Do you need to be tapped on the shoulder?

Brett Archer MBBS, FRACS (Plast)1,2 a

1 Specialist Plastic Surgeon, Southbank Plastic Surgery Centre, Southbank, Victoria, AUSTRALIA; 2 Former Senior Examiner, Court of Examiners, Royal Australasian College of Surgeons, Melbourne, Victoria, AUSTRALIA.

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Having recently stepped down as Senior Examiner after the worst logistics struggle during the COVID-19 pandemic in terms of exam delivery, I have some thoughts that may interest readers involved in training and education, which hopefully will encourage surgeons to think about being an examiner.

I began my career in 1997, like many surgeons, as a consultant at a public hospital (one of four active consultants in Melbourne’s only major trauma centre at the time) and hence was directly involved with training and ongoing assessment of trainees. As trainee selection processes became more standardised, I was again involved in these interviews, being hospital based and highly structured.

After 15 years I left the public system, with well over 10 active consultants remaining at that hospital.

Examiner

Around 12 years into my career, I was ‘tapped on the shoulder’ by the then Senior Examiner working in the same hospital to consider applying to be an examiner. This was a position I had never considered and I immediately felt underqualified. While I had a busy private practice and was performing the full gamut of public hospital trauma and reconstructive work, it seemed a step beyond to become an examiner.

Let me say that being ‘simply’ an examiner (more on the senior role later) was the best role of professional development/support that I’ve experienced. Other examiners say the same, whether they’ve acted as training supervisors, training board members, board chairs or office bearers for the Australian Society of Plastic Surgeons (ASPS) or Australasian Society of Aesthetic Plastic Surgeons (ASAPS) or the Royal Australasian College of Surgeons (RACS).

It is a position you don’t need to be tapped on the shoulder for. The Court of Examiners looks for a variety of skills, competencies and areas of clinical expertise. It also aims to achieve good geographical coverage and gender balance. You should consider applying if you have an interest in the quality of surgeons who enter our workforce—your sense of fairness and belief in standards are vastly more important than, for example, how many free flaps you’ve done!
Senior Examiner
Being an examiner has been a ‘good thing’ for many years, and I’m putting the call-out for more people to consider it. What about becoming a senior examiner, a role I was cajoled into in February 2020? Am I ‘selling you the dummy’ as I was with the Senior Examiner role? (I say this, with no disrespect to my predecessors, but my colleague Angus Gray, Senior Examiner in Orthopaedics, was told by his previous Senior that our jobs involved ‘basically pastoral care, some herding of cats and the odd meeting’. ) Of course they were well-meaning comments, similar to the descriptions given to me that chilly February day in the Adelaide Hills, recalling that COVID-19 was a spike protein trying to find its mojo at that stage. None of the senior examiners could have imagined the difficulties we would face and the effort it would require to get fellowship exams up and running in the COVID-19-restricted environment. Across the nine specialties we pivoted to some remote examining/observation formats in certain segments, and had to set up multisite live exams in over five time zones on three separate exam sittings. (You may recall the first ‘May’ exam of 2020 was cancelled altogether until we could mount a double exam in September.)

RACS’ role
A world-changing event, such as the COVID-19 pandemic, can obviously not be taken into account when signing up for a new venture. You just adapt and get on with the job to the best of your ability, which in this case meant ‘maintaining the standard’ of surgery expected by RACS and the community. What should be of greater concern looking forward is how RACS behaves with respect to training and the fellowship examination (FEx). Our specialty long ago moved RACS’ former training role to our own professional society (ASPS), yet RACS is still the gatekeeper to surgical career entrances through its FEx role. For many years there have been ideologues in RACS who wish to see the end of the FEx and the role of the Court of Examiners, preferring a beefed up ‘continuous assessment’ model with a ‘tick box sign-off’ by the Education Board. Our plastic and reconstructive surgery (PRS) training boards in both Australia and New Zealand have spent huge amounts of time investing in the new operational competency-based training (CBT) program to better visualise and manage the legion of training areas and competencies that need to be addressed before candidates are ready to sit for the FEx. Orthopaedics has been doing this CBT for over 10 years, and they still don’t believe it is in any way ready to substitute for the current style of FEx. The Court of Examiners has a profound role in the maintenance of public safety by its very actions as gatekeepers to the candidates for surgical licence. Big debates are likely about the pros and cons of CBT and the FEx itself—evolution versus revolution and innovation in exam delivery. Issues around the use of live patients in our exams are hotly contested by other specialties, yet we as plastic surgeons know how we get the best assessment of our candidates, and we benchmark and compare and validate every change we make in the FEx. Again, I encourage surgeons with at least a decade of clinical experience to consider applying to become an examiner, and join a worthy and stimulating corpus of individuals in providing trainee exit exams and resisting ‘change for change’ sake.