



Regulations Handbook Post Fellowship Education and Training

Neurosurgical Society of Australasia ABN 50 283 605 657 ACN 167 861 805

REGULATIONS HANDBOOK

POST FELLOWSHIP EDUCATION AND TRAINING PROGRAMS IN NEUROSURGERY SUB-SPECIALTIES

The Regulations Handbook encompasses the rules, procedures, policies, administrative processes and principles for the control and conduct of the Post Fellowship Education and Training Programs in Neurosurgery Sub-Specialities. The information is as accurate as possible at the time of printing. As the Regulations can change during the year the latest version will always be available on the NSA website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.

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SECTION 1: ADMINISTRATION OF THE PFET PROGRAMS

1.1 Overview

- 1.1.1 The Neurosurgical Society of Australasia (**NSA**) Post Fellowship Education and Training (**PFET**) Programs provide the opportunity for suitably qualified independent specialist neurosurgeons to undertake additional education and training to achieve advanced proficiency, knowledge and skills in a specific sub-specialty area of neurosurgical practice.
- 1.1.2 Each PFET Program has clearly stated objectives for the sub-specialty expertise based on achieving a level of competence above that of a generalist neurosurgeon. The PFET Programs complement the Surgical Education and Training (**SET**) Program in Neurosurgery.
- 1.1.3 The PFET Program in Spinal Surgery is a joint program governed by the Neurosurgical Society of Australasia and Australian Orthopaedic Association. Please refer to the Post Fellowship Education and Training Program in Spinal Surgery Regulations, available on www.nsa.org.au, for further information. These Regulations do not apply to the PFET Program in Spinal Surgery.
- 1.1.4 For assistance or information on the PFET Programs please contact:

Neurosurgical Society of Australasia
PO Box 23337
Docklands Victoria 8012
Phone + 61 3 9600 1276 Fax + 61 3 9642 5611
Email administration@nsa.org.au

1.2 Overview of the Regulations

- 1.2.1 These Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the PFET Programs.
- 1.2.2 All fellows, supervisors, accredited training units and Board members are required to comply with these Regulations at all times.
- 1.2.3 The information in these Regulations is as accurate as possible at the time of printing. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the NSA website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.
- 1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail.

1.3 Duration and Structure

- 1.3.1 The PFET Programs must be a minimum of twelve (12) months full time or the part-time equivalent. There is no maximum duration.



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- 1.3.2 The PFET Programs are designed to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.
- 1.3.3 The PFET Programs will include clinical, research, educational and administrative experience in the sub-specialty focus. It is expected that the duties assigned to the fellow will increase in complexity as the fellow assumes more responsibility and builds on their generalist experience, knowledge, skills and attributes.

1.4 Eligibility to apply for the PFET Programs

- 1.4.1 All applicants must have satisfactorily obtained employment in a position accredited for a PFET Program. Applications for employment in accredited PFET Program positions must be made directly to the institutions in which the positions are located. A list of accredited positions will be available on the NSA website www.nsa.org.au.
- 1.4.2 All applicants must be an Australian or New Zealand citizen or have an appropriate visa to work in Australia or New Zealand as a specialist neurosurgeon in a supervised fellowship position.
- 1.4.3 All applicants must have current and valid medical registration necessary to practice in the position accredited for the PFET Program.
- 1.4.4 Applicants must satisfy one of the following:
- Satisfactorily completed the FRACS Examination in Neurosurgery; or
 - Completed the FRACS Examination in a related discipline and have the requisite base experience and scope of practice; or
 - Completed the Australian Medical Council (AMC) or Medical Council of New Zealand (MCNZ) specialist assessment process resulting in formal recognition as a specialist neurosurgeon; or
 - Have a specialist training qualification in neurosurgery from a designated competent authority being one of the following:
 - Royal College of Surgeons of England (United Kingdom) FRCS; or
 - Royal College of Physicians and Surgeons (Canada) FRCSC; or
 - American College of Surgeons (United States of America) FACS; or
 - Medical Council of Ireland (FRCSI).

1.5 Application for registration into a PFET Program

- 1.5.1 Eligible fellows must apply prior to the commencement of their PFET Program on the prescribed application form available from NSA website www.nsa.org.au.
- 1.5.2 Applications from eligible fellows can be made at any time during the year. An application fee is payable at the time of application. Application fees are revised annually and will be published on the NSA website www.nsa.org.au.
- 1.5.3 Applications are considered by the NSA Board or delegate for registration. In considering applications, the NSA Board or delegate will review eligibility and confirm the applicants' appointment to an accredited position for a PFET Program. If an applicant is deemed



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ineligible for registration the applicant will be refunded 50% of the application fee paid in accordance with 1.5.2.

- 1.5.4 If an applicant is deemed eligible for registration the applicant will be registered in the PFET Program for an initial 12-month duration. The application fee paid in accordance with 1.5.2 is non-refundable for applicants deemed eligible for registration.
- 1.5.5 The annual registration fee for the first 12-month period is complimentary. Subsequent renewal of registration is available on an annual basis thereafter for PFET Programs running longer than 12 months. Application fees are revised annually and will be published on the NSA website www.nsa.org.au. The annual registration fee is non-refundable.
- 1.5.6 The official commencement date of the PFET Program will be the application date for registration or alternate later date nominated at the time of application and subject to approval from the NSA Board or delegate.
- 1.5.7 Registration to the PFET Program will cease if:
 - (a) The fellows' annual registration fee is not paid by the due date; or
 - (b) The fellows' registration expires; or
 - (c) The fellow requests in writing that the PFET Program registration cease; or
 - (d) The fellows' employment in the PFET Program position ceases for any reason; or
 - (e) The fellow is found to have falsified a training document; or
 - (f) The fellow fails to submit a training document by the communicated due date; or
 - (g) The fellow is granted accreditation (completion) of the PFET Program
- 1.5.8 Fellows are required to notify the NSA in writing at administration@nsa.org.au of any illness, injury or impairment that may impact on their ability to undertake or complete the PFET Program.
- 1.5.9 Fellows are required to notify the NSA in writing at administration@nsa.org.au within 2 business days of any material change to their employment, medical registration or visa status during their PFET Program and provide all documentation relating to the change. For avoidance of doubt, this includes but is not limited to:
 - (a) details of the commencement and outcome of any disciplinary action taken by the employer;
 - (b) details of any restrictions, conditions, cautions or reprimands placed on the trainee by the employer;
 - (c) details of the suspension or termination of employment;
 - (d) the recording of any undertakings, conditions or cautions on a trainee's medical registration; and
 - (e) the expiry, suspension or cancellation of the trainee's medical registration.

1.6 Leave and Interruption of a PFET Program

- 1.6.1 Fellows undertaking a full-time PFET Program are entitled to a maximum of four weeks leave per three-month rotation subject to approval by the employing authority. Fellows undertaking a flexible PFET Program are entitled to the pro-rata equivalent. Periods beyond this may result in the period of assessment not being counted towards the minimum PFET Program time.



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- 1.6.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer's leave.
- 1.6.3 Applications to interrupt a PFET Program may be approved in a range of circumstances including ill-health and parenting.
- 1.6.4 Applications must be made in writing to the NSA. Interruptions must be supported by the employer of the accredited PFET Program position and must be accompanied by a Professional Performance Assessment (PPA) Report valid up until the date of application for interruption.
- 1.6.5 Where interruption is granted, the commencement date for the interruption will be the date the NSA received the completed application for interruption.
- 1.6.6 During a period of interruption registration in the PFET Program will be suspended. Any training undertaken during the interruption will not be considered as part of the PFET Program. Any fees paid are non-refundable.

1.7 Reconsideration, Review and Appeal of Decisions

- 1.7.1 The NSA has a Reconsideration, Review and Appeal Policy (RRA Policy), which is an internal process for reassessment of specified decisions made by the NSA. All applications must be directed to administration@nsa.org.au
- 1.7.2 Any person or organisation directly adversely affected by a decision made by the NSA in relation to the PFET Program may, within 28 days of the being advised of the decision, apply in accordance with the RRA Policy for a reassessment of the decision.
- 1.7.3 For the avoidance of doubt, the NSA is not the employer of PFET fellows and as such the RRA Policy cannot be used to request a reassessment of any employment or workplace related decision made in relation to a PFET fellow, including termination, credentialling or disciplinary action.

SECTION 2: ACCREDITATION OF PFET POSITIONS

2.1 Position Accreditation Process

- 2.1.1 Applications are open to public and private institutions in Australia and New Zealand, individual or working in together, with a current post fellowship training position in a sub-specialty area relevant to neurosurgery. Applications are based on a specific position, rather than an institution accreditation.
- 2.1.2 Application can be made at any time of year on the prescribed form through the NSA website www.nsa.org.au. Only applications in the prescribed manner will be considered.
- 2.1.3 An application fee is payable at the time of application. The application fee is per position. The application fee is revised annually and will be published on the NSA website www.nsa.org.au. This application fee, or part thereof, is not refundable.



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- 2.1.4 The assessment of the proposed PFET position will be conducted by a panel of not less than 2 neurosurgeons as delegated by the NSA President. The assessment panel will be assisted by NSA staff in conducting their assessment.
- 2.1.5 The assessment will be conducted as a paper-based assessment against the minimum accreditation criteria. Where requested by the assessment panel, interviews may be required via telephone or videoconference as part of the process.
- 2.1.6 The applicant will be provided with an assessment report, summarising the assessment against the minimum accreditation standards and the outcome.
- 2.1.7 Where accreditation is granted, the outcome will include an Accreditation Date (the start date of accreditation) and a Renewal Date (the end date of the accreditation). The maximum accreditation period is 24 months with renewal available thereafter.
- 2.1.8 This assessment will be finalised within 30 days of receipt of application.

2.2 Renewal of Accreditation

- 2.2.1 Supervisors of accredited PFET positions will receive a renewal notice at least 90 days prior to their Renewal Date and will be required to complete the renewal form at least 30 days prior to the Renewal Date. On receipt of the renewal form, the position accreditation process (see clause 2.3) will commence to conduct a reassessment.
- 2.2.2 A renewal fee is payable at the time of submitting the renewal form. The renewal fee is per position. The renewal fee is revised annually and will be published on the NSA website www.nsa.org.au. This renewal fee, or part thereof, is not refundable.
- 2.2.3 Fellows in accredited PFET positions must complete a Post Fellowship Assessment Report at the completion of their PFET Program. This assessment is used to evaluate the quality of the PFET position in comparison to the accreditation standards and objectives and is used in the renewal process.

2.3 Suspension and Conclusion of Accreditation

- 2.3.1 The NSA may suspend the accreditation and require a reassessment of a post at any time where an issue of sufficient concern is identified, regardless of the Renewal Date.
- 2.3.2 Accreditation of an existing PFET Program position will cease if:
 - (a) The renewal of the accreditation is not granted prior to the Renewal Date; or
 - (b) The institution requests in writing that the position accreditation cease; or
 - (c) The institution is found to have misrepresented information relating to accreditation; or
 - (d) The position accreditation is withdrawn by the NSA.

2.4 Minimum Accreditation Standards

- 2.4.1 Institution and Position Structure



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- (a) The position must be in a sub-specialty area relevant to neurosurgery and must be focused on specialist skills, knowledge and experience beyond that delivered in the SET Program in Neurosurgery.
- (b) Positions in institutions with current SET Program in Neurosurgery accredited training positions must demonstrate that the PFET position will not impact on the training, education and operative experience of the SET Program trainees.
- (c) The duration of the position must be a minimum of 12 months' full time or part time equivalent.
- (d) Non-discriminatory policies must be followed in the selection and appointment of fellows.
- (e) The position must be under supervision and not be a consultant position.
- (f) The position must have appropriate remuneration in place for the fellow.
- (g) The institution(s) in which the position is located must have a defined unit including a designated supervisor, regular auditing and morbidity and mortality meetings of all relevant patients within the unit.
- (h) The institution(s) must have appropriate accreditation and must be compliant with any regulation from any local, state and federal regulatory authorities. The accreditation must confirm the maintenance of appropriate standards of care and quality improvement.
- (i) For the Neurovascular PFET Program the training unit must have an Interventional Radiology Unit of a high standard that has a strong cooperative working relationship with the Neurosurgical Unit.

2.4.2 Quality of Educational Training and Learning

- (a) Fellows must be involved in the management decisions, pre-operative assessment, operative experience and post-operative monitoring and evaluation of patients in the institution(s) relevant to the particular sub-specialty.
- (b) The institution must have a dedicated educational program in place to satisfy the PFET Program sub-specialty curriculum and syllabus including the required clinical experience and educational activities.
- (c) There must be evidence of clinical and/or basic research in the sub-specialty area within the institution(s) and the Fellow must have the opportunity to participate in the same.
- (d) Fellows in the position must be given access to negotiated educational leave to attend key scientific meetings and training activities relevant to the sub-specialty.



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2.4.3 Dedicated Supervisor

- (a) There must be a dedicated supervisor with the FRACS in Neurosurgery and membership of the NSA.
- (b) The Supervisor must undertake a minimum of 2 half day elective operating lists per week at each institution which is part of the position application.
- (c) The Supervisor must meet the compliance requirements for RACS Continuing Professional Development.
- (d) The Supervisor must have no conditions or restrictions attached to their medical registration.
- (e) The Supervisor must be directly observing the fellow's clinical practice on a weekly basis and must ensure that when they are not present, there is a mechanism in place to ensure that the fellow is appropriately supervised by other FRACS neurosurgeons.
- (f) The Supervisor must comply with the NSA regulations, policies and guidelines relevant to the PFET Program and the assessment of PFET fellows.

2.4.4 Specialist surgical staff appropriately qualified to provide direct supervision

- (a) Including the Supervisor, there must be a minimum of 3 neurosurgeons with the FRACS in Neurosurgery and membership of the NSA undertaking weekly elective lists in the nominated subspecialty area at each institution which is part of the position application.
- (b) Each nominated neurosurgeon must demonstrate a strong interest in the education of the fellow, possess sound clinical and teaching abilities, support the goals and objectives of the PFET Program, and participate in the education, training, supervision and assessment of the fellow.

2.4.5 Equipment and Clinical Support Services

- (a) The institution must have appropriate imaging, diagnostic, support/ancillary services and operating equipment in place to satisfy the PFET Program subspecialty curriculum and syllabus.

2.4.6 Sponsorship

- (a) Where industry sponsorship is provided for the position or fellow there must be no obligation on the fellow or the institution in which the position is located to use any industry product or service. The sponsorship arrangements must be compliant with the RACS Code for Interactions with Medical Industry.
- (b) The sponsor must not be involved in the selection of the fellow in any way.



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SECTION 3: ASSESSMENT PROCESSES

3.1 Professional Performance Assessment

- 3.1.1 The assessment of performance by the supervisor is fundamental to advancement of the fellow and the accreditation of the PFET Program. Each PFET position has an approved supervisor. The supervisor is responsible for the supervision and assessment of the fellow in that position.
- 3.1.2 During the PFET Program the fellows' performance should be regularly reviewed by the supervisor including a three monthly performance assessment meeting.
- 3.1.3 Completion of the Professional Performance Assessment (PPA) Report, in the prescribed manner, must be undertaken at the conclusion of each six (6) month period.
- 3.1.4 The PPA Reports may also be completed more frequently at the request of the NSA or at any time as determined by the supervisor where any area of unsatisfactory or marginal performance is identified.
- 3.1.5 The fellow and the supervisor must have a performance assessment meeting to discuss the content of the PPA Report completed by the supervisor. The PPA Report should be verified by both the fellow and the supervisor to acknowledge that the content has been discussed. Verifying the report does not indicate agreement with the assessment.
- 3.1.6 Where any area of performance within the PPA Report has been rated as unsatisfactory or marginal the remedial component of the PPA Report must be completed.
- 3.1.7 The fellow is responsible for ensuring that the completed assessment PPA Report is submitted to the NSA by the due date.
- 3.1.8 To be eligible for accreditation of the PFET Program the PPA Reports, covering the 12 month period immediately prior to completion of the PFET Program, must be satisfactory in all areas. Where there have been any unsatisfactory or marginal areas the NSA will interview the supervisor to assist in making a determination on whether accreditation should be granted. For accreditation to be considered in these circumstances there will need to be strong support from the supervisor.

3.2 Clinical Experience Assessment

- 3.2.1 Appropriately supervised operative experience in the subspecialty area must be obtained during the PFET Program in the accredited position. Operative experience acquired prior to the commencement, during a period of interruption, in an institution not accredited, or after the completion of the PFET Program will not be considered.
- 3.2.2 For each operative case where more than one surgical procedure is undertaken only one procedure may be recorded. For a procedure to be recorded the fellow must have been involved in the performance of the surgery and the pre and post operative management of the patient.



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- 3.2.3 The fellow must maintain an operative experience log of all procedures they participate in as part of the PFET Program. As a minimum the operative experience log should include the operative date, patient name, patient identification, institution where the procedure is performed, pre-operative diagnosis, operative procedure performed and outcome. This detailed operative experience log is not submitted to the NSA but must be cited by the supervisor.
- 3.2.4 Completion of a Cumulative Logbook Summary (CLS) Report, in the prescribed manner, including the supervisors' verification that the CLS Report reflects the fellows' detailed operative experience log must be submitted to the NSA at the conclusion of each six (6) month period.
- 3.2.5 The fellow is responsible for ensuring that the CLS Report is submitted to the NSA by the due date.
- 3.2.6 To be eligible for accreditation of the PFET Program the CLS Report must demonstrate sufficient experience in the subspecialty area as detailed in the relevant PFET Program information.
- 3.2.7 Following completion of the Fellowship, if the candidate were to have insufficient numbers, an assessment of the total number of cases taken in context of the fellow's overall experience will be made.

3.3 Research Assessment

- 3.3.1 The fellow must demonstrate scholarly activity in the sub-specialty area with active participation in clinical and/or basic research during the PFET Program.
- 3.3.2 To be eligible for accreditation of the PFET Program the fellow is required to complete one subspecialty research project suitable for publication and/or presentation in a peer reviewed journal or scientific meeting during the PFET Program. Research projects completed prior to the commencement, during a period of interruption, in an institution not accredited, or after the completion of the PFET Program will not be considered.

3.4 Competence Assessment

- 3.4.1 At the completion of the PFET Program the supervisor of registered PFET fellow must submit the PFET Program Completion Report to the NSA.
- 3.4.2 To be eligible for accreditation of the PFET Program the Program Completion Report must confirm that the fellow has satisfied all requirements of the PFET Program and, in their opinion, should be accredited and awarded the Certificate. This report is completed by the supervisor alone. The report will be available to the fellow.

3.5 Post Fellowship Assessment Report

- 3.5.1 The fellow must submit the Post Fellowship Assessment Report providing an honest and accurate assessment of the PFET Program position.



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- 3.5.2 The Post Fellowship Assessment Report is used to evaluate the quality of the PFET position in comparison to the accreditation standards and objectives and is used in the renewal and re-accreditation process. The report will be available to the supervisor.

3.6 Accreditation (Completion) of a PFET Program

- 3.6.1 Each PFET Program will have clearly stated curriculum requirements and objectives which must be satisfied for accreditation and issuing the Certificate of Post Fellowship Education and Training.
- 3.6.2 On application to and approval from the NSA that the objectives and requirements of the PFET Program have been satisfied, including case requirements, the fellow will be issued with a Certificate of Post Fellowship Education and Training. The Certificate will acknowledge the sub-specialty, duration of satisfactory training and the institution where the PFET Program was undertaken.
- 3.6.3 For completion and awarding of the certificate, within 30 days of the completion of the PFET Program registered fellows must submit the following:
- (a) The final Professional Performance Assessment Report; and
 - (b) The Post Fellowship Assessment Report; and
 - (c) The Cumulative Logbook Summary Report for the PFET Program duration.
- 3.6.4 Within 30 days of the completion of the PFET Program the supervisor of registered fellow must submit the PFET Program Completion Report.
- 3.6.5 Accreditation of the PFET Program and awarding of the Certificate is conditional on the submission of the required forms identified above in the manner prescribed within the specified time frames.
- 3.6.6 Fellows who apply for accreditation more than 30 days after their PFET Program registration has expired will be charged PFET Assessment Fee. The PFET Assessment Fee is revised annually and will be published on the NSA website www.nsa.org.au.
- 3.6.7 On approval of accreditation by the NSA the fellow will be issued with a Certificate of Post Fellowship Education and Training.
- 3.6.8 If the fellow has not satisfied the PFET objectives or requirements, they will not be eligible for accreditation, will not be issued with a Certificate and will be notified in writing.

SECTION 4: PFET PROGRAM IN CEREBROVASCULAR SURGERY

4.1 Objective of the PFET Program

- 4.1.1 The objective of the PFET Program in Cerebrovascular Surgery is to provide competent independent specialist neurosurgeons with advanced procedural experience, knowledge and surgical skill relevant to the safe and effective treatment of complex cerebrovascular conditions. PFET Programs in Cerebrovascular can be limited to specific complex cerebrovascular practice areas.



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4.1.2 To achieve the overall objective, the following competencies have been developed in the RACS competency areas:

- (a) an advanced level of scientific knowledge relevant to complex cerebrovascular conditions
- (b) the ability to critically appraise new technologies
- (c) the application of scientific knowledge to the diagnosis and treatment of complex cerebrovascular conditions
- (d) advanced procedural experience and surgical skill relevant to the safe and effective treatment of complex cerebrovascular conditions
- (e) advanced judgement and clinical decision making in the diagnosis, pre and post operative management of patients with complex cerebrovascular conditions
- (f) appropriate clinical decision making in identifying those patients amenable to surgical treatment for complex cerebrovascular conditions
- (g) advanced communication skills with patients, their families and the health team to achieve an optimal and collaborative clinical management environment
- (h) effective management of administrative procedures and responsibilities
- (i) effective use of the resources available to prioritise patient and health care system needs in order to maximise patient outcomes
- (j) advocacy for the interests of cerebrovascular treatment and appropriate health resource allocations
- (k) a recognition and commitment to the maintenance of surgical knowledge through self-directed learning
- (l) the application of research to clinical practice in cerebrovascular surgery
- (m) an understanding of unique ethical and medico-legal issues relevant to the practice of cerebrovascular surgery and apply them in clinical practice
- (n) adherence to, and appreciation of, the required standards of professionalism
- (o) appreciation of the importance of peer reviewed audit
- (p) employ a critically reflective approach to cerebrovascular surgery and their own clinical performance
- (q) the ability to interpret and understand interventional radiology procedures versus open operative procedures
- (r) the ability to critically analyse the risks and benefits between the two procedures in order to achieve the best outcome for the patient.

4.1.3 To evaluate the effectiveness of the PFET Program in achieving the overall objective, the assessment of learning outcomes and other evaluation mechanisms provide direction on potential improvements to the curriculum, training activities and learning methods and opportunities.

4.2 Curriculum and Syllabus

4.2.1 To assist in achieving the objectives, each PFET Program position will have an advertised curriculum, including as a minimum the following learning opportunities:

- (a) Two half day operating sessions per week for the fellow focused primarily on complex cerebrovascular surgery; and
- (b) One half day per week involvement in neurovascular angiographic and endovascular procedures; and
- (c) Practical and theoretical teaching and instruction in cerebrovascular surgery; and



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- (d) Case presentations and clinical audits; and
- (e) Outpatient clinics and other relevant cerebrovascular clinics on a weekly basis; and
- (f) Joint cerebrovascular neurosurgery and interventional neuroradiology meetings on an alternate weekly basis; and
- (g) Cerebrovascular or relevant divisional ward rounds on a weekly basis; and
- (h) On-call roster for cerebrovascular surgery and neurosurgery with the call coverage being no more than 1:3.

4.3 Clinical Competence

- 4.3.1 Appropriately supervised operative experience in cerebrovascular surgery must be obtained during the PFET Program in the accredited position. Operative experience acquired prior to the commencement, during a period of interruption, in an institution not accredited, or after the completion of the PFET Program will not be considered.
- 4.3.2 To be eligible for accreditation of the PFET Program the CLS Report must demonstrate sufficient experience in complex cerebrovascular surgery and a high level of competence in the treatment of anterior circulation aneurysms. While competence cannot be measured in absolute numeric terms, as a general guide the NSA would expect a major involvement in a minimum of 50 aneurysm cases of which at least 10 must be undertaken by the fellow as the primary/principal surgeon. In addition, the NSA would expect involvement by the fellow as the primary/principal surgeon or first assistant in a minimum of 10 AVM cases.

SECTION 5: PFET PROGRAM IN SPINAL SURGERY

5.1 Objective of the PFET Program

- 5.1.1 The PFET Program in Spinal Surgery provides the opportunity for suitably qualified independent specialist neurosurgeons and orthopaedic surgeons to undertake extensive education and training to achieve advanced proficiency, knowledge and skills in spinal surgery.
- 5.1.2 The PFET Program in Spinal Surgery is a joint program governed by the Neurosurgical Society of Australasia and Australian Orthopaedic Association.
- 5.1.3 Please refer to the Post Fellowship Education and Training Program in Spinal Surgery Regulations, available on www.nsa.org.au, for further information.

SECTION 6: PFET PROGRAM IN NEURO-ONCOLOGY

6.1 Objective of the PFET Program

- 6.1.1 The objective of the PFET Program in Neuro-oncology is to provide competent independent specialist neurosurgeons with advanced procedural experience, knowledge and surgical skill relevant to the safe and effective treatment of complex Neuro-oncology conditions. PFET Programs in Neuro-oncology can be limited to specific complex practice areas.



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- 6.1.2 To achieve the overall objective, the following competencies have been developed in the College competency areas of medical expertise, technical expertise, judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher and professionalism:
- (a) an advanced level of scientific knowledge relevant to complex Neuro-oncology conditions
 - (b) the ability to critically appraise new technologies
 - (c) the application of scientific knowledge to the diagnosis and treatment of complex Neuro-oncology conditions
 - (d) advanced procedural experience and surgical skill relevant to the safe and effective treatment of complex Neuro-oncology conditions
 - (e) advanced judgement and clinical decision making in the diagnosis, pre and post operative management of patients with complex Neuro-oncology conditions
 - (f) appropriate clinical decision making in identifying those patients amenable to surgical treatment for complex Neuro-oncology conditions
 - (g) advanced communication skills with patients, their families and the health team to achieve an optimal and collaborative clinical management environment
 - (h) effective management of administrative procedures and responsibilities
 - (i) effective use of the resources available to prioritise patient and health care system needs in order to maximise patient outcomes
 - (j) advocacy for the interests of Neuro-oncology and appropriate health resource allocations
 - (k) a recognition and commitment to the maintenance of surgical knowledge through self directed learning
 - (l) the application of research to clinical practice in Neuro-oncology surgery
 - (m) an understating of unique ethical and medico-legal issues relevant to the practice of Neuro-oncology and apply them in clinical practice
 - (n) adherence to, and appreciation of, the required standards of professionalism
 - (o) appreciation of the importance of peer reviewed audit
 - (p) employ a critically reflective approach to Neuro-oncology and their own clinical performance
- 6.1.3 To evaluate the effectiveness of the PFET Program in achieving the overall objective the assessment of learning outcomes and other evaluation mechanisms provide direction on
- 6.1.4 potential improvements to the curriculum, training activities and learning methods and opportunities.

6.2 Curriculum and Syllabus

- 6.2.1 To assist in achieving the objectives, each PFET Program position will have an advertised curriculum, including as a minimum the following learning opportunities:
- (a) Three half day operating sessions per week for the fellow focused primarily on complex Neuro-oncology surgery; and
 - (b) Practical and theoretical teaching and instruction in Neuro-oncology; and
 - (c) Case presentations and clinical audits; and
 - (d) Outpatient clinics and other relevant Neuro-oncology clinics on a weekly basis; and
 - (e) Neuro-oncology or relevant divisional ward rounds on a weekly basis; and
 - (f) Joint Neuro-oncology meetings on an alternate weekly basis; and
 - (g) On-call roster for Neuro-oncology and neurosurgery with the call coverage being no more than 1:3.



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6.3 Clinical Competence

- 6.3.1 Appropriately supervised operative experience in Neuro-oncology surgery must be obtained during the PFET Program in the accredited position. Operative experience acquired prior to the commencement, during a period of interruption, in an institution not accredited, or after the completion of the PFET Program will not be considered.
- 6.3.2 The NSA has an expectation that prior to commencement of the PFET Program the fellow has sufficient experience in general Neuro-oncology. The NSA requires a minimum of 70 operative Neuro-oncology cases, with an appropriate case mix, as primary surgeon or first assistant made of the following of the procedures:
- (a) Glioma: Low grade - Debulking
 - (b) Glioma: High grade - Debulking
 - (c) Meningioma
 - (d) Metastasis
 - (e) Pituitary Tumour - Trans-sphenoidal
- 6.3.3 To be eligible for accreditation of the PFET Program the CLS Report must demonstrate sufficient experience in complex Neuro-oncology surgery. While competence cannot be measured in absolute numeric terms, as a general guide the NSA would expect a minimum of 100 operative Neuro-oncology cases as the primary surgeon or first assistant to be undertaken during the PFET Program period, with an adequate case mix of the following procedures:
- (a) Acoustic Neuroma
 - (b) Bony Skull Tumour
 - (c) Colloid Cyst
 - (d) Endoscopic Biopsy
 - (e) Glioma: Low grade - Debulking
 - (f) Glioma: High grade - Debulking
 - (g) Meningioma
 - (h) Metastasis
 - (i) Pituitary Tumour - Trans-cranial
 - (j) Pituitary Tumour - Trans-sphenoidal
 - (k) Tumour Excision with Skull Base Approach
 - (l) Ventricular Tumour/Cyst
 - (m) Paediatric CNS Tumours

SECTION 7: PFET PROGRAM IN PAEDIATRIC NEUROSURGERY

7.1 Objective of the PFET Program

- 7.1.1 The objective of the PFET Program in Paediatric Neurosurgery is to provide competent independent specialist neurosurgeons with advanced procedural experience, knowledge and surgical skill relevant to the safe and effective treatment of complex paediatric neurosurgical conditions. PFET Programs in Paediatric Neurosurgery can be limited to specific complex paediatric neurosurgery practice areas.



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7.1.2 To achieve the overall objective, the following competencies have been developed in the RACS competency areas of medical expertise, technical expertise, judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher and professionalism:

- (a) an advanced level of scientific knowledge relevant to complex paediatric neurosurgery conditions
- (b) the ability to critically appraise new technologies
- (c) the application of scientific knowledge to the diagnosis and treatment of complex paediatric neurosurgery conditions
- (d) advanced procedural experience and surgical skill relevant to the safe and effective treatment of complex paediatric neurosurgery conditions
- (e) advanced judgement and clinical decision making in the diagnosis, pre and post operative management of patients with complex paediatric neurosurgery conditions
- (f) appropriate clinical decision making in identifying those patients amenable to surgical treatment for complex paediatric neurosurgical conditions
- (g) advanced communication skills with patients, their families and the health team to achieve an optimal and collaborative clinical management environment
- (h) effective management of administrative procedures and responsibilities
- (i) effective use of the resources available to prioritise patient and health care system needs in order to maximise patient outcomes
- (j) advocacy for the interests of paediatric neurosurgery treatment and appropriate health resource allocations
- (k) a recognition and commitment to the maintenance of surgical knowledge through self directed learning
- (l) the application of research to clinical practice in paediatric neurosurgery
- (m) an understating of unique ethical and medico-legal issues relevant to the practice of paediatric neurosurgery and apply them in clinical practice
- (n) adherence to, and appreciation of, the required standards of professionalism
- (o) appreciation of the importance of peer reviewed audit
- (p) employ a critically reflective approach to paediatric neurosurgery and their own clinical performance

7.1.3 To evaluate the effectiveness of the PFET Program in achieving the overall objective, the assessment of learning outcomes and other evaluation mechanisms provide direction on potential improvements to the curriculum, training activities and learning methods and opportunities.

7.2 Curriculum and Syllabus

7.2.1 To assist in achieving the objectives, each PFET Program position will have an advertised curriculum, including as a minimum the following learning opportunities:

- (a) Three half day operating sessions per week for the fellow focused primarily on complex paediatric neurosurgery; and
- (b) Practical and theoretical teaching and instruction in paediatric neurosurgery; and
- (c) Case presentations and clinical audits; and
- (d) Outpatient clinics and other relevant paediatric neurosurgery clinics on a weekly basis; and
- (e) Paediatric neurosurgery or relevant divisional ward rounds on a weekly basis; and
- (f) On-call roster for paediatric neurosurgery and neurosurgery with the call coverage being no more than 1:3.

7.3 Clinical Competence



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- 7.3.1 Appropriately supervised operative experience in paediatric neurosurgery must be obtained during the PFET Program in the accredited position. Operative experience acquired prior to the commencement, during a period of interruption, in an institution not accredited, or after the completion of the PFET Program will not be considered.
- 7.3.2 To be eligible for accreditation of the PFET Program the CLS Report must demonstrate sufficient experience in complex paediatric neurosurgery surgery. While competence cannot be measured in absolute numeric terms, as a general guide the NSA would expect a minimum of 150 operative paediatric neurosurgery cases as the primary surgeon or first assistant to be undertaken during the PFET Program period, of which a minimum of 50 must relate to cerebrovascular, tumours, craniofacial or spinal surgery made up of an adequate case mix of the following procedures:
- (a) Cavernous malformations in children
 - (b) Moyamoya disease in children (direct/ indirect surgical revascularisation techniques)
 - (c) Cerebral aneurysms
 - (d) Cerebral arteriovenous malformations
 - (e) Cerebral AV fistulas (surgical and endovascular management)
 - (f) Vein of Galen malformations (endovascular and surgical management)
 - (g) Spinal vascular malformations
 - (h) Posterior fossa tumours – ependymoma
 - (i) Posterior fossa tumours – medulloblastoma
 - (j) Posterior fossa tumours – astrocytoma
 - (k) Posterior fossa tumours - brainstem glioma
 - (l) Posterior fossa tumours – other
 - (m) Craniopharyngioma
 - (n) Pineal tumours
 - (o) Choroid plexus tumours
 - (p) Optic pathway tumours
 - (q) Spinal cord tumours – intramedullary
 - (r) Spinal cord tumours – extramedullary
 - (s) Craniosynostosis repair – sagittal
 - (t) Craniosynostosis repair – coronal
 - (u) Craniosynostosis repair – metopic
 - (v) Craniosynostosis repair – multisutural
 - (w) Craniosynostosis repair – other
 - (x) Repair of craniocervical junction abnormalities
 - (y) Myelomeningocele
 - (z) Lipomyelomeningocele
 - (aa) Diatematomyelia
 - (bb) Tethered cord syndrome
 - (cc) Syrinx
 - (dd) Scoliosis
 - (ee) Growing skull fracture
 - (ff) Chiari 1 malformations
 - (gg) Chiari 2 malformations
 - (hh) Endoscopic third ventriculostomy
 - (ii) Intrathecal Baclofen pumps
 - (jj) Selective dorsal rhizotomy



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- (kk) Temporal lobectomy
- (ll) Hemispherectomy / hemispherotomy
- (mm) Lobar resections/ disconnections for epilepsy
- (nn) Subdural grid implantation
- (oo) Vagal nerve stimulation