Surgical Competence and Performance

A guide to aid the assessment and development of surgeons

Royal Australasian College of Surgeons

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Further information

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Committed to Indigenous health

Service | Integrity | Respect | Compassion | Collaboration

Foreword

The Royal Australasian College of Surgeons (RACS) is committed to leading surgical standards, professionalism and education across Australia and New Zealand. The College has a proud history of facilitating the education and training of surgeons at all stages of their professional career, supporting surgeons and leading advocacy around standards, patient care and outcomes. The revised Surgical Competence and Performance Framework reflects the standards we hold as a profession and our commitment to the community to deliver high quality patient centred surgical care.

Patient centred

In delivering safe, effective and timely surgical services, patient centred care is central to the Surgical Competence and Performance Framework. The introduction of a tenth competency – Cultural Competence and Cultural Safety – prioritises the importance of understanding the individual, social and cultural needs of our patients to ensure that they are the focus of our interactions. Underpinned by the principle of shared decision making, this competency challenges surgeons to use the privileged position they hold within society to address health inequities and improve health outcomes – with a particular emphasis on working in partnership with our Indigenous peoples in Australia and Māori in New Zealand.

Reflective of our communities

As the communities we serve evolve, the importance of the surgical profession reflecting and responding to these changes has been acknowledged throughout the framework. In addition to placing an emphasis on inclusivity, diversity and cultural safety, the framework acknowledges the influence surgeons have in impacting change more broadly and our responsibility to future generations to address issues such as sustainable access to surgical care and reducing the impact of environmental waste generated by the delivery of surgical services.

Continuous improvement

Throughout a surgeon's career there will be many opportunities to assess performance against the Surgical Competence and Performance Framework. Fellows of RACS are amongst an esteemed peer group committed to excellence. RACS is committed to providing education, resources and services that support Fellows in delivering the highest standards of surgical care to all communities in Australia and New Zealand.

Mr Anthony Sparnon
President

Dr Sally Langley
Chair, Professional Development and Standards Board

Dr Lawrie Malisano
Chair, Surgical Competence and Performance Working Party

Introduction

The third edition of the RACS Surgical Competence and Performance Guide provides a framework to aid the assessment and development of surgeons across all areas of surgical practice. These competencies underpin all aspects of Fellowship training and provides a framework for the assessment of practising surgeons.

Many of the founding principles reflected in first and second editions of the RACS Surgical Competence and Performance Guide remain within the revised RACS framework. Updates to this guide reflect the changing environment in which our surgeons practise and include responsibility for delivering sustainable surgical services, challenging unacceptable behaviour within the profession and providing active leadership in addressing health inequities.

A tenth competency: cultural competence and cultural safety

In 2019 and following broad consultation with key stakeholders (see acknowledgements pg. 30), RACS recognised that the significance of health inequities on poor health outcomes – particularly Indigenous peoples in Australia and Māori in New Zealand – were not adequately reflected within the competency framework. Subsequently this revision introduces a new competency to the RACS framework – Cultural Competence and Cultural Safety – which requires surgeons to demonstrate a willingness to embrace diversity among all patients, families, carers and the healthcare team and respects the values, beliefs and traditions of individual cultural backgrounds which are different to their own.

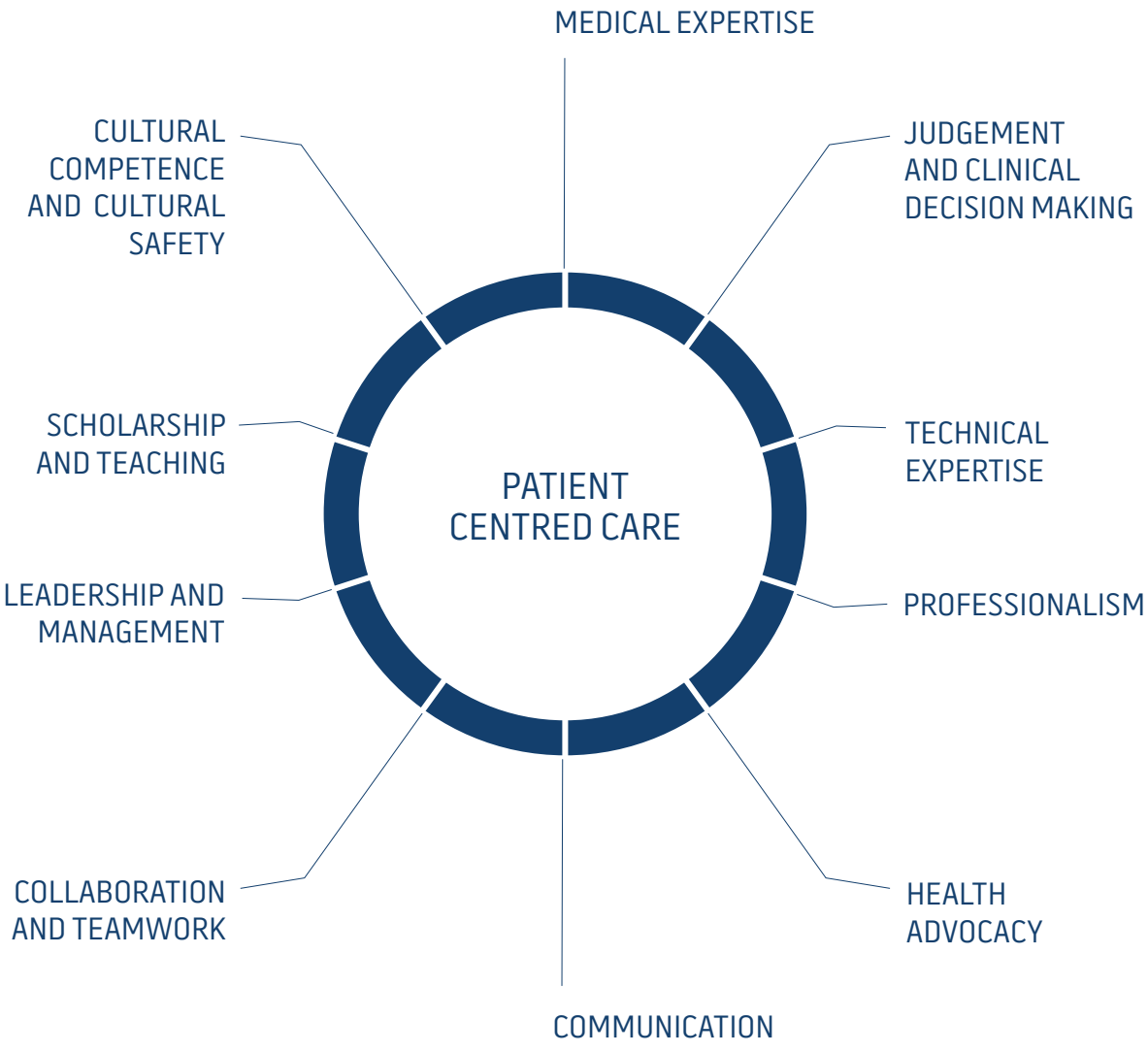
RACS understands that the introduction of the competency will require a careful and considered approach in its implementation across all aspects of surgical education and training. We acknowledge the work undertaken by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) in developing guidelines for culturally competent and culturally safe medical practitioners, and have applied these standards in supporting the development of this competency.

The MCNZ define cultural safety as 'The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.'

In Aotearoa/New Zealand, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori.

The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards (including the MBA) have outlined cultural safety as '... determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'

(See Communique 'A consistent baseline definition of cultural safety for the National Scheme'- December 2019).



How to use this guide

Understanding competencies, behavioural markers and examples of behaviours

The first edition of the Surgical Competence and Performance Guide expanded on the Non-technical skills for surgeons (NOTSS) behavioural markers to cover both technical and non-technical (or professional) aspects of performance both in and outside the operating theatre. The second edition continued to refine these competencies to reflect the most relevant markers at that time. In this third edition, under each competency, between three and five behavioural markers have been developed, with examples of good and poor behaviours. The examples of behaviours do not represent an exhaustive list but are examples of what may be considered to represent 'good' and 'poor' behaviour.

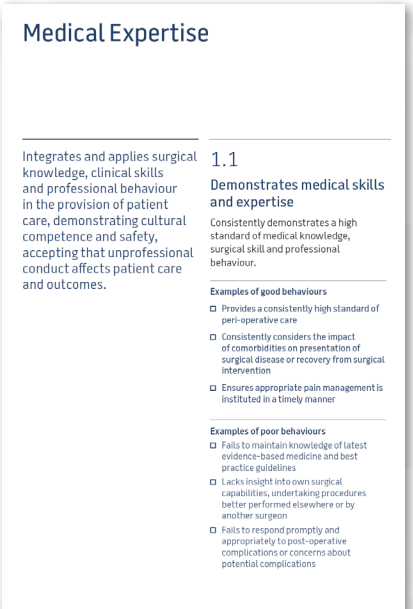
Behavioural markers have been reviewed and expanded from previous editions and accommodate additional topics of significance including:

- Patient-Centred Care (including shared decision making)
- Discrimination, Bullying and Sexual Harassment
- Financial Responsibility
- Healthcare Sustainability
- Cultural Competence and Cultural Safety

Assessing surgical competence and performance

This guide provides a framework for the assessment of surgical competence and performance of surgeons. Information, tools and resources to support the assessment of a surgeon (post-FRACS) - including an assessment rubric and assessment mechanisms - can be found here.

For more information about the surgical competencies as they relate to Surgical Trainees and Specialist International Medical Graduates (SIMG) on a pathway to Fellowship, please refer to the assessment and training pages of our website – surgeons.org



Medical expertise

Integrates and applies surgical knowledge, clinical skills and professional behaviour in the provision of patient care. Demonstrates cultural competence and cultural safety, accepting that unprofessional conduct affects patient care and outcomes.

1.1

Demonstrates medical skills and expertise

Consistently demonstrates a high standard of medical knowledge, surgical skill and professional behaviour.

Examples of good behaviours

- Provides a consistently high standard of perioperative care
- Consistently considers the impact of comorbidities on presentation of surgical disease or recovery from surgical intervention
- Ensures appropriate pain management is instituted in a timely manner

Examples of poor behaviours

- Fails to maintain knowledge of latest evidence-based medicine and best practice guidelines
- Lacks insight into own surgical capabilities, undertaking procedures better performed elsewhere or by another surgeon
- Fails to respond promptly and appropriately to postoperative complications or concerns about potential complications

1.2

Monitors and evaluates patient care

Regularly involved in audits, reviews and evaluation of clinical practice, patient outcomes, complications, morbidity and mortality, including analysis of health disparities. Acts on insights gained from these evaluations and documents evidence of involvement.

Examples of good behaviours

- Actively participates in surgical audit and morbidity and mortality meetings
- Compares own results with peers, other surgeons in the community and with published material
- Reviews and discusses complex cases
- Participates in root cause analyses or other reviews of adverse events

Examples of poor behaviours

- Fails to regularly attend peer review meetings or audit own results
- Does not evaluate or appraise changes in practice
- Neglects to adjust work practices despite evidence of poor performance or outcomes
- Blames others for poor outcomes when clearly at fault

1.3

Demonstrates a patient centred approach to quality, risk and safety

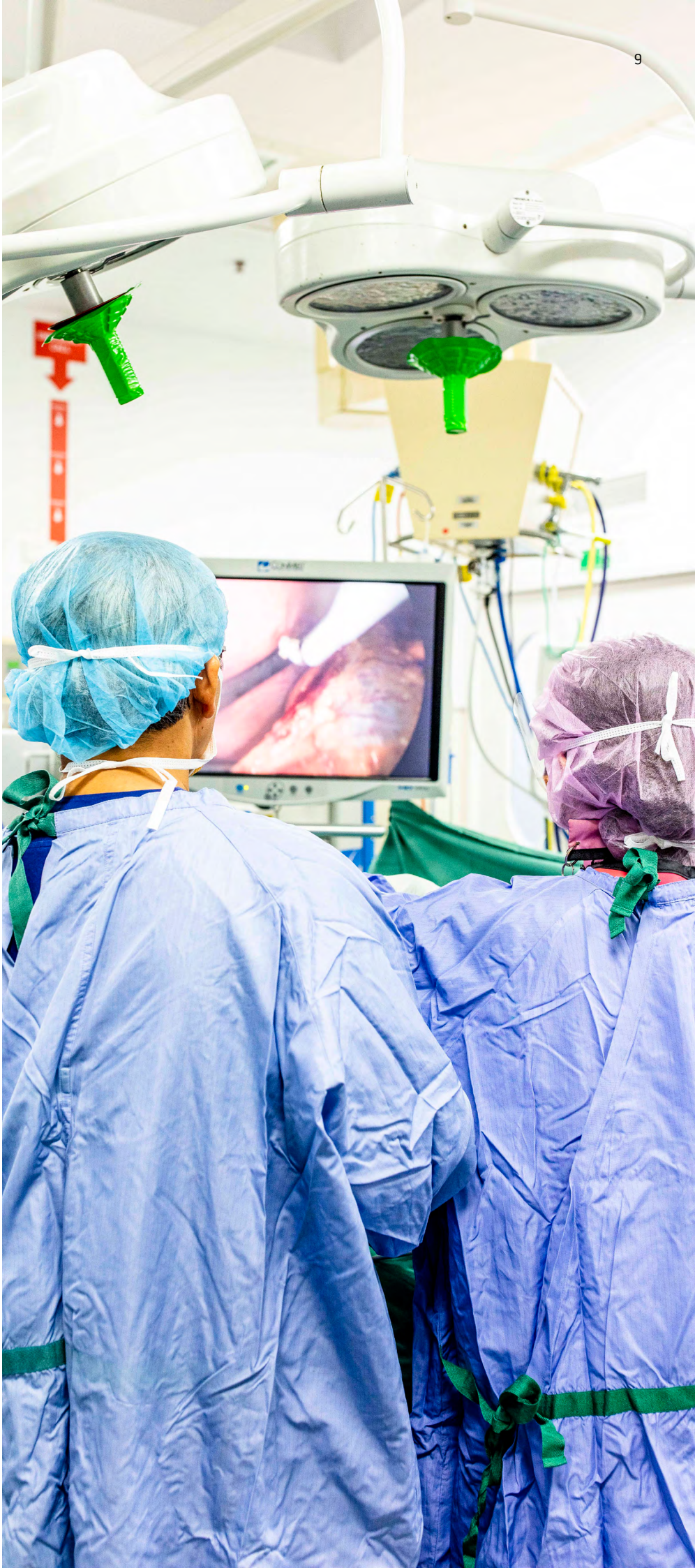
Prioritises the highest standards of quality, risk management and safety. Provides patient centred care in all clinical interactions with patients, family and carers. Models these behaviours to other health care professionals including junior medical staff, Trainees and students.

Examples of good behaviours

- Always undertakes an appropriate preoperative and postoperative assessment of patients
- Demonstrates awareness of unlikely but serious potential problems and prepares accordingly
- Uses appropriate aseptic techniques, including regular hand washing, to minimise the risk of infection
- Promotes participation in and adherence to safety checklists and other risk reduction strategies

Examples of poor behaviours

- Undertakes hasty clinical assessment, missing critical issues e.g. significant comorbidities
- Fails to report or ignores incident reporting systems
- Neglects to support and educate junior staff and students about the importance of quality and safety processes



Judgement and clinical decision making

Makes informed and timely decisions regarding assessment, diagnosis, preoperative preparation, surgical management and postoperative follow up. Encourages preventative health measures to optimise patient outcomes. Promotes culturally competent and culturally safe behaviours. Understands that surgery is not always the best option for patients.

2.1

Recognises conditions and circumstances where surgery may be needed

Demonstrates an understanding of indications and contraindications based on contemporary best practice, and the individual patient's circumstances, expectations, risks and comorbidities.

Examples of good behaviours

- Consults with peers and colleagues about complex cases and difficult judgements
- Routinely questions and justifies approaches to surgical problems and all aspects of practice
- Prioritises need and time for surgery appropriately in emergency and elective situations

Examples of poor behaviours

- Focuses on the surgical options without adequate consideration of non surgical options
- Chooses inappropriate procedures and timing of them without regard for the condition of the patient
- Will not discuss justification for any decisions

2.2

Plans ahead and anticipates consequences

Uses surgical knowledge and experience to understand the likely outcomes of interventions or conservative treatment in the individual patient context. Anticipates possible complications and takes appropriate precautions to minimise harm.

Examples of good behaviours

- Plans operating lists taking into account possible challenges (e.g. surgical, anaesthetic, technical, equipment, staff and resources)
- Makes well considered decisions in a timely manner
- Identifies the level of postoperative care that will be required and ensures that facilities are appropriate

Examples of poor behaviours

- Does not consider or undertake preoperative preparation
- Does not involve or consider other relevant clinical staff in operative planning
- Neglects to inform operating room staff of the need for specific instruments, equipment or implants

2.3
Considers and discusses options

Considers options or treatment pathways, including conservative options. Assesses and discusses the risks and benefits of all options with the patient, family or carer and respects the patient's decision. Works to minimise the impact of bias on decision making to ensure equitable outcomes.

Examples of good behaviours

- Recognises and articulates problems to be addressed
- Engages in shared decision making and respects the patient's right to self determination
- Explains to patients the risk of surgery in relation to their comorbidities

Examples of poor behaviours

- Fails to consider or discuss alternative options
- Fails to adequately discuss and ensure documentation of the options and the basis of decision making
- Unwilling to alter decisions as other information/alternatives become available

2.4
Implements and reviews decisions

Undertakes the chosen course of action and continually reviews its suitability in light of changes in the patient's condition.

Examples of good behaviours

- Reconsiders plans in the light of changes in patient condition or when problems occur
- Routinely follows up investigation results and surgical specimen pathology
- Considers patient's beliefs when implementing treatment options
- Is considerate to how social determinants may limit a patient's ability to proceed with a treatment plan

Examples of poor behaviours

- Consistently fails to implement decisions within an appropriate timeframe
- Makes decisions in haste and does not review them, even when time permits
- Displays inflexibility when evidence is mounting that an alternative course of action is advisable

Technical expertise

Safely and effectively performs appropriate surgical procedures for optimal patient outcomes.

3.1

Maintains technical skills

Consistently demonstrates surgical skills at the level appropriate to a surgeon's experience and the patient's condition. Is mindful of the effects of health and wellbeing on surgical performance of ageing and disability on surgical practice. Adopts new surgical techniques based on the best evidence based knowledge, appropriate training and experience.

Examples of good behaviours

- Ensures the appropriate processes when learning a new technique (e.g. visiting a surgical expert, mentoring or participating in simulation exercises)
- Uses techniques that minimise the risk of needle stick injury for surgeon, assistants and other staff
- Acknowledges the importance of maintaining recency of practice and re-skilling

Examples of poor behaviours

- Introduces new technology or procedures without adequate prior education, assessment and consultation
- Denies the impact of ageing, extended leave from practice, physical or cognitive impairment on manual dexterity or technical skills
- Fails to treat tissue or surgical instruments or equipment with respect

3.2

Operates safely within defined scope of practice

Undertakes surgery appropriate to a surgeon's training, skills, expertise and available facilities including equipment, team, conditions and staffing. Uses a validated surgical safety checklist to ensure the highest quality of safety standards are supported. Recognises the need to seek assistance when required for best patient outcome.

Examples of good behaviours

- Takes into account local hospital conditions and support services when defining scope of practice
- Reviews their scope of practice regularly- at least every 5 years within each healthcare facility
- Knows own limitations and when to ask for help, referring conditions outside their usual scope
- Updates scope of practice in accordance with current skills and training

Examples of poor behaviours

- Undertakes elective surgery within one's scope of practice in an inappropriate environment
- Fails to define their scope of practice to the healthcare facility
- Takes on cases beyond scope of training when other alternatives are available

Professionalism

Demonstrates commitment to patients, the community and the profession through the ethical practice of surgery and demonstration of cultural competence and cultural safety.

4.1

Demonstrates awareness and insight

Reflects on one's surgical practice and has insight into changes that may occur, and its implications for patients, colleagues, Trainees and the community. Makes appropriate changes to practice as areas of improvement are identified.

Examples of good behaviours

- Acknowledges and reflects on own strengths and weaknesses
- Acknowledges own personal bias, beliefs and attitudes
- Reflects on errors and poor outcomes and takes opportunities to improve

Examples of poor behaviours

- Fails to learn from poor outcomes and blames others or equipment rather than reflecting on own practice
- Schedules inappropriately long operating lists
- Lacks awareness that certain behaviours are disrespectful towards others

4.2

Observes ethics and probity

Maintains standards of ethics, probity and confidentiality. Accepts the rights of the individual and acts in a respectful manner towards patients, families and carers. Works within the standards of the regulatory bodies regarding advertising and self-promotion.

Examples of good behaviours

- Offers honest opinions when discussing diagnosis, prognosis and treatment options and plans
- Always maintains appropriate personal and sexual boundaries with patients and the healthcare team members
- Seeks informed consent of the patient before carrying out sensitive or invasive examinations or treatment
- Respects team members request for confidentiality, except in unlawful circumstances or if at risk of harm to themselves or others
- Adheres to regulations regarding advertising

Examples of poor behaviours

- Breaches confidentiality by discussing patient details in public areas
- Fails to respect a patient's dignity or privacy
- Acts in an unethical manner towards a patient's family or carer
- Engages in inappropriate relationships with patients
- Communicates inappropriate or falsified material about self, surgical practice or others (e.g. on social media or other digital platforms)

4.3

Behaves in a respectful and culturally competent manner towards colleagues and team

Models a respectful and collegial attitude towards the entire health care team to contribute to an inclusive workplace. Acts as a role model for the team and actively demonstrates a zero tolerance attitude towards unprofessional conduct including discrimination, bullying and sexual harassment.

Examples of good behaviours

- Models and calls out unprofessional conduct, escalating it through the appropriate pathway for serious incidents
- Demonstrates a positive attitude towards the diversity of different cultures within the health care team, including respecting the cultural beliefs and practices of others
- Aims to ensure all colleagues and team members feel valued within the healthcare environment

Examples of poor behaviours

- Makes unwelcome comments on the appearance and behaviours of others
- Blames Trainees or others for poor outcomes
- Berates or humiliates others
- Fails to respect, if requested, the personal space of others in the health care team

4.4

Maintains personal health and wellbeing

Maintains personal, mental and physical health for the wellbeing of the surgeon, and to optimise performance during surgical practice for the benefit of colleagues and patients.

Examples of good behaviours

- Maintains own health by regularly and appropriately attending check ups with a personal general practitioner
- Considers psychological or psychiatric assistance with the onset of early mental health symptoms or concerns
- Takes regular rest and holidays
- Aims to achieve a work life balance by participating in leisure activities and interests outside surgery

Examples of poor behaviours

- Uses alcohol indiscriminately when on call or prior to performing elective surgery
- Abuses prescription medications or uses illegal drugs
- Continues to practice when unwell, overtired or severely fatigued without recognising the impact on surgical performance
- Models poor health maintenance practices to other team members, urging others to push through even if symptoms of burnout are evident
- Fails to adhere to safe working hours and role model safe behaviour to others

4.5

Demonstrates ethical billing practices

Maintains billing practices that are justifiable, proportionate and reasonable, and does not exploit or financially disadvantage a patient or family. Takes responsibility to ensure that an honest and open agreement of informed financial consent occurs between the treating team and the patient or family. Ensures only appropriate surgical treatment is offered without influence of inducement of profit or personal gain.

Examples of good behaviours

- Takes responsibility to ensure patient, carers or families understand financial commitments to proposed treatment plan
- Ensures only appropriate and clinically indicated surgical procedures are offered to patients
- Educates and models appropriate billing procedures to junior staff and colleagues

Examples of poor behaviours

- Fails to honestly and accurately use billing codes
- Makes questionable claims for medical benefits, insurance, third party or workers compensation payments
- Neglects to gain informed financial consent from patients prior to procedures, except in emergency situations
- Does not consider extenuating financial circumstances of patients when discussing treatment options

Health advocacy

Identifies and responds to the health needs and expectations of patients, families, carers and members of the healthcare team. Responds to the health needs of communities and the health system by supporting rational, evidence based measures to improve health outcomes in the wider community. Promotes cultural competence and cultural safety to improve health outcomes in the broader community.

5.1

Cares with compassion and respect for patient rights

Provides optimal care while respecting patients' rights, choices, dignity, privacy and confidentiality. Engages patients and, where appropriate, families or carers in planning and decision making in order to best meet their needs and expectations.

Examples of good behaviours

- Treats patients courteously and compassionately, engaging them in shared decision making and respecting their choices and privacy
- Supports patients to seek different views or opinions and to exercise choice
- Actively engages in family case conferences when appropriate

Examples of poor behaviours

- Indifferent to the patient and disregards their concerns
- Ignores the role of the patient, families and carers in the shared decision making process
- Spends insufficient time with patients, especially when they are distressed

5.2

Responds to the social determinants of health

Is aware of how social determinants of health can impact on patients and their health outcomes. Advocates for better health care to assist in more equitable health outcomes for patients, especially those living in rural and remote areas, those affected by disadvantage related to disability, education, geography, nutrition and living standards, and with particular reference to Aboriginal and Torres Strait Islander peoples and Māori.

Examples of good behaviours

- Works to improve access to health care services as determined by the individual or the community (e.g. provides outreach services)
- Identifies strategies to rectify health inequities within your community or local health district
- Engages with the community for healthcare education and development

Examples of poor behaviours

- Disregards the impact that healthcare decisions have on the community
- Makes no effort to accommodate patients who are disadvantaged with limited access to healthcare, including those living in isolated areas
- Lacks sensitivity and consideration for disabled people
- Fails to initiate referrals to other health professionals that may assist patients beyond their direct surgery (e.g. referrals to Social Work or Liaison Officers)
- Discriminates against patients without private insurance

5.3

Demonstrates a commitment to the sustainability of the health care system

Gives due consideration to the financial and environmental effects relating to health care sustainability. Does not undertake investigations or procedures that are shown to have minimal or marginal improvement possibilities for patients.

Examples of good behaviours

- Uses billing codes appropriately
- Considers the cost of consumables and can justify their use
- Participates in initiatives to minimise surgical waste
- Offers cost effective prescription medication plans that serve the interest of the patient and their health condition

Examples of poor behaviours

- Orders investigations when more cost effective or accessible investigations are appropriate
- Recommends procedures that have little or no benefit for patients
- Disregards environmental factors in the healthcare setting
- Fails to discharge patients in timely manner

5.4

Cares for the wellbeing of colleagues

Recognises potential impairment in colleagues and its impact on patient and personal outcomes. Responds to circumstances that need to be escalated.

Examples of good behaviours

- Demonstrates leadership by actively maintaining and championing health and wellbeing
- Provides support and where appropriate, referral to colleagues in need
- Intervenes where impairment of colleagues is likely to have a direct impact on patient care or patient outcomes

Examples of poor behaviours

- Ignores unusual or concerning behaviours in colleagues that could be indicative of cognitive impairment or substance abuse
- Fails to recognise the impact that poor performance can have on patient's safety and health outcomes
- Does not escalate issues that are cause for immediate and significant concern to safety of a colleague or patients

Communication

Communicates effectively and in a culturally competent manner with patients, families, carers, colleagues and others involved in health services in order to facilitate the provision of high quality health care. Operates with respect, denouncing unprofessional conduct including discrimination, bullying and harassment.

6.1

Gathers and understands information

Seeks timely and accurate information during the consultation, in the ward or clinic and in the operating room.

Examples of good behaviours

- Reviews and makes available all relevant information including notes, results and consent
- Liaises with anaesthetist regarding anaesthetic plan and asks for regular updates during surgery
- Ensures patient condition is monitored throughout the procedure and that changes or challenges are responded to appropriately

Examples of poor behaviours

- Fails to adequately acquire and review information relevant to the consultation
- Does not adequately prepare, plan or collaborate for procedures
- Fails to handover clinically significant problems to other teams

6.2

Discusses and communicates options

Works to build rapport and trust with patients, their families and carers, and engages them in the decision making process. Communicates decisions clearly and effectively to all involved parties and ensures patients understand the information provided, employing interpreters, or alternative methods of communication suitable for patients as required.

Examples of good behaviours

- Informs the patient, family or carer and relevant staff about the expected clinical course for each patient
- Communicates decisions, surgical plan and expectations clearly to patient, family, carers and relevant staff
- Ensures adequate handover
- Uses qualified interpreters and/or alternative methods of communication suitable for the patients (e.g. educational brochures, educational videos or website links in languages other than English)

Examples of poor behaviours

- Ignores or aggressively responds to questions regarding the plan
- Uses family, carers or unqualified interpreters to interpret for the patient, except in exceptional circumstances
- Does not allow an appropriate timeframes to discuss the medical situation or treatment plan with the patient, especially when an interpreter is involved

6.3

Communicates in a respectful manner with patients, families and carers

Takes care during the communication process not to diminish or invalidate a patient's personal circumstances, or cultural beliefs and practices. Arranges an appropriate environment to discuss confidential information and is mindful of how their own personal beliefs may impact on patient care, including unconscious bias.

Examples of good behaviours

- Demonstrates empathy and compassion when breaking bad news or discussing poor outcomes
- Discusses poor outcomes with open disclosure
- Is aware and sensitive to patients from varying cultural backgrounds
- Recognises one's own bias and actively tries to reduce its impact on patients and any member of the health care team

Examples of poor behaviours

- Frequently uses complex medical terminology when talking with patients and fails to check for adequate understanding
- Routinely interrupts or dismisses questions or comments from patients, families or carers, colleagues or staff
- Shows insensitivity to the importance of language, culture or disability on communication

6.4

Communicates effectively with team members, staff and colleagues

Communicates with all members of the health care team in an effective and respectful manner. Adapts communication techniques dependent on individual circumstances and acknowledges that good communication is the key to better team and patient outcomes. Demonstrates the ability to provide timely and effective feedback to team members.

Examples of good behaviours

- Endeavours to build rapport and trust with team members and colleagues
- Acts as a role model for others by communicating in a courteous and respectful manner acknowledging the impact on team and patient outcomes
- Provides feedback in a respectful, supportive and timely manner in order to achieve maximum effectiveness
- Accepts and reflects on feedback from others

Examples of poor behaviours

- Belittles, humiliates or is disrespectful towards students, junior doctors or Trainees
- Belittles, humiliates or is disrespectful towards colleagues or any member of the healthcare team
- Fails to address Trainees or colleagues poor behaviours or performance issues in a timely manner (i.e. 'cup of coffee' conversation)

Collaboration and teamwork

Works cooperatively with peers, Trainees and other health professionals to develop a shared picture of the clinical situation and facilitates appropriate task delegation to ensure the delivery of safe, effective and efficient surgical care. Works collaboratively to optimise teamwork and a patient centred care plan.

7.1

Plays an inclusive and active role in clinical teams

Works together with all team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the patient and for the service provided. Actively promotes shared decision making, values the contribution and expertise of other team members, and multidisciplinary team (MDT) engagement where appropriate.

Examples of good behaviours

- Promotes a culture of respect and shared decision making amongst all team members including the patient, family and/or carer
- Demonstrates excellent team communication skills to create a shared understanding of the patient's situation
- Encourages involvement from all team members, acknowledging their skills and expertise
- Resolves team issues or conflicts by effective negotiation in team meetings
- Cooperates when asked to reduce surgical lists to fit available session times

Examples of poor behaviours

- Creates disharmony or conflict in the patient care team
- Does not participate in team meetings or MDT ward rounds
- Dismisses concerns of the team and of junior team members without due consideration
- Disregards clinical opinions and expertise of others

7.2

Establishes a shared understanding through appropriate documentation and exchange of information

Ensures all necessary and relevant clinical information has been communicated in a timely manner to the patient's General Practitioner and other relevant health care professionals.

Examples of good behaviours

- Records patients notes in a clear, concise and timely manner
- Ensures that expected outcomes are clearly documented in the notes for all team members
- Provides briefing, clarifies objectives and ensures the team understands the operative plan before starting an operation
- Ensures the post operative plan is understood at the conclusion of an operation
- Debriefs team members, discussing what went well and what challenges occurred

Examples of poor behaviours

- Ignores suggestions or opinions of hospital or practice staff
- Fails to perform regular ward rounds with the team
- Fails to communicate with the patients' General Practitioner or referring doctor in a timely manner

7.3
Demonstrates a willingness to seek or offer a second opinion

Consults widely among the health care team in both an informal and formal manner. Seeks and provides a second opinion in the best interests of the patient, when appropriate.

Examples of good behaviours

- Recommends a patient seek a second opinion if they are hesitant with the management plan
- Readily discusses cases confidentially with other surgeons as a shared learning opportunity
- Transfers all relevant information when a patient seeks a second opinion

Examples of poor behaviours

- Discourages patients from seeking a second opinion
- Neglects to communicate or handover important information to another surgeon after a patient states they are seeking a second opinion
- Refuses to offer a patient a second opinion when there is a conflict of interest

7.4
Fosters an environment where patient safety measures are the team's responsibility

Complies with and respects policies and procedures that contribute to patient safety. Understands the positive impact of team competence on the continuity of care for the patient.

Examples of good behaviours

- Expects team members to follow and adhere to quality and safety processes
- Accurately records adverse events and reports incidents in a timely manner
- Encourages debriefing with the team following adverse or traumatic events

Examples of poor behaviours

- Dismisses or fails to use patient safety checklists or procedures
- Does not participate in incident reporting processes
- Rejects open disclosure discussions and processes

7.5
Supports conflict resolution and manages differences within the team

Acts to help resolve conflict within the team and encourages respect for diversity among team members. Facilitates discussion when required and considers all perspectives when resolving differences.

Examples of good behaviours

- Facilitates mediation or organises referral to mediation for the parties involved in conflict
- Encourages and promotes the benefits of diversity within a team
- Participates in further education in managing diverse teams and conflict resolution

Examples of poor behaviours

- Actively or passively ignores team conflict and refuses to participate in conflict resolution
- Discourages colleagues, Trainees or students participating in conflict resolution strategies
- Acts in ways that could be considered sexist or racist, or exhibits discriminatory behaviour

Leadership and management

Leading, providing direction, promoting high standards, matching resources to demand for services, and showing respect for all members of staff. Encourages leadership across all levels of the team.

8.1

Identifies when to lead, manage or take direction as required

Recognises own ability to lead or take direction when there are others who are better equipped to lead or manage a situation. Appropriately delegates responsibilities according to the skills of the person.

Examples of good behaviours

- Adjusts leadership style and mentoring according to the most appropriate method for the recipient
- Is willing to take direction from colleagues when advised to
- Encourages Trainees and junior staff to lead a situation with back-up support as needed

Examples of poor behaviours

- Refuses to transfer responsibility to a more highly skilled colleague when a situation is rapidly deteriorating
- Delegates or leaves tasks to Trainees and junior staff that are beyond their capacity, putting patients at risk and causing undue stress to that person
- Is not visible as a team leader or spends minimal time at the hospital/clinic with the healthcare team

8.2

Leads to inspires others

Exhibits leadership behaviours to inspire others and actively promotes a safe working environment. Speaks up against damaging behaviours and unprofessional conduct including discrimination, bullying and harassment. Remains calm and in control in high pressure situations.

Examples of good behaviours

- Acts as a role model to others in both technical and non-technical areas of surgery
- Remains calm under pressure, working methodically towards effective resolution of difficult situations
- Resolves team conflicts quickly and appropriately
- Seeks assistance when unexpected technical problems arise
- Speaks up about patient safety issues

Examples of poor behaviours

- Blames others for errors and does not take personal responsibility
- Does not manage stress in the emergency operating environment
- Ignores unprofessional conduct of others and does not speak up to correct the situation
- Fails to complete tasks and actions

8.3
Sets and maintains standards

Ensures quality and safety by actively complying with accepted principles of surgery, codes of professional conduct, and by following clinical and operating room protocols. Engages in local health service delivery strategies and professional bodies to contribute to the betterment of the surgical profession.

Examples of good behaviours

- Introduces self to new or unfamiliar members of the surgical or practice team
- Clearly follows hospital, operating theatre, ward and practice protocols
- Requires all team members to observe standards (e.g. sterile field, professionalism of staff in clinic or practice)
- Seeks opportunities to participate in local health district quality and standards advisory committees

Examples of poor behaviours

- Fails to observe appropriate and established standards or protocols
- Disregards the opinions and concerns of colleagues from other clinical disciplines
- Does not provide or comply with terms of reference, policies or procedures of the organisation
- Does not actively participate in any quality assurance activities

8.4
Supports others

Provides collegial and emotional support to team members as required. Assesses their abilities and tailors one's style of leadership accordingly.

Examples of good behaviours

- Offers understanding and flexibility (where possible) to colleagues who are experiencing difficulties, inside or outside of the workplace
- Organises operating lists to ensure that there is time for Trainees and junior staff to have supervised hands on experience
- Encourages and facilitates briefing and debriefing procedures involving the entire team
- Provides supportive feedback to team members including on areas that need improvement

Examples of poor behaviours

- Does not provide recognition or feedback for tasks that are performed well
- Demands registrars continue to work even when fatigued or sick
- Shows hostility or rivalry towards peers and is openly critical of colleagues
- Repeatedly displays a negative attitude towards junior medical staff, nurses and other health care professionals

Scholarship and teaching

As scholars and teachers, surgeons demonstrate a lifelong commitment to surgical practice through reflective learning and the creation, dissemination, application and translation of medical knowledge for optimal patient outcomes.

9.1

Shows commitment to lifelong learning

Commits to lifelong reflective learning and practice, including technical and non technical skills, and disseminates knowledge to others. Identifies own limitations and seeks opportunities to continuously improve.

Examples of good behaviours

- Participates regularly in CPD activities that align with their scope of practice
- Engages with staff and encourages their learning, development and career planning
- Demonstrates awareness of the recent literature and considers implications for clinical and office practice

Examples of poor behaviours

- Fails to adjust practice according to current evidence
- Shows little interest in participating in Mortality and Morbidity meetings, journal clubs, grand rounds and/ or educational meetings
- Shows lack of insight into own limitations when adopting new practices

9.2

Teaches, supervises and participates in assessment

Facilitates the education of students, trainees, colleagues and other health professionals. Fosters the learning of others by promoting a positive culture, and a safe teaching and learning environment for all. Adopts effective methods of communicating feedback to facilitate the learning of others.

Examples of good behaviours

- Provides regular individualised supportive feedback
- Provides adequate supervision to junior staff and regularly meets to discuss their progress
- Uses clinical encounters as an opportunity for teaching of staff
- Allocates sufficient time for teaching and tutorials
- Seeks feedback on teaching style

Examples of poor behaviours

- Demonstrates arrogance, rudeness or disinterest in the training of junior staff or students
- Avoids being involved in identifying and remediating poor performance in a Trainee
- Places unreasonable expectations on or is unduly critical of junior staff
- Uses didactic teaching style and does not adapt teaching style to learners' needs

9.3

Engages with research to improve surgical practice

Translates evidence based research, experience and data into practice. Evaluates or researches surgical practice, identifies opportunities for improvement and implements change at individual, organisational and health system levels.

Examples of good behaviours

- Strives to improve surgical practice through research, innovation and audit of outcomes
- Actively promotes best practice and evidence-based surgery principles
- Is prepared to alter clinical practice when audit and peer review suggests performance is sub-optimal or there are opportunities to improve
- Always looks for ways to improve quality of care

Examples of poor behaviours

- Is dismissive or uncooperative with approved surgical research projects
- Promotes surgical practices which are contrary to accepted or evidence-based practice, or outside of the scope of a research trial
- Ignores research and ethics requirements when conducting clinical trials or evaluating new surgical techniques

Cultural competence and cultural safety

Demonstrates a willingness to embrace diversity among all patients, families, carers and the healthcare team and respects the values, beliefs and traditions of individual cultural backgrounds which are different to their own. Promotes self-reflection, acknowledges their own biases, prejudices and stereotypes and works to mitigate their effects. Promotes a safe and inclusive health care environment and works to eliminate health inequities.

10.1

Indigenous Health. Promotes cultural competence and cultural safety across the whole health system in order to achieve equitable healthcare for Aboriginal and Torres Strait Islander peoples and Māori

Understands the special status of Aboriginal and Torres Strait Islander peoples in Australia, and Māori in New Zealand as Indigenous people, and actively works to develop personal cultural competence and cultural safety skills to achieve optimal health outcomes.

Examples of good behaviours

- Actively reflects on the impact of their own culture, experiences, biases and prejudices on interactions with patients and their families, and works to eliminate the negative impact of bias on health outcomes
- Displays an understanding of the impact of colonisation and historical events on health outcomes for Aboriginal and Torres Strait Islander peoples and Māori, and how these factors continue to contribute to health inequity. Identifies the impact of systemic and organisational racism and bias on health outcomes
- Recognises the importance of the traditions, cultural practices and language of local Indigenous communities, and how cultural practices and responsibilities may impact on health care pathways and accommodates these requirements
- Takes action to reduce the impact of health inequity when developing and reviewing care pathways and processes
- Audits practice, either personal or organisational, with an equity lens
- Actively works to hire Indigenous colleagues into the surgical workforce

Examples of poor behaviours

- Fails to recognise that treating everyone equally is not the same as treating everyone equitably
- Refuses to self-reflect on their own culture and experiences and fails to understand how they can impact on patient interactions and health outcomes
- Dismisses the impact of colonisation on Indigenous peoples
- Avoids learning about local cultural practices, customs, traditions and language and devalues cultures different to their own

10.2

Fosters a safe and respectful health care environment for all patients, families and carers

Creates a safe and inclusive environment that considers cultural and social determinants of health for patients, families and carers to address equitable access to health care. Provides safe, respectful and effective communication and care.

Examples of good behaviours

- Demonstrates an understanding of how social determinants of health impact on achieving optimal health outcomes
- Proactively learns about the cultural demographics of the communities in which they work
- Allows adequate time to provide information in a manner that is understood by the patient, family or carer and communicates in a respectful and effective manner
- Enquires, attempts and achieves correct pronunciation of a patient's name

Examples of poor behaviours

- Participates in or makes derogatory jokes towards different cultures or their beliefs as well as those of different sexual orientation, gender, gender identity, age or generation, socioeconomic status, ethnicity, religious or spiritual belief or disability
- Fails to contribute to or provide a safe, inclusive healthcare environment for patients, families or carers
- Makes no attempt to accommodate cultural beliefs and practices

10.3

Promotes an inclusive and safe workplace for all colleagues and team members

Fosters a workplace that is inclusive of diversity of colleagues, team members and other staff. Helps to negotiate differences and build a common understanding in the workplace environment. Demonstrates self awareness of biases and works to mitigate differences in understandings. Provides an environment where all learners feel safe to speak up. Communicates in a respectful manner and acts as a role model in the teaching environment.

Examples of good behaviours

- Supports a cohesive team by developing an understanding of the variety of cultural backgrounds of colleagues, health care team members and students
- Supports conversation which is inclusive of different cultures, traditions, beliefs and attitudes
- Reflects upon personal bias and actively attempts to moderate personal views to prevent negative or prejudice assumptions

Examples of poor behaviours

- Makes negative remarks, particularly stereotyping cultures or failing to acknowledge intra cultural views
- Neglects to address any cultural conflict within the team, failing to help team members negotiate any differences
- Fails to encourage colleagues or healthcare team members to engage in cultural training or cultural education opportunities

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