Hospital Position Application - Post Fellowship Education and Training Spinal Surgery

Australian Orthopaedic Association and Neurosurgical Society of Australasia



This form is an electronic form which only allows entry of information into the text boxes required. The boxes will expand as you type to accommodate the amount of text required.

NSA members/Neurosurgeons should submit this form electronically to: [administration@nsa.org.au](mailto:administration@nsa.org.au).

AOA members/orthopaedic surgeons should submit this form electronically to: [fellowships@aoa.org.au](mailto:fellowships@aoa.org.au).

Supporting documents required to be submitted with the application form:

1. Chief Supervisor Curriculum Vitae
2. Chief Supervisor logbook summary of the previous 12 – 24 months
3. Position timetable
4. Position Description/Training program

**Applicant Details**

**Name of primary Hospital:**

Name of primary Hospital

**Name of secondary hospital (where applicable)**

Name of secondary hospital

**Name and position of person completing this form of behalf of the hospital(s):**

Name and position of person

**Name, position and email of the most senior manager at the primary hospital:**

Name, position and email

**Name and position of the most senior manager at the secondary hospital (where applicable):**

Name, position and email

**PFET Program Details**

**1. What is the sub-specialty focus of this position**

Spinal Surgery

**2. Is the fellow position under supervision and not a consultant position?**

Yes  No

**3. Please provide a brief description of the type of experience you would expect a fellow undertaking this position to obtain (note this will also be used to advertise the position if accredited).**

Insert brief description

**4. Please provide a brief description of the neurosurgical or orthopaedic unit in which the position is located including the number of neurosurgical or orthopaedic surgery beds, unit structure and spinal surgery focus relevant to the PFET Program.**

Insert brief description.

**5. If this position is in an institution currently accredited as part of the SET Program in neurosurgery or AOA 21 Training Program in orthopaedic surgery** **please provide a description of how this PFET position will not negatively impact on the training, education and operative experience of the SET Program trainees?**

Please provide a description.

**6. What is the duration of the position (please note position must be a minimum 12 months full time or part time equivalent?)**

12 months full time 18 months full time

24 months full time 24 months part time

**7. What is the estimated base salary for this position?**

No base salary

Less than $25,000

More than $25,000 and less than $50,000

More than $50,000 and less than $75,000

More than $75,000

**8. On average how many** **hours a week will the fellow work?**

Hours a week

**9. Please provide an overview of a typical fellow weekly timetable including operating sessions, patient consultations, ward rounds and educational activities.**

Monday Click or tap here to enter text.

Tuesday Click or tap here to enter text.

Wednesday Click or tap here to enter text.

Thursday Click or tap here to enter text.

Friday Click or tap here to enter text.

Saturday Click or tap here to enter text.

Sunday Click or tap here to enter text.

**10. Please list below** **additional educational activities relevant to spinal surgery the fellow will be involved in and their frequency. Include practical and theoretical teaching sessions and instruction, case presentations and clinical audits as a minimum.**

Additional educational activities

**11. How many half day operating sessions per week will the fellow participate in which are focused primarily on spinal surgery? Do not include operating lists not focused on the sub-specialty area.**

1 – 2 half day operating session per week

3 – 4 half day operating session per week

4 or more half day operating session per week

**12. How many out-patient clinics and other clinics relevant to spinal surgery will the fellow participate in each week? Do not include patient clinics not focused on spinal surgery.**

1 – 2 clinics per week

3 – 4 clinics per week

4 or more clinics per week

**13. How many ward rounds focused on spinal surgery will the fellow participate in each week?**

1 – 2 ward rounds per week

3 – 4 ward rounds per week

4 or more ward rounds per week

**14. How often will the fellow be on-call for spinal surgery and their general specialty (ie neurosurgery or orthopaedics) combined?**

1:2 1:3 1:4 or more

**15. Will fellows occupying the position be involved in the following:**

i. Patient management decisions

Yes No

ii. Pre-operative assessment

Yes No

iii. Primary operative experience

Yes No

iv. Post-operative monitoring and evaluation of patients

Yes No

**16. Will the fellow in the position be given access to negotiated educational leave to attend key scientific meetings and training activities relevant to spinal surgery?**

Yes No

**17. How many hours of auditing and morbidity and mortality meetings will the fellow be involved in per month?**

Less than 1 hour per month 1 to 2 hours per month

3 to 4 hours per month More than 4 hours per month

**18. Do the auditing and morbidity and mortality meetings in question involve all patients relevant to spinal surgery within the unit(s)?**

Yes No

**19. Please provide a brief overview of the fellows’ opportunities for participation in clinical and/or basic research in spinal surgery within the institution.**

Overview of the fellows’ opportunities

**Surgical Supervisor and Staff**

**20. Please nominate the supervisor of surgical training. The surgical supervisor must have a current FRACS in neurosurgery or orthopaedic surgery and a member of the NSA or AOA.**

Supervisor

**21. How many hours per week does the supervisor work physically in the primary hospital including after hours operating but not on-call hours?**

Hours per week.

**22. For combined positions only, how many** **hours per week does the supervisor work physically in the secondary hospital including after hours operating but not on-call hours?**

Hours per week

**23. Please provide a brief overview of the supervisor’s post fellowship expertise in spinal surgery.**

Brief overview

**24. In addition to the supervisor nominated above, please list all additional spinal surgery consultants in the primary hospital, and where applicable secondary hospital, and their time commitment in hours per week who have agreed to participate in the supervision, education and training of the fellow. Time commitment includes physical hours worked at the hospital including after hours operating but excludes on-call hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| Consultant name | Hours per week at  the primary hospital | Hours per week at  the secondary hospital | Is the consultant a current FRACS in neurosurgery or orthopaedic surgery? |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |
| Consultant name |  |  | Yes  No |

**Sponsorship**

**25. Is industry sponsorship provided for the position or fellow? If No, please proceed to question 29.**

Yes No

**26. Where industry sponsorship is provided for the position or fellow, are the arrangements compliant with the RACS Code for Interactions with Medical Industry/AOA Code of Conduct?**

Yes No

**27. Where industry sponsorship is provided is there any obligation on the fellow or the institution in which the position is located to use any industry product or service?**

Yes No

**28. Where industry sponsorship is provided, is the sponsor involved in the selection of the fellow in any way?**

Yes  No

**Institution Requirements**

**29. Is the primary hospital, and where applicable, the secondary hospital accredited by ACHS or ISO?**

Yes No

**30. Does the institution have appropriate accreditation and comply with any regulation from any local, state or federal regulatory authority?**

Yes No

**31. Are non-discriminatory policies followed in the selection and appointment of fellows?**

Yes No

**32. Is there a Quality Assurance Board or equivalent (with senior external member) reporting to appropriate governance body?**

Yes No

**33. Is there documentation published by the hospital on HR, clinical risk management and other safety policies?**

Yes No

**End of form**