Plastic Surgery Curriculum Review

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The Australian Board of Plastic and Reconstructive Surgery, along with our colleagues from the New Zealand Board, is currently conducting a review of the Plastic and Reconstructive Surgery curriculum. The revised curriculum will provide more specific guidance to trainees and trainers on the knowledge and skills expected at various stages of the training program. It is envisaged that this approach will enhance the quality of training in both countries, by improving our ability to monitor the progress of trainees during the program, and evaluate their suitability to become independent specialists toward the end of training.

At the time the current curriculum was written, it was appropriate for the existing structure of training (basic surgical training and advanced surgical training). However, it has become increasingly dated as the training program has evolved into the current SET structure and our understanding of adult learning and best practice in medical education has advanced. In modern parlance, the existing curriculum would be considered a syllabus, with a list of topics to be learnt by the end of training. It does not provide any structure for assessing progression through training (milestones), and it does not guide learners as to what depth of knowledge or skill is required for each area of study (level of competence).

As RACS moves towards encouraging competency-based training, rather than simply using a time-based model, the Board determined that it was time to develop a curriculum for the specialty that allowed for both of these elements. RACS has previously outlined that becoming a competent and proficient surgeon involves attaining skills in several domains – both technical (Knowledge, Judgement, and Technical Skill), and non-technical (Management and Leadership, Professionalism and Ethics, Communication, Health Advocacy, Scholarship and Learning, and Collaboration and Teamwork). Many of you will already recognise these terms from the Professional Performance Assessments (PPAs) that trainees undergo during their training.

The new curriculum will guide assessment of trainees in all of these domains, as well as providing direction as to when certain competencies should be attained during the training program. A renewed assessment strategy, aligned to the revised curriculum will also be implemented, to better reflect the realities of the training environment, and assist with the identification of trainees who are under-performing.

The Curriculum Review Working Group has consisted of Fellows from each state training program within Australia and representatives from New Zealand. The group has been meeting regularly over the last 18 months both face-to-face and via teleconference. The initial draft document is now complete and we will shortly be seeking feedback from all stakeholders. The aim is for the revised curriculum to be launched for use from the beginning of the 2019 training year.

It is important to note that the core of what Plastic and Reconstructive Surgery ‘is’ remains unchanged in the revised curriculum. The review process has given us the opportunity to better
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define the learning needs and learning outcomes of our trainees, and to ‘stake our claim’ as to what we consider to be our scope of practice. It is clearly imperative to continue to promote a knowledge, skills and technique-based approach that applies to all sub-specialty areas, and to remain at the forefront of surgical education and training.