

Criterion 8.20: Each provider has qualified surgeons

Elements

- 8.20.1 The role of the surgeon commences during the assessment phase and continues through treatment and follow-up.
- 8.20.2 It is expected that surgeons in the programme will be closely involved with the assessment and surgical aspects of the diagnosis of and therapy for cancers detected. In addition, the surgeon will contribute to setting standards, and to audit and administrative aspects of the programme, as required.
- 8.20.3 BSA surgeons:
- have registration to practise in New Zealand with a current annual practising certificate
 - hold a qualification in general surgery and are vocationally registered in general surgery with the Medical Council of New Zealand.
 - participate in a re-certification programme in general surgery by their own college
 - are credentialed to an accredited hospital
 - are a member of Breast Surgeons of Australia and New Zealand (BSANZ);
- Where a surgeon has an overseas qualification, accreditation will be considered on a case-by-case basis by the Surgeons Unidisciplinary Group and BSA clinical leader.
- 8.20.4 A surgeon in the programme, in addition to training and experience in general surgery should have specialist surgical expertise and a major interest in breast cancer management. Surgeons ensure they have acquired the necessary skills in the management of screen detected lesions by attending approved multidisciplinary training activities, such as those organised by the Royal Australasian College of Surgeons (RACS) and by spending time in a breast screening unit.
- 8.20.5 All surgeons must enter all cases of breast cancer into BSANZ audit.
- 8.20.6 BSA surgeons should maintain an ongoing level of specialist expertise in diagnosis and management of screen detected breast lesions and must meet the BSANZ requirements, which are:
- full participation in the BSANZ audit, with information on entered cases assessed against the RACS average for a number of clinical indicators – the clinical indicators will be determined and reviewed by the executive of the section after consideration by an accreditation sub-committee
 - meeting audit and CPD criteria as for full membership of BSANZ – the CPD requirements include an ongoing commitment to CPD activities in breast disease.
- Each year breast screening surgeons will be asked to complete three questions that specifically relate to breast disease. These questions will be included in the annual RACS CPD form distributed by the College. This form is to be made available to surgeons who are not fellows of the RACS for a fee. The questions will relate to:
- attendance at significant breast-related CPD meetings (eg, BSANZ lectures, ANZ Breast Cancer Trials Group Meetings, international breast meetings)
 - attendance at specific breast related multidisciplinary meetings (including hospital meetings, BSA and private breast clinics)

- reading of journal articles related to breast disease or computer-based and/or distance learning
 - attendance at 20 screening and/or symptomatic breast multidisciplinary meetings each year, which must include at least 10 screening meetings.
- 8.20.7 Surgical trainees may participate in BSA under supervision from an established BSA surgeon.
- 8.20.8 BSA surgeons are subject to regular peer review at the multidisciplinary meetings.
- 8.20.9 BSA surgeons receive regular reports on their compliance with programme quality targets and requirements.
- 8.20.10 BSA surgeons should receive all quality assurance monitoring reports on the breast screening programme and should participate in regular meetings to review these reports and programme performance in general.
- 8.20.11 It is expected that BSA surgeons will:
- participate in a regular multidisciplinary audit of quality assurance outcomes and morbidity data, including review of records for those women with interval cancers
 - participate in the training of staff involved with the screening programme.
- 8.20.12 Any new surgical technologies or treatment procedures to be used in consultation for women in BSA should meet at least one of the following criteria:
- is being used in accordance with BSANZ policy
 - is being evaluated under the appropriate assessment process for New Zealand (for example, ASERNIPS)
 - has ethics committee approval, or is part of research protocol.
- Any new or innovative mode of treatment funded by BSA must be approved by BSA, or by any national body established with ethical approval, or by the local ethical committee.