, a mentorship program will still apply- see below for details regarding the mentorship program;
2. podiatrists from the United States of America who have completed a Podiatric Medical Education (CPME) accredited Podiatric Medicine and Surgery-36, are Certified in Foot Surgery by the American Board of Podiatric Surgery (ABPS), and have a current and valid Certification from the ABPS are required to undertake peer review (practical) assessment and a period of mentorship prior to stage 3 oral assessment; and
3. podiatrists from the United States of America who have completed a Podiatric Medical Education (CPME) accredited Podiatric Medicine and Surgery residency and are Qualified in Foot Surgery by the American Board of Podiatric Surgery (ABPS), and have a current and valid Certification from the ABPS must complete stage 2 and 3 of the ACPS programme.

A podiatric surgeon from the United Kingdom (Fellow of the Faculty of Podiatric Surgeons) may apply for Fellowship. The ACPS will take into account currency of practice, training and experience. For example: Podiatric surgeons who have held a NHS consultancy post for greater than 2 years and a procedure log which can be shown to be comparable to the ACPS requirements may be exempt from the 3 Stage process. However, a mentorship program will still apply- see below for details regarding the mentorship program.

All other internationally qualified podiatric surgeons that do not meet the above criteria will be assessed individually on their surgical training, as well as experience accrued since their surgical training. In addition to their basic document requirements, they will be required to supply a logbook of their undergraduate and postgraduate practical surgical and medical experience. Such candidates seeking Fellowship of the ACPS may be required to pass a three stage examination process, incorporating critical elements of the ACPS competency standards and training syllabus. These elements may include:

- multiple choice examination (equivalent to entrance examination);
- practical examination (equivalent to Stage 2 assessment); and
- oral examination (equivalent to Stage 3 exit examination).

Fees for these examinations will be determined by the Council of the ACPS on a yearly basis. These examinations will be conducted within the framework of the ACPS yearly calendar.

Mentorship

A mentorship program for overseas-qualified podiatric surgeons will assist in the informal transmission of knowledge of the medical and surgical environment of the Australian workforce. A designated Fellow of the ACPS will be assigned to assist the candidate in this transmission. The length of the mentorship can be negotiated between both the candidate and the ACPS. A DOPS and DOCS assessment must be completed each month of the mentorship programme and submitted at a panel review meeting. The designated fellow is required to provide a report to the formal panel review meetings that are held every six months. The candidate may also be requested to provide feedback of the program. Usually the mentorship program can take 12-18 months, however this can be negotiated.

Teaching Methods

The ACPS Training Program uses a variety of teaching methods that have both practical and theoretical components. These include (but are not limited to) the following activities and practices:

- lectures;
- case studies;
- skills development courses;
- clinical rotations;
- international preceptorship training (UK and USA);
- peer review activities;
- progressive development of preoperative, perioperative and postoperative skills;
- mentoring; and
- research and preparation of publications.

Assessment Methods

Introduction

Throughout the ACPS Training Program, Registrars are assessed on clinical knowledge, clinical skill and professionalism. For more details, please refer to the syllabus on page 1.

There are two separate processes of assessment within the ACPS Training Program. These are:

- progressive Assessments; and
- clinical and theoretical examination.

These assessments and examinations are in addition to other requirements within the Training Program. For further information see the section on stages in the training Program on page 3.

The single most important aspect of training is feedback. Teaching Fellows are encouraged to provide feedback not only after each assessment but also as part of everyday interaction with Registrars.

Progressive assessments

Direct Observation of Procedural Skills (DOPS)

Description

Direct observation of surgical skills is a holistic assessment process, covering environment, communication skills as well as the specific procedure being assessed. This is a direct observational assessment of surgical tasks completed in real-time, and provides a reliable form of assessment that is subject to the application of clear criteria. DOPS is mostly concerned with practical procedural skills. This method of assessment is used in operating sessions.

Assessment

There are differing levels of skill expected of Registrar s as they develop their competency throughout the training Program. For DOPS the levels are as follows:

1. has observed or know of;
2. can manage with assistance;
3. can manage entirely, but may need assistance; and
4. competent to manage without assistance, including complications.

The expected levels of competence in for each procedural skill at each stage of the Training Program are described in detail in the ACPS syllabus, which is in appendix 5 (page 1).

Performance at each level is graded as one of the following:

- Below Expected;
- At Expected;
- Above Expected; or
- Not observed or not applicable.

Teaching Fellows will examine carefully a Registrar's level of competence during the evaluation process. A performance of "Below Expected" is equivalent to a fail, and will require a repeat DOPS assessment after a period of additional training in order to meet satisfactory progress requirements. DOPS is the mainstay of assessment and feedback for practical surgical training. Registrars are encouraged to reflect on their progress at the end of each DOPS episode.

Requirements during training Program

A minimum of 12 DOPS are required annually in each stage of the Training Program. In Stages 2 and 3, at least 30% of the DOPS should be conducted by an ACPS Fellow who is not the primary supervisor of the Registrar .

Direct Observation of Clinical Skills (DOCS)

Description

A direct observation of clinical skills in consulting rooms, on the ward or in an outpatient facility by a Teaching Fellow, senior Registrar or supervising external surgeon. Examples of DOCS assessments include history taking, physical examination and discharge planning.

Assessment

As with DOPS, there are differing levels of skill expected of Registrars as they develop their competency throughout the Training Program. For DOCS the levels are as follows:

1. knows of;
2. knows basic concepts;
3. knows generally; and
4. knows specifically and broadly.

The expected levels of competence in for each clinical skill at each stage of the Training Program are described in detail in the ACPS syllabus, which is in appendix 5 (page 1).

Performance at each level is graded as one of the following:

- Below Expected;
- At Expected;
- Above Expected; or
- Not observed or not applicable.

Teaching Fellows will examine carefully a Registrar's level of competence during the evaluation process. A performance of "Below Expected" is equivalent to a fail, and will require a repeat DOCS assessment after a period of additional training in order to meet satisfactory progress requirements. DOCS are the primary method of assessment and feedback for clinical skills training. Registrars are encouraged to reflect on their progress at the end of each DOCS episode.

Requirements during training Program

A minimum of 12 DOCS are required annually in each stage of the Training Program. In Stages 2 and 3, at least 30% of the DOCS should be conducted by an ACPS Fellow who is not the primary supervisor of the Registrar .

Case Based Discussions (CBD)

Description

Registrars are required to present case studies during monthly regional meeting and peer review meetings. These case studies must include history and physical, pre-operative considerations, peri-operative management and follow up.

Assessment

Participation in the CBDs meets the assessment criteria.

Requirements during training Program

A minimum of 12 CBD's are required annually in each Stage (1-3) of the Training Program.

Workshops

Description

The ACPS runs workshops on an annual basis. These cover a variety of topics including anatomy, dissection and surgical techniques. The workshops are usually conducted over a two-day period (i.e. 16 hours). Each workshop can cater for Registrars in any stage of the Training Program, with individual tasks tailored to suit the level of competence expected at each stage.

Assessment

Registrars must attend for the whole duration of each workshop. Assessment is given as either a pass or fail, as determined by the supervising Fellow.

Requirements during training Program

The specific workshop requirements are described below in the section entitled “stages in the Training Program” starting on page 3.

Clinical and Theoretical Examinations

Case Studies (Stage 1)

Registrars (Stage 1) are required to complete 20 case studies before applying for their general surgical science examination. These case studies should follow the same format as CBD and a template can be found in the members section of the ACPS website.

The purpose of the case studies is to help new Registrars orient themselves to the peri operative management of foot and ankle surgical cases. The breakdown of case studies is shown in Table 1.

Case Studies	Minimum
1st ray Procedures (a range must be demonstrated)	6
Multiple Digital Arthroplasty/ Arthrodesis	6
Neuroma Excision	2
Lesser Metatarsal Osteotomy	2
Midfoot Osteotomy or Isolated Joint Arthrodesis	2
Rearfoot Osteotomy or Isolated Joint Arthrodesis	2

Table 1: Case study requirements for Stage One

General Surgical Science Examination (Stage 1)

The foundation of surgical training in any discipline is based on a comprehensive understanding of basic applied science and peri operative medicine. Sound knowledge of basic applied science is essential for the comprehension of the principles of patient management and its integration in the practical procedures undertaken during surgical training.

The ACPS recognises the importance of a comprehensive knowledge of basic applied science in the shaping of its surgical Registrar's and knowledge provides the foundation to specialty foot and ankle surgical training. The demonstration of core knowledge in basic applied science is the requirement for any Registrar to progress to Stage 2 via pass of the general surgical science examination. Failure to pass will result in the Registrar being not being permitted to proceed to Stage 2 training.

Time and format

The general surgical science examination will be held in August of any given year, at the same time as the entrance examination for prospective candidates.

The examination will consist of a three-hour exam with 180 multiple-choice questions.

The Stage 1 – general surgical science examination will cover the following key areas:

- basic principles of osteosynthesis;
- lower extremity anatomy;
- pharmacology;
- physiology;
- microbiology and Infectious Disease;
- immunology;
- general pathology, specifically:
 - cellular injury;
 - wound healing;
 - inflammation;
 - thrombosis, embolism and Infarction;
 - disorders of Growth, differentiation and morphogenesis; and
 - neoplasia.

Registrars should also refer to the following resources: Appendix 10 (page 1) for the recommended reading for this examination; and Appendix 5 (page 1) for the syllabus.

Dissection Assessment (Stage 2)

The dissection assessment will be a compulsory aspect conducted bi annually by the ACPS. The focus of this assessment will be on common forefoot dissection required in podiatric surgery and will be held during any one of the cadaveric workshops run by the ACPS.

Progressive Surgical Assessment (Stage 2)

The progressive surgical assessment is designed to ensure that in a theatre setting, the candidate demonstrates the ability to safely and competently manage a minimum of two surgical cases, reflecting the following:

- clinical record keeping;
- evidence of appropriate preoperative evaluation by the candidate;

- evidence of appropriate consent processes;
- evidence of appropriate operative plan;
- appropriate local anaesthetic field blocks;
- surgical scrub and draping;
- digital surgery (excluding nail operation);
- 1st ray surgery including osteotomy requiring use of power and screw fixation;
- deep and skin suturing;
- management of the theatre team;
- communication;
- management of intra/peri-operative complications; and
- post-operative management.

It should be noted that the progressive surgical assessment is a basic skills assessment, and as such, Registrars do not need to demonstrate all skills in each surgical case. It is intended that the cases used in the assessment should be mixed to reflect all of the skills that need to be assessed.

Request for a progressive surgical assessment must be presented by a Teaching Fellow (on behalf of Registrar) at a 6-month review session. The Registrar will be notified in writing (email) of the outcome. If the assessment is to proceed, two examiners (podiatric surgeons) from the Panel of Examiners will be appointed (but not the primary Teaching Fellow). The examiners shall indicate availability (or other panel members will be appointed) within a reasonable timeframe.

Once examiners have been confirmed, the Secretary will notify the Registrar who must provide to the elected examiners a copy of the signed surgical log book, educational log book including mandatory peer review meetings and any other educational activity that has been carried out throughout out the commencement of the Registrar's training. This must be all available on disk. The candidate must **NOT** liaise with the examiners at any time during this time frame. All this information has to be passed on through the secretariat.

Once the examiners are satisfied that the activities presented demonstrate an appropriate spread and depth of experience in preparation for progressive surgical assessment, the Secretary will organise a suitable time to conduct the practical assessment with both the examiners and candidate. The time frame of this activity should not exceed 14 days.

Examiners must be given at least 6 weeks notification prior to the assessment date to allow for preparation.

The Registrar (in consultation with the primary Teaching Fellow) must select a minimum of two cases that demonstrate appropriate competencies for this Stage. The appointed examiners should be notified of the cases at least four weeks prior to the assessment date to determine they are suitable candidates for this assessment.

The fee for the examination shall be as published on an annual basis in the schedule of fees.

The Registrar must present the case histories on the day of, or day prior, to the assessment. The follow-up of the assessment cases then must to be sent to the examiners (through the secretariat) not more than 8 weeks after the assessment.

If a Registrar's performance is below expected, formal feedback will be provided to the Registrar and the primary Teaching Fellow. Specific deficiencies will be identified. Re-sit will only be allowed upon recommendation of the primary Teaching Fellow.

Foot and Ankle Surgical Theory Examination (Stage 2)

In addition to the progressive surgical assessment, Registrars must also demonstrate sound knowledge of foot and ankle surgical theory. The ACPS recognises the importance of a comprehensive knowledge of basic foot and ankle surgical principles and theory in the shaping of its Registrars. This knowledge builds on the foundation of basic applied science as the Registrar progresses through foot and ankle surgical training. The demonstration of core knowledge in foot and ankle surgical theory is the requirement for any Registrar to progress to Stage 3 via pass of the foot and ankle surgical theory examination. Failure to pass will result in the Registrar not being permitted to proceed to Stage 3 training.

Time and format

The foot and ankle surgical theory examination will be held in August of any given year, at the same time as the entrance examination and general surgical science examination.

The examination will consist of a three-hour exam with 180 multiple-choice questions.

The content for this examination is based on the competency standards (Appendix 4, page 10), the syllabus (Appendix 5, page 1) and directed reading. Please refer to Appendix 10 (page 1) for the recommended textbooks for this examination.

Fellowship Exit Examination (Stage 3)

At the end of Stage 3, the candidate will be invited to present for an oral examination conducted by the Panel of Examiners. The Panel of Examiners, as a representative and interdisciplinary Sub-committee of the ACPS, will take this opportunity to explore in detail and in breadth the candidates knowledge, including reference to the cases undertaken during Stage 2; and suitability for Fellowship of the College.

The “Final Exam” will be comprised of three key areas. These assessments will all take place on the same day. The “Final exam” will occur in March every year. All examinations will take the form of an oral “viva” examination/interview style discussion.

In summary the areas of examination will include:

Station 1.

- surgery (30 min);
- clinical decision making and Procedural Selection; and
- post operative complications (short and long term).

Station 2

- peri operative medicine & pharmacology (30min);
- system review;
- medical complications management; and
- discharge planning/Multi-disciplinary treatment.

Station 3

- communication and safety (30 min);
- medical ethics;
- patient satisfaction; and
- consent.

Candidates will receive the results of their Final Examination within one month of the date of the examination. In successful examination results, the candidates will expect their “Fellowship” to be approved to commence practice by the 30th of June in that year. Candidates should inform their insurance of this change in their professional activities. Unsuccessful candidates will be given feedback, and should be expected to become successful examination candidates in the following year.

It should be noted any requirements for mentorship of successful candidate will be notified at the same time as the examination results are published.

Record keeping requirements

Log book

A detailed logbook must be kept by each Registrar outlining the number and types of surgical procedures the Registrar has observed, assisted and performed during the training Program. Each entry must be verified and signed by the supervisor.

The completed logbooks must be submitted to the Secretary of the Examining Panel two months prior to the final Stage 1, Stage 2 and Stage 3 assessments.

Logging of cases using the approved surgical case log sheet on the day of the operation is required. The proformas are available in the members section of the ACPS website.

Participation in foot and ankle procedures is to be logged using the standard logbook (described above).

Surgical logbook (foot and ankle procedures) categories are defined as follows:

- Level 1 - Observe but not participate in a surgical procedure (Table 3);
- Level 2 - Assist as an active member of the scrubbed team (Table 3); and
- Level 3 - Perform under supervision at least 50% of the surgical procedure (Table 3).

Procedures (independent operations) are logged as well as case numbers. Access procedures or component procedures are not to be logged separately.

☰ *For example:*

Surgical correction of hallux valgus generally involves tenoplasty and osteotomy. These are component procedures of the operation and should not be logged separately. One procedure (1st ray) is able to be logged in this case.

Categories exist also for recording those procedures that were performed as revision surgery or where the deformity was complex requiring multiple procedures on different sites (case numbers).

☰ *For Example:*

A patient may have several procedures (Chevron Osteotomy and 2-3 Proximal Interphalangeal Joint Arthrodesis) performed at the same time. This is an example of one complex case involving three procedures.

Procedures other than foot and ankle exposed to on rotations should be logged in the education logbook (described above).

Suggested minimum numbers are provided below (Table 2) for the various procedure types encountered in foot and ankle surgery. Whilst the education Program is competency based these numbers provide a benchmark level of the experience generally required to begin practice (meeting peer review standards) as an independently practicing registered specialist (podiatric surgeon) the Australian health care setting. Level 3 category procedures may only be logged if the Registrar is in either the 2nd or 3rd stage of training.

These numbers have been derived from historical data; relating directly to the lower end of experience recorded in the surgical logbooks of individuals who have successfully completed the ACPS Training Program.

Procedure type		Stage 1,2 or 3	Stage 1,2 or 3	Stage 2 or 3	Totals
		Level 1	Level 2	Level 3	
Nail	<i>Examples:</i> Winograd Frost	10	30	40	80
Digital	<i>Examples:</i> Arthroplasty Ostectomy Arthrodesis Osteotomy	30	100	200	330
Lesser metatarsal (includes MT joints)	<i>Examples:</i> Arthroplasty Ostectomy	20	50	100	170
First metatarsal (includes MT joints)	<i>Examples:</i> Distal osteotomy Proximal osteotomy Arthrodesis	40	300	400	740
Midfoot & Rearfoot	<i>Examples:</i> Ostectomy Arthrodesis Osteotomy	30	100	60	190
Soft Tissue	<i>Examples:</i> Tendon transfer Ganglion Neuroma Skin flaps	30	100	200	330
Ankle	<i>Examples:</i> Arthroplasty Arthrodesis Ligament repair	10	20	30	60
Multiple	Where multiple procedures are utilised	10	30	30	70

Table 2: Suggested minimum surgical experience requirement prior to Fellowship examination

Education Log Book

A detailed logbook must be kept by each Registrar outlining all of their educational activities.

These include:

- regional and medical specialty rotations;
- peer review meetings;
- international preceptorships; and
- continuing educational activities/workshops.

The completed logbooks must be submitted to the Secretary of the Examining Panel two (2) months prior to the final Stage 1, Stage 2 and Stage 3 assessments.

Satisfactory progress requirements

Registrars must meet satisfactory progress requirements in order to remain in the Training Program. These are:

- a time commitment of at least 20 hours a week;
- satisfactory and timely completion of all Program assessment tasks;
- attend all scheduled theatre and office consultations with supervising Fellow; and
- attend all scheduled peer review and educational activities.

The Panel of Examiners meets twice a year to review Registrar progress and consider other matters relevant to training and examination. These meetings are generally held in January and June. The Panel of Examiners then provides recommendations to the College Council for determination and action as required.

Termination of enrolment in Training Program

Leave of absence

Registrars may apply for a leave of absence for a period of up to 12 months at any time during the Training Program. The total cumulative leave of absence during the entire Training Program must not exceed 18 months. Leave of absence is granted at the discretion of the ACPS Council where the Registrar has identified a genuine reason that requires interruption of participation in the Training Program. All requests for leave of absence must be made in writing to the Council of the ACPS, and should include a letter of support from the Registrar's supervisor. Further information is available in the ACPS policy on leave of absence, which is available at www.acps.edu.au.

Voluntary withdrawal

A Registrar may voluntarily withdraw from the Training Program at any time by notifying the ACPS Council in writing. Once a Registrar has withdrawn from the Training Program, there is no guarantee that they will be re-admitted in the future if they apply for re-admission, and the ACPS reserves the right to require any candidate seeking readmission to the Program to reapply for entry into the Training Program in the same manner as a new candidate. Depending upon previous training and experience, any Registrar who is readmitted to the Program may, upon readmission, apply for advanced standing within the Program in the normal manner.

Termination

Termination of Fellowship training with the ACPS may arise as a result of:

- failure to maintain reliability in terms of conduct, punctuality, professional appearance and leave arrangements;
- failure to perform satisfactorily on any individual progressive assessment on two occasions;
- failure to demonstrate initiative, authority and satisfactory clinical management where appropriate;
- failure to show sufficient improvement in key areas of weakness as identified by progressive assessment;
- concerns over clinical safety; and
- failure to maintain and provide evidence of Podiatry Registration and Appropriate Professional Indemnity Insurance.

The period of notice required for termination is 14 days, to be given in writing by the ACPS council. Written appeals outlining grounds for appeal must be lodged within this 14-day period.

Process of appeal

Any Registrar who has been terminated from the Training Program by the ACPS, and considers that the termination was inappropriate or unfair, may appeal in writing to the ACPS Council. Such appeals will be considered by the Council, and where appropriate, may be referred to a third party for an external opinion on the appropriateness of the decision to terminate the Registrar's training agreement. Further information is available in the ACPS policy on dispute resolution, which is available at www.acps.edu.au.

Stages in the Training Program

Overview

The three stages and assessment tasks in the Training Program are described below. Further details on individual assessments are given in the section on assessment of Registrars, starting on page 17. A detailed description of the ACPS competency standards is given in Appendix 4 (page 10). The syllabus is given described in its entirety in Appendix 5 (page 1).

Stage One (Registrar)

ACPS Training Program: Stage One	
Overview	The expected outcomes of stage one are the development of a sound theoretical base in general surgical science, and podiatric surgery.
Education & Assessment	Formal lectures and self directed learning 2 workshops 120 hours (4 weeks) of regional clinical rotations 160 hours (40 sessions) of medical/surgical speciality rotations 12 case and peer review meetings 12 DOPS 12 DOCS 12 CBD 20 case Studies Log books Competency requirements General Surgical Science Examination

Table 3: Summary of Stage 1 of the ACPS Training Program

Lectures

26 hours of lectures, of which up to 50% can be web-based.

Workshops

- cadaver workshop (16 hours); and
- dry laboratory workshop (16 hours).

Regional Clinical Rotations

The Registrar (with guidance from the Teaching Fellow) will negotiate regional podiatric surgical rotations for not less than 4 weeks (120 hours), where at least 2 weeks of which are from a different region/ state during Stage 1.

Medical and Surgical Specialty Rotations

The Registrar will participate in medical specialty rotations. Guidelines and objectives for these rotations are available in the Registrar resource section for the ACPS website. A minimum of 40 sessions (160 hours) of these rotations is to be completed within Stage 1.

Case and Peer Review Meetings

The Registrar will participate regional case and peer review meetings once a month.

Case Studies

A total of 20 case studies are to be completed during this stage. A case study template can be found in the Registrar resource page of the members section of the ACPS website at www.acps.edu.au.

DOCS

Satisfactory performance in 12 DOCS assessments.

DOPS

Satisfactory performance in 12 DOPS assessments.

Surgical Logbook

The logbook of observed cases will begin during Stage 1. Surgical procedures observed on rotation with other specialties may be included.

Educational Logbook

A logbook of educational activities will include all rotations, including clinical hours and learning objectives and any other educational activities:

- peer review activities will have a separate proforma but will also be logged in summary within the educational logbook: and
- medical specialty rotations will have a separate proforma but will also be logged in summary in the educational logbook.

Competency Requirements

Registrars must be assessed as competent in all appropriate areas of the syllabus as it applies to Stage 1. The syllabus is given in Appendix 5 on page 1.

General Surgical Science Examination

The General Surgical Science Examination cannot be taken until all other Stage 1 assessment requirements are completed.

Stage Two (Registrar)

ACPS Training Program: Stage Two	
Overview	In stage two, Registrars are expected to develop their theoretical knowledge and start to apply this on a practical basis in preoperative, perioperative and postoperative management of patients.
Education & Assessment	Formal lectures and self directed learning 3 workshops 120 hours (4 weeks) of regional surgical rotations 160 hours (40 sessions) of medical/surgical speciality rotations 3 month international preceptorship 12 case and peer review meetings 12 DOPS 12 DOCS Log books Competency requirements Dissection Assessment Foot and Ankle Surgical Theory Examination

Table 4: Summary of Stage 2 of the ACPS Training Program

Registrars may progress to Stage 2 after satisfactory completion of Stage 1, and with the recommendation of advancement to Stage 2 by the Examining Panel and the ACPS Council.

Lectures

26 hours of lectures, of which up to 50% can be web-based.

Workshops

- Techniques in Forefoot Surgery Workshop (16 hours);
- Cadaver workshop (16 hours); and
- Dry laboratory workshop (16 hours).

Regional Surgical Rotations

The Registrar (with guidance from the primary supervisor) will negotiate rotations to other podiatric surgeons at least two of which are from a different state. The Registrar will complete the remainder of the 240 hours which had not been achieved during Stage 1.

Medical and Surgical Specialty Rotations

The Registrar will participate in associated medical specialty rotations. Guidelines and objectives for these rotations have been developed independently and can be accessed from the Registrar resource page in the members section of the ACPS website. The Registrar will complete the remainder of the 320 hours which had not been achieved during Stage 1.

International Preceptorship

It is a requirement that Registrar s will participate in an international placement for a minimum of 3 months during Stage 2 training. Registrar s can access the preceptorship documents and applications from the Registrar resource page in the members section of the ACPS website.

Case and Peer Review Meetings

The Registrar will participate in region (state) based case peer review monthly meetings. A minimum of 12 per annum is required.

DOPS

Satisfactory performance of 12 DOPS assessments.

DOCS

Satisfactory performance of 12 DOCS assessments.

Surgical Logbook

The logbook of assisted and performed procedures will begin during this stage of training, and observed procedures will be continued.

Educational Logbook

A logbook of educational activities will include external placements – clinical hours and learning objectives and any other educational activities.

- Peer review activities will have a separate proforma but will also be logged in summary within the educational logbook.
- Medical Specialty rotations will have a separate proforma but will also be logged in summary in the educational logbook.
- International Preceptorships will have a separate proforma but will also be logged in summary in the educational logbook.

Competency Requirements

Registrars must be assessed as competent in all appropriate areas of the syllabus as it applies to stage 2. The syllabus is given in appendix 5 on page 1.

Dissection Assessment

Satisfactory completion of the dissection assessment.

Foot and Ankle Surgical Theory Examination

Successful completion of the foot and ankle surgical theory examination.

Stage Three (Senior Registrar)

ACPS Training Program: Stage Three	
Overview	At the end of stage three, Registrars should be able to demonstrate a high level of competence in all aspects of podiatric surgery, and relevant related practices and knowledge.
Education & Assessment	Formal lectures and self directed learning 3 workshops Regional surgical rotations Medical Specialty rotations International preceptorship (USA) 12 case and peer review meetings 12 DOPS 12 DOCS Logbooks Competency Requirements Fellowship Exit Examination

Table 5: Summary of Stage 3 of the ACPS Training Program

Lectures

26 hours of lectures, of which up to 50% can be web-based.

Workshops

- Techniques in Rear foot and Ankle Surgery Workshops (32 hours);
- Cadaver workshop (16 hours);
- Dry laboratory workshop (16 hours).

Regional Surgical Rotations

The Stage 3 Registrar can participate in any additional podiatric surgical rotations, which may assist them in achieving Fellowship.

Medical and Surgical Specialty Rotations

The Stage 3 Registrar can participate in any additional medical rotations, which may assist them in achieving Fellowship.

International Preceptorships

It is a requirement for Stage 3 Registrars to participate in an International Preceptorship in the USA. The facility in which they undertake this preceptorship must have a three-year surgical residency Program that is accredited with the ACPS, and have the administrative and professional support to seek temporary professional indemnity and registration on your behalf. The rotation should focus on the development of competencies in management of trauma and major foot and ankle reconstructive surgery. Rotation through an emergency room is a requirement.

Case and Peer Review Meetings

The Registrar will participate in region (state) based case peer review monthly meetings. A minimum of 12 per annum is required.

DOPS

Satisfactory performance in 12 DOPS assessments.

DOCS

Satisfactory performance of 12 DOCS assessments.

Surgical Logbook

The logbook of all surgical procedures will continue during this stage of training. The Registrar should expect to have been involved in a minimum of 2000 procedures at the time of completing their surgical training.

Educational Logbook

A logbook of educational activities will include external placements – clinical hours and learning objectives and any other educational activities.

- Peer review activities will have a separate proforma but will also be logged in summary within the educational logbook.
- Medical Specialty rotations will have a separate proforma but will also be logged in summary in the educational logbook.
- International Preceptorships will have a separate proforma but will also be logged in summary in the educational logbook.

Competency Requirements

Registrars must be assessed as competent in all appropriate areas of the syllabus as it applies to stage 3. The syllabus is given in Appendix 5 on page 1.

Fellowship Requirements

A candidate who:

- Has completed the training Program (or equivalent, as deemed by the ACPS), including all assessment tasks; and
- Has satisfied all the Competency Standards for the requirements for ACPS Fellowship; and
- Is a person of good standing.

May apply for Fellowship of the ACPS.

Clinical and Surgical Rotations

During the course of the ACPS fellowship training Program, Registrars are expected to attend a number of clinical and surgical rotations. These are explained in more detail in this section.

Medical and Surgical Speciality Rotations

The clinical rotations are designed to familiarise the podiatric surgical Registrar with the principles and techniques of differing medical and surgical specialties. The rotations are provisionally conducted under the direct supervision of a respective specialist or medical practitioner who has agreed to participate in the said rotation.

All Registrars must spend a minimum of 80 sessions (320 hours), on rotation through the disciplines outlined in Table 6. A minimum number of sessions must be spent in certain mandatory disciplines. A session equates to 4 hours or one half day. At least 50% of these rotations should occur within Stage 1 of the surgical training Program. The entire requirement must be completed prior to the end of Stage 2.

Each Registrar must complete the clinical rotation objectives for the respective discipline attended and additionally enter each rotation into their education log book.

Mandatory Rotations	Min. Sessions	Elective Rotations
Vascular Surgery	10	Plastic Surgery
Orthopaedic Surgery	10	Radiology
Anaesthetics	10	Pain Clinic
High Risk Foot Clinic	10	Dermatology
Rheumatology	10	General Surgery
Endocrinology	10	Pathology
Infectious Disease	10	Emergency Medicine
		Laboratory
		Neurology
		Paediatrics
		Sports Medicine

Table 6: Mandatory and Elective Clinical Rotations

Podiatric Surgical Rotations (Regional Foot and Ankle)

The external or regional podiatric surgery rotations are designed to provide the podiatric surgical Registrar to a broader variety of hospital, surgery and office exposure. The rotation is conducted under the direct supervision of a registered practicing podiatric surgeon/s (Teaching Fellows) who have agreed to participate in the said rotation. Provisional to staging and overall exposure, during each rotation the Registrar is expected to demonstrate knowledge and understanding of the management of common pathology affecting the foot and ankle. It is expected that each Registrar facilitate their own individual podiatric surgery rotations.

The Registrar should, in consultation with their primary Teaching Fellow, contact a respective podiatric surgeon and confirm acceptance with said surgeon. Once confirmed, details of scheduling should be carried out in conjunction with surgeon and/ or office staff. The Registrar must seek to attain state registration in the respective state of rotation, as well as accreditation from individual hospitals where the Registrar will be attending.

All Registrar s must spend at least 80 sessions (320 hours), on regional rotations with at least two different Teaching Fellows. A minimum of 20 sessions must be spent in a region other than the Registrar 's main training region (i.e. another state). All rotations are the financial responsibility of the Registrar Assistance and direction in dealing with funding agencies may be provided via the Secretary of the Examining Panel.

While on rotation, all Registrar s must conduct themselves under the direct supervision of the participating regional Teaching Fellow. The visiting Registrar is encouraged to participate in regional meetings while on rotation.

Each Registrar must complete the rotation objectives and additionally enter each rotation into their education log book.

International Foot and Ankle Surgical Rotations/Preceptorship

The ACPS Preceptorship Program was established to provide Australian podiatric surgical Registrar s with valuable exposure to diverse health systems and to broader aspects of foot and ankle surgery, including leg and rear foot reconstruction, paediatrics, trauma and limb preservation.

The ACPS has established Programs in combination with generous support and participation of podiatric surgeons – namely preceptors – from the United Kingdom and North America, who recognise the importance of surgical and office based education.

The benefits of participating in the international preceptorship Program are wide ranging and include:

- Increasing proficiency in surgical skills
- Learning from leaders in the field of foot and ankle surgery
- Improving knowledge and maturity in lower extremity pathology
- Exposure to multidisciplinary medical and surgical care
- Opportunity to participate in surgical courses

Each preceptorship is governed by a 3- or 6-month time frame. The Preceptorship Programs are essentially honorary and available only to those candidates undertaking stages 2 or 3 within the ACPS training Program. The successful candidate will be able to observe and participate in surgery performed and supervised by participating podiatric surgeons.

There is a research component to each rotation, wherein each Registrar will be expected to carry out a research project within the scope and time frame of the respective preceptorship.

It is a requirement that, prior to seeking a preceptorship position, each ACPS Registrar must obtain the support of their respective Teaching Fellow, indicated by a short recommendation on the application form (please refer to international preceptorship Program documentation in the members section of the ACPS website). It is expected that the supervising Fellow and Registrar discuss the desired length of placement and make the recommendation of a 3- or 6-month preceptorship position based on the Registrar's staging, ability and intention.

Candidature for a preceptorship position is highly competitive. The ACPS council will consider all applications on a candidate's staging, ability, desired destination and time frame. Any given Registrar is NOT guaranteed the preceptorship position they desire.

It is a requirement that each Registrar participate in a minimum of one preceptorship during their surgical training.

Each Registrar must complete the preceptorship objectives and additionally enter each rotation into their education log book.

Research and Publications

This section describes the research and publication responsibilities of Registrars during the training Program.

Research

The ACPS places an important emphasis on research and this is an integral requirement of the training process. Registrars must undertake research projects related to foot and ankle surgery, contributing to the progression of scientific knowledge in this field. In most instances, the Registrar will co-ordinate their research project with their Teaching Fellow and the ACPS educational and research committee in order to approve a research topic in the field of foot and ankle surgery.

For motivated Registrars, the ACPS encourages enrolment in a systematic review subject during training. Many universities offer systematic review subjects to post graduate students. Registrars considering undertaking a systematic review will co-ordinate their topic with their Teaching Fellow and the ACPS educational and research committee.

Enrolment in a professional or clinical Doctor of Philosophy Program (Phd) may be considered by some Registrars, although this is not a requirement for Fellowship of the ACPS. The ACPS encourages the development of the higher level research as such degrees provide.

Publications

The publication of a minimum of two “papers” in peer review journals is a minimum requirement for Fellowship.

At least one paper will report the results of clinical research relevant to foot and ankle surgery where the research has been conducted during the training Program (see "Research", above). All publications will acknowledge the role of the Program and, where appropriate, Teaching Fellows will be listed as co – authors.

One paper is required to be submitted for publication during Stage 2 and one in Stage 3.

Post Fellowship Training and Accreditation

The ACPS recognises and supports the requirement for podiatric surgeons to maintain their education, keep up with best practice techniques and stay in touch with their profession. The ACPS also supports the principles of efficacy and accountability in practice.

An ongoing accreditation Program has been designed to ensure that podiatric surgeons in Australia develop and maintain both theoretical and practical skills over the entire duration of their careers, and not just during the period of training that is required in order to become Fellows.

This Program consists of several core requirements. These are:

- Recency and scope of practice requirements;
- Peer review;
- Continuing professional development;
- Participation in clinical audit;
- Compliance with clinical standards and ACPS policies; and
- Utilisation of established clinical pathways.

For further information, the ACPS document “Accreditation of Podiatric Surgeons: Design and Implementation Model” (available at www.acps.edu.au), describes the Accreditation Program in detail.

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Appendices

Appendix 1: Duties and Responsibilities of Supervisors

The responsibilities of each Teaching Fellow include:

- Provision of guidance about the nature of the standards expected, by the ACPS;
- Provision of a written duty description which will outline the Teaching Fellows requirements of the Registrar at all surgical lists, hospital ward rounds and office consultations;
- Maintaining regular contact with the Registrar ;
- Being accessible in person when advice may be needed;
- Being sympathetic and supportive with regard to non professional issues;
- Counselling the Registrar on planning and estimating time and effort involved in the various phases of training;
- Ensuring that appropriate timetables have been set by the Registrar to allow the completion of the College requirements within the prescribed time frame;
- Encouraging and arranging where appropriate the Registrar to contact and spend time with other surgical or medical Programs;
- Ensuring that the Registrar is made aware immediately of inadequate progress or of standards of work below those generally expected, specifying the problems and suggesting ways of addressing them;
- Ensuring that whenever a Teaching Fellow believes termination of the training Program should be recommended because of unsatisfactory progress, the Registrar is given preliminary written advice to that effect, and that copies of the advice note are sent to the Panel of Examiners;
- Reporting in writing, when required, on the Registrar's progress to the Panel of Examiners; and
- Arranging for alternative supervision during periods of leave.

A more detailed protocol is available for Registrars in the members section of the ACPS website.

Appendix 2: Duties and Responsibilities of Registrars

The responsibilities of each Registrar include:

- Complying with the appropriate regulations and relevant sections of the ACPS Training and Policy Document;
- Discussing with the Teaching Fellow(s) the type of guidance and comment that the Registrar finds most helpful, and agreeing to a schedule of meetings which will ensure regular contact with the Teaching Fellow(s);
- Taking the initiative in raising problems or difficulties, no matter how elementary they may seem;
- Maintaining the progress and standards of the work in accordance with those agreed with the Teaching Fellow(s) and ACPS Training document;
- Becoming familiar with the facilities and resources available;
- Providing a formal progress report and presentation of logbook to the panel of examiners as and when stipulated by the training document;
- Attending departmental, school or centre, staff and postgraduate seminars and other types of meeting where this is expected;
- Preparing for examinations in consultation with the Teaching Fellow(s); and
- Applying at the appropriate time to the Panel of Examiners for variations to the conditions of training after consultation with the Teaching Fellow.

A more detailed protocol is available for Registrars in the members section of the ACPS website.

Appendix 3: General Protocols

- Candidates eligible for Registrar status will be supplied a list of available Teaching Fellows;
- A College Fellow will be nominated as the primary Teaching Fellow by mutual agreement between the Registrar and the College;
- Fellows of the A.C.P.S. whilst supervising Registrars will be responsible for the surgical procedure and management of the patients. Patients admitted to hospital will be admitted under the name of the Teaching Fellow;
- A Registrar must not refer to himself or herself as a podiatric surgeon or surgical podiatrist;
- Each Registrar must closely follow the post-operative course of any patient the Teaching Fellow nominates, or in cases where the Registrar has performed or assisted in the procedure;
- Attendance of the Registrar at all rostered surgical lists and nominated post-operative consultations is mandatory. The Registrar is required to be present for the entire surgical list at the discretion of the supervisor;
- Assistance at surgery should be seen by the Registrar as a privilege and an opportunity to learn.
- The Registrar should not expect remuneration from the surgeon or patient for assisting at surgery;
- The level of involvement of the Registrar in each surgical procedure will be at the discretion of the Teaching Fellow; and
- The Registrar has the right of appeal to the Council of the ACPS in matters of dispute with the Panel of Examiners or an individual supervisor.

A more detailed protocol is available for Registrars in the members section of the ACPS website.

Appendix 4: Competency Standards

Introduction

The competency standards for Fellows of the Australasian College of Podiatric Surgeons (ACPS) as specialist podiatric practitioners are built upon the core competencies for podiatrist as published by the Australian and New Zealand Podiatrists Accreditation Council (ANZPAC) <http://www.anzpac.org.au/pdf/PodiatryCompetencies.pdf>

In developing these competencies the ACPS has considered and incorporated competency standards published by organisations which define competency in other specialist areas of health care:

- Royal Australasian College of Surgeons: <http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Training/Standardsandprotocols/Competencies1.htm>
- Australian Nursing and Midwifery Council: http://www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists: <http://www.ranzcog.edu.au/publications/pdfs/education/Curriculum.pdf>

The training Program of the ACPS is designed to ensure that these competencies are met prior to a podiatrist beginning independent practice as a specialist podiatric surgeon in Australia. The ACPS continuing professional development Program and training syllabus provide additional resource.

Additionally these standards provide podiatric surgeons with a framework for self assessment of competence and they may also be used by external groups or individuals to assess the individual performance of podiatric surgeons against a national benchmark.

Competency Standards

The ACPS has identified three standards with a total of nine competencies to inform these standards. The competencies are associated with specific performance indicators.

The three standards are:

1. Dynamic practice that incorporates application of high-level knowledge and skills across a range of stable, unpredictable and complex situations.
2. Professional efficacy whereby practice is structured in a podiatry model and enhanced by autonomy and accountability
3. Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service

Performance indicators should be able to be demonstrated through clinical skills, patient care, and professional judgement across the following domains:

- **Cognitive** (acquisition and use of knowledge to recognise and solve real-life problems),
- **Integrative** (appraisal of investigative data against patient needs in clinical reasoning to manage complexity and uncertainty, application of scientific knowledge in practice),
- **Psychomotor** (procedural knowledge, technical skill, manual dexterity, and adaptability),
- **Relational** (the ability to communicate effectively, accountability, work with a team, consultative, resolving), and
- **Affective/Moral** (self-awareness, ethical, critically reflective, responsible, healthy, safe).

Competency Framework

Standard 1

Dynamic practice that incorporates application of high-level knowledge and skills across stable, unpredictable and complex situations.

Competency 1.1

Podiatric Medical Expertise

Performance indicators:

- Establish and maintain clinical knowledge, skills and attitudes appropriate to podiatric surgical practice to include the following
 - Basic sciences
 - Pre-operative, intra-operative and post-operative care and assessment
 - Apply clinical knowledge in practice to recognise and solve real-life problems in particular, the treatment of pain

Competency 1.2

Clinical decision making

Performance indicators:

- Provide compassionate patient-centred care
 - Recognise the symptoms of, accurately diagnose, and manage common problems within podiatric expertise
 - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs
 - Use preventative and therapeutic interventions effectively
 - Recognise the most common foot and ankle disorders and differentiate those not amenable to surgical treatment
 - Effectively manage the podiatric care of patients with foot and ankle trauma
 - Manage complexity and uncertainty
 - Effectively manage complications
 - Plan, and where necessary implement, a risk management plan
- Perform a complete and appropriate assessment of a patient
 - Take a history and perform an examination
 - Arrive at a well-reasoned differential diagnosis
 - Efficiently and effectively examine the patient
- Organise diagnostic testing, imaging and consultation as appropriate
 - Select medically appropriate investigative tools and monitoring techniques in a cost-effective, and useful manner
 - Communicate effectively with colleagues for collaborative patient management
- Appraise and interpret radiographic investigations against patient's needs including
 - plain radiographs
 - ultrasound
 - angiography
 - CT
 - MRI
 - Scintigraphy
- Critically evaluate the advantages and disadvantages of different investigative modalities

Competency 1.3

Technical expertise

Performance indicators:

- Safely and effectively perform appropriate surgical procedures
 - Consistently demonstrate sound surgical skills
 - Demonstrate procedural knowledge and technical skill at a level consistent with that of peers
 - Demonstrate manual dexterity required to carry out procedures
 - Adapt skills in the context of each patient and each procedure
 - Maintain and refine existing skill, learn new skills
 - Approach and carry out procedures with due attention to safety of patient, self, and others
 - Analyse own clinical performance as a component of continuous improvement

Standard Two

Professional efficacy whereby practice is structured in a podiatry model and enhanced by autonomy and accountability

Competency 2.1

Professionalism

Performance indicators:

- Demonstrate a commitment to patients, profession, and community through ethical practice
 - Consistently apply ethical principles
 - Recognise and respond appropriately to ethical issues encountered in practice
 - Acknowledge their own limitations
 - Accepts accountability for own decisions and actions
 - Maintain appropriate relations with patients
 - Maintain appropriate relations with colleagues
 - Manage patients in a culturally appropriate manner

- Recognise medico-legal issues
 - Identify ethical expectations that impinge on the most common medico-legal issues
 - Recognise the principles and limits of patient confidentiality
 - Apply appropriate national / state regulations
- Demonstrate a commitment to patients, profession, and community through participation in profession-led regulation
 - Employ a critically reflective approach to practice
 - Acknowledge and learn from mistakes
 - Participate in peer review
- Manage medical indemnity and risk
 - Appropriately manage conflicts of interest
 - Explain the standards of informed consent
 - Summarise key issues in relation to professional liability and negligence

Competency 2.2

Collaboration

Performance indicators:

- Understand and implement multidisciplinary approach to health care
 - Collaborate with other health professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications.
 - Effectively work with other health professionals to minimise interprofessional conflict and maximise patient care
 - Recognise limits in scope of practice and or personal expertise and refer appropriately
 - Demonstrate a respectful attitude towards other colleagues and members of interprofessional teams
 - Where indicated develop a care plan for a patient in collaboration with members of an interdisciplinary team
 - Recognise the need to refer patients to other professionals
 - Initiate the resolution of misunderstandings or disputes

Competency 2.3

Communication

Performance indicators:

- Develop rapport, trust and ethical therapeutic relationships with patients and families
 - Establish positive therapeutic relationships with patients and their families
 - Respect patients' confidentiality, privacy and autonomy
- Respect patient diversity and difference (including gender, age, religion, culture, ...)
- Accurately elicit and synthesise relevant information from patients, families, colleagues and other professionals
 - Gather information about a health condition and also about a patient's beliefs, concerns, expectations and illness experience
 - Identify when a patient is likely to interpret information as bad news and adjust their communication accordingly
- Accurately convey relevant information and explanations to patients and families, colleagues and other professionals
 - Communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making
 - Communicate with the patient (and their family) the treatment options, potentials, complications, and risks associated with the use of drugs
 - Appropriately adjust the way they communicate with patients to accommodate cultural and linguistic differences
- Develop a common understanding (with patients, families, colleagues and other professionals) on issues, problems and plans
 - Discuss relevant information with patients (and their family) in ways that encourage their participation in informed decision making
 - Encourage patients to discuss and question
 - Effectively identify and explore problems to be addressed from a patient encounter

Standard Three

Clinical leadership that influences and progresses clinical care, through education, collaboration and awareness of health policy.

Competency 3.1

Scholarship and Teaching

Performance indicators:

- Maintain, expand and disseminate knowledge
 - Access and interpret relevant evidence
 - Integrate new learning into practice
 - Evaluate any change in practice standards
- Critically evaluate medical information and its sources, and apply appropriately to practice decisions
 - Draw on different kinds of knowledge in order to weigh up patients' problems in terms of context, issues, needs and consequences
 - Describe the principles of critical appraisal
 - Critically appraise new trends in surgery
- Facilitate the learning of patients, families, Registrars, other health professionals, and the community
 - Collaboratively identify the learning needs and desired learning outcomes of others
 - Describe principles of learning relevant to podiatric education
 - Develop teaching skills and facilitate student learning
 - Provide effective feedback
- Contribute to the development, dissemination, application, and translation of new knowledge and practices
 - Select and apply appropriate methods to address a research question
 - Describe the principles of research ethics
 - Conduct a systematic search for evidence

Competency 3.2

Health Advocacy and Leadership

Performance indicators:

- Identify and respond to individual patient health needs
- Promote health maintenance of patients
- Respond to the health needs of the community
 - Describe the health needs in the practice communities that they serve
 - Identify opportunities for advocacy and health promotion and respond appropriately
 - Identify the determinants of health in the populations including barriers to access to care and resources
 - Identify vulnerable or marginalised populations and respond appropriately
- Promote health maintenance of colleagues
 - Describe the ethical and professional issues inherent to working in teams
- Look after own health
 - Take responsibility to ensure that, optimal level of performance when on duty, or on call
- Advocate for improvements in health care
 - Identify points of influence in the health care system and its structures
 - Advocate for improved resources and effectively utilize resources.

Competency 3.3

Management

Performance indicators:

- Apportion set healthcare resources acceptably
 - Efficient and productive use of resources to maintain patient care standards and systemic requirements
 - Relate a broad range of information to systemically allocate needs and requests
 - Recognize and make distinction between immediate systemic requirements and individual patient requirements.
- Manage and lead clinical teams
 - Is considerate of the diverse knowledge bases and skill sets which figure in the effective functioning of a clinical team

- Interconnect with and manage surgical teams to develop a surgical environment which is conducive to optimal patient outcomes
- Manage their practice and career effectively
 - Appropriate apportioning of time management skill sets
 - Maintain patient records which are precise and truthful, and current.
 - Self management of career, own wellbeing, and other responsibilities
- Serve in administration and leadership roles, as appropriate
 - Organise and deliver processes required for effective health care distribution (surgical team schedules, ...)
 - Partake and preside over committees, meetings (etc), professionally and competently.

Appendix 5: ACPS Training Syllabus

Overview

The ACPS syllabus supports the competencies required for a podiatrist wishing to train as a specialist podiatric surgeon in the Australian health care setting. These competencies however are universally acknowledged as core for surgical practitioners and are an appropriate base in any health system.

Training and education in surgical practice is ideally progressive and seamless. Stages are utilised as waypoints to enable formal feedback and helpful review. The stages of the ACPS Program are described in detail in the section entitled “stages in the training Program” on page 3.

During the first stage this review enables all involved and in particular the Registrar to assess whether the motivation and ability to proceed and succeed in the Program are present.

The second stage provides the opportunity to demonstrate publically the acquisition of knowledge, skills and professionalism through independent assessment and supported by portfolio of evidence and work place based competency assessment.

In the last stage competence is honed through gaining broader experience.

Transparency

This syllabus is a public document. It provides a clear framework as to what is expected of a podiatric surgical Registrar .

The Syllabus in detail

The following syllabus provides an overview and expectant competency level required. It is a checklist as well as a study outline.

The educational process is a combination of multiple pathways to learning.

Knowledge, skills and professionalism are attained in each via a range of compulsory pathways:

- Theory modules
 - Lectures, tutorials and web based case studies on topics relating to peri operative medicine, surgical knowledge and professionalism.
- Clinical modules
 - Rotation through clinical environments of a broad variety.
 - Workshops

Competency is examined through theoretical examination and practical assessment at different points throughout the Program.

Section 1: Knowledge

The knowledge level required during each Stage of the training process is outlined in the following section. This knowledge is acquired through directed reading, web based modular learning, journal club, regional peer review meetings, lectures, tutorials and practical experience. The level of knowledge is examined using several modalities, including staged examination, peer review presentation and attendance, completion of web based module learning.

The general surgical science examination aims to determine specific knowledge of each Registrar . However, peer review, DOCS and DOPS also provide for evaluation of knowledge of each Registrar. The following categories are used to rate the knowledge of each Registrar through progressive assessment:

1. Knows of;
2. Knows basic concepts;
3. Knows generally;
4. Knows specifically & broadly.

Module 1: Basic Surgical Science	S 1	S 2	S 3
Physiology			
• Homeostasis	3	4	
• Thermoregulation	2	3	
• Metabolic pathways	2	3	
• Blood loss	2	3	4
• Sepsis	4		
• Fluid balance and fluid replacement therapy	2	3	
• Metabolic abnormalities	2	3	
Pathology			
• Inflammation	4		
• Wound healing	4		
• Cellular injury	4		
• Vascular disorders	4		
• Disorders of growth	4		
• Tumours	2	3	4
• Surgical immunology	4		
• Surgical haematology	4		
Microbiology			
• Sources of infection	4		
• Asepsis & antisepsis	4		
• Sterilisation	4		
• Antimicrobial Therapy	4		

Module 2: Diagnostic and Laboratory Investigations	S 1	S 2	S 3
Radiology			
• Principles of diagnostic & interventional radiology	4		
• Ultrasound	4		
• Computed Tomography	3	4	
• Magnetic Resonance Imaging	3	4	
• Nuclear Scanning	3	4	
• Fluoroscopy			
Laboratory	2	3	4
• Blood Studies			
• Fluid Analysis Studies			
• Stool Tests			
• Urine Studies			
• Electro diagnostic Tests			
• Microscopic Studies			
• Miscellaneous			

Module 3: Basic Surgical Skills and Instrumentation	S 1	S 2	S 3
BSS Theory and Instrumentation 1: Basic Principles of Wound Management			
Principles of Wound Management	4		
• Assessment of Wounds			
• Pathophysiology of wound healing			
• Surgical management of wounds			
Incision of skin & subcutaneous tissue	4		
• Relaxed Skin Tension Lines			
• Instrumentation Choice			
• Safe practice			
Closure of skin & subcutaneous tissues	4		
• Principles			
• Safe practice			
Haemostasis and Diathermy	4		
• Principles			
• Prevention of Bleeding			
• Tourniquets			
Use of drains	3	4	
• Principles			
• Indications			
• Types			
• Management /removal			
BSS Theory and Instrumentation 2: Surgical Instruments and Their Uses			
Cutting Instruments	4		
• Scalpels			
• Scissors			
• Bone Cutters			
• Rongeurs			
• Periosteal Elevators			
• Curette			
Grasping Instruments	4		
• Tissue Forceps			
• Vascular Forceps			
• Needle Holders			
• Other Grasping Instruments			
Retracting Instruments	4		
• Hand Held Retractors			
• Self Retaining Retractors			

Other Instruments <ul style="list-style-type: none"> • Power Instrumentation and Attachments • Suction • Clips • Bowls 			
BSS Theory and Instrumentation 3: Surgical Materials			
Suture Material and Needles <ul style="list-style-type: none"> • Surgical needles • Suture Sizes • Suture Materials 			
BSS Theory and Instrumentation 4: Surgical Skills			
Basic Principle of the Operative Field <ul style="list-style-type: none"> • Exposure and Positioning • Lighting • Prepping and Draping • Theatre Environment 	4		
Basic Suturing Techniques <ul style="list-style-type: none"> • Principles of Suturing Tissues • Simple • Vertical mattress • Horizontal Mattress (including Running) • Subcuticular Suture • Simple Running Suture • Three Corner Suture 	4		
Surgical Knot Tying <ul style="list-style-type: none"> • Principles • Instrument Knot • One handed Knot • Two handed Knot 	4		
Basic Surgical Techniques <ul style="list-style-type: none"> • Incisions and excisions • Wound Debridement • Haemostasis and Diathermy • Basic Dissection Techniques 	4		
Assisting <ul style="list-style-type: none"> • Pre- and Intra-operative Assisting • Incision • Retraction • Tension • Following • Tying and Suture Skills • Haemostasis • Wound Closure • Post Operative Assistance 	4		
BSS Theory and Instrumentation 5: Sterile Technique			
Principles of Sterile Technique <ul style="list-style-type: none"> • Environmental Contamination reduction • Staff • Air management • Clean Equipment • Clean Hands • Disinfection of Operative Site • Isolation of Operative Site • Gowning and Gloving • Sterilization 	4		

BSS Theory and Instrumentation 6: Safety in the Operating Theatre			
Surgeon and Scrub Team	4		
<ul style="list-style-type: none"> • Body Substances • Sharps and Instrumentation • Other Hazards 			
The Patient	4		
<ul style="list-style-type: none"> • Preparation • Procedure • Post Operative management 			
Other Personnel	4		

Module 4: Perioperative Medicine			
	S 1	S 2	S 3
Peri Operative Medicine 1: Introduction to Peri-Operative Medicine			
Assessing Peri Operative Risk	4		
<ul style="list-style-type: none"> • Sources of Risk • Anticipated Complications • Pre Operative Evaluation 			
Pre Operative Testing		4	
<ul style="list-style-type: none"> • Blood Studies • Urine Studies • Electro physical Studies • Imaging • Miscellaneous 			
Peri Operative Medication Management			4
<ul style="list-style-type: none"> • Medication Affecting Haemostasis • Gastro Intestinal Medications • Pulmonary Medications • Endocrine Medications • Psychotropic Medications • Chronic Opioid Therapy • Rheumatologic Medications • Neurologic Medications 			
Peri Operative Medicine 2: Anaesthesia			
Pre Operative Considerations	2	3	
<ul style="list-style-type: none"> • Patient Consultation • Risk Stratification • Preparation of the Patient 			
Equipment and Monitoring	3	4	
<ul style="list-style-type: none"> • Positioning • Oxygen Analyser • Pulse Oximetry • Exhaled CO2 Monitoring • ECG Monitor • Pressure Cuff • Temperature Monitoring • Airway Management 			
Types of Anaesthesia	3	4	
<ul style="list-style-type: none"> • General • Regional • Intravenous Regional • Local • Monitored Anaesthetic Care (Sedation) 			

Pharmacology for Anaesthesia	1	2	3
<ul style="list-style-type: none"> Intravenous Agents Opioids Inhalation Anaesthetics Neuromuscular Blockade Intravenous Fluids Local Anaesthetics 			
Anaesthesia and Organ Systems	1	2	3
<ul style="list-style-type: none"> Respiratory Cardiovascular Cerebral Hepatic Renal 			
Local Anaesthetic Techniques of the Lower Extremity	2	4	
<ul style="list-style-type: none"> Sciatic Nerve Blockade (Popliteal) Ankle Blockade Selective Nerve Blockade of the Foot and Ankle Complications 			
Peri Operative Medicine 3: Management with Coexisting Disease			
<i>Each Module Covers:</i>			
<ul style="list-style-type: none"> <i>Risk Factors and classification</i> <i>Pre-Operative Evaluation</i> <i>Peri Operative Management</i> 			
Hypertension	3	4	
Coronary Artery Disease	3	4	
Valvular Heart Disease	3	4	
Arrhythmias	3	4	
Congestive Heart Failure	3	4	
Pulmonary	3	4	
Asthma and COPD	3	4	
Thyroid Disease and Diabetes Mellitus	3	4	
Adrenal Insufficiency and Pheochromocytoma	3	4	
Anaemia and Transfusion Medicine	3	4	
Coagulation Disorders	3	4	
Cancer	3	4	
Infectious Disease	3	4	
Kidney Disease	3	4	
Liver Disease	3	4	
Acid-Peptic Disease	3	4	
Cerebrovascular Disease	3	4	
Seizure Disorder	3	4	
Psychiatric Conditions	3	4	
Obesity	3	4	
Arthritis or Systemic Autoimmune Disease	3	4	
Alcohol Disorders	3	4	
Elderly Patient	3	4	
Parkinson's Disease, Myasthenia Gravis and Multiple Sclerosis	3	4	

Peri Operative Medicine 4: General Prophylactic Measures			
Venous Thromboembolism Prophylaxis <ul style="list-style-type: none"> • Pathophysiology • Risk Factors and Stratification • Prophylaxis Considerations and Peri Operative Management • Evidence Based Recommendations 	3	4	
Endocarditis prophylaxis <ul style="list-style-type: none"> • Pathophysiology • Risk Factors and Stratification • Prophylaxis Considerations and Peri Operative Management • Evidence Based Recommendations 	3	4	
Prevention of Surgical Site Infection <ul style="list-style-type: none"> • Pathophysiology • Risk Factors and Stratification • Prophylaxis Considerations and Peri Operative Management • Evidence Based Recommendations 	3	4	
Nutrition Evaluation <ul style="list-style-type: none"> • Risk Factors and Stratification • Peri Operative Management 	3	4	
Peri Operative Medicine 5: Post Operative Complications			
Fever <ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Approach to patient with post operative fever • Treatment 	2	3	4
Hypertension and Hypotension <ul style="list-style-type: none"> • Risk Factors • Timing and Causes • Principles of Management 	2	3	4
Chest Pain and Dyspnoea <ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 	2	3	4
Arrhythmias <ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 	2	3	4
Pneumonia and Atelectasis <ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 	2	3	4
Deep Venous Thrombosis and Pulmonary Embolism <ul style="list-style-type: none"> • Pathophysiology • Differential Diagnosis • Laboratory and Radiographic Testing • Treatment 	2	3	4
Fluid and Electrolyte Disorders <ul style="list-style-type: none"> • Hypovolaemia and Hypervolaemia • Hyponatraemia and Hypernatraemia • Hyperkalaemia and Hypokalaemia 	2	3	4
Acid-Base Disorders <ul style="list-style-type: none"> • Pathophysiology (Respiratory and Metabolic acidosis and alkalosis) • Diagnosis • Treatment 	2	3	4

Renal Failure	2	3	4
<ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 			
Anaemia and Bleeding	2	3	4
<ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 			
Jaundice	2	3	4
<ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 			
Stroke and Seizures	2	3	4
<ul style="list-style-type: none"> • Pathophysiology • Diagnosis • Treatment 			
Delirium	2	3	4
<ul style="list-style-type: none"> • Pre Operative Considerations • Intra Operative Considerations • Post Operative Considerations • Diagnosis • Treatment 			
Pain Management	2	3	4
<ul style="list-style-type: none"> • Physiology of Post Operative Pain • Pathologic Pain States • Diagnosis • Physical and Pharmacological Treatment 			

Module 5: Basic and Advanced Life Support	S 1	S 2	S 3
Basic Life Support	4		
<ul style="list-style-type: none"> • The management of cardiac arrest • Anaphylaxis and anaphylactoid reactions • Assessment and management of airway and ventilation • Assessment and Management of circulation 			
Advanced Life Support	3	4	
<ul style="list-style-type: none"> • Fundamental electrocardiography • Life threatening arrhythmias - recognition, assessment and management • Defibrillation • Laryngeal mask airway and intubation 			

Module 6: AO Principles of Osteosynthesis and Fracture Management	S 1	S 2	S 3
<i>The required reading and web based learning for this Module are derived directly from the Principles and Techniques outlined by the AO Foundation and contained in:</i>			
Reudi TP, Buckley RE, Moran CG: <i>AO Principles of Fracture Management</i> . 2nd edition. Thieme: AO Publishing; 2007.			
AO Principles of Osteosynthesis 1: Basic Principles			

Biology and Biomechanics in Bone Healing <ul style="list-style-type: none"> • Characteristics of Bone • Mechanical and Biomechanical Effects of Fracture • Fracture and Blood Supply • Biology of Fracture Healing • Methods of Fracture Stabilization • Non Operative Fracture Management • Surgical Fixation with Relative Stability • Surgical Fixation with Absolute Stability 	1	3	4
Implants and Materials in Bone Healing <ul style="list-style-type: none"> • Material Properties • Biocompatibility • New Metal Implant Materials • Coatings • Polymeric Implants • Methods and Materials for Filling Bone Defects 	1	3	4
Introduction to Biotechnology <ul style="list-style-type: none"> • Materials Used in Biotechnology • Factors influencing acceptance of biomaterials • Bioactive pharmacons • Drug Delivery and Tissue Engineering • Incorporation of Cells into Scaffolds • Rapid Prototyping technology • Limitations of Biotechnology • The future of biotechnology 	1	3	4
Fracture Classification <ul style="list-style-type: none"> • Principles of Fracture Classification • Classification Validation 	2		4
Soft Tissue Injury <ul style="list-style-type: none"> • Pathophysiology and biomechanics • Pathophysiological response in healing • Diagnosis and Treatment in closed soft tissue injuries 	2		4
AO Principles of Osteosynthesis 2: Decision Making and Planning			
The Patient and Injury <ul style="list-style-type: none"> • Polytrauma • Personality of Injury • The soft tissues • The fracture • Timing of surgery • Communication • Health Care Environment 		2	3
Principles of Diaphyseal Fractures <ul style="list-style-type: none"> • Functional Considerations • Incidence • Mechanism • Initial Evaluation • Indications for Operative Fracture Fixation • Non Operative Management • General Principles of Operative Management • Post Operative Care • Outcome 			4
Principles of Articular Fractures <ul style="list-style-type: none"> • Mechanism of Injury • Evaluation of the patient and the injury • Evaluation of bone injury • Scientific basis of treatment of articular fractures Understanding the injury • Principles of treatment 			4

Pre Operative Planning <ul style="list-style-type: none"> • Why Plan • Assessment • How to Plan 	2	4	
AO Principles of Osteosynthesis 3: Reduction, Approaches and Fixation Techniques			
Reduction and Approaches <ul style="list-style-type: none"> • Displacement of fragment, deformation and impaction of bone • Fracture reduction • Principles of soft tissue management • Minimally invasive surgery 			4
Techniques of Absolute Stability <ul style="list-style-type: none"> • Screws • Plates • Tension Band Principle 		3	4
Techniques of Relative Stability <ul style="list-style-type: none"> • Intramedullary nailing • Bridge Plating • External Fixator • Internal Fixator 		3	4
AO Principles of Osteosynthesis 4: General			
Polytrauma <ul style="list-style-type: none"> • Importance of Fractures • Pathophysiological Background • Timing and Priorities of Surgery • General Aims • Different Fixation Methods • Fracture Management under Specific Conditions 		3	4
Open Fractures <ul style="list-style-type: none"> • Etiology and Management • Microbiology • Classification • Goals of Treatment • Stages of Care • Initial Assessment and Management • Antibiotics • Primary Surgery • Open Wound Coverage • Skin Coverage and Soft Tissue Reconstruction • Rehabilitation • Complications 		3	4
Soft Tissue Loss <ul style="list-style-type: none"> • Wound Closure and healing of different tissues • Classifying Soft Tissue Injury • Assessment of the Patient • Fracture Stabilization • Emergency Management • Soft Tissue Repair Lower Limb 		3	4
Paediatric Fractures <ul style="list-style-type: none"> • General Principles • Clinical Examination of Injured Child • X-ray Examination and Other Imaging Techniques • Long Bone Fractures • Treatment of Fractures in Children • Foot and Ankle Fractures in Children 		3	4

Post Operative Management <ul style="list-style-type: none"> • Immediate Post Operative Phase • Second Phase of Post Operative Fracture Management • Third Phase of Post Operative Fracture Management • Implant Removal 		3	4
Osteoporosis <ul style="list-style-type: none"> • Osteoporotic Bone • Internal Fixation in Osteoporotic Bone • Surgical Treatment in Specific, fractured, Osteoporotic Bone • Medical Treatment 		3	4
AO Principles of Osteosynthesis 5: Complications			
Malunion <ul style="list-style-type: none"> • Terminology and Classification • Decision Making and Planning • Reduction and Fixation Techniques • Specific Osteotomies for the Tibia, Ankle and Foot • Combined Malunions 	2	3	4
Aseptic Nonunion <ul style="list-style-type: none"> • Aetiology • Classification • Treatment Modalities 		3	4
Acute Infection <ul style="list-style-type: none"> • Definitions • Risk Factors • Diagnosis • Treatment • Treatment Concepts in Typical Cases 	2	3	4
Chronic Infected and Infected Nonunion <ul style="list-style-type: none"> • Classification of Osteomyelitis • Diagnosis of Chronic Infection and Infected Non Union • Principles of Treatment • Treatment Concepts for Typical Cases 	2	3	4
AO Principles of Osteosynthesis 6: Principles of Specific Lower Extremity Fracture Management			
Tibia <ul style="list-style-type: none"> • Surgical Anatomy • Clinical Examination • Evaluation of Soft Tissues • Diagnostic Procedures • Fracture Classification • Treatment • Post Operative management • Complications • Outcomes 		2	3
Malleoli <ul style="list-style-type: none"> • Surgical Anatomy and Biomechanics • Mechanism of Injury: Basis of Classification • Fracture Assessment and Decision Making • Surgical Techniques • Open Reduction and Internal Fixation • Post Operative Management • Complications • Outcomes 		3	4

Calcaneus, Talus, Navicular, Cuboid, Tarsometatarsal, Metatarsals and Sesamoids <ul style="list-style-type: none"> • Assessment of fracture and soft tissue • Surgical anatomy • Pre operative planning • Surgical treatment • Post operative treatment • Complications • outcomes 		3	4
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Module 7: Foot and Ankle Surgical Theory				S 1	S 2	S 3
Foot and Ankle Surgical Theory 1: General Principles						
Surgical Techniques and Approaches						
<ul style="list-style-type: none"> • Anatomic Approaches to the Foot and Ankle • Anatomical dissection • Handling of Tissues, atraumatic technique • Incision Planning and Common Approaches • Post Operative Care and Management 	2	3	4			
Dressings and Casting						
<ul style="list-style-type: none"> • Functions and Types • Positioning • Materials • Techniques • Complications • Walking Aids 	3	4				
Foot and Ankle Surgical Theory 2: Fundamental Conditions and Procedures						
Nails						
<ul style="list-style-type: none"> • Anatomy • Pathological Considerations • Techniques of Biopsy • Chemical Nail Avulsion • Sharp nail Procedures • Terminal Syne • Post Operative Care 	3	4				
Nerve Disorders						
<ul style="list-style-type: none"> • Definition and Anatomy • Intermetatarsal Neuroma • Tarsal Tunnel and Distal Tarsal Tunnel Syndrome • Medial Plantar Nerve Entrapment • Peroneal Nerve(s) Entrapment • Sural Nerve Entrapment • Saphenous nerve Entrapment • Iatrogenic and Recurrent Neuroma 	3	4				
Lesser Ray Deformities						
<ul style="list-style-type: none"> • Biomechanics and Pathophysiology lesser ray and digital deformity • Disorders of the digits and Metatarsals • Digital Surgery – Soft Tissue Procedures • Digital Surgery – Osseous Procedures • Lesser metatarsal surgery 	3	4				
Surgery of the 5th Ray						
<ul style="list-style-type: none"> • Tailors Bunion • Aetiology and Evaluation • Conservative Management • Surgical Management 	3	4				

Common Foot and Ankle Prominences <ul style="list-style-type: none"> • Os tibiale Externum • Aetiology and Evaluation • Surgical management • Tarso-Metatarsal Prominences • Aetiology and Evaluation • Surgical management 	3	4	
Heel Pain <ul style="list-style-type: none"> • Inferior Heel • Aetiology and Evaluation • Surgical management • Posterior Heel • Aetiology and Evaluation • Surgical management 	3	4	
Foot and Ankle Surgical Theory 3: The First Metatarso-Phalangeal Joint			
Evaluation of Hallux Valgus <ul style="list-style-type: none"> • Physical Examination • Radiographic Examination • Conservative management • Goals of Surgical Management 	3	4	
Anatomic Dissection of the First Metatarso-Phalangeal Joint <ul style="list-style-type: none"> • Skin Incision • Subcutaneous Dissection • Tissue Planes • Lateral Soft Tissue Release • Capsulotomy 	3	4	
Distal Metaphyseal and Hallux Osteotomies <ul style="list-style-type: none"> • Indications and contra-indications • Chevron • Reverdin • Reverdin-Green • Akin • Complications 	3	4	
Base Wedge Osteotomies <ul style="list-style-type: none"> • Indications and contra-indications • Hinge-Axis concept • Oblique base Wedge Osteotomy • Opening Wedge Osteotomy • Complications 	3	4	
Osteotomies of the First Metatarsal Shaft and Phalanx <ul style="list-style-type: none"> • Indications and contra-indications • Offset-V Osteotomy • Scarf osteotomy • Ludloff • Mau • Complications 	3	4	
Arthrodesis of the First Metatarsophalangeal, Metatarso-Cuneiform and Hallux Interphalangeal Joint <ul style="list-style-type: none"> • First Metatarsophalangeal Joint • First Metatarso-Cuneiform Arthrodesis • Hallux Interphalangeal Joint • Indications and contra-indications • Methods of Fixation • Technique • Complications 	3	4	

Juvenile Hallux Valgus <ul style="list-style-type: none"> • Adult Versus Juvenile • Aetiology and Associated Deformities • Evaluation • Conservative management • Indications for Surgical Management • Complications 	3	4	
Geriatric Hallux Valgus <ul style="list-style-type: none"> • Evaluation • Indications and contraindications • Surgical management • Complications 	3	4	
Hallux Varus <ul style="list-style-type: none"> • Aetiology • Clinical Presentation • Conservative Management • Indications for Surgical management • Complications 	3	4	
Hallux Rigidus <ul style="list-style-type: none"> • Aetiology • Clinical Evaluation • Conservative management • Indications for Surgical Management • Cheilectomy • Valenti • Osteotomies for Hallux Rigidus • Arthrodesis for Hallux Rigidus • Complications 	3	4	
First Metatarsophalangeal joint arthroplasty <ul style="list-style-type: none"> • Biomaterials of Implant Arthroplasty • Implant Design and Function • Host Response • Indications and contraindications • Technique • Complications 	3	4	
Foot and Ankle Surgical Theory 4: Compound Deformities			
Ankle Equinus <ul style="list-style-type: none"> • Anatomy • Aetiology and Classification • Clinical Evaluation • Associated Deformity • Conservative management • Indications and Contraindications for Surgical management • Surgical techniques • Complications 	3	4	
Pes Cavus <ul style="list-style-type: none"> • Aetiology • Biomechanics • Classification • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques • Complications 	3	4	

Pes Plano Valgus Deformity	3	4
<ul style="list-style-type: none"> • Aetiology • Biomechanics • Classification • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques • Complications 		
Subtalar Arthroereisis	3	4
<ul style="list-style-type: none"> • Implant review • Indications and Contraindications • Technique • Complications 		
Metatarsus Adductus Deformity	3	4
<ul style="list-style-type: none"> • Aetiology • Biomechanics • Evaluation and Classification • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques • Complications 		
Club Foot	3	4
<ul style="list-style-type: none"> • Classification and Morphology • Pathological Anatomy • Aetiology • Biomechanics • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques • Complications 		
Congenital Convex Pes Plano Valgus Deformity	3	4
<ul style="list-style-type: none"> • Classification and Morphology • Pathological Anatomy • Aetiology • Biomechanics • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques • Complications 		
Tarsal Coalition	3	4
<ul style="list-style-type: none"> • Aetiology • Clinical Evaluation • Classification • Biomechanics • Associated Conditions • Conservative management • Indications and Contraindications for Surgical Management • Osseous Surgical Techniques • Complications 		

Charcot Marie Tooth Disease <ul style="list-style-type: none"> • Pathology • Deformity Aetiology • Clinical Evaluation • Conservative Management • Indications and Contraindications of Surgical management • Soft Tissue Surgical Techniques • Osseous Surgical Techniques 	3	4	
Chronic Ankle Conditions <ul style="list-style-type: none"> • Anterior Ankle Impingement Syndrome • Os Trigonum Syndrome • Tibio-fibular Diastasis • Chronic Medial and Lateral Ankle Instability • Osteochondral lesion of the Talus and Tibial Plafond • Aetiology and Classification • Clinical Evaluation • Conservative management • Indications and Contra-Indications for Surgical management • Surgical Techniques • Complications 	3	4	
Foot and Ankle Surgical Theory 5: Major Arthrodesis Procedures			
LisFranc Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	
Sub Talar Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	
Talo Navicular Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	
Naviculo-Cuneiform Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	
Ankle and Pan Talar Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	
Double and Triple Arthrodesis <ul style="list-style-type: none"> • Indications and contraindications • Pre operative Evaluation • Techniques • Post Operative management • Complications 	3	4	

Foot and Ankle Surgical Theory 6: Special Surgery and Amputation			
Bone Growth Augmentation and Orthobiologics	3	4	
<ul style="list-style-type: none"> • Physiology of Bone healing • Indications for Bone Augmentation • Orthobiologic Devices and methods of Application • Contraindications 			
Tumours	3	4	
<ul style="list-style-type: none"> • Tumour grading • Biopsy Techniques • Tumours of Epidermal cell origin • Tumours and Tumour-like Lesions of Soft Tissue origin • Lesions related to Synovial Tissue • Tumours and Tumour-like conditions of Adipose Tissue • Muscle lesions • Tumours and Tumour-like conditions of Peripheral Nerves • Tumours of blood Vessels and Lymphatic Tissue • Tumours of Bone • Miscellaneous Lesions 			
Congenital Deformities of the Forefoot	3	4	
<ul style="list-style-type: none"> • Congenital underlapping and overriding digits • Syn- and Polydactyly • Brachymetatarsia • Cleft foot • Indications and contraindications for surgical management • Pre operative Evaluation • Surgical Techniques • Complications 			
Bone Grafting	3	4	
<ul style="list-style-type: none"> • Terminology • Materials • Graft Source • Bone Banking • Techniques for harvesting grafts about the foot, ankle and leg • Bone graft healing • Complications 			
Plastic Surgery and Skin Grafting	3	4	
<ul style="list-style-type: none"> • Skin Incision • Skin Lines • Skin Closure • Wound Coverage Techniques • Skin Grafts: Indications and Techniques • Skin Flap: Indications and Techniques • Muscle and Myocutaneous Flaps: Indications and Techniques • Skin Plasties: Indications and Techniques • Planning and Execution • Post Operative Evaluation and management • Complications 			
Principles of Muscle-Tendon Surgery and Tendon Transfers	3	4	
<ul style="list-style-type: none"> • Definitions • Anatomy and Physiology • Clinical Evaluation • Principles of Tendon Transfer Surgery • Tendon Grafts • Tendon Transfer About the Foot and Ankle • Indications and Contraindications • Complications 			

Foot and Ankle Arthroscopy <ul style="list-style-type: none"> • Overview and Equipment • Ankle Procedures • Foot Procedures • Endoscopic Procedures • Tendoscopy • Complications 	3	4	
The Rheumatoid Foot <ul style="list-style-type: none"> • Clinical Evaluation • Special Considerations in the Rheumatoid Patient • Pan metatarsal head Resection and Digital Stabilization • Arthrodesis in the Rheumatoid Patient • Indications and Contra-indications • Incision planning and Techniques • Post Operative management • Complications 	3	4	
The Diabetic Foot <ul style="list-style-type: none"> • Elective Surgery for the Neuropathic Foot • Vascular assessment and Reconstruction of the Ischemic Diabetic Extremity • Neuropathic ulceration and Nerve Compression in the patient with Diabetes • Wound Coverage Techniques in the Patient with Diabetes • Equinus Deformity • Charcot Neuroarthropathy • Clinical and Radiographic Evaluation • Approach to management of the Neuropathic foot • Indications and contraindications • Complications • Diabetic Foot Infections 	3	4	
Limb Salvage and Amputations of the Foot and Ankle <ul style="list-style-type: none"> • Rationale for limb salvage • Pathological Conditions • Determination of Amputation level • Principles of Technique in Amputation surgery • Surgical Techniques for Amputations of the Foot and Ankle • Contra Indications and Complications • Rehabilitation and Therapeutic Footwear for the Amputee 	3	4	
The Role of External Fixation Techniques <ul style="list-style-type: none"> • History • Basic Science and Biomechanics of External Fixators • Indications and Contraindications for management with External Fixators • External Fixator Components • Techniques in External Fixation • Pin Site and Patient Care • Complications 	3	4	
Foot and Ankle Surgical Theory 7: Trauma			
Puncture Wounds <ul style="list-style-type: none"> • Wound Evaluation • Tetanus Prophylaxis • Bite Wounds • Microbiological Factors • Foreign Bodies • Clinical Evaluation and Management Techniques 	3	4	

<p>Trauma to the Nail and Associated Structures</p> <ul style="list-style-type: none"> • Mechanical Onycholysis • Subungual Haematoma • Nail bed Laceration • Nail Avulsion and Degloving Injury • Clinical Evaluation and Management Techniques 	3	4	
<p>Acute Tendon Trauma</p> <ul style="list-style-type: none"> • General Principles • Lacerations and Rupture of Tendons of the Foot and Ankle • Clinical evaluation and diagnosis • Indications for Conservative management • Indications and Contraindications for Surgical management • Surgical Techniques for Tendon Laceration and Rupture of the Foot and Ankle • Complications 	3	4	
<p>Dislocations</p> <ul style="list-style-type: none"> • General principles • Subtalar Joint • Midtarsal joint • Tarsometatarsal joint • Metatarsophalangeal joints • Interphalangeal joints • Clinical Evaluation and Diagnosis • Classification • Indications for Conservative management • Techniques in closed reduction • Indications and Contra-indications for Surgical management • Techniques in open reduction and internal fixation 	3	4	
Foot and Ankle Surgical Theory 8: Post Operative Complications of the Foot and Ankle			
<p>Oedema and Haematoma</p> <ul style="list-style-type: none"> • Definition • Aetiology and Prevention • Diagnosis • Sequelae • management 	3	4	
<p>Complex Regional Pain Syndrome</p> <ul style="list-style-type: none"> • Definition and Nomenclature • Pathophysiology • Clinical presentation and Course • Diagnosis • Treatment 	3	4	
<p>Infection and Osteomyelitis</p> <ul style="list-style-type: none"> • Host Response to infection • Factors that Influence Risk of Infection • Clinical Presentation and Course • Diagnosis • Treatment 	3	4	

Section 2: Skills

The skills level required during each stage of the training process is outlined in the following section. Clinical and Surgical skills are acquired through a broad range of directed activity and practical experience, including progressive clinical and surgical exposure, specialty regional and international rotations, seminars and workshops. The level of skill of each Registrar is examined using several modalities, including staged examination, DOPS and mandatory completion of external specialty rotations and workshops and courses.

The following categories are used to rate the skill of each Registrar through progressive assessment:

1. Has observed or knows of;
2. Can Manage With Assistance;
3. Can Manage Whole But May Need Assistance;
4. Competent to manage without assistance including complications.

The following items details the minimum directed activity and skill requirements.

Module 1: Basic Surgical Skills and Instrumentation	S 1	S 2	S 3
<i>Note: This course is run by the ACPS at least every two years. Registrar s are advised to plan in advance of attending this course. This course must be completed by the end of Stage 1.</i>			
Principles of Sterile Technique	4		
<ul style="list-style-type: none"> • Environmental Contamination reduction • Staff • Air management • Clean Equipment • Clean Hands • Disinfection of Operative Site • Isolation of Operative Site • Gowning and Gloving • Sterilization 			
Instrumentation	3	4	
<ul style="list-style-type: none"> • Cutting • Grasping • Retracting • Power Equipment • Tourniquets • Miscellaneous 			
Hospital Administration and Charting	2	3	4
<ul style="list-style-type: none"> • Patient Teaching and Education • Hospital Admission Protocols • Medical Records management and Confidentiality • Ambulatory Surgery Charting • Inpatient Surgery Charting 			
Pre and Post Operative Evaluation and Informed Consent	2	3	4
<ul style="list-style-type: none"> • Informed Consent Process • Pre Operative Assessment • Recovery and Post Operative Care of the Surgical patient 			

Surgical Assisting	2	4	
<ul style="list-style-type: none"> • Pre- and Intra-operative Assisting • Incision • Retraction • Tension • Following • Tying and Suture Skills • Haemostasis • Wound Closure • Post Operative Assistance 			
Basic Suturing Techniques	2	3	4
<ul style="list-style-type: none"> • Simple • Vertical mattress • Horizontal Mattress (including Running) • Subcuticular Suture • Simple Running Suture • Three Corner Suture 			
Surgical Knot Tying	2	3	4
<ul style="list-style-type: none"> • Instrument Knot • One handed Knot • Two handed Knot 			
Local Anaesthetic Techniques of the Foot and Ankle	2	4	
<ul style="list-style-type: none"> • Digital Blocks • Ray Blocks • Ankle Block • Common Peroneal Block • Sciatic Nerve Blocks (Popliteal) 			
Basic Surgical Techniques and Casting	2	4	
<ul style="list-style-type: none"> • Incisions and Incision Planning • Basic Dissection Techniques • Identification of Fascial Planes from Skin to Bone • Haemostasis and Diathermy • Casting Techniques 			

Module 2: AO Basic Techniques	S 1	S 2	S 3
<i>Note: This course is run annually by the ACPS at least every two years. Registrar s are advised to plan in advance of attending this course. This course must be completed by the end of Stage 1.</i>			
Reduction Techniques	2	3	4
<ul style="list-style-type: none"> • General Surgical Reduction Techniques 			
Techniques in Absolute Stability	2	3	4
<ul style="list-style-type: none"> • Introduction to Implants • Lag Screw • Neutralization Plate • Buttress plate • Axial Compression with Plates • Lag through Plates • LCP plating 			
Techniques in Relative Stability	2	3	4
<ul style="list-style-type: none"> • Bridge Plating • K-wire Techniques • Intramedullary Techniques 			
Pre Operative Planning	2	3	4
<ul style="list-style-type: none"> • Review of Principles and Decision Making • Pre Operative Planning - Hallux Valgus Model • Discussion 			

Module 3: Advanced Surgical Skills - Forefoot (Cadaver)	S 1	S 2	S 3
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Note: This course is run at least every two years by the ACPS. Registrar s are advised to plan in advance of attending this course. This course must be completed by the end of Stage 2.

1.	Distal and Shaft 1st Metatarsal-Osteotomies	2	3	4
2.	1st Metatarsal Base Wedge Osteotomy			
3.	Lapidus Arthrodesis			
4.	1st Metatarso-Phalangeal Arthrodesis			
5.	Hallux Interphalangeal Joint Arthrodesis			
6.	Akin Osteotomy			
7.	Hammertoe Correction			
8.	Surgical Approach to the Lesser Metatarsal Surgeries			
9.	Flexor Plate Repair			
10.	Digital Flexor Tendon Transfer			
11.	Plantar Fascia Surgery			
12.	Neuroma Excision - Dorsal Approach & Plantar Approach			
13.	Tailors Bunionectomy Procedures			
14.	Syndactylization			
15.	Skin plasties of the foot and Ankle			
16.	Plantar Fascia Surgery			

Module 4: Advanced Surgical Skills - Rearfoot and Ankle (Cadaver)	S 1	S 2	S 3
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Note: This course is run at least every two years by the ACPS. Registrar s are advised to plan in advance of attending this course. This course must be completed by the end of Stage 3.

1.	Medial Arch Dissection for Flatfoot Reconstruction	2	3	4
2.	Gastrocnemius Recession			
3.	Tendo Achilles Lengthening			
4.	Triple Arthrodesis			
5.	Ankle Fusion			
6.	Evans Calcaneal Osteotomy			
7.	Medializing Calcaneal Osteotomy			
8.	Cotton/Medial Cuneiform Osteotomy			
9.	Subtalar Joint Arthrodesis			
10.	Dywer Calcaneal Osteotomy			
11.	Lateral Ankle Stablization			
12.	Peroneal Tendon Repair			
13.	Cole Osteotomy			
14.	LisFranc Arthrodesis			
15.	Talo Navicular Arthrodesis			
16.	Os Tibiale Externum Excision/ Kidner			
17.	Retrocalcaneal Exostecomy			
18.	Tendon Transfers of the Foot and Ankle			

Module 5: AO Podiatric Basic Course		S 1	S 2	S 3
<p><i>Note: This course is run annually by AO North America and the Podiatry Institute in North America. Registrars are advised to plan in advance of attending this course. This course must be completed by the end of Stage 3.</i></p> <p><i>The topic and exercise headings are outlined below. Please refer to AONA for detailed outline.</i></p>				
<ol style="list-style-type: none"> 1. Foundations 2. Non Screw Fixation Techniques 3. Screw Fixation Principles 4. Oblique Orientations - Screw Fixation/ Osteotomies 5. Hallux Valgus Osteotomies 6. Foot and Ankle Arthrodesis 7. Plate Fixation 8. Malleolar Fractures 9. Post Operative management Following Internal Fixation 10. Implant Removal 11. Infection and Internal Fixation 12. Bone Healing, Grafting and Orthobiologics 13. Absorbable Fixation 14. Management of Open Fractures 15. External Fixation 16. DVT Prophylaxis 				4

Module 6: Basic and Advanced Life Support		S 1	S 2	S 3
<p><i>Note: This course must be completed biennially during and post Fellowship training.</i></p>				
<p>Basic Life Support</p> <ul style="list-style-type: none"> • The management of cardiac arrest • Anaphylaxis and anaphylactoid reactions • Assessment and management of airway and ventilation • Assessment and Management of circulation 	3			
<p>Advanced Life Support</p> <ul style="list-style-type: none"> • Fundamental electrocardiography • Life threatening arrhythmias - recognition, assessment and management • Defibrillation • Laryngeal mask airway and intubation 	3			

Section 3: Professional & Management

This section reflects the need to develop a rounded practitioner – the competencies are those which develop an individual’s ability to understand and comply with relevant codes of practice. In addition, this section highlights domains in which a Registrar should be cognisant in order to attain these competencies. Supported by education modules and exposure to clinical management of patients – both in direct observation and management in a range of settings. Assessment of this domain of practice is via DOCS.

Competencies reflect attainment of knowledge, skills and attitudes. The full attainment of is a lifelong learning and maintenance objective.

Domain 1: Clinical Practice	S 1	S 2	S 3
Consultation			
• Ability to conduct a consultation in a manner which allows accurate recording and gathering of information	2	3	4
• Communicate effectively in multiple modes of delivery with both patients and families / careers	2	3	4
• Apply sound ethical principles and due respect / empathy for patients.	2	3	4
Patient Examination & Investigation			
• Recognise when further investigation and or referral is required		3	4
• Be cognitive of informed consent in respect to investigations		3	4
Patient Management & Record Keeping			
• Prioritise	4		
• Maintain legible and timely records	3	4	
• Respecting privacy, disseminate appropriate information to other treating practitioners	3	4	
• Understand the importance of structured care plans and develop an ability to present these.	3	4	
Maintenance of evidence based knowledge			
• Ensure resources are available to evaluate and monitor new ideas.	3	4	
• Demonstrate critical self awareness.		3	4
• Encourage clinical collaboration and respond to assessments of performance constructively.	4		
• Understand the importance of participation in clinical audit.	4		
Monitoring of own performance through CPD	4		
• Participate in risk management activities.	3	4	
• Monitor and consider relevant clinical guidelines.	3	4	
• Encourage research	3	4	
• Through audit and peer review compare clinical practice to established standards			
Quality of Care			
• Demonstrate ability to conduct self evaluation of strengths and weaknesses		3	4
• Actively able to manage personal stress levels and time management issues.		3	4
• Use knowledge of strengths and weakness to direct professional development.		3	4
• Ability to elevate and describe the quality of care provided. Making improvements where indicated.		3	4

Domain 2: Education	S 1	S 2	S 3
Education			
• Demonstrate ability to manage time	3	4	
• Recognise and be sensitive to cultural, ethnic and religious diversity in and education forum.	3	4	
• Develop skills in teaching using appropriate teaching methods and materials.	2	3	4
• Assess the education needs of your audience and plan activities to address differing knowledge levels and aspirations.	3	4	
• As part of a mentor role – evaluate and provide feedback on performance.		3	4
• Develop competency in workplace based assessment methods.			3
• Provide appropriate teaching and support to increase skills of others.		2	3

Domain 3: Professional and Patient Relationships	S 1	S 2	S 3
Communication			
• Demonstrate ability to obtain, interpret and evaluate consultations from other health practitioners.		3	4
• Demonstrate ability to communicate effectively with patients and carers whilst respecting privacy.		3	4
• Provide access & time to relevant patient education materials		3	4
• Respect and listen to the views of patients in respect to development of care and treatment plans		3	4
Informed Consent			
• Ensure informed consent is obtained after a process which has involved realistic discussion about outcomes complications and consequence of care.		3	4
• Recognise the need to use interpreters where indicated.	4		
• Recognise the influence of differing cultures on informed consent.	4		
• As a component of consent the clinician should also be satisfied that the patient has understood the options in treatment available and has been involved in the development of a care plan.	3	4	

Trust & Confidentiality			
• Develop and ability to develop patient relationships based on trust.	3	4	
• Recognise that trust is developed by utilising several skills such as:	3	4	
• Respect patient privacy & dignity			
• Provide transparent information			
• Be readily accessible			
• Manage hand over to another practitioner effectively			
• Encourage second opinions			
• Visibly act in the patients best interest.			

Domain 4: Problems in Professional Practice	S 1	S 2	S 3
Conflict			
• Take steps to address tensions, conflicts and imbalances between patients and health care staff.		3	4
• Contribute to development of systems that assist management of complaints.		3	4
• Demonstrate an ability to write reports including legal reports.		3	4
• Understand and follow ethical principles at all times.	3	4	
• Be able to identify sources of discrimination within the work place and take steps to counter this.	3	4	
Team Work			
• Work effectively within multi disciplinary teams.	3	4	
• Work to resolve conflict within teams.		3	4
• Help design clear directions and work plans for inter disciplinary teams.		3	4
Regulation			
• Ensure a thorough understanding of the relevant legislation (including practice guidelines and codes of conduct) that regulates your practice.	4		

Research			
• Critical appraise research literature	4		
• Demonstrate ability to design (with statistician support) a randomised control trial	4		
• Demonstrate ability to design case control studies.	4		
• Understand design of longitudinal studies and epidemiological studies.	4		
• Develop research question s and conduct research appropriate to the timeframe available during your training.	4		

International Podiatric Surgical Rotations (Preceptorship Modules)

The ACPS Preceptorship Program aims to provide Australian podiatric surgical Registrar s with valuable exposure to diverse health systems and to broader aspects of foot and ankle surgery, including leg and rear foot reconstruction, paediatrics, trauma and limb preservation.

The ACPS has established Programs in combination with generous support and participation of podiatric surgeons – namely preceptors – from the United Kingdom and North America, who recognise the importance of surgical and office based education.

The benefits of participating in the international preceptorship Program are wide ranging and includes:

- Increasing proficiency in surgical skills;
- Learning from leaders in the field of foot and ankle surgery;
- Improving knowledge and maturity in lower extremity pathology;
- Exposure to multidisciplinary medical and surgical care;
- Opportunity to participate in surgical courses.

Each preceptorship is governed by a 3- or 6-month time frame. The Preceptorship Programs are honorary and available only to those candidates undertaking Stages 2 or 3 within the ACPS training Program. These preceptorships are a requirement for completion of Fellowship with the ACPS. The Registrar will be able to observe and participate in surgery performed and supervised by participating podiatric surgeons. Registrars are referred to the members section of the ACPS website for more information on location and application protocols for these preceptorships. There is a research component to each rotation, wherein each Registrar will be expected to carry out a research project within the scope and time frame of the respective preceptorship.

The United Kingdom and USA

Ability to understand and diagnose

- Evaluation of clinical parameters
- Evaluation of radiographs
- Ability to arrive at differential diagnoses
- Ability to understand and diagnose appropriate biomechanical problems

Knowledge

- Anatomy (topical/ functional/ descriptive)
- Medicine
- Pathophysiology of encountered conditions
- Pharmacology
- Instrumentation

Understanding of conservative and surgical modalities and their indications for each condition**Pre-Operative Management**

- History and Physical Examination
- Laboratory Testing and Evaluation
- Radiographic Studies and Interpretation
- Medical Preparation

Operating Room Protocol

- Sterile Technique
- Instrumentation
- Scrub Technique (patient and surgeon)
- Gowning and Gloving
- Surgical Draping Techniques

Manual Skills

- Surgical Assisting
- Instrument-tie and suturing techniques
- Hand-tie techniques

Surgical Skills

- Incision placement and execution
- Haemostasis control
- Soft tissue dissection
- Identification of pathologic anatomy
- Dissection below the deep fascia
- Dissection of the digits
- Dissection of the lesser MTPJ's
- Dissection of the 1st MTPJ
- Dissection of the Intermetatarsal Spaces
- Dissection of the Midfoot
- Dissection of the Rearfoot
- Dissection of the Ankle and Leg
- Dissection of the Plantar Surface
- Osteotomy performance
- Fixation application and knowledge

Wound Closure and Management

- Deep
- Fascial Repair
- Subcutaneous Closure
- Skin Closure Techniques
- Dressings
- Drains
- Splints
- Casts

Post-Operative Parameters

- Knowledge of different bandaging and splinting techniques
- Cognizance of care in the immediate post-operative setting
- Appropriate understanding and use of imaging and diagnostic modalities
- Appropriate understanding and application of activities and convalescence based on patient's specific situations
- Recognition/ understanding of post-operative complications and management
- Understanding of post operative course and staging/ healing

Reconstructive Foot and Ankle Surgery

- Ankle Equinus
- Pes Cavus
- Adult Acquired Flatfoot Deformity
- Juvenile Pes Plano Valgus Deformity
- Metatarsus Adductus
- Tarsal Coalitions
- Forefoot Derangement
- Chronic Ankle Conditions
- Talonavicular Arthrodesis
- Lisfranc Arthrodesis
- Triple Arthrodesis
- Subtalar Arthrodesis
- Ankle Arthrodesis
- Tumours
- Plastic Surgery
- Diabetic and Vascular Extremity Salvage and Amputations
- Acute and Chronic Tendon Trauma
- Dislocations
- Metatarsal fractures
- Midfoot Fractures
- Calcaneal Fractures
- Talar Fractures
- Ankle Fractures
- Pilon Fractures
- Physeal Fractures
- Tarsal Tunnel Syndrome
- Inferior Heel Pain

NHS – understanding of role of podiatric surgery

- Knowledge of process: referral to unit; referral to other specialities
- Knowledge of funding arrangements
- Understanding of and participation in the integration with other hospital departments.
- Understanding role of audit process's and research activities.

Medical and Surgical Speciality Rotation Modules

The clinical rotations are designed to familiarise the podiatric surgical Registrar with the principles and techniques of differing medical and surgical specialties. The rotations are provisionally conducted under the direct supervision of a respective specialist or medical practitioner who has agreed to participate in the said rotation. All Registrars must spend a minimum of 80 sessions (320 hours), on rotation through the disciplines outlined in Table 7.

A minimum number of sessions must be spent in certain mandatory disciplines. A session equates to 4 hours or one half day. At least 50% of these rotations should occur within Stage 1 of the surgical training Program. The entire requirement must be completed prior to the end of Stage 2. Each Registrar must complete the clinical rotation objectives for the respective discipline attended and additionally enter each rotation into their education logbook.

Mandatory Rotations	Min. Sessions	Elective Rotations
Vascular Surgery	10	Plastic Surgery
Orthopaedic Surgery	10	Radiology
Anaesthetics	10	Pain Clinic
High Risk Foot Clinic	10	Dermatology
Rheumatology	10	General Surgery
Endocrinology	10	Pathology
Infectious Disease	10	Emergency Medicine
		Laboratory
		Neurology
		Paediatrics
		Sports Medicine

Table 7: Interdisciplinary Rotations

Foot and Ankle Surgical Module

The external or regional podiatric surgery rotations are designed to provide the podiatric surgical Registrar to a broader variety of hospital, surgery and office exposure. The rotation is conducted under the direct supervision of a registered practicing podiatric surgeon/s (Teaching Fellows) who have agreed to participate in the said rotation. Provisional to staging and overall exposure, during each rotation the Registrar is expected to demonstrate knowledge and understanding of the management of common pathology affecting the foot and ankle. These rotations are aimed to enhance a Registrar's clinical and surgical skills. All Registrars must spend at least 80 sessions (320 hours), on regional rotations with at least two different Teaching Fellows.

Foot and Ankle Surgical Rotation (Podiatric or Orthopaedic)	S 1	S 2	S 3
<p>Ability to understand and diagnose</p> <ul style="list-style-type: none"> • Evaluation of clinical parameters • Evaluation of radiographs • Ability to arrive at differential diagnoses • Ability to understand and diagnose appropriate biomechanical problems <p>Knowledge</p> <ul style="list-style-type: none"> • Anatomy (topical/ functional/ descriptive) • Medicine • Pathophysiology of encountered conditions • Pharmacology • Instrumentation <p>Understanding of conservative and surgical modalities and their indications for each condition</p> <p>Pre-Operative Management</p> <ul style="list-style-type: none"> • History and Physical Examination • Laboratory Testing and Evaluation • Radiographic Studies and Interpretation • Medical Preparation <p>Operating Room Protocol</p> <ul style="list-style-type: none"> • Sterile Technique • Instrumentation • Scrub Technique (patient and surgeon) • Gowning and Gloving • Surgical Draping Techniques <p>Manual Skills</p> <ul style="list-style-type: none"> • Surgical Assisting • Instrument-tie and suturing techniques • Hand-tie techniques <p>Surgical Skills</p> <ul style="list-style-type: none"> • Incision placement and execution • Haemostasis control • Soft tissue dissection • Identification of pathologic anatomy • Dissection below the deep fascia • Dissection of the digits • Dissection of the lesser MTPJ's • Dissection of the 1st MTPJ • Dissection of the Intermetatarsal Spaces • Dissection of the Midfoot • Dissection of the Rearfoot • Dissection of the Ankle and Leg • Dissection of the Plantar Surface • Osteotomy performance • Fixation application and knowledge <p>Wound Closure and Management</p> <ul style="list-style-type: none"> • Deep • Fascial Repair • Subcutaneous Closure • Skin Closure Techniques • Dressings • Drains • Splints • Casts 			

Post-Operative Parameters

- Knowledge of different bandaging and splinting techniques
- Cognizance of care in the immediate post-operative setting
- Appropriate understanding and use of imaging and diagnostic modalities
- Appropriate understanding and application of activities and convalescence based on patient's specific situations
- Recognition/ understanding of post-operative complications and management
- Understanding of post operative course and staging/ healing

Reconstructive Foot and Ankle Surgery

- Ankle Equinus
- Pes Cavus
- Adult Acquired Flatfoot Deformity
- Juvenile Pes Plano Valgus Deformity
- Metatarsus Adductus
- Tarsal Coalitions
- Forefoot Derangement
- Chronic Ankle Conditions
- Talonavicular Arthrodesis
- Lisfranc Arthrodesis
- Triple Arthrodesis
- Subtalar Arthrodesis
- Ankle Arthrodesis
- Tumours
- Plastic Surgery
- Diabetic and Vascular Extremity Salvage and Amputations
- Acute and Chronic Tendon Trauma
- Dislocations
- Metatarsal fractures
- Midfoot Fractures
- Calcaneal Fractures
- Talar Fractures
- Ankle Fractures
- Pilon Fractures
- Physeal Fractures
- Tarsal Tunnel Syndrome
- Inferior Heel Pain



Appendix 6: Peer Review Meetings

Mandatory peer review meetings have been incorporated into the Australasian College of Podiatric Surgeons (ACPS) policy and training document. Peer review meetings are designed to ensure Registrars of the ACPS meet and maintain the acceptable standards of Podiatric Surgery as set by the ACPS.

Mandatory peer review meetings are logged as educational activity. These meetings do not constitute attendance of surgical consultations, peri-operative management of patients in the rooms of ACPS Fellows or pre and post-operative surgical rounds.

Detailed content of these meetings are to be properly documented, dated and signed by an attending ACPS Fellow or primary supervisor and included in the educational log information.

Outline of Peer review meetings

- Minimum of 12 peer review meetings per calendar year.
- Fifty percent of peer review meetings are closed for ACPS members only.
- The remaining fifty percent of peer review meetings are to be open meetings to the broader Podiatry, Allied Health and Medical professions. These peer review meetings can take the format of invited speakers from other disciplines with the aim to broaden the knowledge base and understanding of Podiatric Surgery and its role in patient care and management within the community.
- Minimum duration of each peer review meeting 1.5 hours.
- A minimum of one teaching ACPS Fellow present.
- Suitable venues for peer review meetings include hospital or university seminar/lecture rooms.
- Each peer review meeting is required to have an agenda set and may include a presentation of relevant topics, any pre-reading of articles, reviewing relevant quality research and other topics of importance.
- Content of peer review meetings to be properly minuted, including date, time, venue and attendees/apologies.
- Details of presentation topics, journal articles reviewed and any related discussion are to be included in the minutes.

Presentations

- Registrars are required to present at peer review meetings
- Topics deemed appropriate include:
 - Foot and Ankle Surgery
 - General Medicine
 - Orthopaedics
 - Infectious Diseases
 - Radiology
 - Pathology
 - Plastic Surgery
 - Trauma
 - Anaesthesia
- Presentation content is encouraged to be evidence based and draw from contemporary literature.
- Presentation format is encouraged to be on power point to facilitate ease of distribution to attendees present forming part of their educational log library.
- Presentation topics which fall outside these categories are required to get approval from an attending Fellow of the ACPS.

Case Studies and Outcomes

- Case studies represent an integral component in peer review meetings to facilitate a practical approach to learning.
- Case studies are a means to disseminate experiences and outcomes of patient management to peers with view to broadening foot and ankle Surgery experiences.
- The Registrar responsible for the case study should present the case to their primary supervisor or attending Fellow at the peer review meeting prior to presentation date for approval and guidance.
- Case study presentations should follow the following suggested format:
 - Power point presentation
 - Presenting complaint(s)
 - Relevant findings of history and physical examination
 - Any relevant supporting medical imaging or pathology results
 - Differential diagnoses
 - Treatment plan and execution

- Outcomes
- Literature review on primary diagnosis and differentials if deemed appropriate
- Conclusions and group discussion

Journal Reviews

- Presentation and discussion of relevant evidence based peer reviewed journal articles is encouraged at peer review meetings.
- One to three selected and approved journal articles either relevant to the presentation or case study topic should be presented by the Registrar.
- These articles should be distributed one week prior to the peer review meeting date, which will facilitate a meaningful and constructive discussion within the group to enhance the educational outcome.
- A bibliography of journal article reviews is encouraged to be maintained as part of the Registrar's educational log.

Appendix 7: Applicable ACPS policies

The following ACPS policies are relevant to this document.

- Accreditation of Podiatric Surgeons;
- Clinical Handover;
- Dispute Resolution;
- Leave of Absence;
- Use of the title Registrar or Senior Registrar ; and
- Use of the titles Doctor and Surgeon.

Copies of these and other ACPS policies are available from the ACPS website.

Additionally all members of the ACPS should be familiar with the standards and guidelines of the Podiatry Board of Australia (www.podiatryboard.gov.au).

Appendix 8: Forms and other documents

The following forms and other relevant documents are available from the ACPS website:

Public area of website

- ACPS Competency Standards;
- ACPS Training Document;
- ACPS Continuing Professional Development Program;
- Acute Pain Management;
- Clinical Practice;
- Code of Practice;
- Correct Patient/Correct Procedure Policy;
- Day Surgery Standards;
- Informed Consent;
- Use of Antibiotics;
- Venous Thromboembolism.

Members area of website

- Logbook Template (Observed);
- Logbook Template (Assisted);
- Logbook Template (Education);
- Logbook Template (Performed);
- ACPS 6-monthly Registrar Summary;
- ACPS Stage 1 Checklist;
- ACPS Stage 2 Checklist;
- ACPS Stage 3 Checklist;
- ACPS Training Program Feedback Form;
- ACPS Complaints and Discipline;
- Interactive Learning Guide;
- ACPS Training Document;
- Medical rotation templates

The documents available from the ACPS are revised from time to time, and it is advisable to check the ACPS website on a regular basis for updates.

Appendix 9: Recommended Reading

General Surgical Science Exam

General texts

Raftery, AT: *Applied Basic Science for Basic Surgical Training*. 2nd edition. Churchill Livingstone Elsevier; 2008. [Chapters 1-12,14,17]

Norton, JA et al: *Surgery: Basic Science and Clinical Evidence*. 2nd edition. Springer; 2008. [Section 1]

Kumar, V et al: *Robins and Cotran: Pathologic Basis of Disease*. 8th edition. Elsevier; 2010.

Guyton AC et al: *Textbook of Medical Physiology*. 11th edition. Elsevier; 2006.

Banks AS, Downey MS, Martin DE, Miller SJ (Eds): *McGlamry's Comprehensive Textbook of Foot and Ankle Surgery*. 3rd edition. Lippincott, Williams & Wilkins; 2001.

Coughlin MJ, Mann RA, Saltzman CL (Eds): *Surgery of the Foot and Ankle*. 8th edition. Elsevier; 2007.

Canale ST, Beaty JH (Eds): *Campbell's Operative Orthopedics*. 11th edition. Mosby Elsevier; 2007.

Sarrafiian, SK: *Anatomy of the Foot and Ankle: Descriptive, Topographic, Functional*. 2nd edition. J.B. Lippincott Company; 1993. [out of print]

Pharmacology

Rang, HP et al: *Rang and Dale's Pharmacology*. 6th edition. Elsevier; 2007.

Therapeutic Guidelines [<http://www.tg.org.au>]

Australian Medicines Handbook [<http://www.amh.net.au>]

Basic Osteosynthesis Principles

Reudi TP, Buckley RE, Moran CG (Eds): *AO Principles of Fracture Management*. 2nd Edition. AO Publishing; 2007. [Sections 1-3]

General reading

Foot and Ankle Surgery/Orthopaedic

Banks AS, Downey MS, Martin DE, Miller SJ (Eds): *McGlamry's Comprehensive Textbook of Foot and Ankle Surgery*. 3rd edition. Lippincott, Williams & Wilkins; 2001.

Bucholz RW, Heckman JD, Court-Brown C, Tornetta P (Eds): *Rockwood and green's Fractures in Adults*. 7th edition. Lippincott, Williams & Wilkins; 2009.

Canale ST, Beaty JH (Eds): *Campbell's Operative Orthopedics*. 11th edition. Mosby Elsevier; 2007.

Chang, T (Ed): *Master Techniques in Podiatric Surgery: the Foot and Ankle*. Lippincott, Williams & Wilkins; 2003.

Chikwe J, Walther A, Jones P: *Perioperative Medicine: Managing surgical patients with medical problems*. Oxford University Press; 2009.

Christman RA: *Foot & Ankle Radiology*. Churchill Livingstone; 2001.

Coughlin MJ, Mann RA, Saltzman CL (Eds): *Surgery of the Foot and Ankle*. 8th edition. Elsevier; 2007.

Dockery GL, Crawford ME: *Lower Extremity Soft Tissue & Cutaneous Plastic Surgery*. Saunders Elsevier; 2005.

Gumann G: *Fractures of the Foot and Ankle*. Elsevier Saunders; 2004.

Herring JA (Ed): *Tachdjian's Pediatric Orthopedics*. 4th edition. Elsevier; 2007.

Kitaoka H (Ed): *Master Techniques in Orthopaedic Surgery: Foot and Ankle*. 2nd edition. Lippincott, Williams & Wilkins; 2003.

Lubin MF, Smith III RB, Dodson TF, Spell NO, Walker HK: *Medical Management of the Surgical Patient: A Textbook of Perioperative Medicine*. 4th edition. Cambridge University Press; 2007.

Moran SL, Cooney WP (Eds): *Master Techniques in Orthopaedic Surgery: Soft Tissue Surgery*. Lippincott, Williams & Wilkins; 2009.

Myerson M: *Reconstructive Foot and Ankle Surgery*. Elsevier Saunders; 2005.

Norton JA, Barie PS, Bollinger RA, Chang AE, Lowry S, Mulvihill SJ, Pass HI, Thompson RW: *Surgery: Basic Science and Clinical Evidence*. 2nd edition. Springer; 2008.

Raftery, AT: *Applied Basic Science for Basic Surgical Training*. 2nd edition. Churchill Livingstone Elsevier; 2008.

Reudi TP, Buckley RE, Moran CG (Eds): *AO Principles of Fracture Management*. 2nd Edition. AO Publishing; 2007.

Sarrafian, SK: *Anatomy of the Foot and Ankle: Descriptive, Topographic, Functional*. 2nd edition. J.B. Lippincott Company; 1993. [out of print]

Sherris, DA, Kern, EB: *Essential Surgical Skills*. 2nd edition. 2004

Stoker D: *Basic Surgical Skills & Techniques*. Anshan Limited; 2009.

Zgonis T: *Surgical Reconstruction of the Diabetic Foot and Ankle*. Lippincott, Williams & Wilkins; 2009.

Medicine and other speciality texts

Creager MA, Dzau VJ, Loscalzo J: *Vascular Medicine - A Companion to Braunwald's Heart Disease*. Saunders Elsevier; 2006.

Dimmitt, S: *Rational Clinical Examination*. University of Washington Press; 2006.

Fauci A, Braunwald E, Kasper D, SHauser S, Longo D, Jameson J, Loscalzo J: *Harrison's Principles of Internal Medicine*. 17th edition. McGraw Hill; 2008.

Guyton AC, Hall JE: *Textbook of Medical Physiology*. 11th edition. Elsevier; 2005.

Klippel JH, Stone JH, Crofford LJ, White H: *Primer on Rheumatic Diseases*. 13th edition. Springer; 2008.

Kumar V, Abbas, AK, Fausto N, Aster J: *Robins and Cotran: Pathologic Basis of Disease*. 8th edition. Elsevier; 2010.

Longmore M, Wilkinson I, Davidson E, Foulkes A, Mafi A: *Oxford Handbook of Clinical Medicine*. Oxford University Press; 2007.

Murtagh J: *John Murtagh's General Practice*. 4th edition. McGraw Hill; 2007.

Pagana KD, Pagana TJ: *Manual of Diagnostic and Laboratory Tests*. 3rd edition. Mosby Elsevier; 2006.

Rasmussen TE, Clouse WD, Tonnessen BH: *Handbook of Patient Care in Vascular Diseases Handbook*. Lippincott Williams & Wilkins 2008.

Talley NJ, O'Connor S: *Clinical Examination: A systematic guide to Physical Diagnosis*. Churchill Livingstone; 2005.

Relevant Journals

The following list is a guideline only, and is not intended to be comprehensive.

Orthopaedic and Musculoskeletal Journals

- Journal of Bone and Joint Surgery (Am & Br)
- Clinical Orthopaedics and Related Research
- Journal of Orthopaedic Research
- Archives of Orthopaedic and Trauma Surgery
- Foot and Ankle International
- Journal of Foot and Ankle Surgery
- Journal of the American Podiatric Medical Association
- Journal of Foot and Ankle Research
- Foot and Ankle Surgery
- The Foot
- Injury

- Osteoarthritis and Cartilage
- BMC Musculoskeletal Disorders

Medicine and Surgery Journals

- Chest
- Lancet
- New England Journal of Medicine
- BMJ
- The Medical Journal of Australia
- ANZ Journal of Surgery
- American Journal of Surgery
- British Journal of Surgery
- Diabetes Care
- Journal of Diabetes and It's Complications
- Arthritis Care and Research
- Arthritis and Rheumatology

On Line learning:

American College of Foot and Ankle Surgeons [<http://www.acfasdistancelearning.com/>] [*eLearning - Podcasts and Scientific sessions*]

AO Foundation [<http://www.aofoundation.org/wps/portal/>] [*AO Surgery Reference, Traumaline and videos*]

Journal of Bone and Joint Surgery [<http://www.ejbs.org/>] [*Audio Podcast and Video Library*]