



REGULATIONS

POST FELLOWSHIP EDUCATION AND TRAINING PROGRAM IN SPINAL SURGERY

NEUROSURGICAL SOCIETY OF AUSTRALASIA AND AUSTRALIAN ORTHOPAEDIC ASSOCIATION

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SECTION 1: ADMINISTRATION OF THE PFET PROGRAMS

1.1 Overview

- 1.1.1 The Post Fellowship Education and Training (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.
- 1.1.2 The PFET Program complements the Surgical Education and Training (SET) Program in neurosurgery and orthopaedic surgery by providing subspecialty training in spinal surgery.

1.2 Terminology

In these Regulations, the following terminology shall have the following meanings:

- 1.2.1 **AOA** is the Australian Orthopaedic Association
- 1.2.2 **Committee** is the Spinal Surgery Post Fellowship Education and Training Committee.
- 1.2.3 **Business Days** means Monday to Friday excluding public holidays.
- 1.2.4 **Regulations** are the rules, procedures, policies, administrative processes and principles for the control and conduct of the PFET Program only.
- 1.2.5 **PFET Program** means the Post Fellowship Education and Training Program in spinal surgery offered by the Neurosurgical Society of Australasia and Australian Orthopaedic Association.
- 1.2.6 **NSA** is the Neurosurgical Society of Australasia.
- 1.2.7 **Supervisor** is a surgical Supervisor of an accredited PFET Program position.
- 1.2.8 **SET Program** is the Surgical Education and Training Program in neurosurgery or orthopaedics of the Royal Australasian College of Surgeons.
- 1.2.9 **Fellow** is a registrant in a PFET Program.

1.3 Overview of the Regulations

- 1.3.1 These Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the PFET Program.
- 1.3.2 All Fellows, Supervisors, units with accredited training positions and Committee members are required to comply with the Regulations at all time.
- 1.3.3 The information in these Regulations is as accurate as possible at the time of printing. The NSA and AOA reserves the right to make reasonable changes to these Regulations at any time. All persons are advised to ensure they are consulting the most current version.
- 1.3.4 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.

1.4 Duration and Structure

- 1.4.1 The PFET Program must be a minimum of twelve months and maximum of 24 months full-time or the part-time equivalent.

- 1.4.2 The PFET Program is designed to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.
- 1.4.3 The PFET Program will include clinical, research, educational and administrative experience in spinal surgery. It is expected that the duties assigned to the Fellow will increase in complexity as the Fellow assumes more responsibility and builds on their experience, knowledge, skills and attributes.
- 1.4.4 PFET Positions are not formalised surgical training positions. Any experience gained during these positions may not be accredited to the RACS specialist training pathway assessment or process

1.5 Eligibility

- 1.5.1 All applicants must have satisfactorily obtained employment in a position accredited for the 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 websites of the NSA and AOA.
- 1.5.2 All applicants must have permanent residency or citizenship of Australia or be eligible to obtain an appropriate visa to work in Australia as a medical practitioner in a supervised Fellowship position.
- 1.5.3 All applicants must have current and valid medical registration, or be eligible to obtain medical registration, necessary to practice in the position accredited for the PFET Program.
- 1.5.4 Applicants must satisfy one of the following:
 - (a) Satisfactorily completed the FRACS examination in neurosurgery or orthopaedic Surgery; or
 - (b) Completed the Australian Medical Council specialist assessment process resulting in formal recognition as a specialist neurosurgeon or orthopaedic surgeon; or
 - (c) Have a specialist training qualification in neurosurgery or orthopaedic surgery from a designated competent authority as defined by the Medical Board of Australia; or
 - (d) Have a specialist training qualification in neurosurgery or orthopaedic surgery from a country other than a competent authority as defined by the Medical Board of Australia where the applicant can demonstrate appropriate education and training.
- 1.5.5 Prior to commencement of the PFET Program the Fellow must have sufficient experience in general spinal surgery. The Committee requires a minimum of 50 operative spinal cases, with an appropriate case mix, as the primary surgeon or first assistant.

1.6 Application for Registration

- 1.6.1 Eligible Fellows must apply prior to the commencement of their PFET Program on the prescribed registration form.
- 1.6.2 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.
- 1.6.3 Applications are considered by the Committee for registration. In considering applications the Committee will review eligibility and confirm the applicants' appointment to an accredited position for a PFET Program. If an applicant is deemed ineligible for registration the applicant will be refunded 50% of the application fee paid in accordance with 1.6.2.
- 1.6.4 If an applicant is deemed eligible for registration the applicant will be registered in the PFET Program for a twelve-month duration. The application fee paid in accordance with 1.6.2 is non-refundable for applicants deemed eligible for registration.

- 1.6.5 The annual registration fee for the first twelve-month period is complimentary. Subsequent renewal of registration is available on an annual basis thereafter for PFET Programs running longer than twelve months. Automatic renewal notices will be issued thirty days prior to the registration expiry date. The registration fee is revised annually. The registration fee or part thereof is non-refundable.
- 1.6.6 The official commencement date of the PFET Program will be the application date for registration or alternate date nominated at the time of application approved by the Committee. Retrospective credit for any training undertaken prior to the official commencement date or undertaken after the PFET Program registration has ceased may not be granted.
- 1.6.7 Registration to the PFET Program will cease if:
- (a) The Fellows' registration fee is not paid by the due date; or
 - (b) The Fellows' medical 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.

1.7 Interruption of a PFET Program

- 1.7.1 Applications to interrupt a PFET Program may be approved in a range of circumstances including ill-health and parenting.
- 1.7.2 Applications must be made in writing to the Committee. 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.
- 1.7.3 Where interruption is granted, the commencement date for the interruption will be the date the Committee received the completed application for interruption or such other date approved by the Committee.
- 1.7.4 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.

1.8 Accreditation - Completion of a PFET Program by a Fellow

- 1.8.1 The PFET Program has clearly stated curriculum requirements and objectives which must be satisfied for training to be accredited.
- 1.8.2 In accordance with clause 3.8 the Fellow will be issued with a Certificate of Post Fellowship Education and Training. The Certificate will acknowledge the sub-specialty being Spinal Surgery, duration of satisfactory training and the institution where the PFET Program was undertaken.

1.9 Grievance Process

- 1.9.1 Any person adversely affected by a decision made by the Committee or a surgical Supervisor may, within thirty Business Days of being notified of the decision, submit a written grievance to the Committee Chair to have the decision reviewed.
- 1.9.2 In submitting a written grievance, the person must include the grounds for the grievance, the remedy sought and any relevant supporting documentation.
- 1.9.3 A written grievance will be considered by the Committee within twenty Business Days of its receipt.

- 1.9.4 The Committee will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate justification.
- 1.9.5 Where the Committee overturns or varies a decision, the reasoning must fall into one of the following categories and must be justified:
- (a) That the decision was based on a mistake of fact or law; or
 - (b) That an error in due process occurred; or
 - (c) That the relevant policies or procedures were not observed; or
 - (d) That relevant and significant information was not appropriately considered as part of the decision-making process; or
 - (e) The decision was inconsistent with the evidence and arguments put forward before the body making the decision.
- 1.9.6 Where a person adversely affected by a decision has submitted a written grievance and is dissatisfied with the Committee decision review, the person may submit a written appeal in accordance with clause 1.10.

1.10 Appeal Process

- 1.10.1 Any person adversely affected by a decision, who has submitted a written grievance in accordance with clause 1.9 and is dissatisfied with the outcome of the grievance process may, within twenty Business Days of being notified of the grievance decision, submit a written appeal to the NSA or the AOA Board to have the decision reviewed.
- 1.10.2 An appeal fee will be payable which will be refunded if the final determination of the appeal panel is that the original decision be overturned. Payment must be made at the time of submitting the appeal and the appeal will not be taken to have been received until full payment has been made.
- 1.10.3 In submitting a written appeal, the applicant must include the grounds for the appeal, the remedy sought and any relevant supporting documentation. The applicant will have the onus of proof to establish the grounds of the appeal.
- 1.10.4 The NSA and the AOA will convene an Appeal Panel. The Appeal Panel will include two neurosurgeons appointed by the NSA and two orthopaedic surgeons appointed by the AOA who were not party to the original decision or grievance process.
- 1.10.5 The Appeal Panel will convene a meeting within forty Business Days of receipt of the written appeal and payment.
- 1.10.6 At least twenty business days before convening the Appeal Panel, the Secretary to the Board of either the NSA or AOA will advise the appellant in writing of:
- (a) The time, date and place of the hearing,
 - (b) The right of the appellant to appear before the Appeal Panel and the right of the appellant to seek leave of the Appeal Committee to nominate a support person to accompany them at any stage of the appeal process. The support person must not be a legal practitioner or barrister.
 - (c) The right of the appellant to provide supporting documentation. The Appeal Panel must receive written submissions prior to the hearing and oral submissions at any time during a hearing, at its discretion.
- 1.10.7 At least five business days before convening the Appeal Panel, the secretary to the Board of either the NSA or AOA will provide the appellant with all supporting documentation to be used during the course of the meeting.

- 1.10.8 The Appeal Panel is not bound by the rules of evidence and it may inform itself of any matter and in such a manner as it thinks fit.
- 1.10.9 The Appeal Panel must act in accordance with the rules of natural justice and decide each appeal on its merits.
- 1.10.10 The proceedings of the Appeal Panel will be recorded and transcribed. The transcript of proceedings will be kept confidential (except as required by law).
- 1.10.11 Minutes of the meeting will only record the Appeal Panel's decision, the reasons for the decision and any recommendations made.
- 1.10.12 The Appeal Panel will provide the minutes and a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate justification to both the Committee and the appellant.
- 1.10.13 The Appeal Panel will meet for up to one hour at the commencement of the meeting to discuss the matter before it.
- 1.10.14 The hearing is to be conducted with all parties present, however, the Appeal Panel, may, in its absolute discretion, hear the parties separately.
- 1.10.15 All questions must be directed to the Chair who may then invite the members of the Appeal Panel to seek clarification from the appellant and other parties present of any matters raised.
- 1.10.16 The appellant and other parties will be asked to respond or make submissions in relation to the material presented by the appellant and other parties.
- 1.10.17 The appellant and other parties will be asked to withdraw from the meeting while the Appeal Panel discusses the matter. The appellant and other parties will then be asked to remain available to clarify any further matters if required.
- 1.10.18 The Appeal Panel will reach a determination within fifteen business days of the hearing. A copy of the Appeal Panel's written decision, with reasons, is to be provided to all parties no later than five business days after the decision has been made.
- 1.10.19 Where the appeal panel overturns or varies a decision, the reasoning must fall into one of the following categories and must be justified:
 - (a) That the decision was based on a mistake of fact or law; or
 - (b) That an error in due process occurred; or
 - (c) That the relevant policies or procedures were not observed; or
 - (d) That relevant and significant information was not appropriately considered as part of the decision-making process; or
 - (e) The decision was inconsistent with the evidence and arguments put forward before the body making the decision.
- 1.10.20 The decision of the Appeal Panel will be final.

SECTION 2: ACCREDITATION OF PFET POSITIONS

2.1 Introduction

- 2.1.1 Applications for accreditation of PFET positions are open to public and private institutions in Australia with a current post fellowship training position in spinal surgery. Applications are based on a specific position, rather than institution accreditation.
- 2.1.2 Applications may be made for positions involving a single institution or as a network of institutions.
- 2.1.3 Private institutions must have a public institution associated with the PFET position (applying as a network) unless they are able to demonstrate that Fellow will be able to adequately address clauses 2.4.1 (i), 3.1.2 and 3.4.6 to the Committee's satisfaction within the private institution alone.
- 2.1.4 Where the proposed PFET position involves a network of institutions, there must be a primary institution. At least half of the training time must be spent in the primary institution.

2.2 PFET Position Accreditation

- 2.2.1 Applications can be made at any time of year on the prescribed form. Only complete applications will be considered.
- 2.2.2 Institutions with existing accredited positions will automatically receive a notice to submit a new application for accreditation at least ninety Business Days prior to the expiry of the accreditation validity period unless an issue of sufficient concern is identified prior to this. Applications will be accepted by the organisation managing the administration of the committee. This will change biennially.
- 2.2.3 The Committee may initiate an early reassessment for any position at any time if an area of sufficient concern is identified which requires further investigation, including where there has been a major change in circumstances affecting the position. The Committee will communicate in writing the reason for the reassessment of the position. Any documentation requested of the post must then be submitted in the prescribed format by the required due date or the accreditation of the post may be withdrawn without further notice.
- 2.2.4 The Committee may delegate any of its responsibilities for the assessment of individual positions to a panel constituted for that purpose. Where such delegation occurs, the panel will act on behalf of the Committee in carrying out the delegated responsibilities. The Committee will, however, retain responsibility for the final decision in all matters. Unless the context otherwise requires, any reference to "the Committee" in the training post accreditation section of these Regulations includes a reference to a panel to which the Committee has delegated its responsibilities.
- 2.2.5 For all assessments, the Committee will determine whether a paper based, virtual, hybrid or physical inspection and/or interviews are required as part of the assessment process.
- 2.2.6 If the Committee decide a physical inspection is required, an inspection fee is payable. The inspection fee is to be revised annually and agreed between both associations, on or before 1 July annually. The inspection fee, or part thereof, is not refundable and divided equitably between the associations.
- 2.2.7 Where required, the applicant must make all arrangements to facilitate the requested physical inspection and/or interviews in conjunction with the accreditation review group which will consist of members of AOA and NSA which is stood up for assessment purposes. This review group is a sub-group for the AOA/NSA PFET Spinal Committee.

- 2.2.8 The purpose of the position assessment is to determine whether the requirements have been met. The requirements must be met at the time of the assessment, not some future state which may or may not come to exist. If significant matters for compliance are not in place and are merely promised for the future, then the requirement is not met.
- 2.2.9 On completion of the initial assessment, the accreditation review group will prepare a draft report and provide it to the Committee. The draft report will be provided to the applicant, and they will have the opportunity to comment by a specified date before the report and accreditation outcome is finalised. The Committee may also request additional information from the applicant at any time to assist in the finalisation of the report.
- 2.2.10 After consideration of any comments, corrections and additional information from the applicant, the accreditation review group will finalise the accreditation report and make the recommendation regarding the accreditation outcome. Where the assessment has been undertaken by a group acting on behalf of the Committee, the Committee must approve the outcome by majority vote.
- 2.2.11 The final accreditation report and outcome will be forwarded to the applicant who is responsible for distribution to the relevant sites which are party to the application.
- 2.2.12 When accreditation is not approved or is withdrawn, the applicant will be notified in writing by way of the report. The notification will include identification of the requirements assessed as not met and the reasons.
- 2.2.13 Where accreditation is granted, the accreditation validity period is normally five years where all requirements have been met. Shorter validity periods may be granted where one or more requirements have not been met, but appropriate remediation plans are in place as approved by the Committee.

2.3 Cessation of Accreditation

- 2.3.1 Accreditation of a PFET position will cease if:
- (a) The accreditation is not renewed following the accreditation validity period; or
 - (b) The Committee initiates an early reassessment resulting in the withdrawal of accreditation; or
 - (c) The renewal of the accreditation is not granted; or
 - (d) The institution requests in writing that the position accreditation cease; or
 - (e) The accreditation was granted on the basis of false, misleading or inaccurate information.

2.4 Minimum Accreditation Standards

- 2.4.1 Institution and Position Structure
- (a) The position must be in spinal surgery and must be focused on specialist skills, knowledge and experience beyond that delivered in the SET Programs in neurosurgery and orthopaedic surgery.
 - (b) Positions in institutions with current SET Program 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. Fellows must be employed on a salaried basis, not remunerated per service or procedure. Fellow remuneration must be appropriate for all work performed, including overtime. Payment must be in accordance with or at least equivalent to the relevant public sector awards for senior registrars in the applicable jurisdiction.
- (g) The institution(s) in which the position is located must have defined units including a designated Supervisor, regular auditing and morbidity and mortality meetings of all relevant patients within the unit.
- (h) The institution(s) must be accredited to the National Safety and Quality Health Service (NSHQS) Standards or equivalent to provide surgical care.
- (i) The position must be able to accommodate transition of the Fellow to a primary surgeon with opportunity for the Fellow to carry out surgical procedures without direct supervision.
- (j) Orientation to each institution associated with the position must be held within the first two weeks of the commencement of training in the position.
- (k) All institutions associated with the position must participate in regular morbidity and mortality review meetings in which all relevant adverse outcomes, complications, and near-misses for Spinal Surgery are reviewed in a timely manner. These institutions must:
 - Hold the meetings with sufficient frequency to ensure that all relevant cases are reviewed, ideally within two months of occurrence.
 - Include participation of all consultants and fellows involved in Spinal Surgery at the institutions.
 - Remain separate from routine weekly clinical or surgical meetings.
 - Have clearly defined guidelines for case inclusion.
 - Maintain a record for each meeting of the date and length of the meeting, number of cases discussed and attendance.

2.4.2 Fellow health and welfare

- (a) All institutions must have documented complaints and grievance policies available in which are promoted to Fellows and safe use.
- (b) There must be appropriate systems to record, investigate, and manage bullying, harassment, discrimination, racism, and other unacceptable behaviours. The systems must be applied in practice.
- (c) The institutions must have policies and training promoting respect, diversity, equity, and cultural safety (incl. Aboriginal, Torres Strait Islander, and Māori Fellows).
- (d) Flexible work arrangements must be documented and accessible by Fellows.
- (e) Fellows must have access to health, counselling, and wellbeing resources.
- (f) Fellows must not be rostered on-call more frequently than one in every three days (i.e. 1:3) and must not work more than 70 hours per week.

- (g) Institutions must monitor and record working hours and on-call frequency and identify and manage any associated fatigue risks in accordance with employment agreements and patient safety obligations.
- (h) Fellows must have access to leave entitlements in accordance with relevant employment or appointment conditions, including educational leave to attend key scientific meetings and training activities relevant to Spinal Surgery, and leave to fulfil community and cultural obligations.

2.4.3 Quality of Educational Training and Learning

- (a) Fellows must be involved in management decisions, pre-operative assessment, operative experience and post-operative monitoring and evaluation of patients in the institution(s) relevant to Spinal Surgery.
- (b) Each position must provide a minimum of three separate half-day elective Spinal Surgery operating lists per week, averaged across a four-week period. These lists:
 - must be allocated exclusively for that position's Fellow to act as primary surgeon;
 - must not be divided or cumulatively constructed across multiple positions (for example, one position requires three lists; two positions require six lists);
 - can allow other SET trainees, registrars or fellows to be present on the list in a secondary/assisting capacity, but the allocation of primary cases must ensure the designated Fellow receives the principal operative experience.
- (c) The position must include involvement in an on-call roster for Spinal Surgery showing the balance between neurosurgery and orthopaedics with the call coverage for the Fellow being no more frequent than 1:3.
- (d) The institution(s) must demonstrate that there is a dedicated educational schedule in place to deliver the PFET Program curriculum and syllabus. As a minimum, this must include:
 - Four hours per month of multidisciplinary team (MDT) meetings relevant to Spinal Surgery;
 - Four hours per month of structured consultant-led Spinal Surgery teaching (in addition to MDT's) such as tutorials and/or formal case presentations;
 - Quarterly Spine Surgery journal club meetings; and
 - Access to clinical and/or basic research in Spinal Surgery within the institution(s).
- (e) The primary institution, being the institution where the Fellow will spend at least half of their clinical time, must accept full responsibility for the quality and delivery of the PFET Program in the affiliated institutions.

2.4.4 Dedicated Supervisor

- (a) There must be a dedicated Supervisor for the position who holds FRACS in neurosurgery and membership of the NSA; or FRACS in orthopaedic surgery and membership of the AOA.
- (b) The dedicated Supervisor must spend a minimum of 10 hours per week in the institution(s) including after-hours operating but not on-call hours. These hours include any time spent at private consulting suites affiliated with the institution.

- (c) The dedicated Supervisor must take responsibility for the educational program and supervision of the Fellow and agree to comply with the PFET Program Regulations.
- (d) The dedicated Supervisor must have sufficient post Fellowship expertise in Spinal Surgery as determined by the Committee.
- (e) Where a position involves affiliate institutions, the dedicated Supervisor must be on staff at the institutions to provide appropriate supervision.
- (f) The dedicated Supervisor must submit their curriculum vitae and logbook summary of the previous 12 months as part of the application for PFET position accreditation.

2.4.5 Specialist surgical staff appropriately qualified to provide direct supervision

- (a) In addition to the Supervisor, for each PFET position there must be a combined minimum of two other neurosurgeons, who are members of NSA, or orthopaedic surgeons, who are member of AOA (Specialist Staff).
- (b) Specialist Staff must have sufficient post fellowship expertise in Spinal Surgery to provide training to the Fellow.
- (c) Specialist Staff must each spend a minimum total of 8 hours per week in the institution including after-hours operating but not on-call hours.
- (d) Each Specialist Staff 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.

2.4.6 Educational resources, facilities and equipment

- (a) Fellows must have access to a quiet study space with computer and internet.
- (b) The institution(s) must have appropriate imaging, diagnostic, support/ancillary services and operating equipment in place to satisfy the PFET Program curriculum and syllabus

2.4.7 Funding

- (a) Funding for the position or Fellow must be in a manner that is accountable, transparent and that will withstand public scrutiny.
- (b) Where industry sponsorship is provided for the position or Fellow there must be no obligation on the Fellow or the institution(s) in which the position is located to use any industry product or service. Sponsorship arrangements should be in accordance with the regulations outlined by the Medical Technology Association of Australia (MTAA) Code of Practice or its equivalent including the Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector. For Orthopaedic surgeons they need to abide by the [AOA Code of Conduct](#).
- (c) The sponsor must not be involved in the selection of the Fellow in any way.
- (d) By seeking accreditation, Supervisor agrees to provide appropriate financial information regarding the position at the request of the Committee.

SECTION 3: CURRICULUM AND SYLLABUS

3.1 Objective of the PFET Program

- 3.1.1 The objective of the PFET Program in spinal surgery is to provide competent, independent, specialist neurosurgeons and orthopaedic surgeons with advanced procedural experience, knowledge and surgical skill relevant to the safe and effective treatment of complex spinal conditions.
- 3.1.2 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 spinal conditions
 - (b) the ability to critically appraise new technologies
 - (c) the application of scientific knowledge to the diagnosis and treatment of complex spinal conditions
 - (d) advanced procedural experience and surgical skill relevant to the safe and effective treatment of complex spinal conditions
 - (e) advanced judgement and clinical decision making in the diagnosis, pre and post-operative management of patients with complex spinal conditions
 - (f) appropriate clinical decision making in identifying those patients amenable to surgical treatment for complex spinal 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 to maximise patient outcomes
 - (j) advocacy for the interests of spinal surgery 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 spinal surgery
 - (m) an understating of unique ethical and medico-legal issues relevant to the practice of spinal 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 spinal surgery and their own clinical performance

3.2 Schedule

- 3.2.1 To assist in achieving the objectives, each PFET Program position will have an advertised schedule including the following learning opportunities as a minimum:
- (a) Three half day operating sessions per week for the Fellow focused primarily on complex spinal surgery; and
 - (b) Practical and theoretical teaching and instruction in spinal surgery; and
 - (c) Case presentations and clinical audits; and
 - (d) Outpatient clinics and other relevant spinal clinics on a weekly basis; and
 - (e) Spinal or relevant divisional ward rounds on a weekly basis; and
 - (f) Quarterly spine surgery journal club; and
 - (g) On-call roster for spinal surgery showing the balance between neurosurgery and orthopaedics with the call coverage for the fellow being no more frequent than 1:3.

3.3 Professional Performance Assessment

- 3.3.1 The assessment of the performance of the Fellow 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.
- 3.3.2 During the PFET Program the Fellows' performance should be regularly reviewed by the Supervisor including a three-monthly performance assessment meeting.
- 3.3.3 Completion of the Professional Performance Assessment (PPA) Report, in the prescribed manner, must be undertaken at the conclusion of each six-month period.
- 3.3.4 The PPA Reports may also be completed more frequently at the request of the Committee or at any time as determined by the Supervisor where any area of unsatisfactory or marginal performance is identified.
- 3.3.5 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.
- 3.3.6 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.
- 3.3.7 The Fellow is responsible for ensuring that the completed PPA Report is submitted to the Committee by the due date.
- 3.3.8 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 Committee may 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.

3.4 Clinical Experience Assessment

- 3.4.1 Appropriately supervised operative experience in spinal 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.
- 3.4.2 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.
- 3.4.3 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 Committee but must be reviewed by the Supervisor.
- 3.4.4 Completion of a Cumulative Logbook Summary (CLS) Report, in the prescribed manner, including the Supervisors' verification that the CLS Report reflects the Fellow's detailed operative experience log must be submitted to the Committee at the conclusion of each six (6) month period.

- 3.4.5 The Fellow is responsible for ensuring that the CLS Report is submitted to the Committee by the due date.
- 3.4.6 To be eligible for accreditation of the PFET Program the CLS Report must demonstrate sufficient experience in complex spinal surgery. It is understood that Fellows will not necessarily see every type of operative case. When reviewing the operative case mix, the Committee will consider a stated emphasis for a particular PFET Program, such as deformity, neuroanatomical or general. Notwithstanding this, it is expected that the case mix of every accredited post will represent a broad exposure to common and complex spinal procedures. While competence cannot be measured in absolute numeric terms, as a general guide the Committee would expect a minimum of 150 operative spinal 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) Lumbar discectomy
 - b) Lumbar canal decompression
 - c) Cervical laminectomy
 - d) Cervical foraminotomy
 - e) Thoracic laminectomy
 - f) Thoracic discectomy
 - g) Posterior instrumented fusion, occipito-cervical, cervical, thoracic, lumbar, lumbo-pelvic
 - h) Posterior lumbar fusion without instrumentation
 - i) Anterior cervical discectomy and fusion
 - j) Cervical disc arthroplasty
 - k) Lumbar disc arthroplasty
 - l) Anterior lumbar interbody fusion
 - m) Lateral lumbar interbody fusion
 - n) Posterior lumbar interbody fusion
 - o) Corpectomy and stabilisation
 - p) Epidural abscess
 - q) Epidural haematoma
 - r) Post-operative wound debridement
 - s) Scoliosis
 - t) Sagittal plane deformity
 - u) Pedicle subtraction osteotomy
 - v) Syring shunt procedure
 - w) Tethered spinal cord
 - x) Extradural, intradural and intramedullary tumours and lesions of the spine

3.5 Research Assessment

- 3.5.1 The Fellow must demonstrate scholarly activity in spinal surgery with active participation in clinical and/or basic research during the PFET Program.
- 3.5.2 To be eligible for accreditation of the PFET Program the Fellow is required to complete one spinal research project suitable for publication in a peer reviewed journal or presentation at a 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.

3.6 Competence Assessment

- 3.6.1 At the completion of the PFET Program the Supervisors of registered PFET Fellows must submit the PFET Program Completion Report to the Committee.
- 3.6.2 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.

3.7 Post Fellowship Assessment Report

- 3.7.1 The Fellow must submit the Post Fellowship Assessment Report providing an honest and accurate assessment of the PFET Program position.
- 3.7.2 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.

3.8 Completion and Awarding the Certificate

- 3.8.1 With twenty business 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.
- 3.8.2 With twenty Business Days of the completion of the PFET Program the Supervisor of registered Fellow must submit the PFET Program Completion Report.
- 3.8.3 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.
- 3.8.4 Applications for PFET Program certification must be made after completion of the specified time period of the PFET Program by submission of the requisite form. Certification is not an automatic process.
- 3.8.5 Fellows who apply for certification more than twenty Business Days after their PFET Program registration has expired will be charged PFET Assessment Fee. The PFET Assessment Fee is revised annually.
- 3.8.6 Applications are considered by the Committee. In considering applications the Committee must be satisfied that the PFET Program objectives have been satisfied. This determination will be made within 20 Business Days of the forms being received.
- 3.8.7 On approval of accreditation the Fellow will be issued with a Certificate of Post Fellowship Education and Training.

SECTION 4: COMMITTEE TERMS OF REFERENCE

4.1 Aim of the Committee

- 4.1.1 To oversee the joint spinal PFET Program between AOA and NSA.

4.2 Objectives

- 4.2.1 To encourage the development of joint spinal PFET Programs in Australia between orthopaedic surgeons and neurosurgeons.
- 4.2.2 To review, monitor and develop policies and procedures for the accreditation of spinal PFET programs.
- 4.2.3 To review, assess and accredit Fellow applications to participate in accredited PFET positions.
- 4.2.4 To review, assess and accredit spinal PFET Programs worthy of accreditation.
- 4.2.5 To review reports, logbook summaries and other information pertaining to the spinal PFET Program.
- 4.2.6 To prepare an annual report to the NSA Board of Directors. For AOA, the Committee shall provide a written report to each face-to-face meeting of the board in March, July and October.

4.3 Membership

- 4.3.1 Membership of the Committee consists of:
 - (a) Four AOA members
 - (b) Four NSA members
- 4.3.2 Members of the Committee must be AOA members or NSA members appointed by the respective Board.
- 4.3.3 Members of the Committee shall serve for three consecutive years at which point they can be re-nominated to serve another three-year term. Thereafter they shall not be eligible to serve as members of the Committee until two years have elapsed since the expiration of their term of office.
- 4.3.4 The Committee can form specific working groups to investigate, review or undertake specific tasks on behalf of the Committee.
- 4.3.5 Non-members of the Committee may be invited to attend meetings of the Committee at the request of the Chair to provide advice and assistance where necessary. In special circumstances, non-members of the Sub-Committee may include non-members of AOA or NSA.
- 4.3.6 Non-members of the Committee who attend meetings at the invitation of the Chair have "observer" status and do not have voting rights. They may be requested to leave the meeting at any time by the Chair.

4.4 Chair

- 4.4.1 The Chair of the Committee shall be a rotational position between NSA and AOA on a biennial basis with the commencing Chair appointed by the Committee from existing Committee members and will be endorsed by AOA and NSA.

4.4.2 The Chair's responsibilities include:

- (a) Scheduling meetings and notifying committee members;
- (b) Guiding the meeting according to the agenda and time available;
- (c) Ensuring all discussion items end with a decision, action or definite outcome;
- (d) Review and approve the draft minutes before distribution; and
- (e) Reporting to the Boards as required.

4.5 Meetings

4.5.1 Meetings will be conducted according to normal meeting procedures.

4.5.2 The Committee shall meet at least three times a year or as required.

4.5.3 Meetings will be conducted online. Face-to-face meetings require budget approval by each respective Board.

4.5.4 The Chair shall ensure that minutes are recorded of all meetings of the Committee.

4.5.5 A quorum shall be 50% of members of the Committee, at the start of the meeting, with the proviso that there must always be at least one member from the NSA and AOA included in the quorum.

4.5.6 Questions arising at a Committee meeting shall be determined by a majority of the members present and voting. A decision by a majority of the members present shall be regarded for all purposes as a decision of the Committee.

4.5.7 If there is an equality of votes the Chair of the meeting shall have a second or casting vote.

4.6 Declaration of interests

4.6.1 All members of the Committee shall declare any interests in relation to specific agenda items for meetings of the Committee. The opportunity to do so must be provided at the start of all Committee meetings.

4.6.2 All declarations must be recorded in the minutes of the meeting.

4.6.3 If a member of the Committee has a conflict of interest in relation to a specific matter, the member must abstain from voting on that matter. The member may participate in the discussion on that matter, subject to the approval of the Committee.

4.6.4 Any member may be required, by the Committee, to temporarily leave the meeting during a discussion of a matter where there may be a perceived or actual conflict of interest.

4.6.5 Any decision reached by the Committee under a conflict of interest will be recorded and reported in the minutes of the meeting. The minutes will include:

- (a) the nature and extent of the conflict
- (b) an outline of the discussion
- (c) the actions taken to manage the conflict.

4.7 Governance and Reporting

4.7.1 The Committee is a committee of the respective NSA and AOA Boards and reports to those Boards.

- 4.7.2 The Committee may not make any determination of policy for the NSA or AOA but may provide advice to the Boards on any area falling within its jurisdiction to assist the Boards in formulating policy.
- 4.7.3 The Chair shall provide minutes of the Committee to each meeting of the respective Boards.
- 4.7.4 The Chair shall provide a written report on the annual review of the performance of the Committee to the respective Boards.

4.8 Performance Measures

- 4.8.1 Number of spinal PFET Programs accredited by the Committee.
- 4.8.2 Number of Fellows participating in accredited spinal PFET Positions.
- 4.8.3 Number of Fellows successfully completing spinal PFET Positions.

4.9 Review of Committee

- 4.9.1 The Committee shall undertake an annual review of its performance, effectiveness and composition, prior to the end of the calendar year.
- 4.9.2 As part of this review, the Committee shall also review its Terms of Reference and recommend to the respective Boards any necessary revisions.

4.10 Administrative support

- 4.10.1. Administrative support for the Committee shall rotate between NSA and AOA on a biennial basis or as determined by the board.

4.11 Revision history

Date of approval of the initial Terms of Reference by the Board:	February 2015
Last review of the Terms of Reference:	November 2025
Date of Board approval of revisions, if applicable:	March 2026
Next review of the Terms of Reference:	March 2029