

Surgeons: Is Procedure Credentialing Enough?



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Background

- 1. Chair Professional Development and Standards Board R.A.C.S.**
- 2. Surgical Director ASERNIP-S**
- 3. Director Surgery TQEH Adelaide**
- 4. Head Discipline of Surgery University of Adelaide**

Students Path to Competence

Medical Student

6 years

Intern

1 year

Pre-training experience

1 - 3 years

Surgical Training

5 - 7 years

FRACS



30 – 40 years of surgery

Retirement

Aim of Surgical Training

9 Surgical Competencies Required:

- **Professionalism**
- **Scholar / Teacher**
- **Health Advocacy**
- **Management and Leadership**
- **Collaboration**
- **Communication**
- **Medical Expertise**
- **Judgment – Clinical Decision Making**
- **Technical Expertise**

Problems in Training

- **Assessment difficult**
- **Apprenticeship model**
- **Experience patchy**
- **Non performance**

Problems in Practice

- **Audit**
- **Reassessment**
- **New Technology**

Laparoscopic Cholecystectomy



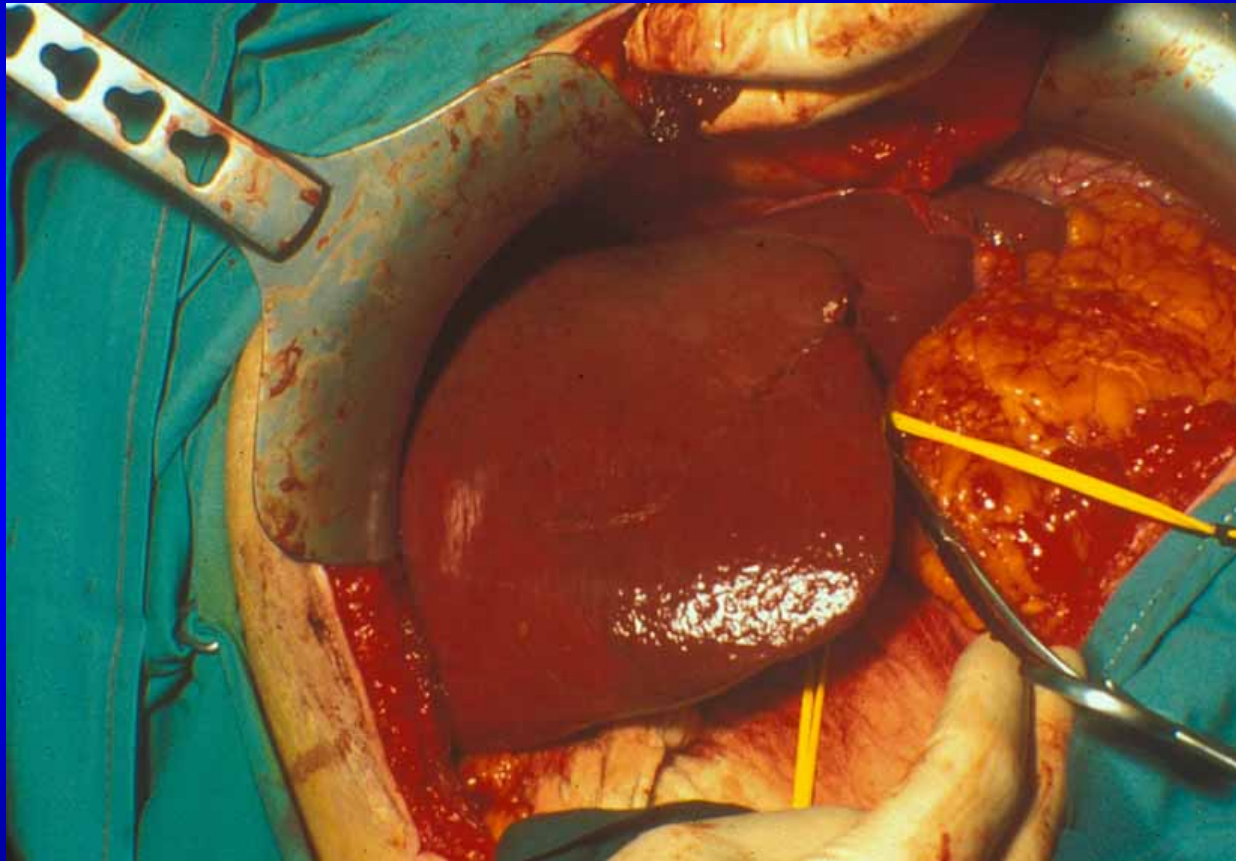
Breast Surgery



New Devices



Is Surgery Just the Procedure?



How to Stay Current

- **Volume**
- **Peer Review**
- **World Influence**
- **Audit**
- **Reassessment**

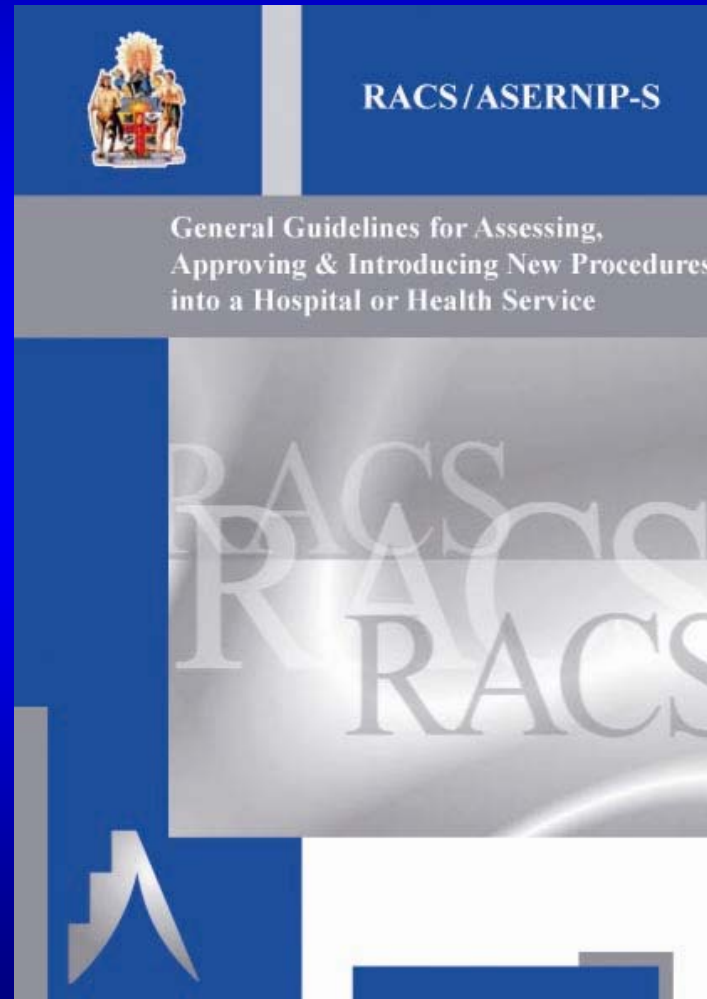
Credentialing 2008

- **Medical Board Registration**
- **FRACS or equivalent**
- **Police check**
- **Ongoing CPD**

Ideal Credentialing

- **Validated Training**
- **Ongoing CPD**
- **Re-credentialing 5 Yearly**
 - **Written**
 - **Simulated**
 - **Mentor assessment**

New Procedures



New Procedures

- **Appropriate Indication**
- **Appropriate Outcomes**
- **Appropriate Equipment**
- **Appropriate Training**

Learning Curve

