ANZTBCRS
Australia and New Zealand Training Board in Colon and Rectal Surgery

CSSANZ

Royal Australasian College of Surgeons

Australia and New Zealand Training Board in Colon and Rectal Surgery

Overseas Hospital Training Unit — Profile

For use when an ANZTBCRS Training Fellow requests approval of an overseas unit for part of the two clinical years of training, in accordance with the ANZTBCRS Overseas Training Policy (May 2019).

This is an approval process, not full accreditation — overseas units are not inspected. Complete this profile and attach the items listed in the checklist. Submit to the ANZTBCRS no later than 31 May of the year prior to the placement.

1. Placement & contact details

Date of profile	_____
Hospital / Training Unit	_____
Address	_____
Country	_____

Head of Unit

Name	_____	**Title**	_____
Email	_____	**Phone**	_____

ANZTBCRS Program Director / Supervisor

Name	_____	**Title**	_____
Email	_____	**Phone**	_____

Proposed placement dates

Proposed start date	_____	**Proposed finish date**	_____

2. Hospital & unit profile

Briefly describe the hospital (size, location, catchment) and the colorectal unit — case mix, subspecialty strengths, and what the Fellow will gain.

Geographical area this unit services	_____
Hospitals involved in the programme	_____
University affiliation(s)	_____
Research activity & interests	_____
Other strengths of the unit	_____

3. Colorectal unit staff

List key staff relevant to the Fellow's training. Add or remove rows as needed.

Role	Name(s) / details
Consultant colorectal surgeon(s)	_____
Fellows	*Are they part of the Colorectal Unit ☐ Y ☐ N* *How many Fellows?* _____
Registrar(s) / trainees	*Are they part of the Colorectal Unit ☐ Y ☐ N* *How many Registrar(s) / Trainees?* _____
Colorectal / stomal therapy nurse	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____
Anaesthetist(s) with GI interest	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____
Colorectal pathologist	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____
Medical & radiation oncology	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____
Radiology	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____
Allied health (dietitian, physiotherapy, social work, etc.)	*Are they part of the Colorectal Unit / MDT ☐ Y ☐ N* *How many?* _____

4. Training Fellow's weekly timetable

The Fellow's own weekly schedule of duties (not a list of all unit activities) — required under the Overseas Training Policy.

Day	Training Fellow's activities (AM / PM)
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____
Expected on-call commitments	_____

5. Case volume — previous Training Fellow

Operative logbook of the previous Training Fellow in this position, covering a minimum of 12 months (mandatory for overseas units). Attach the full logbook.

Procedure / activity	Volume (12 months)
Major operations	_____
Major operations – MIS / laparoscopic	_____
Minor & intermediate operations	_____
Colonoscopy	_____
Rectal cancer – TME	_____
Major IBD & pouch surgery	_____
Pelvic floor / prolapse surgery	_____
Sphincter repair	_____
Endorectal ultrasound (TRUS)	_____
Anorectal manometry	_____
Outpatient consultations	_____
% admissions as acute / emergency	_____

6. Remuneration & support for the Fellow

Outline remuneration (e.g. pre-tax income, award/level, hours). Confirm arrangements for the items below.

Remuneration	_____
Medical registration / licensing	_____
Work visa sponsorship	_____
Medical indemnity insurance	_____

7. Required attachments — checklist

- ☐ Application letter from the Training Fellow (reasons for the placement, learning goals, benefit to long-term practice)
- ☐ Signed letter of appointment / agreement to appoint, including planned start and finish dates
- ☐ Training Fellow's detailed weekly schedule of duties (Section 4)
- ☐ Operative logbook of the previous Training Fellow — minimum 12 months (Section 5)

Submit to the ANZTBCRS by 31 May of the year prior to the planned placement.

For ANZTBCRS office use only — approval of overseas training unit

Date profile received	____ / ____ / _____
Reviewed by (name / role)	_____
Date considered by Training Board	____ / ____ / _____
Outcome	*Approved ☐ Not approved ☐ Further information required ☐*
Approved placement dates	*From: _____ To: _____*
Conditions / notes	_____
ANZTBCRS Chair (signature)	_____ (signature)
Date	____ / ____ / _____