



Fig 2. The level 2 vascular curriculum map. PVD, Peripheral vascular disease; TOS, thoracic outlet syndrome.

**Table VI.** Final requirements for Fellowship Exit Examination in vascular surgery

*Australasian Vascular Surgical Education and Training Program SET 5 Year*

Before sitting the Fellowship Exit Examination all trainees must have:

- Satisfactory assessments
- Satisfactory logbook of completed open surgical and endovascular cases
- Satisfactory logbook of completed ultrasound cases
- Completed on-line module
- Completed research requirements

SET, Surgical education training.

extensive range of topics; each module concludes with a self-assessment. The trainees are expected to complete each of the self-assessment sections and e-mail them to the college so that they can be checked. This method enables us to ascertain that the trainees have accessed the available

material and attempted the multiple-choice questions for each segment.

**Final Fellowship Exit Examination.** The requirements before sitting the final Fellowship Exit Examination are presented in Table VI.

## SUMMARY

The past 15 years has seen significant changes in the Australasian Vascular Surgical Training Program. The general surgical component of the training has been progressively reduced until it is now a very small component. We have placed increasing emphasis on endovascular and ultrasound skills. The program has been shortened to 5 years, and the trainees can commence their training in postgraduate year 3. We have structured our program so that it is essentially competence-based rather than time-based.

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## DISCUSSION

**Dr Martin Veller** (Johannesburg, South Africa). Such innovations that you have introduced in your training program are expensive. How are they being paid for?

**Dr Alan Scott.** It is resourced through the College of Surgeons, basically, which comes from the member subscriptions. So it is not government funded, no. And as far as the manpower is concerned, that is all given pro bono. Now, whether that will be

able to continue indefinitely, I don't know. There are a lot of discussions about whether we can expect our supervisors to spend this amount of time and effort, when these people are basically all in private practice, mentoring our trainees. So there is a potential problem. There is a lot of discussion on this. We may end up having some form of payment for our supervisors. But that will have to come from the government or from the hospitals.