

REGULATIONS OF THE PROVISIONAL FELLOWSHIP TRAINING PROGRAMME IN SURGICAL ONCOLOGY

1. INTRODUCTION

The basic principles of Surgical Oncology training are the development of an integrated approach to the care of patients with malignancy combined with technical competence in the surgery of a chosen range of conditions. This encompasses the diagnosis, assessment, surgical and adjuvant treatment as well as issues of palliative care.

Surgical Oncology is a discipline with an academic basis and an understanding of the basic science of neoplasia and the achievement of research objectives will be mandatory for the candidate.

2. PROVISIONAL FELLOWSHIP TRAINING PROGRAMME

2.1 DURATION OF THE PROGRAMME

The duration of the programme is not finalised. The expectation is that it would involve one or two years in Australia of Surgical Oncology training followed by one year of overseas training. Training in Surgical Oncology is likely to be linked with training in other disciplines which will have impact on the total duration of the programme.

2.2 RESEARCH

It is expected that the trainees would participate in research activities. Individual trainees, depending upon their previous experience, may be encouraged to undertake an MD or PhD.

2.3 OVERSEAS TRAINING

This may be incorporated into the training period. Arrangements have been made with the Royal Marsden Hospital to facilitate this training. Other links are being pursued.

2.4 ASSOCIATION WITH OTHER SUB-SPECIALTIES, FOR EXAMPLE BREAST, ENDOCRINE, COLORECTAL, HEPATOBILIARY AND UPPER GI, THORACIC OR HEAD AND NECK.

Surgical Oncology training may be combined with training in another discipline. Arrangements about reciprocity of training with other specialties have still to be worked out. In general it is expected that this will involve appropriate training in both disciplines.

3. PROVISIONAL FELLOWSHIP TRAINING BOARD IN SURGICAL ONCOLOGY

Chairman	Robert Thomas	(till May 2003)
Members	Michael Henderson Brendon Coventry Andrew Spillane Mark Smithers Meron Pitcher Phil Crowe	Bruce Mann Grantley Gill John Thompson Steven Archer Jonothan Koea

4. TRAINING POSITIONS

4.1 POSSIBLE

State	Hospital	Head of Unit	Supervisor
New South Wales	RPA	J Thompson	A Spillane
Victoria	PMCI	R Thomas/M Henderson	M Henderson
South Australia	Royal Adelaide	G Gill/B Coventry	B Coventry
New South Wales	Prince of Wales	P Crowe	P Crowe/M Donellan
Auckland	Auckland Hospital	J Koea	J Koea

4.2 POSITIONS AVAILABLE IN 2004

It is anticipated that the positions described in 4.1 will be available in 2004.

5. CURRICULUM

The curriculum for Surgical Oncology includes:-

- i. General experience of the surgical issues in cancer management.
- ii. The development of competence in the clinical /surgical aspects of all or some subspecialties.
- iii. An understanding of cancer biology including participation in clinical/basic research.

I. General

Have an understanding of all the issues associated with management of the cancer patient.

This includes the following:-

- Diagnostic procedures.
- Imaging.
- Advanced staging of malignant disease.
- Understanding of the multidisciplinary approach to cancer management.
- An understanding of the benefits and side effects of radiation oncology treatment.
- An understanding of the benefits and side effects of medical oncology treatment.

- An understanding of the surgical support required for the disciplines of radiation and medical oncology.
- Role of symptom relief and palliative care.
- Clinical genetics and familial cancer syndrome.
- Understanding the psychosocial needs of the cancer patient and family.
- Development of communication skills appropriate to the discipline.

II. Breast

- The standard requirements of a breast fellowship must be met.

III. Melanoma

- An understanding of the principles of surgical management of all stages of primary and metastatic melanoma.
- Wide excision and simple flap repair or grafting of primary melanomas.
- Lymphatic mapping and sentinel node biopsy for cutaneous melanoma.
- Superficial, deep and combined inguinal lymph node dissection.
- Axillary dissection.
- An understanding of the principles of isolated limb infusion or perfusion.
- An understanding of the principles of immunotherapy, chemotherapy and radiotherapy in the treatment of melanoma.

IV. Soft Tissue Sarcoma

- An understanding of the principles of management of all stages of primary and metastatic soft tissue sarcoma.
- The principles of limb-sparing surgery.
- Wide excision primary sarcomas.
- Management of recurrent peripheral sarcoma
- The principles of management of primary and recurrent retroperitoneal sarcoma.
- Demonstrated understanding and capabilities with wide excision and appropriate compartmental resection of limb soft tissue sarcoma.
- Role of and selection of patients for neoadjuvant therapies.
- Multidisciplinary co-ordination of management.

V. Academic

The curriculum will demand a clear understanding of the biology of cancer with reference to the following points:-

- An understanding of pre-malignant states.
- An understanding of the concept of genetic disturbances causing cancer.
- Broad understanding of the techniques for laboratory evaluation of tumours.
- An understanding of the metastatic process including micrometastases.
- The undertaking of a clinical or laboratory research project.

- An understanding of the role of clinical trials and application of evidence based practice.

6. APPLICATION SELECTION

The Provisional Fellowship Board in Surgical Oncology will be involved in the selection of trainees. It may be appropriate for a conjoint selection committee of Breast, Endocrine and Surgical Oncology PFT Boards to select potential trainees, particularly where mixed disciplines are envisaged. In considering trainees for PFT in Surgical Oncology the selection committee will consider:-

- i. Scored referee reports.
- ii. Scored surgeon assessment reports from each of the six month rotations from the first two years of general surgical training.
- iii. Scored structure selection committee report.
- iv. Short listed vocational trainees will be interviewed by the selection committee employing a semi-structure interview process.

7. ASSESSMENT

7.1 CONTINUING ASSESSMENT

PFTs will be required to maintain a log book of operative and other relevant breast surgical training experience. Trainees will be surveyed on an annual basis. Trainees will be assessed by formal reports from the Supervisor of Surgical Oncology in their training hospital formally at least twice during the 12 months of training.

7.2 FORMAL ASSESSMENT

No final decision has been made at this time.

7.3 EXIT ASSESSMENT

The Provisional Fellowship Board will certify vocational PFT trainees as having successfully completed training in Surgical Oncology on the basis of acceptable performance assessments, fulfilment of any requirements for training eg. Attendance at a communication skills workshop, achievement of an appropriate level of operative experience and ability and demonstration of qualities necessary for Surgical Oncology including willingness to work co-operatively in a multi-disciplinary team with excellent communication skills and familiarity with the principle practice of Surgical Oncology.