

# Australasian College of Podiatric Surgeons



## Fellowship Training Handbook

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## Previous ACPS Training Documents

*January 2010 (Version 2.0)*

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## Glossary of Terms

<b>ACPS</b>	Australasian College of Podiatric Surgeons (ACPS)
<b>ANZPAC</b>	Australian and New Zealand Podiatry Accreditation Council
<b>APodC</b>	Australasian Podiatry Council
<b>CBD</b>	Case based discussion
<b>COAG</b>	Council of Australian Governments
<b>DOCS</b>	Direct observation of clinical skills
<b>DOPS</b>	Direct observation of procedural skills
<b>PodBA</b>	Podiatry Board of Australia
<b>Fellow</b>	A Fellow of the ACPS
<b>Supervising Fellow</b>	A Fellow who has been accredited by the Training Committee as able to supervise and train registrars
<b>Primary Supervising Fellow</b>	A Supervising Fellow who has been appointed as the direct supervisor of a registrar.
<b>Examining Fellow</b>	An ACPS Fellow who has been accredited by the Examination Committee as able to examine Registrars in oral and practical examinations.
<b>Registrar</b>	An ACPS Registrar who is currently enrolled in Stage 1 or Stage 2 of the ACPS training Program
<b>Senior Registrar</b>	An ACPS Registrar who is currently enrolled in Stage 3 of the ACPS training Program

# Introduction

## The ACPS

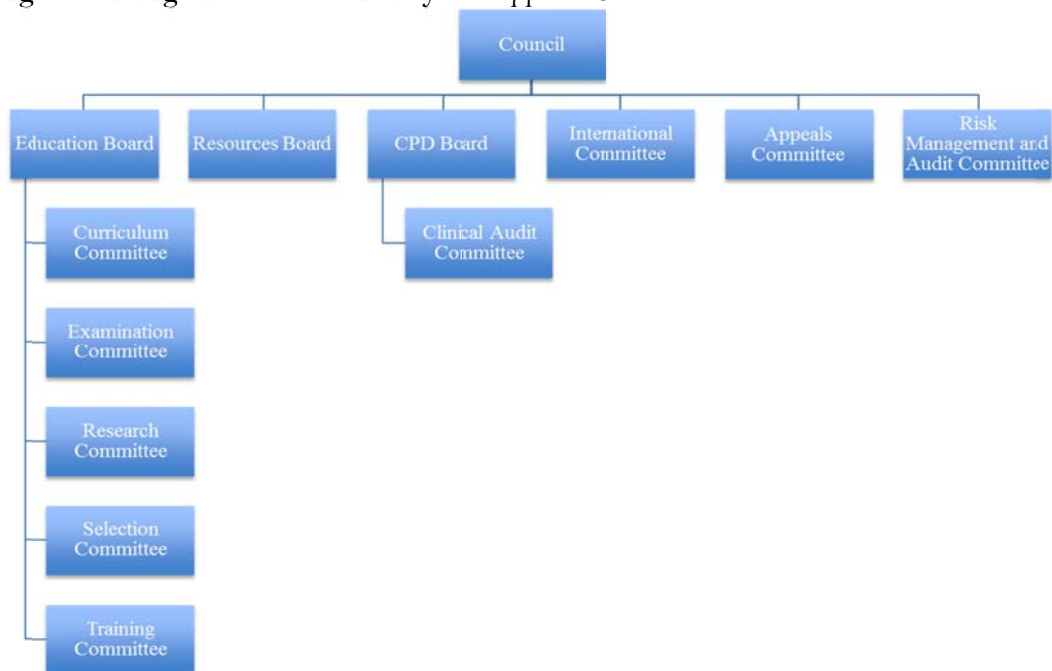
The Australasian College of Podiatric Surgeons (“ACPS”) is the speciality College representing Podiatric Surgeons (podiatrists qualified and eligible for specialist registration who perform reconstructive foot and ankle surgery) in Australia. Similar to other specialist colleges within Australia and 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;
- providing training and education for those who wish to become Fellows of the ACPS and Specialist registered Podiatric Surgeons; and
- providing an accreditation Program, which includes continuing education and peer review of podiatric surgeons in Australia
- providing continuing professional development programs.

## ACPS governance structure

The following flow chart describes the relationship of training to the broader governance structure of the ACPS. All matters relating to education and training are the responsibility of the Education Board in liaison with other committees as required and under the auspices and delegated authority of the ACPS council. Under this delegated authority decisions of the Education Board in respect to training are binding unless overturned by the Appeals Committee.



## 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 this document. The Program described in detail in this document is approved and managed by the Education Board and its committees.

This document supersedes and replaces the previous ACPS document, which was published in 2010. 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.

### *Underlying philosophy*

In providing training in podiatric surgery, 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.

### *Accreditation of the ACPS Training Program*

Under the National registration scheme for health practitioners (July 2010), podiatric surgeons are registered specialists (Podiatric Surgeons) listed on the specialist register of the Podiatry Board of Australia.

The Australasian Podiatry Council (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 and Ministerial Council recognised and endorsed ANZPAC in this role in 2009. Since this time ANZPAC has been the body appointed by the PodBA as its accreditation authority.

Programs of study that seek to allow registration of specialist podiatry practitioners (Podiatric Surgeons) must be accredited by ANZPAC.



## Pathways to Fellowship of the ACPS

To be eligible to be awarded a Fellowship of the ACPS, individuals 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 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.

# The ACPS Training Program

## Introduction to the Training Program

The ACPS Training Program has a three-part structure, which 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. 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 Supervising Fellows are available will need to consider relocating to a suitable city for the duration of their training.

For fees applicable please refer to the ACPS schedule of fees, available on the ACPS website. <http://www.acps.edu.au/>

To be selected for a training (Registrar) position with the ACPS candidates must have confirmed eligibility for selection through the attainment of a list of minimum requirements. A checklist / guide to those requirements follows. More detailed information on means to attain this follows this introduction.

### **ACPS Selection Checklist – a candidate must:**

- Be registered as an Endorsed (scheduled medicines) Podiatrist in Australia. <http://www.podiatryboard.gov.au/>
- Have a minimum of 2 years post graduate experience.
- Be a citizen or permanent resident of Australia or New Zealand.
- Provide evidence of education requirements.
- Have completed all requirements for selection (Examination, Clinical experience, logbook, psychometric testing).
- Be an Affiliate member of the ACPS. <http://www.acps.edu.au/>
- Be eligible for attainment of appropriate professional indemnity insurance.

Candidates are invited to undertake interview as a final requirement in the selection process.

If accepted into a training position the registrar will progress through the stages of training in a program that aims to increase professional responsibility under appropriate supervision.

The program aims to ensure core competencies are met through attainment of key milestones. The duration of the ACPS training program varies but is generally expected to be completed within 6 years.

Table 1 provides a synopsis of the key milestones as they apply to each stage. The + indicates at what stage, or by when an activity must be undertaken (successfully completed). The presence of a + at multiple points in the program indicates that the requirement must be met more than once. Failure to complete a milestone activity will result in inability to progress through the program.

Milestones in Training	Stage 1	Stage 2	Stage 3
<b>Medical &amp; Surgical rotations</b>			
Podiatric	+	+	+
Other (eg international)		+	+
<b>Assessment</b>			
Six monthly review reports	+	+	+
Logbook (case and education)	+	+	+
Research requirement		+	+
Direct Observation Of Procedural Skills (DOPS)	+	+	+
Direct Observation Of Clinical Skills (DOCS)	+	+	+
Case based discussions	+	+	+
Saw bone and cadaver workshop	+	+	
Peer review meetings	+	+	+
<b>Examinations</b>			
Case Studies	+		
General Surgical Science Examination	+		
Cadaver workshop		+	
Foot and ankle Surgical theory examination		+	
Progressive Surgical Assessment		+	
Fellowship (exit ) examination			+
<b>Courses</b>			
Basic surgical skills education and training (BSSET)	+		
Radiation safety course			+
ALERT (Critical Care)	+		
BL& ALS (Critical Care)	+		
Anaesthesia and Post Anaesthesia Care (Critical Care)	+		
Principles of Osteosynthesis and Fracture Management - Basic		+	
Principles of Osteosynthesis and Fracture Management - Advanced			+
Foot and Ankle Arthroscopy Surgical Skills Course			+
Minimally Invasive Foot and Ankle Surgery			+
<b>Research</b>			
Literature Evaluation and Research	+		
Article submission to peer review journal		+	+

**Table 1: Required milestones in ACPS training program**

## Application, Selection and Admission

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. It is possible that no training positions may be offered in some years.

When training positions become available they will be advertised on the ACPS website ([www.acps.edu.au](http://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.

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 eligibility 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 12.

Minimum eligibility criteria are as follows:

**1. Registration as a podiatrist**

The candidate must hold general registration with the Podiatry Board of Australia. Podiatrists registered in New Zealand are eligible for Australian registration under mutual recognition. In addition to registration in Australia the individual must be a citizen or permanent resident of Australia or New Zealand. The candidate must hold an Endorsement for Scheduled Medicines.

**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:

- Endorsement for Scheduled Medicines under Australian registration
  - <http://www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx>
- Completion of an approved Master's degree (see highlight box below)
  - Application from individuals who have completed academic units leading towards a doctoral qualification may be accepted, based upon individual assessment by the ACPS Selection Committee.

## **Educational requirements**

A Master's degree that leads to a general registration as a podiatrist is not suitable for this requirement.

The ACPS requires candidates to have completed a higher degree to the level of a Master's degree within a discipline that has relevance to the speciality field of podiatric surgery. This will typically involve a higher degree in Podiatric Medicine, Podiatric Surgery, Public Health or Medical Science.

Many universities offer flexible modes of study via distance education. Candidates are advised to contact the institutions directly to enquire about study options. The following links provide some options:

- <http://www.hud.ac.uk/courses/part-time/postgraduate/theory-of-podiatric-surgery-msc/>
- [http://www.qmu.ac.uk/courses/PGCourse.cfm?c\\_id=213](http://www.qmu.ac.uk/courses/PGCourse.cfm?c_id=213)
- <http://programs.unisa.edu.au/public/pcms/Program.aspx?pageid=237&sid=884&y=2014>
- <http://www.podiatry.surgery.uwa.edu.au/courses/postgraduate/mpodm>

**The Selection Committee of the ACPS can provide advice on the relative merits of different pre admission courses.**

#### **4. Affiliate Membership**

The ACPS offers a separate membership category (Affiliate) to registered podiatrists who may wish to gain broader clinical experience within a mentored environment, expand scope of practice and or develop skills that will assist an application into a surgical training program.

All potential candidates for the ACPS Training Program must obtain a basic familiarity with the ACPS and its work including making 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](http://www.acps.edu.au) is a good place to start.

### **ACPS Affiliate Membership**

ACPS affiliates receive benefits such as priority access to ACPS sponsored courses Eg: injection therapies and scheduled medicines training. Additionally affiliates can after completing an approved ACPS course assist Fellows at operations.

## Application form for a training position

In order to register for selection to a training position, candidates must have met the Minimum eligibility criteria and submit an Application for ACPS Training Position form, which is available on the ACPS website at <http://www.acps.edu.au/>

- The application is not considered complete until all fees are paid. Attachments required include;
  - 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 advanced standing within the Training Program should indicate their intention to do so on the application form. See Appendix 7 for more information on advanced standing including advanced standing for internationally qualified podiatric surgeons.

## Selection Process

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. It is possible that no training positions may be offered in some years.

Selection into the Training Program is governed by the principles of equal opportunity, and will be based solely on merit. Where the ACPS is unable to identify appropriately qualified candidates to fill an available training position the place 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. The requirements and process of application to a training position is described in more detail below.

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. Once the application form has been received the candidate will be advised to ensure that all the elements (outlined below) are completed.

The following elements are required to complete an application to a training position with the ACPS. These elements serve several purposes; familiarisation of the candidate with the reality of ACPS Training Program, assessment of the candidate to ascertain whether they have sufficient base knowledge of podiatric medicine and surgery and additionally whether they have the developed skills and professionalism to a level which will enhance their ability to successfully complete the training program.

To serve the purposes of the process, selection will be based on performance in the following required elements of the application:

- the ACPS Entrance examination;
- psychometric and motor skills testing;
- interview

Applicants must also submit additional supporting evidence:

- podiatric surgical clinical rotations with completion of relevant Clinical Rotation Assessment Forms (CRAF). An example of this assessment form can be located on the ACPS website;
- a logbook of relevant clinical and surgical experience.

Further information regarding each of these elements is provided below.

### *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. The examination will not be offered unless a training position will be available during the subsequent 12 months. Dates for the examination will be posted on the ACPS website at least 3 months prior to an examination to allow preparation time. Those who have formally registered interest will be notified of dates via email.

There is a fee for sitting the entrance examination (a list of applicable fees is available on the ACPS website, 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 pass in this element is a hurdle requirement to application. The examination is based on the academic pre requisites of the ACPS. Review of course content and reading material from these programs is recommended prior to sitting the examination.

### *Psychometric & Motor Skills Testing*

Candidates will be required to undertake a validated psychometric test at their own expense. 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).

Testing should be arranged whilst compiling an application to the ACPS. Applicants can obtain the location of approved testing sites from the ACPS Selection Committee secretariat.

## *Podiatric Surgical Clinical Rotations*

Candidates wishing to submit an application to the ACPS for training are required to organise and attend clinical rotations in podiatric surgery. To participate in clinical rotations the candidate must be a financial member of the college (Affiliate status). The college can provide a list of fellows of the college who will accept practitioners on clinical rotation.

A minimum of ten sessions (each of four hours, or one half day) must be spent with fellow of the college. This experience should be gained by visiting three separate Fellows. The sessions should be split equally between office consulting sessions and operating theatre sessions.

Using the actual cases observed in these sessions, the Fellow will provide feedback to the candidate on their knowledge skills and professionalism. Feedback will be provided to the candidate in the form of completed Clinical Rotation Assessment Forms (CRAF) from each of the clinical rotations. This means that three (3) separate forms will be completed. The Fellow will also discuss any particular strengths and weaknesses noted in the candidate's knowledge of peri operative assessment and management. It should be noted that the CRAF 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 interactive process. Blank copies of the CRAF form should be brought to the clinical session by the candidate. The CRAF form can be downloaded from [www.acps.edu.au](http://www.acps.edu.au).

The clinical sessions can also be used to assist in the process of endorsement for scheduled medicines.

## *Logbook of clinical and surgical experience*

All the podiatric surgical rotations must be recorded on the ACPS Affiliate logbook. 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 <http://www.acps.edu.au/>

**IMPORTANT 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.**

## *Interviews*

The final element of the application will be a formal interview. Any candidate who has successfully fulfilled all the selection requirements, compiled an application and paid all relevant fees is invited to present for an interview. Please note that the training position/s may not be necessarily based in the location the applicant currently resides in. The applicant should not proceed with an application unless they are prepared to relocate for the purposes of training.

The interview will be conducted by the ACPS Selection Committee. The interview panel will generally be made up of 4 members:

- chair of the selection committee
- registrar representative
- senior Supervising Fellow of the available training position
- University academic with background in selection processes.



Prior to the interview, the panel will review the application and may request further information from the applicant. Both pre and post interview reference checks will be undertaken. Selection will be based solely on merit, and will be based on assessment of the candidate's personal and academic suitability to become a podiatric surgeon. All elements of the application will be considered by the Selection Committee. The committee will make a recommendation to the Education Board on which of the applicants should be offered a training position.

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.

## Summary

The ACPS selection process aims to ensure that candidates from across Australia and New Zealand have an opportunity to apply for training positions and that the best candidates are selected.

The process contains elements of further education which will provide valuable additional knowledge and skills to the practitioner irrespective of the success or otherwise of an application.

The process is transparently managed by the Selection Committee of the ACPS. Written appeals in respect to decisions of the selection committee or concerns about process can in the first instance be lodged with the Selection Committee who must then forward the matter to the Appeals Committee.

Any appeals should outline the reasons for the appeal and provide any supporting documentation. The appeal will be considered by the Appeals Committee of the ACPS, a decision will be provided within two months of the appeal been lodged. The decision of the appeals committee is final.

### **CURRENCY and the SELECTION PROCESS**

**If a candidate completes the selection process and is not selected at final interview for a position they may apply directly to interview for subsequent positions without having to repeat the other criteria.**

## Commencement of Training Program

A College Fellow will be nominated as the primary Supervising Fellow by mutual agreement between the Registrar and the Training Committee. The formal ACPS supervision agreement must be signed prior to commencement of training.

Fellows of the A.C.P.S. whilst supervising Registrars in addition to providing guidance and support in training will be responsible for the surgical procedure and management of patient involved in any educative activity.

A Registrar must not refer to himself or herself as a podiatric surgeon or surgical podiatrist.

Once training has commenced, Registrars are subject to satisfactory progress requirements.

## 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 provided in Appendices four (4) and five (5) respectively.

## *Advanced Standing (Recognition of Prior Learning - RPL)*

Once a candidate has been offered a place in the training Program, they may be offered advanced standing if they have applied for RPL during the application process.

It is accepted that candidates may have gained prior surgical training or experience which is comparable to elements of the ACPS training program. During the application process the candidate should indicate an intention to apply for RPL. With the application evidence of previous experience including a mapping document with outlines learning outcomes and competencies achieved which are of direct comparison to the ACPS competencies and syllabus must be submitted.

Such applications will be considered on a case-by-case basis by the Training Committee of the ACPS and subject to recommendations may be offered advanced standing by the Education Board.

Candidates with podiatric surgical qualifications gained outside of Australia should refer to Appendix seven (7) of this document for more information on advanced standing.

## Teaching & Assessment 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;
- tutorials;
- 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.

Throughout the ACPS Training Program, Registrars are assessed on clinical knowledge, clinical skill and professionalism. For more details, please refer to the syllabus (Appendix 5).

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 31.

The single most important aspect of training is feedback. Supervisors 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 Registrars 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.

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

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

Supervisors will monitor and 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 Supervising 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 Supervising 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 58).

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

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

The Supervising Fellow 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. A template for the completion of these case studies is available in the members section of the ACPS website.

#### **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 conducts surgical workshops on an annual basis. These cover a variety of topics including anatomy, dissection and surgical techniques. The workshops are 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. Workshops can also be undertaken through other agencies or whilst on overseas rotation, these will require prior written approval as meeting ACPS syllabus requirements.

#### **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. The ACPS DOCS format will be used as an assessment tool.

### **Requirements during training Program**

The specific workshop requirements are described below in the section entitled "Stages in the Training Program" starting on Page 31.

## **Case and Peer Review Meetings (Stage 1, 2 &3)**

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.

### **Requirements of case and 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 should be arranged such as 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.

### **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

The presentation content should be evidence based and draw from contemporary literature. The format is encouraged to be on power point to facilitate ease of distribution to attendees, 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.

The presentation will generally involve either a case study or journal review or both.

### **Case studies (for CBD)**

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.

## 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 **Error! Reference source not found.**

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 2: 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 generally 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;
- applied 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 6 (Page 88) for the recommended reading for this examination; and Appendix 3 (Page 58) for the syllabus.

## ***Dissection Assessment (Stage 2)***

The dissection assessment is a compulsory aspect of Stage 2 assessment. The focus of this assessment will be on common forefoot incisions and dissection required in podiatric surgery and will be held during any one of the cadaveric workshops run by the ACPS.

The assessment will be based on observation of technical execution of appropriate instrument and tissue handling through anatomic dissection of separate common podiatric procedures.

Successful completion will require observation of 4 satisfactory procedures using a DOPS assessment proforma.

## *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.

A registrar may apply for the progressive surgical assessment when they have completed all the other requirements of Stage 2. The application will be made to the Training Committee with documentation that verifies completion of all other Stage 2 requirements. Once verified by the Training Committee the Examination Committee will appoint two examiners (podiatric surgeons) other than the primary supervisor. The examiners shall indicate availability (or other panel members will be appointed) within a 1 week of a request from the Examination Committee.

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 Supervising 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.

Formal written and verbal feedback will be provided by the examiners to both the Registrar and the primary supervising Fellow. If a Registrar's performance is below expected the specific deficiencies will be identified and the registrar will be allowed to re-sit the examination once the Examination Committee has been informed that the deficiencies have been addressed. The second examination will not be able to be undertaken until payment of the examination fee.

## ***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 training 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 generally 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 2, Page 49), the syllabus (Appendix 3, Page 58) and directed reading. Please refer to Appendix 6 (Page 88) for the recommended textbooks for this examination.

## **Fellowship Examination (Stage 3)**

At the end of Stage 3, the candidate will be invited to present for an oral examination conducted by the Examination Committee. The committee of the ACPS, will take this opportunity to explore in detail and in breadth the candidate's knowledge, including reference to the cases undertaken during Stage 2; and suitability for Fellowship of the College.

The "Fellowship Exam" will be comprised of three key areas. These assessments will all take place on the same day. The "Final exam" will generally occur in March every year. All examinations will take the form of an oral "viva" examination/interview style discussion. Registrars who have undertaken the examination will be notified within one week as to a pass, fail or further scrutiny required.

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.

## **Conferring of Fellowship**

Application for Fellowship can be made once **all** requirements of the Training Program are met. The applications will be assessed by the Education Board who will provide recommendation to ACPS Council.

Successful applicants will be provided a letter to this effect which can be provided to the Podiatry Registration Board of Australia to be used as a component of application for specialist registration. 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 as soon as deficiencies can be addressed.

## Skills Courses

Registrars are required to complete a number of courses during the training program. The courses are selected and or designed to provide an opportunity for intensive practical education to support the syllabus. There is some flexibility in the timing at which any given course can be completed. Courses are not necessarily offered by the ACPS on a yearly basis. Additionally the courses can be undertaken from another provider and /or whilst on overseas rotation providing that prior written approval has been provide by the Training Committee.

A brief outline of the required courses follows. Further information on these courses can be found by following the appropriate links.

### *Basic surgical skills education and training (BSSET)*

The BSSET course is an educational package of generic surgical skills required by registrars of the ACPS. BSSET is a compulsory aspect of surgical training. It is to be undertaken within the first stage of training.

The BSSET can also be undertaken prior to entering the training program. In this instance, a candidate must be an affiliate member of the ACPS.

Four modules are undertaken over the 2.5 day course:

- Basic Surgical Skills 1 (instruments, knots & incisions)
- Basic Surgical Skills 2 (dissection & suturing)
- Musculoskeletal
- Minimal Access Surgery

The emphasis of this course is on small group teaching, intensive hands-on practice of basic skills, individual tuition, personal feedback to participants and the performance of practical procedures. Experienced surgeons teach on the BSSET course and enable successful transfer of valuable knowledge and skills.

#### **Objectives**

- Become familiar with the different types of common surgical instruments, their construction, function, safe and appropriate use, and maintenance
- Learn the principles, applications and practice of tying a variety of common surgical knots
- Learn appropriate selection strategies for surgical sutures and needles, appropriate techniques of use, and specific points of sharps safety
- Broaden understanding of the use of local anaesthetics in the peri operative period
- Develop an understanding of the concept of barriers in surgery, to perform an effective and reproducible method of scrubbing, gowning and closed gloving (Australian College of Operating Room Nurses (ACORN) Standards), and to learn how to establish and maintain a sterile field
- Learn the principles involved in the selection and execution of an incision
- Learn the principles and techniques of suturing
- Learn the principles of the diathermy generator and safe electrosurgery practice
- Consolidate learned skills in an advanced dissection model
- Demonstrate integration of incision, tissue handling, instrument, suture and needle selection, and suturing/tying skills in a heavy/fascial tissue model
- Demonstrate integration of incision, tissue handling, instrument, suture and needle selection, appropriate suturing and knot tying skills in a delicate tissue model
- Learn and demonstrate wound assessment and management skills
- Understand the principles of fracture immobilisation
- Demonstrate bone handling osteosynthesis techniques
- Understand the principles and instrumentation of minimal access surgery

## Content

The BSSET course is made up of fourteen modules:

- Session 1 - Surgical Instruments
- Session 2 - Knot Tying
- Session 3 - Needles and Sutures
- Session 4 - Standard Precautions: Barriers, Sterile Technique and Safety
- Session 5 - Introduction to Incisions, Local Anesthetic and Excisions
- Session 6 - Suturing - Principles and Practice
- Session 7 - Electrosurgery
- Session 8 - Advanced Dissection and Vessel Management
- Session 9 - Handling and Suturing Tubular and Delicate Structures
- Session 10 - Integrated Tissue Management Exercise: Skin and Fascial Closure
- Session 11 - Extensile Exposure (Incision & Dissection for Surgical Exposure) & Tissue Repair
- Session 12 - Wound Management
- Session 13 - Bone Handling and Plaster Skills
- Session 14 - Principles and Practice of arthroscopy

Prerequisite book:

**Fundamental skills for surgery – Royal Australasian College of Surgeons, McGraw Hill**

Can be purchased at: <http://www.mcgraw-hill.com.au/html/9781743073421.html>

### ***Radiation safety course***

All Registrars must complete and accredited course in radiation safety, specifically the prerequisite for State licensing in use of Fluoroscopic X-ray units (mini C arm).

An example of an approved course can be found at the following Victorian Government link. Similar courses are available in and relevant to State licensing requirements:

[http://docs.health.vic.gov.au/docs/doc/2871FFB88D89C47DCA257BA90000785D/\\$FILE/Prerequisites%20for%20Use%20Licences.pdf](http://docs.health.vic.gov.au/docs/doc/2871FFB88D89C47DCA257BA90000785D/$FILE/Prerequisites%20for%20Use%20Licences.pdf)

### ***ALERT - Acute Life-threatening Emergencies, Recognition, and Treatment***

Conducted by Critical Care Education Services this course is designed to provide clinicians with essential skills relating to the assessment and management of patients who are experiencing life threatening emergencies.

The two day program will cover a variety of clinical conundrums, which if not recognised and treated promptly may result in either death or significant morbidity for the patient.

This seminar is designed to facilitate the application of a problem solving approach to the assessment and management of a wide variety of patient conditions. Detailed information on the course content, location/s, cost and timing can be found at: <http://www.criticalcare.edu.au>

## ***BL& ALS - Basic Life Support & Advanced Cardiac Life Support***

Conducted by Critical Care Education Services this course brings together some of the most experienced resuscitation educators and instructors in Australia. This is presented in a dynamic manner using state of the art multi-media equipment and using the latest in resuscitation training aids for the skill stations.

The presenters will emphasise a problem solving approach to the management of emergency situations. Detailed information on the course content, location/s, cost and timing can be found at: <http://www.criticalcare.edu.au>

## ***Anaesthesia and Post Anaesthesia nursing***

Conducted by Critical Care Education Services this course is designed to provide Anaesthesia & Recovery Room staff with greater insight into their clinical practice. This will be achieved by the presentation of a range of issues pertinent to current practice and include concepts and developments which shape clinical practice.

A range of case histories will be used to provide a practical basis for many topics. Topics will include Cardiac Monitoring, Awareness under Anaesthesia, Rapid Sequence Induction, Hypothermia, Non-Cardiogenic Pulmonary Oedema and more.

Detailed information on the course content, location/s, cost and timing can be found at: <http://www.criticalcare.edu.au>

## ***Principles of Osteosynthesis and Fracture Management - Basic***

The AO site provides information on basic principles and courses which relate to fracture management:

<https://aotrauma.aofoundation.org/Structure/education/Pages/education.aspx>

Changes in the structure of courses during 2014 means that the ACPS will be announcing preferred course options for this requirement during the first 6 months of 2014.

## ***Principles of Osteosynthesis and Fracture Management - Advanced***

The AO site provides information on advanced courses which relate to advanced management of foot and ankle trauma:

<https://aotrauma.aofoundation.org/Structure/education/Pages/education.aspx>

Changes in the structure of courses during 2014 means that the ACPS will be announcing preferred course options for this requirement during the first 6 months of 2014.

The American Academy of Foot and Ankle Osteosynthesis is a new educational organization for internal fixation which has begun course from 2014 dedicated to teaching residents (registrars) the techniques and skills of skeletal fixation trauma and reconstructive surgery of the foot and ankle. Courses from this organisation are likely to be formally approved by the ACPS Education Board during 2014. <http://www.aafao.org/>

## ***Foot and Ankle Arthroscopy Surgical Skills Course***

The American College of Foot and Ankle Surgeons (ACFAS) conduct foot and ankle arthroscopy surgical skills courses several times throughout the year. These courses are Council of Podiatric Education (CPME) accredited. ACPS Fellows and registrars can access these courses at AFCAS international affiliate rates. A range of skills stations in the laboratory with intensive tutoring are designed to introduce and /or enhance arthroscopic skills for podiatric surgical registrars, residents and surgeons. A minimum requirement during ACPS training is attendance at one of these courses. Ideally this should be completed during Stage 3 of training whilst on a USA rotation.

### *Minimally Invasive Foot and Ankle Surgery*

An introductory program of lectures and cadaver workshops in minimally invasive foot and ankle surgery is run biannually by the Academy of Ambulatory Foot and ankle Surgery (AAFAS). Courses run or accredited by AAFAS are currently the only CPME accredited programs in Minimally Invasive Foot and Ankle Surgery. The course provides the theoretical background to minimally invasive foot surgery and opportunity in the laboratory to develop primary skills in this area of foot and ankle surgery. A minimum requirement during ACPS training is attendance at one of these courses. Ideally this should be completed during Stage 3 of training whilst on a USA rotation.

### *Literature Evaluation and Research*

Each registrar is required to conduct research and publish a minimum of two publications in peer review journals as a prerequisite to Fellowship.

Planning for publication should begin with the primary supervisor during stage 1, with submission of at least one publication during stage 2 and the second early during stage 3 to ensure that minimum publication requirements will be completed prior to the fellowship exam (stage 3).

The college policy on research outlines the requirements for ethics approval and should be reviewed when planning research.

**All Registrars should be able to provide evidence of completion of a university post graduate systematic review subject prior to the planning of the research which will lead to a publication.**

## **Record keeping requirements**

### *Log book - procedural*

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 Training Committee Secretary 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 2);
- Level 2 - Assist as an active member of the scrubbed team (Table 2); and
- Level 3 - Perform under supervision at least 50% of the surgical procedure (Table 2).

Procedures (independent operations) are logged as well as case numbers. Access and 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 separately and as a component of the broader education logbook (described above).

 *For Example:*

*You have observed or participated in a below knee amputation whilst on a vascular or trauma rotation. This case would be logged as a component of the educational logbook not within the foot and ankle procedural logbook.*

Suggested minimum numbers for the various procedure types encountered in foot and ankle surgery are provided below (**Error! Reference source not found.**). 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) in 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	
<b>Nail</b>	<i>Examples:</i> Winograd Frost	10	30	40	<b>80</b>
<b>Digital</b>	<i>Examples:</i> Arthroplasty Ostectomy Arthrodesis Osteotomy	30	100	200	<b>330</b>
<b>Lesser metatarsal (includes MT joints)</b>	<i>Examples:</i> Arthroplasty Ostectomy	20	50	100	<b>170</b>
<b>First metatarsal (includes MT joints)</b>	<i>Examples:</i> Distal osteotomy Proximal osteotomy Arthrodesis	40	300	400	<b>740</b>
<b>Midfoot &amp; Rearfoot</b>	<i>Examples:</i> Ostectomy Arthrodesis Osteotomy	30	100	60	<b>190</b>
<b>Soft Tissue</b>	<i>Examples:</i> Tendon transfer Ganglion Neuroma Skin flaps	30	100	200	<b>330</b>
<b>Ankle</b>	<i>Examples:</i> Arthroplasty Arthrodesis Ligament repair	10	20	30	<b>60</b>
<b>Multiple</b>	Where multiple procedures are utilised	10	30	30	<b>70</b>

**Table 3: Minimum surgical experience required prior to Stage 3 Oral examination**

## Log Book - Education

A logbook must be kept by each Registrar which records and details all educational activity related to the ACPS training syllabus. Each entry must be verified and signed by the supervisor. The log book template is available on the ACPS website.

This 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 Committee (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 minimum required scheduled peer review and educational activities.

The Training Committee meets twice a year to review Registrar progress and consider other matters relevant to training and also must certify readiness for examination. These meetings are generally held in January and June. Progression through stages will depend upon successful performance in examination and final approval by the Education Board.

## Variation of enrolment in Training Program

### *Leave of absence*

Registrars may apply for a leave of absence during the Training Program. Leave of absence is granted at the discretion of the Education Board 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 Education Board of the ACPS, and should include a letter of support from the Registrar's supervisor. Further information is available within the ACPS ***Interrupted and Part Time Training Policy*** which is available on the ACPS website.

## *Voluntary withdrawal*

A Registrar may voluntarily withdraw from the Training Program at any time by notifying the ACPS Education Board 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.

## *Termination - 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 ACPS Appeals Committee, 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 on the ACPS website.

# Stages in the Training Program

## Outline

The three stages and assessment tasks in the Training Program are described below. A detailed description of the ACPS competency standards is outlined in Appendix 2 (Page 49). The syllabus is described in its entirety in Appendix 3 (Page 58).

## Stage One (Registrar)

<b>ACPS Training Program: Stage One</b>	
<b>Objectives</b>	The expected outcomes of stage one are the development of a sound theoretical base in general surgical science, peri operative medicine and podiatric surgery.
<b>Education &amp; Assessment</b>	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 4: Summary of Stage 1 of the ACPS Training Program**

## Lectures

There is a requirement for each registrar to attend and participate in 26 hours of lectures. Up to 50% of these can be web-based lectures.

The lectures reflect the syllabus requirements for stages 1 and 2. The lecture format includes tutorials and literature review. Examples of lecture topics include:

- Importance of clinical correlation in medical imaging
- Tarsal coalitions - diagnosis and surgical management
- Review of glucocorticosteroids in podiatric practice
- Surgery of the rheumatoid foot
- Clinical examination and surgical management of lateral ankle instability
- Management of 5th metatarsal base fractures
- Review of common tumors in the foot
- Ganglionic cysts in the foot and ankle
- Management of posterior tibial tendon dysfunction
- Painful accessory ossicles in the foot and ankle
- Local anaesthesia techniques in the foot and ankle
- Multimodal analgesia for post operative pain
- Fixation options for 1st MTPJ arthrodesis
- Tarsal tunnel syndrome
- Mortons neuroma - etiology, diagnosis and management
- Surgical management of insertional calcific achilles tendinopathy
- Radiofrequency coblation for plantar fasciosis
- Surgical approaches to plantar heel pain
- Plantar plate pathology
- Perioperative medicine

## Workshops

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

## Regional Clinical Rotations

The Registrar (with guidance from the Supervising 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. Specific requirements 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 in regional case and peer review meetings once a month (12 per year).

## Case Studies

A total of 20 case studies are to be completed during this stage. Information on the format of case studies is provided in the section titled “Teaching and Assessment methods” in this document. A case study (CBD) template can be found in the Registrar resource page of the members section of the ACPS website.

## DOPS

Satisfactory performance in 12 DOPS assessments. Satisfactory performance is required in each of the assessments or the assessment must be repeated.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the stage 1 Registrar.

Examples are:

- Theatre room team activities
  - Patient positioning, tourniquet setup etc.
- Aseptic technique
- Application short leg cast (various forms)
- Intra operative imaging (use of fluoroscopy)
- Intra operative dressings
- Regional LA
- Basic Suture skills
- Incision planning
- Skin and dissection to deep fascia.

## DOCS

Satisfactory performance in 12 DOCS assessments. Satisfactory performance is required in each of the assessments or the assessment must be repeated.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the stage 1 Registrar.

Examples are:

- Appropriate use of medicines
- Clinical examination and report of common foot pathology
- Pre-operative assessment
- Post-operative assessment of patient status
- Radiographic evaluation
- Completion of hospital discharge summary
- Preparation and completion of operation reports
- Communication of operative plan and informed consent to patients

## Surgical Logbook

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

Stage 1 Registrars must spend at least 1 session per week (48 per 12 months) in the operating theatre.

## **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 have a separate proforma but will also be logged in summary within the educational logbook: and
- medical specialty rotations 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 58.

## **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	
<b>Objectives</b>	In stage two, Registrars are expected to develop their theoretical knowledge and apply this on a practical basis in the preoperative, intraoperative and postoperative management of patients.
<b>Education &amp; Assessment</b>	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 5: 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 Education Board.

### Lectures

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

The lectures reflect the syllabus requirements. The lecture format includes tutorial (discussion) and review of relevant literature. Examples of lecture topics include:

- Importance of clinical correlation in medical imaging
- Tarsal coalitions - diagnosis and surgical management
- Review of glucocorticosteroids in podiatric practice
- Surgery of the rheumatoid foot
- Clinical examination and surgical management of lateral ankle instability
- Management of 5th metatarsal base fractures
- Review of common tumors in the foot
- Ganglionic cysts in the foot and ankle
- Management of posterior tibial tendon dysfunction
- Painful accessory ossicles in the foot and ankle
- Local anaesthesia techniques in the foot and ankle
- Multimodal analgesia for post operative pain
- Fixation options for 1st MTPJ arthrodesis
- Tarsal tunnel syndrome
- Mortons neuroma - etiology, diagnosis and management
- Surgical management of insertional calcific achilles tendinopathy
- Radiofrequency coblation for plantar fasciosis
- Surgical approaches to plantar heel pain
- Plantar plate pathology
- Perioperative medicine

## 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 Registrars will participate in an international placement for a minimum of 3 months during Stage 2 training. Registrars 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.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the stage 2 Registrar.

Examples are:

- 1<sup>st</sup> metatarsal osteotomy – chevron, scarf, closing base wedge
- lesser metatarsal osteotomy – weil, chevron, closing base wedge
- Joint surface preparation for arthrodesis
- Insertion of hardware for 1<sup>st</sup> MTPJ arthrodesis
- Hammertoe correction via PIPJ arthrodesis
- Mallet toe correction via DIPJ arthroplasty
- Layered wound closure
- Intermetatarsal neurectomy
- Os tibiale externum excision
- Achilles tenoplasty
- Fracture reduction

## DOCS

Satisfactory performance of 12 DOCS assessments.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the Stage 2 Registrar.

Examples are:

- Clinical and radiographic assessment:
  - 1<sup>st</sup> MTP joint pathology
  - Ankle instability and impingement syndromes
  - Tailors bunionette
  - Complex hammertoe deformity
  - Tarsal coalition
  - Plantar heel pain
- Perioperative management of a patient with:
  - Type 2 Diabetes Mellitus
  - Rheumatoid arthritis
  - Addison's disease etc
- Post-operative briefing of patients and family

## Surgical Logbook

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

Stage 2 Registrars must spend at least 2 sessions per week in the operating theatre.

## Educational Logbook

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

- Peer review activities have a separate proforma but will also be logged in summary within the educational logbook.
- Medical Specialty rotations have a separate proforma but will also be logged in summary in the educational logbook.
- International Preceptorships 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 3 on Page 58.

## Dissection Assessment

Satisfactory completion of the dissection assessment. This can be completed during a cadaver based workshop.

## 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	
<b>Objectives</b>	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.
<b>Education &amp; Assessment</b>	Formal lectures and self-directed learning 3 workshops/ courses 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 6: Summary of Stage 3 of the ACPS Training Program**

### Lectures

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

The lectures reflect the syllabus requirements. The lecture format includes tutorial (discussion) and review of relevant literature. Examples of lecture topics include:

- Importance of clinical correlation in medical imaging
- Tarsal coalitions - diagnosis and surgical management
- Review of glucocorticosteroids in podiatric practice
- Surgery of the rheumatoid foot
- Clinical examination and surgical management of lateral ankle instability
- Management of 5th metatarsal base fractures
- Review of common tumors in the foot
- Ganglionic cysts in the foot and ankle
- Management of posterior tibial tendon dysfunction
- Painful accessory ossicles in the foot and ankle
- Local anaesthesia techniques in the foot and ankle
- Multimodal analgesia for post operative pain
- Fixation options for 1st MTPJ arthrodesis
- Tarsal tunnel syndrome
- Morton's neuroma - etiology, diagnosis and management
- Surgical management of insertional calcific achilles tendinopathy
- Radiofrequency coblation for plantar fasciosis
- Surgical approaches to plantar heel pain
- Plantar plate pathology
- Perioperative medicine

## **Workshops**

- Rear foot and Ankle Surgery Workshops (minimum 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 or fellowship program that is accredited with the ACPS. The program requires should 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.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the stage 2 Registrar.

Examples are:

- Arthroscopic joint evaluation
- Perform minimally invasive operative procedure
- Obtain autologous bone graft
- Application of external fixation (mini or other)
- Excision of soft tissue tumor
- Tendon surgery (transfer, repair or anastomoses)

## **DOCS**

Satisfactory performance of 12 DOCS assessments.

The topics will vary but must be relevant to the syllabus requirements and performance must be at minimum that which is required for the stage 2 Registrar.

Examples are:

- Conduct peer review meetings with literature review
- Design a research project relevant to surgical practice
- Develop and deliver lecture on an element of peri operative medicine
- Provide an evidence based surgical plan for a case involving a complex hammertoe
- Provide an evidence based surgical plan for a case involving painful flat foot
- Conduct a pre-operative assessment including informed consent to a patient
- Management of infection – acute or chronic

## **Surgical Logbook**

The logbook of all surgical procedures will continue during this stage of training. Stage 3 Registrars must spend at least 2 sessions per week in the operating theatre.

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 3 on Page 58.

# 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 **Error! Reference source not found.** 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	5	Plastic Surgery
Orthopaedic Surgery	10	Radiology
Anaesthetics	10	Pain Clinic
High Risk Foot Clinic	10	Dermatology
Rheumatology	10	General Surgery
Endocrinology	10	Pathology
		Emergency Medicine
		Laboratory
		Neurology
		Paediatrics
		Sports Medicine
		Infectious Disease

**Table 7: 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. These rotations are based in Australia. The rotation is conducted under the direct supervision of registered practicing podiatric surgeon/s (Supervising 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. The Registrar will negotiate these rotations with their primary supervisor in a timely manner to ensure that the requirements are met.

The Registrar should, in consultation with their primary Supervising Fellow, contact a respective podiatric surgeon and confirm rotation is available with said surgeon. Once confirmed, details of scheduling should be organised in conjunction with surgeon and/ or office staff. The Registrar must seek accreditation from individual hospitals where the Registrar will be attending.

During training all Registrar s must spend at least 80 sessions (320 hours), on regional rotations with at least two different Supervising Fellows.

While on rotation, all Registrar s must conduct themselves under the direct supervision of the participating regional Supervising Fellow. The visiting Registrar will participate in regional meetings if scheduled during the 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 provides Australian podiatric surgical Registrars 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. It is a requirement that each Registrar participate in a minimum of two international preceptorships during their surgical training

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 international leaders in the field of foot and ankle surgery
- Improving knowledge and maturity in lower extremity pathology
- Broader exposure to multidisciplinary medical and surgical care
- Opportunity to participate in relevant surgical skills courses and conferences



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 participate in 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 Supervising Fellow, indicated by a short written recommendation submitted with 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 competitive. The Training Committee 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.

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

# Research and Publications

Each Registrar is required to conduct research and publish a minimum of two publications in peer review journals as a prerequisite to 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. All publications will acknowledge the role of the Program and, where appropriate, Supervising Fellows will be listed as co – authors

Planning for publication should begin with the primary supervisor during stage 1, with submission of at least one publication during stage 2 and the second early during stage 3 to ensure that minimum publication requirements will be completed prior to the fellowship exam (stage 3).

**All Registrars should be able to provide evidence of completion of a university post graduate systematic review subject prior to the planning of the research which will lead to a publication.**

## Ethics

The College policy on research outlines the requirements for ethics approval and should be reviewed when planning research.

The ACPS policy on ethics in research and publication is in line with the consensus doc derived from the National Health Service (UK). This document defines the ethics requirements for research, audit and quality assurance.

When designing projects and publications this document should be referenced in the body of the work.

# 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, please review the ACPS document “Accreditation of Podiatric Surgeons” which is available on the ACPS website.

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# Appendices

## Appendix 1: Duties and Responsibilities of Supervisors and Registrars

### ACPS supervisors must:

- Be familiar with the Training Handbook and all policies of the ACPS in relation to training;
- Provide guidance about the nature of the standards expected, by the ACPS;
- Provide of a written duty description which will outline the Supervising Fellows requirements of the Registrar at all surgical lists, hospital ward rounds and office consultations;
- Maintain regular contact with the Registrar including facilitation of weekly meetings during reasonable working hours;
- Be accessible in person when advice may be needed;
- Be sympathetic and supportive with regard to non-professional issues;
- Counsel the Registrar on planning and estimating time and effort involved in the various phases of training;
- Ensure that appropriate timetables have been set by the Registrar to allow the completion of the College requirements within the prescribed time frame;
- Encourage and arrange where appropriate the Registrar to contact and spend time with other surgical or medical Programs;
- Ensure 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 (this must be recorded in writing or indicated on DOPS or DOCS forms).
- The Supervising Fellow should use the ACPS policy ***Registrar in Difficulty*** as the primary resource in assisting a Registrar where inadequate progress or other concern have been observed;
- Ensure that whenever a Supervising 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 Training Committee;
- Report in writing, when required, on the Registrar's progress to the Training Committee ; and
- Arrange for alternative supervision during periods of leave.

### **ACPS Registrars must:**

- comply with ACPS policies and the requirements of the training handbook including updates which occur during the period of training.;
- discuss with the Supervising 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 Supervising Fellow(s);
- take the initiative in raising problems or difficulties, no matter how elementary they may seem;
- closely follow the post-operative course of any patient the Supervising Fellow nominates, or in cases where the Registrar has performed or assisted in the procedure;
- attend 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;
- note that assistance at surgery should be seen by the Registrar as a privilege and an opportunity to learn;
- not expect remuneration from the surgeon or patient for assisting at surgery;
- accept that the level of involvement of the Registrar in each surgical procedure will be at the discretion of the Supervising Fellow;
- maintain progress and standards of work in accordance with those agreed with the Supervising Fellow(s) and ACPS Training Hand book;
- become familiar with the facilities in which they will be working and the resources available;
- provide a formal progress report and presentation of logbook to the Examination Committee as and when stipulated by the Training Handbook;
- attending departmental, school or centre, staff and postgraduate seminars and other types of meeting where this is expected;
- prepare for examinations in consultation with the Supervising Fellow(s); and
- apply at the appropriate time to the Training Committee for variations to the conditions of training after consultation with the Supervising Fellow.

A more detailed example of a training and facility protocol is available for Registrars in the members section of the ACPS website.

**Registrars have a right of appeal to the Appeals Committee of the ACPS in regards to decisions of the Education Board.**

## Appendix 2 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>.

The ACPS standards also have been reviewed in light of the publication of competencies for podiatric surgeons as published in June 2012.

[http://www.anzpac.org.au/files/Podiatry%20Surgery%20Accreditation%20Standards%20\(Final\)%202012.pdf](http://www.anzpac.org.au/files/Podiatry%20Surgery%20Accreditation%20Standards%20(Final)%202012.pdf)

In addition to considering the above standards these competencies the ACPS has considered competency standards published by organisations which define competency in other relevant specialist areas of health both in Australia and International such as:

- Royal Australasian College of Surgeons:  
<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Training/Standardsandprotocols/Competencies1.htm>
- Council on Podiatric Medical Education  
<http://www.cpme.org/files/FileDownloads/CPME%20320%20July%202011%20with%20July%202013%20updates.pdf>

The training Program of the ACPS is designed to ensure that these ACPS competencies are met prior to a podiatrist beginning independent practice as a specialist podiatric surgeon in Australia.

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.

### ACPS 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*

Evidenced by:

**Successful completion of assessment requirements relating to all modules within the knowledge component of the syllabus.**

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*

Evidenced by:

**Successful completion of assessment requirements relating to module 7 of both the knowledge and skills components of the syllabus and domains 1, 3 and 4 of the professional component of the syllabus.**

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*

#### Evidenced by:

**Successful completion of assessment requirements relating to the modules 1- 7 of the skills component of the syllabus.**

#### 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

##### Evidenced by:

**Successful completion of assessment requirements relating to Domain 1 and 2 of the professional & management section of syllabus.**

##### 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

#### Evidenced by:

**Successful completion of assessment requirements relating to Domain 3 and 4 of the professional & management section of syllabus.**

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

#### Evidenced by:

**Successful completion of assessment requirements relating to Domain 1, 2 and 3 of the professional & management section of syllabus.**

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*

Evidenced by:

**Successful completion of assessment requirements relating to Domain 1 and 2 of the professional & management section of syllabus.**

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*

#### Evidenced by:

**Successful completion of assessment requirements relating to Domain 3 and 4 of professional & management section of the syllabus.**

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

#### Evidenced by:

**Successful completion of assessment requirements relating to Domain 4 of professional & management section of the syllabus.**

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 3: 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 31.

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.

<b>Module 1: Basic Surgical Science</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<b>Physiology</b>			
• Homeostasis	3	4	
• Thermoregulation	2	3	4
• Metabolic pathways	2	3	4
• Blood loss	2	3	4
• Sepsis	4		
• Fluid balance and fluid replacement therapy	2	3	4
• Metabolic abnormalities	2	3	4
<b>Pathology</b>			
• 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		
<b>Microbiology</b>			
• Sources of infection	4		
• Asepsis & antisepsis	4		
• Sterilisation	4		
• Antimicrobial Therapy	4		

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

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

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

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

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

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

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

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

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

<b>Module 6: AO Principles of Osteosynthesis and Fracture Management</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<p><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></p> <p>Reudi TP, Buckley RE, Moran CG: <i>AO Principles of Fracture Management</i>. 2nd edition. Thieme: AO Publishing; 2007.</p>			
<b>AO Principles of Osteosynthesis 1: Basic Principles</b>			
<p><b>Biology and Biomechanics in Bone Healing</b></p> <ul style="list-style-type: none"> <li>• Characteristics of Bone</li> <li>• Mechanical and Biomechanical Effects of Fracture</li> <li>• Fracture and Blood Supply</li> <li>• Biology of Fracture Healing</li> <li>• Methods of Fracture Stabilization</li> <li>• Non Operative Fracture Management</li> <li>• Surgical Fixation with Relative Stability</li> <li>• Surgical Fixation with Absolute Stability</li> </ul>	<b>1</b>	<b>3</b>	<b>4</b>
<p><b>Implants and Materials in Bone Healing</b></p> <ul style="list-style-type: none"> <li>• Material Properties</li> <li>• Biocompatibility</li> <li>• New Metal Implant Materials</li> <li>• Coatings</li> <li>• Polymeric Implants</li> <li>• Methods and Materials for Filling Bone Defects</li> </ul>	<b>1</b>	<b>3</b>	<b>4</b>
<p><b>Introduction to Biotechnology</b></p> <ul style="list-style-type: none"> <li>• Materials Used in Biotechnology</li> <li>• Factors influencing acceptance of biomaterials</li> <li>• Bioactive pharmacons</li> <li>• Drug Delivery and Tissue Engineering</li> <li>• Incorporation of Cells into Scaffolds</li> <li>• Rapid Prototyping technology</li> <li>• Limitations of Biotechnology</li> <li>• The future of biotechnology</li> </ul>	<b>1</b>	<b>3</b>	<b>4</b>
<p><b>Fracture Classification</b></p> <ul style="list-style-type: none"> <li>• Principles of Fracture Classification</li> <li>• Classification Validation</li> </ul>	<b>2</b>		<b>4</b>
<p><b>Soft Tissue Injury</b></p> <ul style="list-style-type: none"> <li>• Pathophysiology and biomechanics</li> <li>• Pathophysiological response in healing</li> <li>• Diagnosis and Treatment in closed soft tissue injuries</li> </ul>	<b>2</b>		<b>4</b>
<b>AO Principles of Osteosynthesis 2: Decision Making and Planning</b>			
<p><b>The Patient and Injury</b></p> <ul style="list-style-type: none"> <li>• Polytrauma</li> <li>• Personality of Injury</li> <li>• The soft tissues</li> <li>• The fracture</li> <li>• Timing of surgery</li> <li>• Communication</li> <li>• Health Care Environment</li> </ul>		<b>2</b>	<b>4</b>
<p><b>Principles of Diaphyseal Fractures</b></p> <ul style="list-style-type: none"> <li>• Functional Considerations</li> <li>• Incidence</li> <li>• Mechanism</li> <li>• Initial Evaluation</li> <li>• Indications for Operative Fracture Fixation</li> <li>• Non Operative Management</li> <li>• General Principles of Operative Management</li> <li>• Post Operative Care</li> <li>• Outcome</li> </ul>			<b>4</b>



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

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

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

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

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

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

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

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



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

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

## 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 detail the minimum directed activity and objectives in attainment of skills.

Skills courses conducted by various organisations are available to support the Registrars development of competency. Specific access will be determined on an individual basis recognising personal circumstance and resource availability. The Registrars supervisor in consultation with the Training Committee will approve courses to suit a Registrars circumstance. Registrars and Supervisors must discuss and plan well in advance for such courses. Examples of organisations that conduct such course are:

<b>AO Foundation</b>	<a href="https://www.aofoundation.org/Structure/Pages/default.aspx">https://www.aofoundation.org/Structure/Pages/default.aspx</a>
<b>The Podiatry Institute</b>	<a href="http://www.podiatryinstitute.com/index.html">http://www.podiatryinstitute.com/index.html</a>
<b>The American Academy of Foot and Ankle Osteosynthesis</b>	<a href="http://www.aafao.org/">http://www.aafao.org/</a>
<b>American College of Foot and Ankle Surgeons</b>	<a href="http://www.acfas.org/">http://www.acfas.org/</a>
<b>Academy of Ambulatory Foot Surgery</b>	<a href="http://www.aafas.org/">http://www.aafas.org/</a>
<b>United Kingdom Podiatric Surgical Faculty</b>	<a href="http://www.scpod.org/podiatric-surgery/get-information-about-the-faculty-of-podiatric-surgery/">http://www.scpod.org/podiatric-surgery/get-information-about-the-faculty-of-podiatric-surgery/</a>
<b>Asian Federation of Foot &amp; Ankle Surgeons</b>	<a href="http://www.c-linkage.co.jp/affas/">http://www.c-linkage.co.jp/affas/</a>

<b>Module 1: Basic Surgical Skills and Instrumentation</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<i>Note: This module is directly supported by the BSSET skills course outlined earlier in this document. This course must be completed by the end of Stage 1.</i>			
<b>Principles of Sterile Technique</b> <ul style="list-style-type: none"> <li>• Environmental Contamination reduction</li> <li>• Staff</li> <li>• Air management</li> <li>• Clean Equipment</li> <li>• Clean Hands</li> <li>• Disinfection of Operative Site</li> <li>• Isolation of Operative Site</li> <li>• Gowning and Gloving</li> <li>• Sterilization</li> </ul>	<b>4</b>		
<b>Instrumentation</b> <ul style="list-style-type: none"> <li>• Cutting</li> <li>• Grasping</li> <li>• Retracting</li> <li>• Power Equipment</li> <li>• Tourniquets</li> <li>• Miscellaneous</li> </ul>	<b>3</b>	<b>4</b>	

<b>Hospital Administration and Charting</b>	<b>2</b>	<b>3</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• Patient Teaching and Education</li> <li>• Hospital Admission Protocols</li> <li>• Medical Records management and Confidentiality</li> <li>• Ambulatory Surgery Charting</li> <li>• Inpatient Surgery Charting</li> </ul>			
<b>Pre and Post-Operative Evaluation and Informed Consent</b>	<b>2</b>	<b>3</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• Informed Consent Process</li> <li>• Pre-Operative Assessment</li> <li>• Recovery and Post-Operative Care of the Surgical patient</li> </ul>			
<b>Surgical Assisting</b>	<b>2</b>	<b>4</b>	
<ul style="list-style-type: none"> <li>• Pre- and Intra-operative Assisting</li> <li>• Incision</li> <li>• Retraction</li> <li>• Tension</li> <li>• Following</li> <li>• Tying and Suture Skills</li> <li>• Haemostasis</li> <li>• Wound Closure</li> <li>• Post-Operative Assistance</li> </ul>			
<b>Basic Suturing Techniques</b>	<b>2</b>	<b>3</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• Simple</li> <li>• Vertical mattress</li> <li>• Horizontal Mattress (including Running)</li> <li>• Subcuticular Suture</li> <li>• Simple Running Suture</li> <li>• Three Corner Suture</li> </ul>			
<b>Surgical Knot Tying</b>	<b>2</b>	<b>3</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• Instrument Knot</li> <li>• One handed Knot</li> <li>• Two handed Knot</li> </ul>			
<b>Local Anaesthetic Techniques of the Foot and Ankle</b>	<b>2</b>	<b>4</b>	
<ul style="list-style-type: none"> <li>• Digital Blocks</li> <li>• Ray Blocks</li> <li>• Ankle Block</li> <li>• Common Peroneal Block</li> <li>• Sciatic Nerve Blocks (Popliteal)</li> </ul>			
<b>Basic Surgical Techniques and Casting</b>	<b>2</b>	<b>4</b>	
<ul style="list-style-type: none"> <li>• Incisions and Incision Planning</li> <li>• Basic Dissection Techniques</li> <li>• Identification of Fascial Planes from Skin to Bone</li> <li>• Haemostasis and Diathermy</li> <li>• Casting Techniques</li> </ul>			

<b>Module 2: AO Basic Techniques</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<i>This course is supported by ACPS skills courses. Please review notes relating to the Principles of Osteosynthesis and Fracture Management – Basic course as outlined in the <b>Skills Courses</b> section of this document.</i>			
<b>Reduction Techniques</b>	<b>2</b>	<b>3</b>	
<ul style="list-style-type: none"> <li>• General Surgical Reduction Techniques</li> </ul>			
<b>Techniques in Absolute Stability</b>	<b>2</b>	<b>3</b>	
<ul style="list-style-type: none"> <li>• Introduction to Implants</li> <li>• Lag Screw</li> <li>• Neutralization Plate</li> <li>• Buttress plate</li> <li>• Axial Compression with Plates</li> <li>• Lag through Plates</li> <li>• LCP plating</li> </ul>			
<b>Techniques in Relative Stability</b>	<b>2</b>	<b>3</b>	
<ul style="list-style-type: none"> <li>• Bridge Plating</li> <li>• K-wire Techniques</li> <li>• Intramedullary Techniques</li> </ul>			
<b>Pre-Operative Planning</b>	<b>2</b>	<b>3</b>	
<ul style="list-style-type: none"> <li>• Review of Principles and Decision Making</li> <li>• Pre-Operative Planning - Hallux Valgus Model</li> <li>• Discussion</li> </ul>			

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

<b>Module 4: Advanced Surgical Skills - Rearfoot and Ankle (Cadaver)</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<i>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.</i>			
<ol style="list-style-type: none"> <li>1. Medial Arch Dissection for Flatfoot Reconstruction</li> <li>2. Gastrocnemius Recession</li> <li>3. Tendo Achilles Lengthening</li> <li>4. Triple Arthrodesis</li> <li>5. Ankle Fusion</li> <li>6. Evans Calcaneal Osteotomy</li> <li>7. Medializing Calcaneal Osteotomy</li> <li>8. Cotton/Medial Cuneiform Osteotomy</li> <li>9. Subtalar Joint Arthrodesis</li> <li>10. Dywer Calcaneal Osteotomy</li> <li>11. Lateral Ankle Stablization</li> <li>12. Peroneal Tendon Repair</li> <li>13. Cole Osteotomy</li> <li>14. LisFranc Arthrodesis</li> <li>15. Talo Navicular Arthrodesis</li> <li>16. Os Tibiale Externum Excision/ Kidner</li> <li>17. Retrocalcaneal Exostecomy</li> <li>18. Tendon Transfers of the Foot and Ankle</li> </ol>	<b>2</b>	<b>3</b>	<b>4</b>

<b>Module 5: AO Advanced (Podiatric) Course</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<i>This course is supported by ACPS skills courses. Please review notes relating to the Principles of Osteosynthesis and Fracture Management – Advanced as outlined in the Skills Courses section of this document.</i>			
<ol style="list-style-type: none"> <li>1. Foundations</li> <li>2. Non Screw Fixation Techniques</li> <li>3. Screw Fixation Principles</li> <li>4. Oblique Orientations - Screw Fixation/ Osteotomies</li> <li>5. Hallux Valgus Osteotomies</li> <li>6. Foot and Ankle Arthrodesis</li> <li>7. Plate Fixation</li> <li>8. Malleolar Fractures</li> <li>9. Post-Operative management Following Internal Fixation</li> <li>10. Implant Removal</li> <li>11. Infection and Internal Fixation</li> <li>12. Bone Healing, Grafting and Orthobiologics</li> <li>13. Absorbable Fixation</li> <li>14. Management of Open Fractures</li> <li>15. External Fixation</li> <li>16. DVT Prophylaxis</li> </ol>			<b>4</b>

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

<b>Module 7: Skills Assessment Framework</b>
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During training the following specific skill sets are subject to assessment via DOCS, DOCS and formal examination.

#### Ability to understand and diagnose

- Evaluation of presenting 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
- 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.

#### 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



## 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. Utilising the DOCS format 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.

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

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

<b>Domain 2: Education</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<b>Education</b>			
<ul style="list-style-type: none"> <li>• Demonstrate ability to manage time</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Recognise and be sensitive to cultural, ethnic and religious diversity in and education forum.</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Develop skills in teaching using appropriate teaching methods and materials.</li> </ul>	2	3	4
<ul style="list-style-type: none"> <li>• Assess the education needs of your audience and plan activities to address differing knowledge levels and aspirations.</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• As part of a mentor role – evaluate and provide feedback on performance.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Develop competency in workplace based assessment methods.</li> </ul>			4
<ul style="list-style-type: none"> <li>• Provide appropriate teaching and support to increase skills of others.</li> </ul>		2	4

<b>Domain 3: Professional and Patient Relationships</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<b>Communication</b>			
<ul style="list-style-type: none"> <li>• Demonstrate ability to obtain, interpret and evaluate consultations from other health practitioners.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Demonstrate ability to communicate effectively with patients and carers whilst respecting privacy.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Provide access &amp; time to relevant patient education materials</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Respect and listen to the views of patients in respect to development of care and treatment plans</li> </ul>		3	4
<b>Informed Consent</b>			
<ul style="list-style-type: none"> <li>• Ensure informed consent is obtained after a process which has involved realistic discussion about outcomes complications and consequence of care.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Recognise the need to use interpreters where indicated.</li> </ul>	4		
<ul style="list-style-type: none"> <li>• Recognise the influence of differing cultures on informed consent.</li> </ul>	4		
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	3	4	
<b>Trust &amp; Confidentiality</b>			
<ul style="list-style-type: none"> <li>• Develop and ability to develop patient relationships based on trust.</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Recognise that trust is developed by utilising several skills such as:</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Respect patient privacy &amp; dignity</li> </ul>			
<ul style="list-style-type: none"> <li>• Provide transparent information</li> </ul>			
<ul style="list-style-type: none"> <li>• Be readily accessible</li> </ul>			
<ul style="list-style-type: none"> <li>• Manage hand over to another practitioner effectively</li> </ul>			
<ul style="list-style-type: none"> <li>• Encourage second opinions</li> </ul>			
<ul style="list-style-type: none"> <li>• Visibly act in the patient's best interest.</li> </ul>			

<b>Domain 4: Aspects of Professional Practice</b>	<b>S 1</b>	<b>S 2</b>	<b>S 3</b>
<b>Conflict</b>			
<ul style="list-style-type: none"> <li>• Take steps to address tensions, conflicts and imbalances between patients and health care staff.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Contribute to development of systems that assist management of complaints.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Demonstrate an ability to write reports including legal reports.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Understand and follow ethical principles at all times.</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Be able to identify sources of discrimination within the work place and take steps to counter this.</li> </ul>	3	4	
<b>Team Work</b>			
<ul style="list-style-type: none"> <li>• Work effectively within multi-disciplinary teams.</li> </ul>	3	4	
<ul style="list-style-type: none"> <li>• Work to resolve conflict within teams.</li> </ul>		3	4
<ul style="list-style-type: none"> <li>• Help design clear directions and work plans for inter disciplinary teams.</li> </ul>		3	4
<b>Regulation</b>			
<ul style="list-style-type: none"> <li>• Ensure a thorough understanding of the relevant legislation (including practice guidelines and codes of conduct) that regulates your practice.</li> </ul>	4		

**Research**

- |   |   |  |  |
|---|---|--|--|
| • Critical appraisal 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 |  |  |

## **Appendix 4: Applicable ACPS policies**

All members of the ACPS should be familiar with the standards and guidelines of the Podiatry Board of Australia.

All members should be familiar with policies of the facilities that they are accredited to work within.

All ACPS members must also be familiar with the constitution and policies of the ACPS.

Registrars should be aware that many of the policies of the ACPS are specifically relevant to surgical training. All ACPS policies are available on the ACPS website. Some of the policies are contained in the members section although all policies are listed in the public area of the website.

## Appendix 5: Forms and other documents

The following forms and other relevant documents in respect to selection for training and training positions are available from the ACPS website:

### **Generic documents.**

- Schedule of important dates;
- Schedule of ACPS fees.

### **Documents relevant to selection for training.**

- Affiliate membership application form;
- Clinical Rotation Assessment Forms (CRAF);
- Application form (for training position).

### **Documents relevant to Training - available in the member's area of the 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;
- Medical / Surgical rotation templates;
- Direct Observation of Procedural Skills (DOPS);
- Direct Observation of Clinical Skills(DOCS);
- Case Based Discussion Template (CBD).

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

## Appendix 6: Recommended Reading

### Basic Surgery Science and Skills

- 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].
- Sarrafian, SK: *Anatomy of the Foot and Ankle: Descriptive, Topographic, Functional*. 3rd edition. J.B. Lippincott Williams & Wilkins; 2011.
- Skinner, I. *Fundamental skills for surgery 3rd edition* – Royal Australasian College of Surgeons, McGraw Hill, 2013.
- Sherris, DA, Kern, EB: *Essential Surgical Skills*. 2nd edition. 2004
- Sudhir JK, Stoker D. *Basic Surgical Skills & Techniques*. Anshan Limited; 2009.
- Thomson T, Freeman, D. *Assisting at Podiatric Surgery*. Churchill Livingstone 2002.

### Pharmacology

- Rang, HP et al: *Rang and Dale's Pharmacology*. 7th edition. Elsevier; 2011.
- Therapeutic Guidelines [http://www.tg.org.au]
- Australian Medicines Handbook [http://www.amh.net.au]
- Neal MJ: *Medical Pharmacology at a Glance* 7<sup>th</sup> edition 2011 Wiley - Blackwell

### AO/ Basic Osteosynthesis Principles

- Reudi TP, Buckley RE, Moran CG (Eds): *AO Principles of Fracture Management*. 2nd Edition. AO Publishing; 2007. [Sections 1-3]
- Sumner-Smith G. *Bone in Clinical Orthopedics*. 2nd Edition. AO Publishing; 2002.
- Porteous M, Bauerle S. *Techniques and Principles for the Operating Room*. 1st Edition. AO Publishing; 2010.
- Dressing K, Trafton P. *Casts, Splints and Support Bandages – Nonoperative Treatment and Perioperative Protection*. AO Publishing; 2013.

### Podiatric, Orthopaedic and Foot and Ankle Surgery

- Southerland, JT, Boberg JS, Downey MS, Nakra A, Rabjohn LV. (Eds): *McGlamry's Comprehensive Textbook of Foot and Ankle Surgery*. 4th edition. Lippincott, Williams & Wilkins; 2013.
- Coughlin MJ, Mann RA, Saltzman CL (Eds): *Surgery of the Foot and Ankle*. 8th edition. Elsevier; 2007.
- Amendola N, Stone JW. *AANA Advanced Arthroscopy: The Foot and Ankle*. Elsevier, 2010.
- 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*. 12th edition. Mosby Elsevier; 2013.
- Chang, T (Ed): *Master Techniques in Podiatric Surgery: the Foot and Ankle*. Lippincott, Williams & Wilkins; 2003.

- Christman RA: *Foot & Ankle Radiology*. Churchill Livingstone; 2001.
- Dockery GL, Crawford ME: *Lower Extremity Soft Tissue & Cutaneous Plastic Surgery*. Saunders Elsevier; 2005.
- Ghul JF, Parisien JS, Boynton MD. *Foot and Ankle Arthroscopy*. 3rd edition. Springer, 2004.
- Gumann G: *Fractures of the Foot and Ankle*. Elsevier Saunders; 2004.
- Herring JA (Ed): *Tachdjian's Pediatric Orthopedics*. 4th edition. Elsevier; 2008.
- Kitaoka H (Ed): *Master Techniques in Orthopaedic Surgery: Foot and Ankle*. 3rd edition. Lippincott, Williams & Wilkins; 2013.
- Lundeen RO. *Foot and Ankle Arthroscopy*. Mosby 1999.
- Maffuli N., Easley M. *Minimally Invasive Surgery of the Foot and Ankle*. Springer 2010
- Moran SL, Cooney WP (Eds): *Master Techniques in Orthopaedic Surgery: Soft Tissue Surgery*. Lippincott, Williams & Wilkins; 2009.
- Myerson M: *Reconstructive Foot and Ankle Surgery: Management of Complications*. Elsevier Saunders; 2nd Edition, 2010.
- Niek Dijk C. *Ankle Arthroscopy: Techniques Developed by the Amsterdam Foot and Ankle School*. 2014.
- Zgonis T: *Surgical Reconstruction of the Diabetic Foot and Ankle*. Lippincott, Williams & Wilkins; 2009.

## Medicine and other speciality texts

- Chikwe J, Walther A, Jones P: *Perioperative Medicine: Managing surgical patients with medical problems*. Oxford University Press; 2009.
- Creager MA, Dzau VJ, Loscalzo J: *Vascular Medicine - A Companion to Braunwald's Heart Disease*. 2<sup>nd</sup> edition. Saunders Elsevier; 2012.
- Dimmitt, S: *Rational Clinical Examination*. University of Washington Press; 2006.
- Dimmitt S. *Medicine for Podiatry*. Palmer Higgs 2012.
- Fauci A, Braunwald E, Kasper D, SHauser S, Longo D, Jameson J, Loscalzo J: *Harrison's Principles of Internal Medicine*. 18th edition. McGraw Hill; 2012.
- Guyton AC et al: *Textbook of Medical Physiology*. 12th edition. Elsevier; 2011.
- 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*. 9<sup>th</sup> edition. Oxford University Press; 2014.
- 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.
- Murtagh J: *John Murtagh's General Practice*. 5th edition. McGraw Hill; 2011.
- Pagana KD, Pagana TJ: *Manual of Diagnostic and Laboratory Tests*. 5<sup>th</sup> edition. Mosby Elsevier; 2013.
- Rasmussen TE, Clouse WD, Tonnessen BH: *Handbook of Patient Care in Vascular Diseases Handbook*. 2<sup>nd</sup> edition Lippincott Williams & Wilkins 2014.
- Talley NJ, O'Connor S: *Clinical Examination: A systematic guide to Physical Diagnosis*. 7<sup>th</sup> edition. Churchill Livingstone; 2013.

## 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  
Foot and Ankle Specialist  
Arthroscopy: The Journal of Arthroscopic and Related Surgery  
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 Its Complications  
Arthritis Care and Research  
Arthritis and Rheumatology



## **On Line learning:**

**American College of Foot and Ankle Surgeons** – *eLearning, Podcasts and Scientific sessions*

[<http://www.acfasdistancelearning.com/>]

**AO Foundation** - *AO Surgery Reference, Publications, videos and eLearning*]

[<https://www.aofoundation.org/Structure/resource/Pages/resources.aspx>]

**Journal of Bone and Joint Surgery** - *Audio Podcast and Video Library*

[<http://www.ejbs.org/>]

**Orthobullets** - *eLearning*

[<http://www.orthobullets.com/>]

**Up to Date** – *Evidence Based Clinical Decision Support at the Point of Care*

[<http://www.uptodate.com/home>]

## Appendix 7: International Trained Applicants

### *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).

Irrespective of equivalency, all overseas qualified podiatric surgeons must obtain general registration and endorsement for scheduled medicines from the Podiatry Board of Australia before they can be granted fellowship of the ACPS. [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)

A Podiatrist from the United States of America may apply for fellowship who hold accreditation from the American Board of Podiatric Surgery (ABPS).

<http://www.abps.org/content/about/BQRRASurgery.aspx#>

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).

## **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.