Standard 7 Appendix

Royal Australasian College of Surgeons

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Royal Australasian College of Surgeons

Portfolio:	**Education**	**Ref. No.**	**ETA-SET-004**
Team:	**Surgical Training**		
Title:	**Registration for Selection into SET**		

1. PURPOSE AND SCOPE

Doctors intending to apply for a place on the RACS Surgical Education and Training (SET) programs must first register with the College to ensure that they meet the generic eligibility requirements. The generic eligibility requirements are specified in this policy. Specialty Specific regulations are published on the RACS website on or before the first working day of November in the year preceding selection.

2. KEYWORDS

Registration; Selection; Eligibility; Applicants; Surgical; Education; Training

3. REGISTRATION FOR SELECTION TO SET

3.1. Doctors intending to apply to SET must register via the RACS website within the published timeframe.

3.2. Registrants must be citizens or permanent residents of Australia or New Zealand.

3.3. Registrants must be registered with the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ) as specified in the Medical Registration for the Surgical Education and Training Program policy.

3.4. Prior to registering doctors must have completed the Hand Hygiene Australia - Royal Australasian College of Surgeons specific Learning Module *(note: the Medical Module for Doctors is not acceptable)*.

3.5. Registrants must complete the RACS “Operating with Respect” eLearning module to be eligible to apply to SET. The module must be completed within the time limits specified on the RACS website.

3.6. Consent to a police check is a condition of registration.

3.7. A fee is payable at the time of registration and is non-refundable.

3.8. Registrants will be advised of their eligibility to apply to SET after verification of information supplied, prior to the commencement of the application period.

4. ASSOCIATED DOCUMENTS

Medical Registration for the Surgical Education and Training Program policy

Selection to SET Policy

Specialty Training Board Selection Regulations

JDocs Framework

5. COMMUNICATION

The most recent version of the policy will be available on the College website.

Approver Education Board
Authoriser Council

Portfolio:	**Education**	**Ref. No.**	**ETA-SET-005**
Team:	**Surgical Training**		
Title:	**Selection to Surgical Education and Training**		

1. PURPOSE AND SCOPE

The Surgical Education and Training (SET) Program is open to doctors who are able to satisfy the College's eligibility requirements. This policy details the principles and standards that apply to the conduct of the annual selection process.

In determining these principles, the College has been informed by the accreditation requirements of the Australian Medical Council (AMC), the Medical Council of New Zealand (MCNZ), the Report into Trainee Selection in Australian Medical Colleges, January 1998 (The Brennan Report) and current surgical education literature.

2. KEYWORDS

Selection; Eligibility; Surgical; Education; Training; Criteria; SET; Standards

3. BODY OF POLICY

3.1. Selection

3.1.1. Selection to the College's Surgical Education and training program is undertaken by the Specialty Training Boards in collaboration with the relevant specialty societies as determined by the applicable Collaboration, Service or Partnering Agreement.

3.1.2. Selection aims to identify those doctors with the values, attitudes and aptitude required to become competent surgeons.

3.1.3. The selection process may involve assessment of an applicant's knowledge, skills, and behaviour and may take into account their clinical experience, academic and other achievements.

3.1.4. The selection process for the individual SET programs – including prerequisites - must be clearly defined and publicly available to potential applicants.

3.1.5. Detailed specialty selection regulations, which have been assessed for compliance with this policy, are publicly available in November prior to the year of selection.

3.1.6. Applicants are assessed using multiple tools, each of which utilise multiple raters, who are provided with clear criteria for marking. Each selection tool has a published maximum score.

3.1.7. Tools used in selection typically include curriculum vitae, referee reports and interviews. Referee reports should include the performance of the applicant at work. Other tools suitable for trainee selection process may also be used.

3.1.8. Applicants may be short-listed for progression in the selection process based on one or more tools.

3.1.9. Applicants are ranked either nationally (where the selection process in New Zealand is separate from that in Australia) or bi-nationally (where the selection process is common to Australia and New Zealand). Posts are offered in accordance with the final ranking, subject to clause 3.2 below.

3.1.10. Notification of the outcome for each specialty selection process must be released on the common announcement dates, as approved by the Board

of Surgical Education and Training. This does not preclude earlier notification to applicants as part of any short-listing process.

3.1.11. Applicants not offered a position on the training program will be notified in writing of their performance in the selection tools completed and information on any standards not satisfied, or overall performance and ranking if all standards were satisfied.

3.1.12. Individual specialties must be able to distinguish between applicants who:

a. Withdrew from the selection process before its completion;

b. Did not meet the standard for appointment to SET (including not satisfying specialty specific prerequisites);

c. Met the standard for appointment but could not be appointed as no post was available.

d. Were appointed to the SET program

3.2. Overarching social and policy considerations

Nothing in this Policy shall prevent the use of diversity, workforce planning, availability and stability or other social equity objectives as valid considerations in the principles applied in ranking for the purpose of offering posts to Applicants under 3.1.9.

3.3. Selection Instruments

3.3.1. To improve the quality and efficacy of selection into surgical training, RACS conducts research and evaluates the performance of selection instruments and processes.

3.3.2. Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the RACS context.

3.3.3. Applicants to SET may be invited to participate in selection research or evaluation

3.4. Appeal

Decisions relating to selection may be reviewed or appealed in accordance with the College Appeals Mechanism.

4. ASSOCIATED DOCUMENTS

Policies

Registration for Selection into SET
Trainee Registration and Variation

Other

Trainee Selection in Australian Medical Colleges, January 1998 "The Brennan Report" (available on the College website)

JDocs Framework

Approver Education Board
Authoriser Council

Royal Australasian
College of Surgeons

Survey report

Breaking barriers; developing drivers for female surgeons

Table of contents

Committed to Indigenous health

List of figures

CONTRIBUTORS

This project was prepared for the RACS Building Respect Committee by Monika Jones, Data Analyst, Research and Innovation with Professor Julian Archer, Executive General Manager, Education and Dr Tamsin Garrod, Head of Research and Innovation.

The RACS Education Portfolio would like to thank the surgical trainees and Fellows of the Project Reference Group (Dr Rhea Liang, Dr Helena Franco and Dr Sarah Rennie) and the Community Representative, Ms Susan Halliday, for their contribution to the survey.

A further thanks to Dr Danielle Nizzero, the Women in Surgery interest group (especially Dr Jennifer Green and Dr Kate Drummond), RACS staff contributors (Andrew Rose, Dr Zaita Oldfield, Cassie Wannan, Sally Drummond, Megan Ursic, Jodie Wall and Olivia Hartles) and all promotors of the survey, especially the universities and hospitals in Australia and New Zealand. Finally, thanks to the participants who took the time to respond to the survey to make this research possible. Editors: Cordelia Alfred, Abderazzaq Noor and Fay Helfenbaum. Design and layout: Amy Tanner.

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Preface

The Royal Australasian College of Surgeons (RACS) is committed to understanding and addressing the circumstances that women face when considering a career in surgery in Australia and New Zealand. This is part of the RACS Diversity and Inclusion Plan and Building Respect Improving Patient Safety strategies we have initiated.

A key element of the RACS Diversity and Inclusion Plan is to increase the numbers of female surgeons. To inform this work, a survey was conducted aimed at identifying perceptions and experiences when considering a surgical career in Australia and New Zealand.

The Survey report *Breaking barriers; developing drivers for female surgeons* asked questions about demographics, perceived barriers and drivers in various medical specialties, in medical school, in lifestyle considerations, in profession considerations and about Surgical Education and Training.

In comparison to other medical specialties, surgery was perceived as having the highest barriers for women. The top driver that emerged from this survey related to delivering the surgical needs of patients.

Additional key drivers highlighted were the professional ambition of respondents, the remuneration potential of a surgical career, the intellectual challenge of surgery and the interest in experiencing available and emerging technologies in surgery. A lack of time for dependents, hobbies and leave (travel) were also raised, as well as a perception of inflexibility within the Surgical Education and Training Program.

The survey targeted female medical students and non-vocational junior doctors. We received almost 1700 responses from male, female and “other” sex participants, but have presented responses from female and “other” sex respondents.

RACS supports diversity in surgery

Diversity, in all its dimensions, will improve the profession of surgery and the College, and our profession will be strengthened by our ongoing efforts to ensure our surgical workforce reflects the diverse communities we serve.

Diversity and inclusion are part of the wider work we are undertaking in the College to build a culture of respect in surgery.

We are working towards:

- inclusive culture and leadership excellence
- gender equity
- inclusion of diversity groups
- diverse representation on Boards and in leadership roles, and
- benchmarking and reporting.

The College is committed to expanding the number of women in surgical training and to ensuring the training programs do not disadvantage them. Since half the medical graduates are now female, there is a need to attract the best graduates to surgery, and the College is actively pursuing that goal.

We are working on the following initiatives to increase diversity and inclusion across the College:

- RACS has and continues to advocate and work toward a target of 40 per cent representation of women on boards and committees.
- Together with the Royal Australasian College of Physicians, the Australian and New Zealand College of Anaesthetists, the Royal College of Physicians and Surgeons of Canada, the Australian and New Zealand College of Psychiatrists, RACS has signed and committed to the United Nations Women's Empowerment Principles Statement.
- RACS is advancing the availability and take-up of flexible training, including actions to minimise barriers for all Trainees, recognising the impact flexibility can have on surgeon wellbeing and a diverse workforce.
- To improve the participation, leadership and treatment outcomes for women across all of RACS's Global Health programs and processes, Global Health is undertaking a gender analysis across its programs.
- To break down some of the barriers to becoming a surgeon, RACS offers scholarships for aspiring Aboriginal, Torres Strait Islander and Māori surgeons as well as International Medical Graduates who are asylum seekers or who have previously been refugees.
- All research scholarship applications now include a question on gender desegregation to ensure research outcomes are appropriate for all people.
- The Foundation for Surgery Board is hosting an Unconscious Bias in Philanthropy workshop to ensure unconscious bias is minimised in all philanthropic decision making.
- To ensure the accessibility of philanthropic funding and scholarships is maximised, an unconscious bias review of key scholarship communications and processes will be conducted this year.
- RACS is working to establish national ear and hearing care services that are accessible and inclusive to the Samoan population, alongside local disability groups and the Ministry of Women, Community and Social Services. RACS aims to ensure services provided both at primary and tertiary level are targeting those with the greatest barriers to treatment and ongoing care.

Abstract

Introduction

One-third of applicants to the RACS Surgical Education and Training (SET) program are female, whereas female students represent about 55 per cent of Australian and New Zealand medical schools. This is the largest quantitative study (N=1670) of female medical students and female junior doctors (who are not on a training program) about a surgical career. Specifically, the study investigates the negative barriers and positive drivers that women face when considering a career in surgery, conducted in 2019. The aim is to achieve greater gender diversity in SET and beyond, in accordance with previous RACS research in this area.

Method

A seven-point Likert scale with a weighted average (W.A) between 0 and 6 was used to report the findings. A W.A of greater than 3.5 may be considered a driver and a W.A of 2.5 or less may be considered a barrier. W.A between 2.5 and 3.5 is neutral (both barriers and drivers that may cancel each other out). This enabled us to rank (i) 12 medical professions and (ii) 43 rating statements in four contexts (within university, lifestyle/ choices, the surgical profession and SET).

> "I am very pleased to see this initiative and look forward to seeing action taken to dramatically increase the number of female surgeons."
>
> – Survey participant

Results

Of 12 listed medical professions, for women, six professions were drivers (the best was General Practice with W.A = 5.2), five were neutral and surgery, with W.A = 0.8, was the only career seen as an overall barrier for women. The results were almost identical for women who selected their top career as surgery (47% of respondents) or not (53% of respondents).

Of the 43 rating statements, for women, on average, 12 (28 per cent) were overall drivers, 16 (37 per cent) were neutral and 15 (35 per cent) were overall barriers. Most drivers were from 'Surgery as a profession' context and most barriers were related to 'Lifestyle/ choices'. The top five drivers were surgical needs of patients (W.A = 4.7), self-drive in surgery (W.A = 4.5), potential income (W.A = 4.4), intellectual requirements of surgical practice (W.A = 4.2) and surgical technologies (W.A = 4.2). The top five barriers were time for family/ friends (W.A = 1.0), current or future dependents/ children (W.A = 1.0), time for hobbies/ interests (W.A = 1.2), time for vacation/ leave (W.A = 1.3) and flexibility of SET (W.A = 1.4). The last one was interesting as over 90 per cent of respondents had never applied for SET.

The comments referenced several themes that led to barriers. These themes occurred at university, during hospital placement and during hospital employment. Common themes included: poor culture (discrimination, bullying, sexism and harassment), unsolicited gendered advice ('boys club', assumptions about ability, future children and family life), lack of SET transparency and flexibility (communications, application process,

costs and inflexibility of part-time options once on the program) and lack of quality mentors. Peers at university, tutors, lecturers, junior doctors, surgical trainees and surgeons/ consultants (both male and female) caused barriers for most women who were surveyed.

Conclusion

Understanding the medical students and junior doctors' complex barriers and drivers has been an important step towards the goal of a balanced and diverse future surgical workforce. More work is required to encourage women to pursue a career in surgery. The next steps require attention, action and multiple approaches from several key groups, including RACS, Australian and New Zealand hospitals and universities and other interested stakeholders.

Actions may be related to policies and procedures, complaints handling, clearer communications and marketing, research groups, education about discrimination, bullying, sexism and harassment, implementing more flexibility in SET and creating local meetings/ interest groups to promote surgery to women.

RACS, hospitals, universities and other relevant stakeholders are urged to consider the findings of this research and their implications, to identify practical strategies that may inform the next iteration of the RACS' Diversity and Inclusion plan and inform their own plans to further increase diversity in the surgical workforce.

Survey report

Introduction

The Royal Australasian College of Surgeons (RACS) is committed to understanding and addressing the circumstances that women face when considering a career in surgery in Australia and New Zealand. This is part of the Diversity and Inclusion Plan and Building Respect strategies initiated over the last several years. While approximately 55 per cent of students in Australian and New Zealand medical universities are female, in 2018, only a third of applicants for the RACS SET program were female.

Aim

RACS is determined to continue to minimise barriers and develop and enhance the drivers to increase the proportion of women who apply for and are selected into surgical training. Negative perceptions and experiences are defined as *barriers* (obstacles, pain points) to a surgical career. Positive perceptions and experiences are defined as *drivers* (support, motivators).

Background

The 2018 report "Exploring women's views on a career in surgery" was a RACS pilot study in conjunction with Australian National University. Forty-five women (11 medical students, 15 medical graduates, and 19 non-surgical doctors) were interviewed and the data was analysed using qualitative methodologies. One of the recommendations was to create and deploy a quantitative study for female medical students and junior doctors (not in a training program), about their perceptions of a career in surgery. The biggest challenge was reaching out to over 10,000 female medical students and thousands of junior doctors in Australia and New Zealand.

Method

RACS worked with Australian and New Zealand surgeons, hospitals, the Women in Surgery committee, a Project Reference Group of Trainee surgeons, various interest groups and 22 universities to promote the survey on social media, via printed posters and newsletters. The survey was open from 9 May to 3 June 2019. The 1695 responses exceeded the statistical target of 371 responses and RACS social target of 1000 responses.

The survey had four parts:

1. Introduction (five demographic questions)
2. Drivers and barriers for women in selected medical professions (single question)
3. Personal drivers and barriers about surgery (12 questions with 43 ratings) in the context of
   a. university (three questions, 12 ratings)
   b. lifestyle/ choices (three questions, 10 ratings)
   c. the perception about the surgical profession (three questions, 13 ratings)
   d. Surgical Education Training (SET) (three questions, seven ratings)
4. Demographics (eight questions)

Missing data was treated as missing; survey imputations were not used. The analysis is mainly quantitative, focusing on weighted averages (described further in the next section) and other summary statistics. The comments were analysed using qualitative methods to determine themes; extensive qualitative methods have not been used.

Analysis and discussion

Perceptions of drivers and barriers for females in selected medical specialties

The first question on sex identified 1667 females, 25 males and 3 "other" sex. All feedback was welcome and read, however this report will focus on female and other respondents (N=1670), as published in the survey.

According to the demographic information, the respondents were representative by state and country in Australia and New Zealand with slight over-representation from Tasmania. Over 63 per cent of respondents were medical students (23 per cent in the first half of their medical degree, 31 per cent in the second half of their degree, 9 per cent in postgraduate studies), 35 per cent were junior doctors and 2 per cent were 'Other'. When the respondents were asked for their single medical career preference, 47 per cent selected a career in surgery and 53 per cent selected non-surgical careers, thus enabling perceptions and experiences about a career in surgery from different perspectives.

Respondents were asked to consider all the drivers and all the barriers for several popular medical careers, for all women, putting them on a balancing scale and deciding if the item was an overall driver or barrier. For example, they were shown Figure 1 and asked to rate each career.

Each of the seven-point scale categories was mapped from six (high driver) to zero (high barrier) with three as neutral (equal barriers and drivers). Then a weighted average (W.A) was calculated to measure and rank items from strongest driver to strongest barrier. A W.A of greater than 3.5 may be considered a driver and a W.A of 2.5 or less may be considered a barrier. Scores closest to six correspond to highest drivers and scores closest to zero correspond to highest barriers.

A surgical career was the highest barrier for women, with a W.A of 0.8 (shaded dark orange), as seen in Figure 2. The highest driver for women was General Practice with a W.A of 5.2. In fact, from the 12 careers, half were drivers, five of 12 were neutral and surgery was the only overall barrier. This pattern was observed in both groups of respondents – those who selected surgery as their preferred career and those who chose another medical career as their preferred career. The same scale was used for the 43 statements in the next section, to identify the top five drivers and top five barriers for a career in surgery.

> "Surgery is an amazing, wonderful career and to see more female surgeons gracing the halls of the hospital would be inspiring."
>
> – Survey participant

Top drivers and barriers for women considering a surgical career

The seven-point scale in Figure 1 was used to rate 43 rating statements across four contexts (university, lifestyle, profession and SET). However, for these questions, the respondents were asked to reflect on *their own experience/views* (opposed to their perception for all women). From these ratings the top five drivers and barriers were identified. The top driver to surgery for women was delivering the surgical needs of patients.

The top driver to surgery for women was delivering the surgical needs of patients.

Additional key drivers were professional ambition of respondents, remuneration potential of a surgical career, intellectual challenge of surgery and interest in experiencing available and emerging technologies in surgery. Importantly, in the delivery of gender equity, the primary perceived barrier was the lack of protected time for family and friends. A lack of time for dependents, hobbies and leave (travel) were also raised, as well as a perception of inflexibility within the SET Program.

Figure 1 Seven-point scale of high driver to high barrier

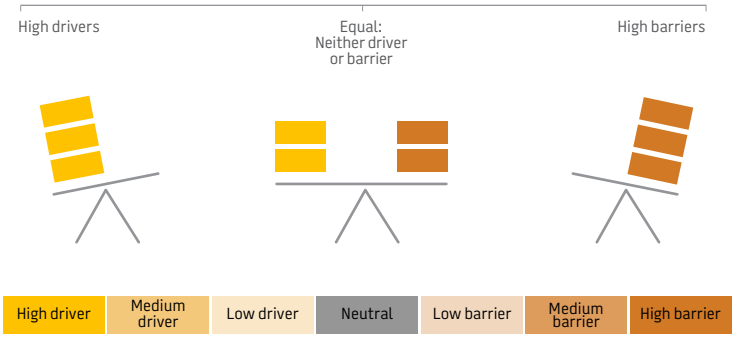
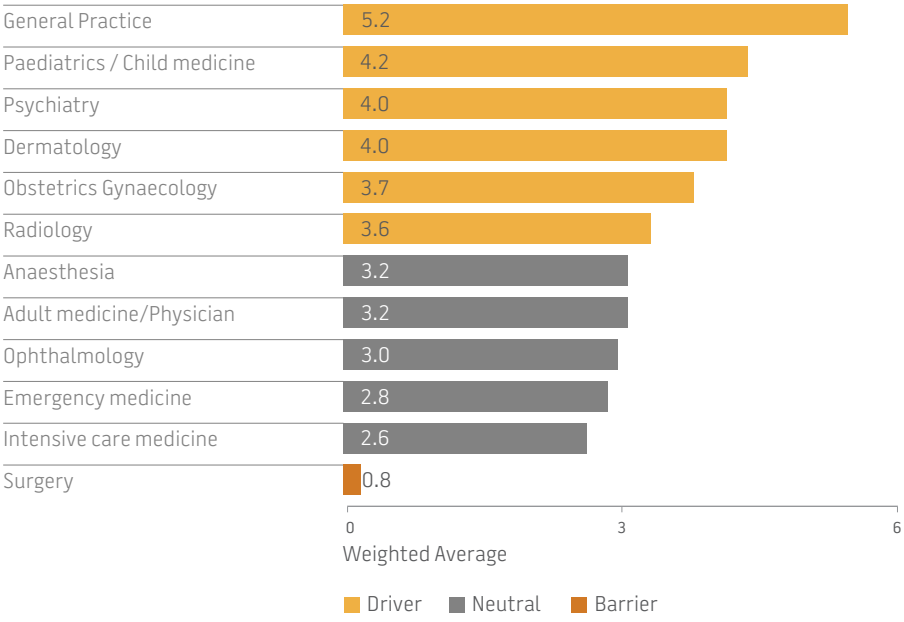


Figure 2: Group perceptions and experiences about various medical professions



Analysis and discussion (cont)

Perceptions of drivers and barriers for females in university

In the context of university, the W.As ranged from 2.2 to 3.5, yielding one driver, five neutrals and six slight barriers. To improve the perception of a career in surgery, more events, conferences and surgical advocacy during university may encourage more women towards a surgical career, especially if the events could involve female surgeon consultants. The cost of medical school was the largest barrier to surgery in the context of university. Entering surgery can take many years post university, then another several years training before becoming a consultant. Perhaps there is pressure to pay down student loans which can be achieved more quickly in other specialties. Universities and governments may want to explore the impact of fees on medical careers. It is recommended that RACS continues to reduce the financial burden to those on their journey to surgical training and beyond.

There also seems to be a cultural issue as the attitudes and behaviour of both peers and academic staff at university, seem to cause or influence negative perceptions for females in surgery. For example, in the open-ended comments, additional anecdotes were mentioned such as:

- the need for more female surgeon role models
- more formal teaching of surgery including improving anatomy classes and lecturers who are passionate about surgery
- sexism and 'boys club' – being told that having a family and a career in surgery was impossible, lecturers and mentors actively discouraging surgical careers, poor treatment of female students while on placement e.g. sexist remarks by registrars, surgeons' refusal to teach female students while on placement, etc.

While many experiences towards a surgical career were inappropriate, there were some experiences that seemed to be presented with positive or neutral intention but ultimately may have caused negativity towards a career in surgery

Perceptions of drivers and barriers for females in lifestyle choices and circumstance

In the context of lifestyle and personal circumstances, as seen in Figure 4, the W.As ranged from 1.0 to 4.5, yielding two drivers, two neutrals and six barriers. Despite the perceptions about surgery, respondents rated their personal drive, ambition and interest in surgery as a driver towards a surgical career. From the statistics in this survey, we observe that just under half the respondents were interested in a career in surgery, meaning the ambition is present before entering surgical training. We can also infer that the positive ambition is negatively affected by many factors by the time women apply for surgical training.

One's confidence to perform surgical skills or tasks was an overall driver for a career in surgery.

One's confidence to perform surgical skills or tasks was an overall driver for a career in surgery. This was interesting because other research such as the New Fellows Survey, reported that women had low self confidence in their surgical skills. In this research, it is more of a driver, meaning women seem to believe they could be surgeons according to their skills.

The attitude and behaviour of parents, relatives and spouse or partner was neutral when considering a surgical career. However, the spouse's career, future living location, current and future dependents as well as time (for vacation/ travel, hobbies, family and friends) were a perceived barrier to a career in surgery.

In the open-ended comments, there were many concerns about planning for a career and family, lack of flexibility for parental duties, lack of part-time options and mention of limited parental leave available to surgical Trainees and consultants. The theme of support network was mentioned as a barrier: maintaining friends, family and relationships is important for participants.

Respondents were genuinely worried about their physical and mental health, the lack of surgical career flexibility, expected long hours (especially on-call hours) and frequent moves during training. Some participants commented on the lack of regional and rural surgical training options and the time required to get onto SET.

Figure 3: Personal perceptions and experiences about medical school

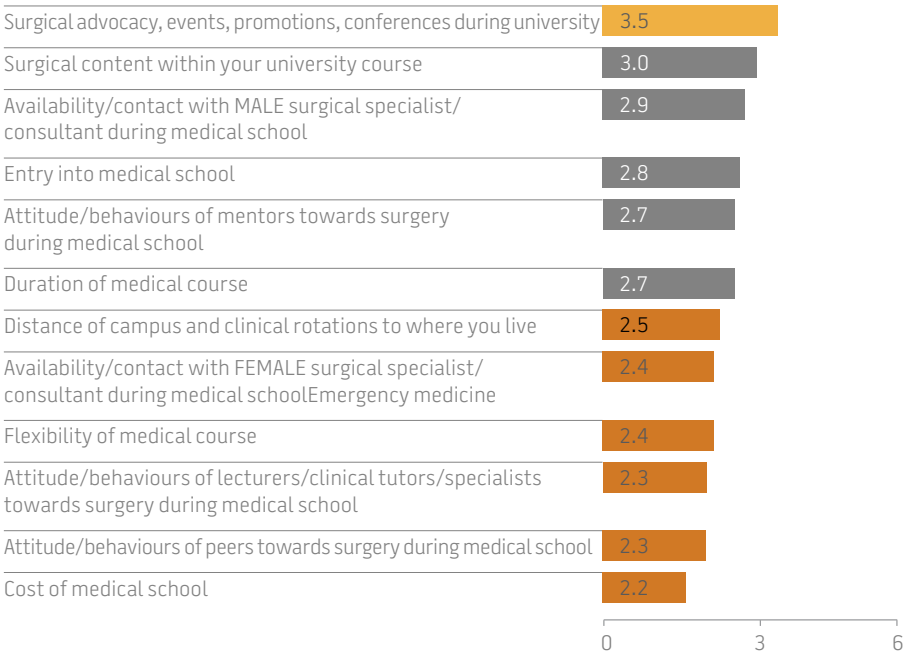
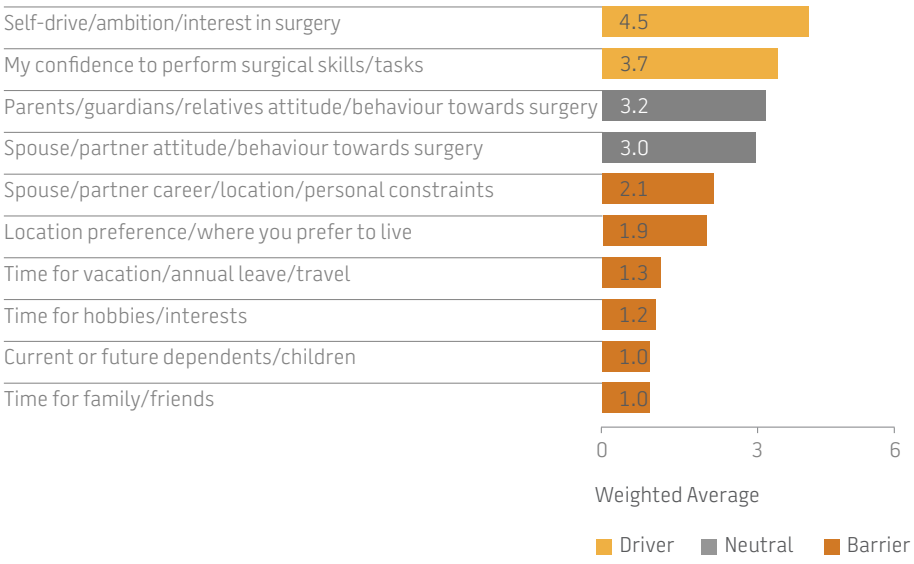


Figure 4: Personal perceptions and experiences about lifestyle and related circumstances



Analysis and discussion (cont)

Perceptions of drivers and barriers for females in perception about the profession

In the context of surgery as a profession, the W.As ranged from 2.9 to 4.7, yielding nine drivers, four neutrals and no overall barriers, as seen in Figure 5. The strong drivers in this section can be further promoted to encourage more women in surgery. Some of the strong drivers were surgical needs of patients (W.A = 4.7), potential income of a surgeon (W.A = 4.4), intellectual requirements to be a surgeon (W.A = 4.2) and the emerging technology in surgery (W.A = 4.2). Interestingly, the location of surgical practice had a W.A of 3.0, making it neutral. When compared to the previous comments, location of other contexts came up as barriers.

In the comments section, some barriers came up that have been mentioned previously such as overt and covert sexism, bullying, harassment and discrimination of women by surgical Trainees, Fellows and consultants. There are perceptions and experiences of a toxic culture within surgical teams, that surgeons are uncaring toward patients, the time to get onto SET and the time being unprotected and taken advantage of as unaccredited registrar positions.

Some interesting drivers were that the job is hands-on, that surgery treats the patient's problem immediately and that it is challenging and rewarding. Another driver was the potential to work in underprivileged areas or developing countries as well as being a pioneer/ future role model in a male-dominated field.

> "Toxic departments with open daily sexism against women in surgery still exist and the culture of fear allows them to continue un-reported in broad daylight to keep shocking and deterring our bright female candidates."
>
> – Survey participant

Perceptions of drivers and barriers for females in selection into Australia and New Zealand vocational Surgical Education and Training (SET)

In the context of SET, the W.As ranged from 1.4 to 2.9, yielding no drivers, one neutral and seven overall barriers, as seen in Figure 6. Interestingly, when this data was cross-tabulated with Q22 (how many times participants applied to SET; None N=830), the statistics were very similar, meaning these ratings are mainly perceptions rather than direct experience. However, these perceptions are strong. RACS must continue to advocate for flexible training with hospitals.

Within the comments the same themes were identified as described previously; job security after the training program, flexible training, that SET is complex, and the entry requirements constantly change, costs of courses and exams to get onto SET and the many years spent in unaccredited positions before SET.

Please see the appendices for more information about the demographics.

Figure 5: Personal perceptions and experiences about the surgical profession

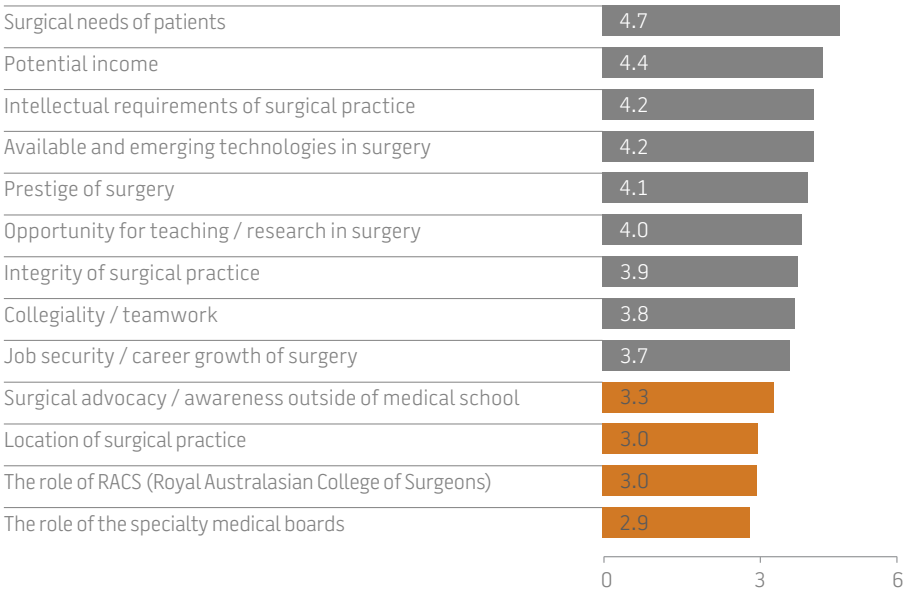
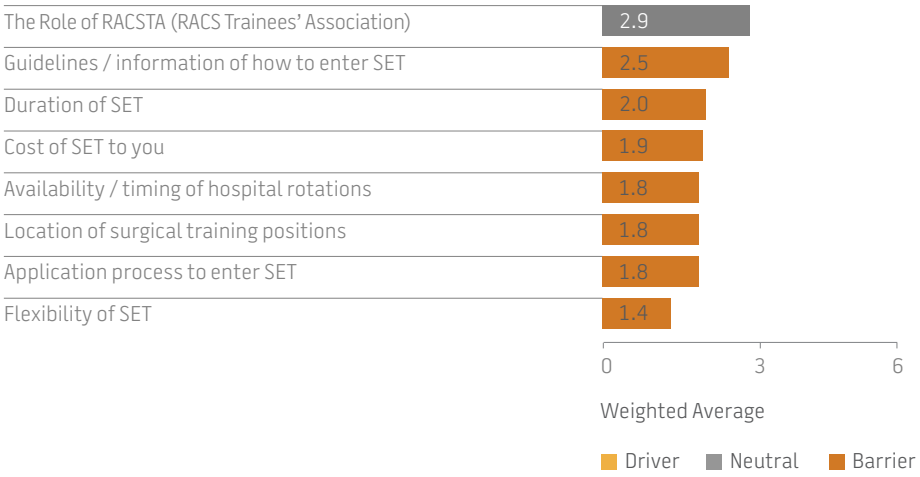


Figure 6: Perceptions of the SET program in Australia and New Zealand



Limitations and conclusion

Limitations

The limitation of this study is that the participants were self-selected. Because over half were not interested in a career in surgery, it may have reduced the selection bias. Another limitation and consideration for future work is that this survey is about diversity for female medical students and junior doctors. It would be interesting to study barriers and drivers of women (and other diversity groups) pre-medical school, in SET, surgical Fellows and former Fellows. Another limitation is that barrier for someone may be a driver for someone else (neutrals) which were not addressed in this research; these could be researched further.

Conclusion

A career in surgery is competitive because compared to many other specialties, there are fewer places per year. Entry into SET is based on medical and inter-personal merit. Women and all diversity groups are encouraged to apply. SET entry requirements and respective communications could be improved by RACS. Unconscious bias can limit diversity so it is important to understand it and try to minimise it.

Universities, RACS, Surgical Specialty Boards and some hospitals have taken steps to reduce gender bias. They should continue building a positive culture in their workplaces. For example, they might review their policies, procedures and communication strategies to ensure their surgical related programs are flexible, affordable and clear. Staff and students should be educated about discrimination, bullying and sexual harassment and be empowered to report it without fear of repurcussion.

All surgeons, surgical Trainees, junior doctors, university staff and medical students could reflect how their words, advice and experiences may impact those around them. Are they enabling and empowering others to pursue their medical career or are they causing unnecessary barriers? This applies for surgery and all medical career paths.

RACS, hospitals, universities and relevant stakeholders are urged to consider the findings of this research and their implications, to identify practical strategies that may inform the next iteration of the RACS Diversity and Inclusion plan and inform their own plans to further increase diversity in the surgical workforce.

Repeating this study in two to four years, after some intervention, is recommended. This would measure any improvements in barriers/ drivers, and if perceptions to surgery have changed over time.

> "Despite the challenges women face in surgery, I think it is almost comforting that it is spoken about so widely."
>
> – Survey participant

Appendix

Some demographic questions were compulsory and presented at the start of the survey, but most demographics were presented at the end of the survey as optional questions. Hence the sample size (N) of each question may vary.

Age and location of respondents

Respondents were asked what year they were born. 815 participants responded with the oldest born in 1956 (age 64) and youngest born in 2002 (age 18) with median birth year 1993 (age 27). Approximately 15 per cent of respondents were born between 1985 to 1989 (age 31 to 35), 41 per cent of respondents were born between 1990 and 1994 (age 26 to 30) and 35 per cent of respondents were born in 1995 to 1999 (age 21 to 25).

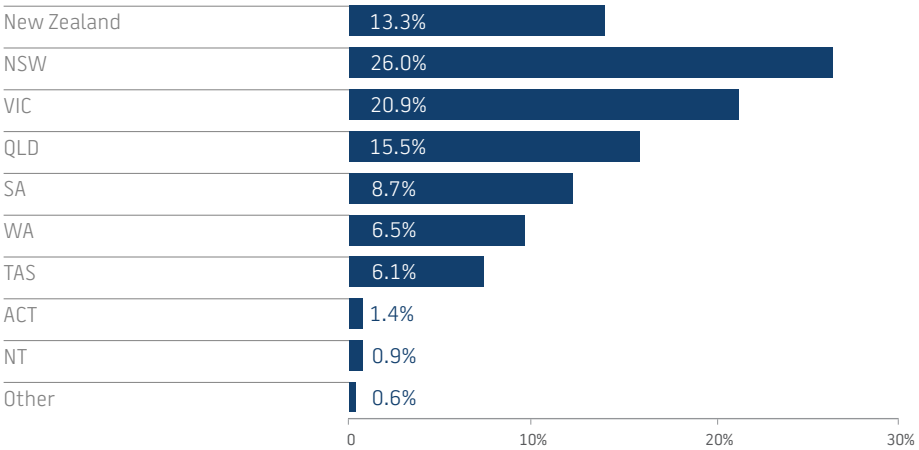
Respondents were asked to nominate their location at time of completing the survey. There is a slight over-representation from Tasmania and New Zealand, but all other areas match population data. The seven people in Other were not asked to specify their location; they were most likely outside of Australia and New Zealand at the time or perhaps they did not want to identify their location.

Current career status and university

Over 63 per cent (N=1670) of respondents were medical students (first half of the degree, second half of the degree and postgraduate), as seen in Figure 8. There were 35 per cent who identified as junior doctors and a handful of Other, who did not specify their career status. Other was included in the analysis presented here. A further N=1020 respondents selected their combination of demographics in terms of if they were studying, working, searching for employment, on leave or providing care to a dependent or relative. Respondents were presented with several scenarios and asked to select all that apply, as seen in Table 1

However, a linear view of demographic attributes is limiting. An analysis of combinations of these demographic attributes yielded over 80 variations of respondents' circumstances.

Figure 7: Location of respondents (N = 1664)



The top combinations were:

- "Studying full-time (any area)" without any other selection (384 people)
- "Working full-time medical setting" + "Employed in a public hospital" (115 people)
- "Working full-time medical setting" without any other selection (80 people)
- "Studying full-time (any area)" + "Working in a non-medical setting" (62 people)
- "Employed in a public hospital" without any other selection (47 people)

This shows that personal circumstances are complex and supports the need for flexibility in surgery and other medical careers.

All 22 universities offering medical degrees in Australia and New Zealand were represented by 911 respondents within this study. Eighteen of 22 universities had at least 23 responses or more, Bond University and James Cook University had 18 responses each, Flinders university had 17 responses and Australia National University had 11 responses. The top five universities represented 38 per cent (N=911) of responses. These were Monash University (Victoria), University of Otago (New Zealand), University of Tasmania, University of Sydney (New South Wales) and University of Melbourne (Victoria).

There were 737 respondents who provided which year they graduated or will graduate from their primary medical degree. Approximately 2 per cent graduated before 2010, 10 per cent graduated between 2010 to 2014, 46 per cent graduated between 2015 to 2019 and 42 per cent plan to graduate after 2020.

Figure 8: Current career status of respondents (N=1670)

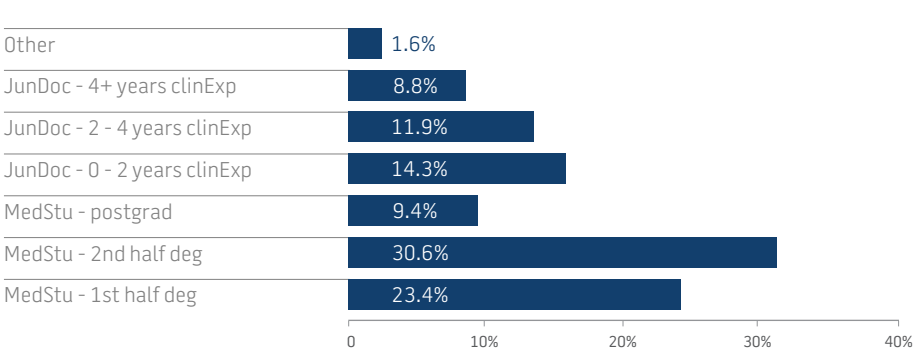


Table 1: Popular demographic attributes

Answer choices of (N=1020 respondents)	Per cent	N
Studying full-time (any area)	64.1	654
Working full-time in a medical setting	28.5	291
Employed in a public hospital	27.5	280
Working in a non-medical setting	9.4	96
Working part-time in a medical setting	6.9	70
Studying part-time (any area)	6.3	64
Providing care to a child, dependent/s, sick relative with a partner or support person	4.6	47
Employed in a private hospital	2.8	29
Searching for employment	2.8	28
Employed in a non-hospital health setting	2.1	21
On parental/carer leave	1.2	12
On extended personal leave (3+ months)	0.4	4
Providing care to a child, dependent/s, sick relative as the sole caretaker	0.4	4

Appendix
(cont)

Career aspirations

Respondents were asked what their single preferred career is, with an offered selection of 13 popular career responses from existing research, plus an Other option. Over 53 per cent of respondents were interested in non-surgical degrees with the most popular career choices Adult Medicine/Physician, Obstetrics/Gynaecology, Paediatrics, and General Practice, as seen in Figure 9.

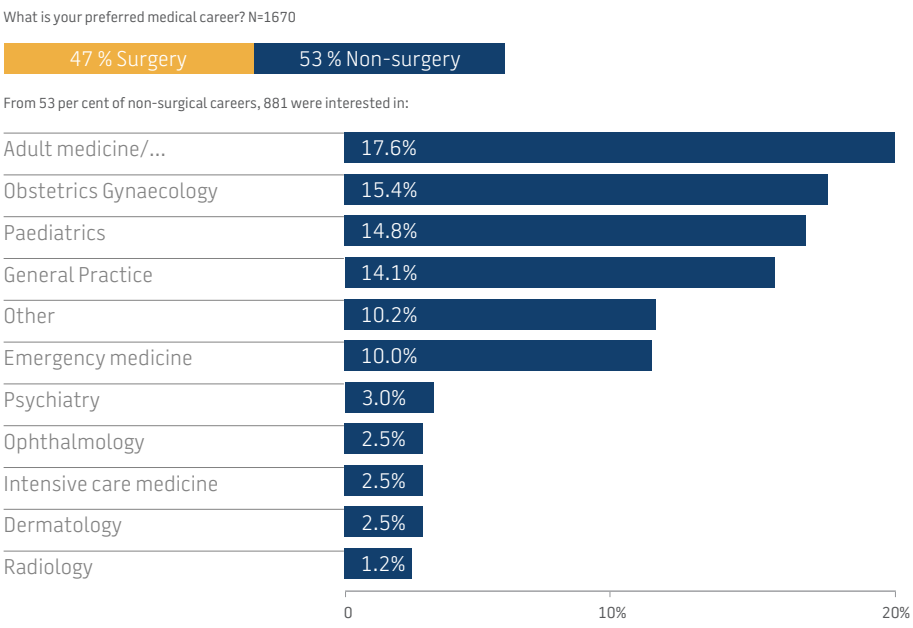
Given that under half of respondents were interested in a career in surgery, the view, perceptions and experiences expressed by the respondents may be objective, even though the respondents were self-selected. It is possible and likely that career preferences will change over time.

Respondents were asked when they first considered a surgical degree (N=1670). Figure 10 shows 22 per cent of respondents first thought about being a surgeon during childhood, before or during secondary school (age 19). About 57 per cent first considered a surgical career during medical school, 7 per cent first considered a surgical career after graduation and 14 per cent had not considered a surgical career yet.

All respondents were also asked to select up to three surgical specialties they might consider as a career (N=1007) as seen in Figure 11. The top three surgical specialties of interest to women were General, Plastic and Reconstructive, and Paediatric surgeries. This may give some surgical specialties an opportunity to reflect on how they can better advertise their specialty to women. For example, there are few Paediatric surgery places but many more Orthopaedic places. If the same thing that attracts women to certain specialties is highlighted in larger specialties, then women may be better equipped to see the career pathway in different specialties.

When thinking about how a surgical rotation may influence the interest

Figure 9: Preferred medical career of respondents



in a surgical career, 84 per cent of respondents (N=951) had their first surgical rotation during their undergraduate degree, 12 per cent were planning their surgical rotation soon. The other four per cent either had their first surgical experience after their degree, were not offered a surgical rotation or elected not to have a surgical rotation.

Surgical Education and Training (SET) perceptions

There were 91 per cent respondents (N=909) who had never applied for the SET program. The remaining nine per cent had applied to SET. Because the two groups had vastly different sample sizes (830 versus 79), statistical comparisons between these groups could not be performed. However, it is evident that the negative experiences of those who apply for SET are negatively influencing those who have not applied for SET yet.

> "Despite pursuing a surgical career throughout my medical degree and junior years, I have made the decision to transition to emergency medicine training. I can't achieve a sustainable, supported work/life balance amenable to having a family."
>
> – Survey participant

Figure 10: First considerations of a career in surgery (N = 1670)

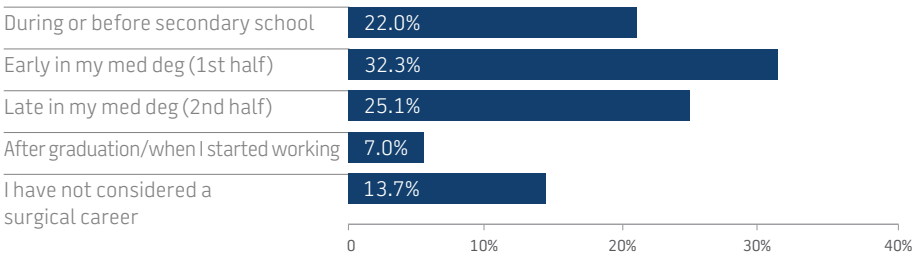


Figure 11: Popular surgical specialties for women (N = 1007)

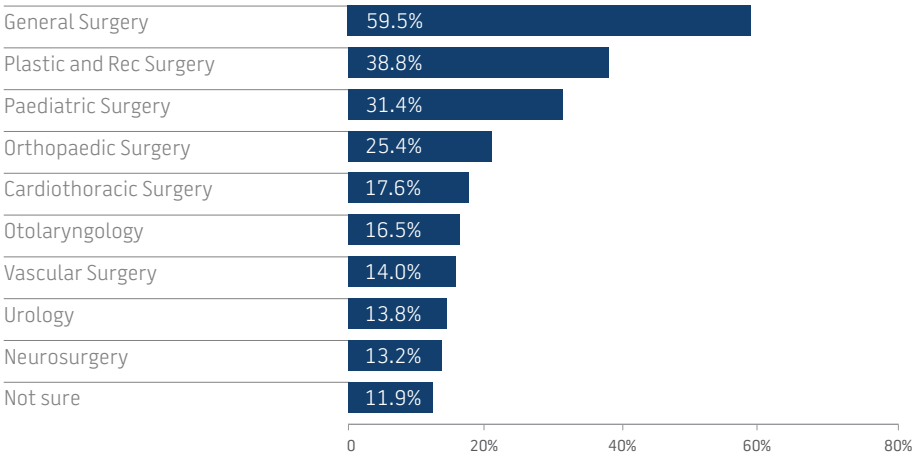
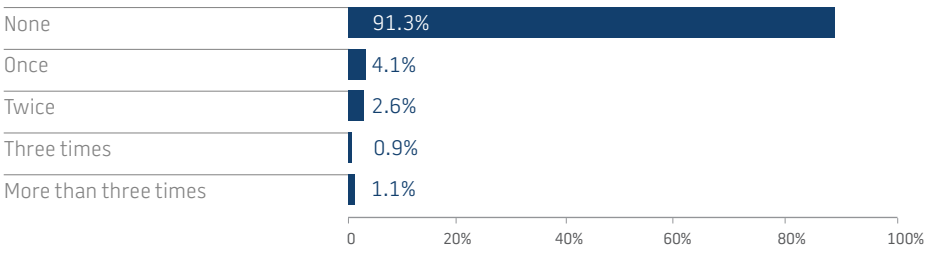


Figure 12: How many times have you applied for SET (N = 909)



About RACS

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

RACS supports the ongoing development, maintenance of expertise and lifelong learning that accompanies the surgical practice of more than 7,000 surgeons and 1,300 surgical trainees and International Medical Graduates.

RACS promotes, teaches and assesses standards across nine surgical specialties in Australia and New Zealand: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

RACS surgeons are highly qualified specialists and stay up-to-date with the latest developments in their area of skill. They have considerable knowledge and provide the best possible care to their patients.

With a proven commitment to lifelong learning and the highest standards of professionalism, Fellows of RACS offer caring, safe and comprehensive surgical care.

Being a Fellow of RACS (FRACS) requires ongoing learning and maintenance of knowledge and skills demonstrated through Continuing Professional Development (CPD) programs ensuring that Fellows not only maintain competency but also continuously build on and improve their clinical knowledge and skills to provide high quality contemporary healthcare to the public.


ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Royal Australasian
College of Surgeons

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Assessment of Clinical Training

1. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (***"the Board"***) regulations for:

1.1. Outcomes of trainee assessment for trainees undertaking the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) Program
1.2. Remediation for unsatisfactory trainee assessment
1.3. Corrective process for trainees on probation
1.4. Dismissal pathways for continued unsatisfactory assessment.

The assessment of a Trainee's performance by the Surgical Supervisor is fundamental to their continuing progression through the surgical education and training program.

Note: Trainee misconduct is covered in the Training Regulation: Trainee Misconduct.

2. OVERVIEW

Each accredited training position has a Royal Australasian College of Surgeons (***"RACS"***) approved Surgical Supervisor nominated by the hospital and approved by the Board. Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through accredited training positions.

Surgical Trainers are surgeons or other medical specialists in the department who assist the Surgical Supervisor with monitoring, guiding and giving feedback.

In-training assessment is conducted during each Training Term using a variety of tools.

3. DEFINITIONS

3.1. Training

A trainee registered in the PRS training program in full time clinical training, flexible clinical training, or not in clinical training (interrupted or deferred their training, or be exam pending). A trainee must complete all program requirements before they are considered to have completed training.

3.2. Flexible Training

In this regulation, the terms 'flexible clinical training' or 'flexible training' are interchangeable and refer to training that is less than 1.0 full time equivalent (FTE) or similar concepts such as less than full time training (LTFT), job share, fractional or part time training.

3.3. Clinical Training Time

Is training time in an accredited training post. Trainees are currently required to complete a minimum of 60 calendar months (or 10 Training Terms at the full time equivalent) of satisfactory clinical training.
Trainees may be required to complete additional terms based on performance and level of competency.

3.4. Training Term

Is a period in the SET training program in which a trainee occupies an accredited training post which results in a final (summative) PPA. A training term is six (6) calendar months. During a training term a trainee may work more than 0.5 full time equivalent (FTE) but less than 1.0 FTE and Clinical Training Time is accrued on a pro-rata basis in increments of three (3) months.

3.5. Working Days

In this regulation, the term 'working days' refers to Monday to Friday in New South Wales, excluding Public Holidays.

4. ASSESSMENT TOOLS

4.1. Professional Performance Assessment (*"PPA"*) Report

The Professional Performance Assessment (PPA) is the formative or summative assessment tool used to assess whether the trainee has demonstrated the expected level of skill and performance to accredit that period of training.

The views of all consultants on the unit must be sought, where possible, and reflected in the completed PPA. The Surgical Supervisor may also refer to any of the following assessments that have been completed during the term:

- Operative Feedback Form (OFF)
- Clinical Feedback Form (CFF)
- Case-based Discussion (CBD) Form
- Multisource feedback (MSF)
- Logbook

Supervisors and Trainers must provide examples to substantiate views that could lead to a decision about a trainee. Surgical Supervisors and Surgical Trainers must be willing for their views to be discussed with trainees who must be given the opportunity to acknowledge and respond to feedback and to improve performance.

Trainees must be informed at the earliest possible opportunity about performance issues. Performance is rated against the training standards for the nine (9) RACS competencies as either "Met", "Borderline" or "Poor". Where a trainee is rated as "Borderline" or "Poor", the supervisor will record reasons for the rating on the PPA. The 9 competencies are:

- Medical expertise
- Judgement & clinical decision making
- Technical expertise
- Professionalism & ethics
- Health advocacy
- Communication
- Collaboration & teamwork
- Management & leadership
- Scholarship & teaching
- Cultural competence and cultural safety

The completed assessment report should be signed and dated by both the trainee and the supervisor, following discussion of the ratings at a Performance Review Meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment on the part of the trainee.

Note: Trainees are required to keep a copy of the assessment report for their personal records and training portfolio.

4.1.1. PPA Frequency

The Surgical Supervisor will complete one interim PPA (formative assessment) and one final PPA (summative assessment) each six-month term for all SET trainees.

4.1.2. PPA Outcomes

A rating of "Met" against each competency results in an overall PPA grade of satisfactory.

A rating of "Poor" against any competency, or "Borderline" against two or more competencies, results in an overall PPA grade of unsatisfactory.

Where the outcome of a trainee's *interim PPA* is satisfactory, the trainee will continue with their clinical training.

Where the outcome of a trainee's *interim PPA* is unsatisfactory, the trainee will be required to follow a Remedial Action Plan for the remainder of the training term.

Where the outcome of a trainee's *final PPA* is satisfactory, training time for the term will be accredited provided that the Board is satisfied that the trainee has achieved ALL assessment and training requirements. The requirements for each term can be found in the current Training Handbook.

Where the outcome of a trainee's *final PPA* is unsatisfactory, the SET term will also be recorded as unsatisfactory, and training time for the term will not be accredited. In addition, the trainee will be placed on probation for the following term, and will be required to follow a Remedial Action Plan.

Please refer to Section 5 of this document onwards for the Corrective Process for Unsatisfactory Assessment.

Should a trainee be absent for more than six calendar (6) weeks during any term, or pro rata for those in flexible training, the Board may, in its absolute discretion, record the term as 'Not Assessed' and not counted towards total accredited training time. Alternatively, and at the discretion of the Board, training time for the term may be partially accredited (where a minimum of three-month continuous clinical training with satisfactory PPA grade can be demonstrated).

4.2. Operative Feedback Form (*"OFF"*)

The OFF is a focused observation or "snapshot" of a trainee undertaking a surgical procedure. The trainee selects the procedure to be observed, noting that the surgical procedure selected should be appropriate to the trainee's SET level as found in the P&RS Curriculum. In the case of a deficiency, the supervisor selects the procedure to be observed.

The consultant selected to observe the procedure must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the OFF to the consultant prior to the procedure.

The consultant records the trainee's performance based on the provided scale, and gives feedback following the procedure on their performance. During the short post-procedure meeting, the consultant also answers any questions that the trainee may have.

The trainee records the OFF results via email to education@plasticsurgery.org.au, and is responsible for maintaining a copy of the completed assessment.

4.2.1. Operative Feedback Frequency

SET 1 and SET 2 trainees **must** complete a minimum of one (1) OFF per clinical term.

SET 3, SET 4 and SET 5 trainees **are encouraged** complete a minimum of one (1) OFF per year.

The Board recommends that trainees initiate OFF evaluations more frequently than required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more OFF as part of a remedial action plan. The requirement to complete an OFF in either of these situations will be based on the professional judgement of the Surgical Supervisor.

4.2.2. Operative Feedback Outcomes

If performance is rated below the SET level commensurate for the operation, the consultant will record reasons for the rating on the OFF and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

4.3. Clinical Feedback Form (*"CFF"*)

The CFF is designed to provide competency-based feedback in the assessment of a trainee's skill and in conducting a clinical examination of a patient. The trainee selects the clinical scenario to be observed from scenarios found in the P&RS Curriculum, noting that the scenario selected should be appropriate to the trainee's level.

The consultant selected to observe the clinical scenario must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the CFF to the consultant prior to the procedure.

The consultant records the trainee's performance based on the provided scale, and gives feedback following the procedure on their performance. During the short post-procedure meeting, the consultant also answers any questions that the trainee may have.

The trainee records the CFF results via email to education@plasticsurgery.org.au, and is responsible for maintaining a copy of the completed assessment.

4.3.1. Clinical Feedback Frequency

SET 1 and SET 2 trainees **must** complete a minimum of one (1) CFF per clinical term.

SET 3, SET 4 and SET 5 trainees **are encouraged** complete a minimum of one (1) CFF per year.

The Board recommends that SET trainees initiate CFF evaluations more frequently than

required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more CFF as part of a remedial action plan. The requirement to complete a CFF in either of these situations will be based on the professional judgement of the Surgical Supervisor.

4.3.2. Clinical Feedback Outcomes

If performance is rated below the SET level commensurate for the clinical scenario, the consultant will record reasons for the rating on the CFF and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

4.4. Case-Based Discussion (*"CBD"*) Form

The Case Based Discussion (CBD) assessment is designed to provide competency-based feedback in the assessment of a trainee's global approach to managing and treating a patient. The procedures are aligned to Entrustable Professional Activities (EPA) for trainee's SET level. The trainee selects the clinical scenario to be observed from scenarios found in the P&RS Curriculum, noting that the scenario selected should be appropriate to the trainee's SET level.

The consultant selected to observe the clinical scenario must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the CBD Form to the consultant prior to the procedure.

The consultant records the trainee's performance based on the provided scale, and gives feedback in a meeting following the case observed. During the post-case meeting, the consultant also answers any questions that the trainee may have.

The trainee records the CBD results via email to education@plasticsurgery.org.au, and is responsible for maintaining a copy of the completed assessment.

4.4.1. Case-Based Discussion Frequency

SET 1 and SET 2 trainees **are encouraged** to complete a minimum of one (1) CBD per clinical term.

SET 3, SET 4 and SET 5 trainees **must** complete a minimum of one (1) CBD per term.

The Board recommends that SET trainees initiate CBD evaluations more frequently than required as this accelerates the learning and development. Furthermore, it enables consultants to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more CBD as part of a remedial action plan. The requirement to complete a CBD in either of these situations will be based on the

professional judgement of the Surgical Supervisor.

4.4.2. Case-Based Discussion Outcomes

If performance is rated below the SET level commensurate for the clinical scenario, the consultant will record reasons for the rating on the CBD Form and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

4.5. Multi Source Feedback (*"MSF"*)

An MSF form is to be used for trainees who are on probation or undergoing performance management, or for voluntary self-assessment.

The MSF is a tool to assess capabilities within the areas of communication, collaboration, professionalism and management. It is not an assessment of clinical knowledge or practical skills.

The MSF is completed online by a minimum of six (6) and maximum of twelve (12) people who work with the trainee (including consultants, nurses, and administrative staff). The trainee and the Surgical Supervisor each choose half of the assessors. The Trainee must also complete a self-assessment. The Surgical Supervisor must also complete an assessment. Each respondent is asked to rate the trainee on six questions on a 9-point scale ranging from unsatisfactory to above expected.

All responses are confidential. Ratings will be collated into an MSF report by ASPS staff, showing the range and mean of all scores submitted. Individual responses will not be provided to the trainee or the Surgical Supervisor.

4.5.1. MSF Frequency

An MSF is to be used for trainees who are on probation or undergoing performance management. If MSF is determined as a condition of probation by the Board, the MSF must be completed for review and feedback by the Surgical Supervisor at the interim and final PPA meetings.

4.5.2. MSF Outcomes

The MSF report will provide the range and mean of all scores submitted.

A rating of four (4) and above is considered satisfactory.

A rating of below four (4) is considered unsatisfactory, and the Surgical Supervisor will discuss options for improvement with the trainee. An unsatisfactory rating may be taken into consideration by the Board when deciding that a Trainee be considered for dismissal from training.

4.6. Logbook

The logbook is used to record information on surgical procedures undertaken by trainees.

The trainee must provide information/detail on all surgical procedures performed, via the online logbook system. The procedures are then reviewed and approved by the supervising consultants.

4.6.1. Logbook Frequency

A procedure must be entered into the online logbook within two weeks of it being completed. All logged procedures for a term must be entered and approved prior to the final PPA for that term.

The Board expects most trainees will log in excess of 500 procedures (pro rata) per six calendar month rotation. A minimum of one hundred (100) procedures must be logged per three (3) calendar months. The minimum number of procedures for trainees in Flexible Training would be pro-rata. The minimum number may change based on the nature of the procedures performed at the training site. A change to the minimum number must be approved by the Board or Regional Subcommittee.

4.6.2. Logbook Outcomes

Submission of the minimum number of procedures for each term is viewed as a satisfactory outcome.

Failing to log the minimum number of procedures may be taken into consideration when rating the trainee's performance on the PPA.

5. CORRECTIVE PROCESS FOR UNSATISFACTORY ASSESSMENT

5.1. Unsatisfactory Interim PPA Meeting

The trainee is required to arrange a meeting with their supervisor to discuss the ratings received on the formative or interim PPA.

At this meeting, the Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as "Poor" or "Borderline". The trainee is then required to make a Remedial Action Plan for each competency assessed as "Poor" or "Borderline", including strategies to achieve the expected standard.

The trainee must submit the Remedial Action Plan to the Surgical Supervisor and to ASPS staff within ten (10) working days of the notification of the outcome of the PPA meeting.

The trainee is also reminded at this meeting that they are required to attend Monthly Performance Review Meetings with their Surgical Supervisor.

5.2. Monthly Performance Review Meetings

Within ten (10) working days of notification of the outcome of the PPA Meeting, a meeting schedule will be determined for monthly Performance Review Meetings for the remainder of the term.

At each Monthly Performance Review Meeting, the Surgical Supervisor and trainee will discuss the trainee's performance, including the trainee's progress in completing the Remedial Action Plan. The Surgical Supervisor may also choose to use the meeting to review the trainee's logbooks, update the Remedial Action Plan, and/or review the trainee's completion of training requirements to date.

Each meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or Deputy Chair. A copy of the minutes will be saved with the trainee's files in the ASPS office.

5.3. Unsatisfactory Final PPA Meeting

The trainee is required to arrange a meeting with the Surgical Supervisor to discuss the ratings on the summative or final PPA.

A summative or final PPA grade of satisfactory means the trainee will continue with quarterly assessments and the term remains accredited.

Where the summative or final PPA grade is unsatisfactory, the Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as "Poor" or "Borderline". The trainee is then required to formulate a Remedial Action Plan for discussion with their next Surgical Supervisor. The Surgical Supervisor from the trainee's next term may also attend the meeting.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all

attendees, and may also be forwarded to the Regional Subcommittee Chair or nominee, and the Chair of the Board. A copy of the minutes will be saved with the trainee's files in the ASPS office.

Within ten (10) working days of the Final PPA Meeting, the Board will be notified of the assessment outcome. A formal letter will subsequently be sent to the trainee from the Board Chair notifying them of the Board's decision.

A summative or final PPA grade of unsatisfactory means the trainee may be advised that the clinical training time will be not accredited towards their training, and that their training will be extended for the relevant time to meet the Clinical Training Time requirement (see Section 3.3).

Further requirements may include, but are not limited to, a return to full-time training for those in Flexible Training at the time of the unsatisfactory assessment.

In accordance with the *Assessment of Clinical Training* Policy, the trainee is informed that they will be placed on probation for the following term (*) including any consequences for an additional unsatisfactory term.

5.3.1. (*) Multiple Unsatisfactory Terms

If this is the trainee's third non-consecutive or second consecutive unsatisfactory term, the trainee will be informed that in accordance with section 7 of this Training Regulation the Board may consider dismissal proceedings.
If no such decision is made, the trainee remains on probation for the following term.

6. CORRECTIVE PROCESS FOR TRAINEES FOLLOWING UNSATISFACTORY ASSESSMENT

There are a variety of circumstances that may result in a trainee being placed on probation. These circumstances include but are not limited to:

- An unsatisfactory term;
- Continuation of probation as an alternative to dismissal.

6.1. At Start of Term

A meeting schedule will be determined for monthly Performance Review Meetings with the Surgical Supervisor, including dates and locations of each meeting.

The trainee must ensure that their new Surgical Supervisor has a copy of their Remedial Action Plan.

6.2. Monthly Performance Review Meetings

At each Monthly Performance Review Meeting, the Surgical Supervisor and trainee will discuss the trainee's performance including the trainee's progress in completing the Remedial Action Plan. The Surgical Supervisor may also choose to use the meeting to review the trainee's logbooks, update the Remedial Action Plan, and/or review the trainee's completion of training requirements to date.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or Deputy Chair, or nominee. A copy of the minutes will be saved with the trainee's files in the ASPS office.

6.3. Final PPA Meeting

The Surgical Supervisor and trainee will meet to discuss the ratings on the final PPA. At this meeting, the results of the trainee's MSF may also be discussed.

A summative or final PPA grade of satisfactory means the trainee has successfully completed the period of probation and the term will be also be accredited towards their total training time.

A summative or final PPA grade of unsatisfactory, means the trainee's term will not be accredited and their training time may be extended for six months.

The Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as "Poor" or "Borderline". In addition and where relevant, the Surgical Supervisor from the trainee's next term may also attend the meeting.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or nominee, and the Chair of the Board. A copy of the minutes will be saved with the trainee's files in the ASPS office.

The trainee will be informed that the Board may consider their training status including whether or not to recommend the trainee for dismissal proceedings in accordance with Section 7.

If no such recommendation is made, the trainee remains on probation for the following term.

Within ten (10) working days of the Final PPA Meeting, the Board will be notified of the outcome from the meeting. A formal letter will be sent to the trainee from the Board Chair notifying them of the outcome.

7. DISMISSAL FROM SET PROGRAM FOR UNSATISFACTORY ASSESSMENT

7.1. Dismissal Pathways

Where a trainee has two consecutive unsatisfactory terms, or has three unsatisfactory terms in total, they may be considered by the Board for dismissal from the SET program.

Note: The following matters may also lead to consideration of dismissal:

a) *Failure to complete training requirements within specified timeframes*
b) *Failure to pay training related fees by due deadlines*
c) *Failure to maintain general medical registration or general scope registration*
d) *Failure to achieve or maintain employment in accredited training posts*
e) *Gross insubordination or wilful disobedience in carrying out lawful requirements of the PRS SET Program.*

7.2. Dismissal Process

The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

7.2.1. Recommendation for Dismissal

Within ten (10) working days of a final PPA meeting, the Regional Subcommittee Chair will make a recommendation about the rotation status in writing to the Board.

The Board may decide to consider a trainee for dismissal from the PRS SET Program if the trainee has been assessed as unsatisfactory in two consecutive terms, or three terms in total. The decision to recommend dismissal must include the reasons for recommending dismissal.

Such a recommendation for dismissal will be considered at a meeting of the Board within ten (10) working days of the Regional Subcommittee Chair's recommendation of rotation status. The Board may accept or reject the recommendation.

Within ten (10) working days of the Board decision, the trainee will be notified in writing whether or not the Board has recommended their dismissal.

If the recommendation is to dismiss the trainee, the Board will refer the recommendation for consideration by a Hearing Panel to be constituted as stipulated in this document. In addition, the trainee will be notified in writing of the case for their dismissal from the SET program, and will be provided with copies of any supporting documentation.

If the recommendation is not to dismiss the trainee, the Board will advise the trainee whether their probation will continue for the remainder of the term.

7.2.2. Hearing Panel Meeting

A Hearing Panel to consider the dismissal of the trainee from the SET program will be convened, no later than forty (40) working days after the Board has accepted the recommendation. The Panel will consist of two (2) PRS consultants and one (1) non-PRS surgical consultant. Members of the hearing panel will have had no prior close personal or professional involvement with the trainee. The trainee will be given adequate notice (at

least ten (10) working days, unless agreed otherwise by the trainee), of the date, time, location and composition of the hearing panel. The trainee may attend the hearing in person and/or make written submissions. Written submissions must be provided to ASPS staff no later than two (2) working days prior to the Hearing Panel.
The trainee may bring a support person, who is not a practicing lawyer, to the Hearing Panel meeting.All documented evidence on the matter will be made available to the Hearing Panel members and the trainee.

7.2.3. The Hearing Panel will consider the documented evidence and any oral submissions from the trainee. Within two working days, the Hearing Panel will advise the Board in writing that either:

7.2.3.1. The panel agrees with the recommendation to dismiss the trainee from the SET program, including reasons for their recommendation, OR

7.2.3.2. The panel recommends that the trainee be permitted to remain on the SET program, with or without provisional conditions, including reasons for their recommendation.

7.2.4. The trainee will be provided with a copy of the Panel's recommendation, along with written reasons for the recommendation and a copy of the minutes from the Hearing Panel.

7.2.5. Board Meeting

Within ten (10) working days of the Hearing Panel, the Board will hold a meeting (either in person or by teleconference) to consider the recommendation(s) made by the Hearing Panel.

If the Board decides to not dismiss the trainee, the trainee will be notified of this decision within five (5) working days of the Board Teleconference. The trainee will also be notified of any additional conditions placed on their training, such as continued probation, additional training, and/or continuation of the Remedial Action Plan. Other conditions may also be stipulated by the Board.

If the Board decides to dismiss the trainee, a final dismissal letter is issued to the trainee within five (5) working days of the Board meeting. The trainee will be provided with a copy of the documentation relied on in approving the recommendation for dismissal. In addition, the Board will notify the Chair of the RACS Board of Surgical Education & Training (***"BSET"***) within five (5) working days of their decision to dismiss the trainee.

8. OTHER CIRCUMSTANCES THAT MAY LEAD TO SUSPENSION OR DISMISSAL FROM THE PRS SET PROGRAM

The following matters may result in an unsatisfactory term, suspension or dismissal from the SET Program. The Board in its discretion may consult with RACS on these matters for consideration of dismissal.

8.1. Failure to complete training program requirements

8.1.1. Failure to complete training program requirements within the relevant timeframes may result in automatic dismissal from the SET program. This includes but is not limited to requirements such as courses and exams.

8.1.2. Failure to complete the PRS SET program within the maximum duration of training will result in automatic dismissal from the PRS SET program. Refer to Training Regulation: Variations to Training.

8.2. Failure to comply with College Direction, including failure to pay outstanding fees

8.2.1. As the accredited training authority, trainees are required to comply with any policy direction of RACS or the ASPS pertaining to training activities.

8.2.2. Breaches of RACS or ASPS Code of Conduct that are not misconduct are considered to be a failure to comply with College or ASPS direction.

8.2.3. Repeated failure to comply with directions during the life of the training program may result in dismissal.

8.2.4. Trainees will receive written warnings, the second of which will advise that any further breach during the life of the training program may result in dismissal.

8.3. Failure to satisfy medical registration

8.3.1. Trainees who fail to maintain registration as specified in the Medical Registration for the Surgical Education and Training Policy may be dismissed.

8.4. Failure to meet employment obligations

8.4.1. Trainees who fail to be employed by, or are dismissed from, the institution in which their allocated training position is located (as notified by the CEO, HR Director or equivalent) may be automatically suspended from the training program. If required, the trainee may be investigated under the misconduct process outlined in this document.

8.4.2. Where a trainee is refused employment, the Board is not obliged to reallocate the trainee or other trainees for that training year.

8.4.3. The trainee must inform the Board within ten working days of their failure to meet employment obligations, and provide with copies of the employer's correspondence to the Board.

8.4.4. If the trainee is refused employment, or dismissed from the employing institution, for

a second instance, the Board may commence dismissal proceedings against the trainee. These dismissal proceedings must commence within thirty (30) days of the trainee providing notification to the Board.

9. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to them to challenge all decisions regarding their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available to download from www.plasticsurgery.org.au.

10. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-007: Dismissal from Surgical Training
RACS Policy ETA-SET-026: SET Misconduct
RACS Policy ETA-SET-016: Assessment of Clinical Training
RACS Policy ETA-SET-027: Natural Justice: Guidelines for Decision Makers
RACS Policy FES-PST-005: Admission to Fellowship
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)
Training Regulation: Trainee Misconduct
Training Regulation: Variation to Training Form: Professional Performance Assessment
Form: Operative Feedback
Form: Clinical Feedback
Form: Case Based Discussion

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Trainee Agreement

1. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (***"the Board"***) regulations and process for the signing of the Training Agreement to signify the acceptance of an offer for a training position in the Plastic and Reconstructive Surgery (***"PRS"***) program of Surgical Education and Training (***"SET"***).

2. OVERVIEW

Trainees on a pathway to Fellowship are expected to conduct themselves with honesty and integrity and in accordance with their Training Agreement. The Royal Australasian College of Surgeons ("***RACS***") and the Australian Society of Plastic Surgeons ("***ASPS***") collaborate via the Board to deliver SET for PRS. Following the Board's offer of a training position, a candidate SET trainee must accept the offer by way of returning a signed Training Agreement including any requests to vary training (for instance deferral of commencement of training).

3. AGREEMENT

3.1. The Trainee Agreement, signed by a trainee to accept appointment to the SET Program, is Appendix A of this training regulation.

4. ASSOCIATED DOCUMENTS

RACS Policy: Selection to Surgical Education and Training (ETA-SET-005)
RACS Policy: Trainee Agreement (ETA-SET-018)
RACS Policy: SET Misconduct (ETA-SET-026)
RACS Policy: Trainee Registration and Variation (ETA-SET-010)
RACS Policy: Privacy of Personal Information (REL-RMT-001)
RACS Policy: Privacy (Conduct Matters)
Training Regulation: Selection into Plastic & Reconstructive Surgical Education and Training
Training Regulation: Training Agreement
Training Regulation: Training Misconduct
Training Regulation: Variation of Training
ASPS Privacy Policy and ASPS Privacy Statement

5. APPENDIX A

SURGICAL EDUCATION & TRAINING

TRAINING AGREEMENT

Royal Australasian College of Surgeons

Background

The Royal Australasian College of Surgeons ("**RACS**") is committed to ensuring that surgical training is undertaken in an appropriate environment, and that trainees understand both their rights and their duties as members of the training program. It is important that the training program is conducted in a manner that ensures transparency and accountability and achieves the required educational standards. This document sets out the Statement of Intentions of the trainee for the duration of the training program.

Acknowledgement by Trainee

I, ... agree and declare that:

(Name in block letters)

By accepting a place in the Surgical Education and Training (SET) program of the RACS I am beginning a pathway to fellowship of RACS, which will be awarded upon successful completion of the specified training and assessment requirements.

I have read all information relevant to my participation in the SET Program in Plastic & Reconstructive Surgery.

I have rights as a trainee that are implicit and explicit in the approved policies, procedures and regulations of RACS, its boards and committees.

I agree to comply with and fully observe all SET Program requirements.

I am not aware of any personal circumstances, apart from those declared in my application or subsequently advised to the Board, (including medical registration status, health and medical conditions, visa status, family or other responsibilities, personal values or beliefs) that may now affect my eligibility for appointment to the SET program or which would prevent me from performing all requirements of the SET Program, and the work necessary to be undertaken (unless previously discussed with and explicitly acknowledged in writing by the Australian Board of Plastic & Reconstructive Surgery).

I understand that should I withdraw from SET, I have a 48 hour cooling off period during

which I can rescind that decision, without prejudice. Following the cooling off period, should I then desire to return to SET, I must re-apply for selection as a former trainee in accordance with relevant RACS policies.

I will endeavour to achieve the objectives of surgical training, which are to acquire skills, knowledge and experience in the nine RACS competencies of:

- Professionalism
- Scholar / Teacher
- Health Advocacy
- Management and Leadership
- Collaboration
- Communication
- Medical Expertise
- Judgment – Clinical Decision Making
- Technical Expertise
- Cultural competence and cultural safety

I agree to be an active participant, optimising to my personal benefit the educational experiences and opportunities presented to me. Including but not limited to making all reasonable efforts to undertake clinical training rotations to which I am allocated.

I undertake to observe all relevant RACS policies in relation to surgical training and to comply with all regulations and reasonable directions of the RACS. I understand that failure to do so may result in my suspension or dismissal from the training program. It is my responsibility to ensure that I am aware of all RACS policies, procedures, and regulations (as amended from time to time), including the Privacy of Personal Information policy and the Privacy (Conduct Matters) policy, and that I will comply with these within all relevant time limits and deadlines notified.

I commit myself to the values of RACS and the Australian Society of Plastic Surgeons, which I will uphold and promote, and will observe the RACS Code of Conduct and the ASPS Code of Practice.

I agree that if I have concerns regarding my training, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:

- My supervisor
- My mentor (if appointed)
- The Specialty Board Chair (or the Regional Subcommittee Chair in the first instance)
- The Executive General Manager Education RACS

I understand that if I chose to approach a member of the Board for advice and guidance that this will not by itself impact on that member's ability to exercise their board duties in accordance with RACS policies.

I agree and acknowledge that while I may seek advice and support, no Fellow of the RACS or member of staff is authorised to vary the conditions, rules, guidelines or policies of the RACS Training Program. Any change or variation of these conditions, rules, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate approval has been received.

I agree to personally participate in RACS review processes in relation to my performance on the training program. I acknowledge that the RACS has an Reconsideration Review and Appeal Policy regarding any decision about my surgical training with which I disagree. I agree to seek and provide feedback about my training experience, as appropriate. If I have concerns, it is my responsibility to raise them.

I also acknowledge that while the RACS (and its agents) is the accredited educational provider they are not employers, and that I must abide by my employment conditions. I grant the RACS (and its agents) permission to release my contact details to the hospitals where I am allocated a training post, and to provide my supervisor access to my prior assessments so as to maximize my learning experiences. I acknowledge it is my responsibility to contact hospitals to which I am allocated no later than 4 weeks after notification to initiate employment procedures, and I understand that failure to do so may result in the hospital refusing employment.

Where there is conflict between my employment obligations and training requirements I will advise my supervisor accordingly.

I release my supervisor, the Board and the RACS (and its representatives) from all claims or liability arising from advice or assistance given in good faith.

I acknowledge that it is my responsibility to be fully informed and aware of all requirements of the RACS, particularly rules, guidelines, time limits, and policies in relation to the Training Program, including information available on the RACS and Society websites.

I agree to make all applications and provide all information required by the RACS within the time limit or deadlines stipulated by the RACS.

I agree to accept a training allocation other than in my preferred state and understand that the Board cannot provide any assurance of my transferring to my preferred training state over the duration of my training.

I certify that during the period of my training, every surgical case logged will be accurate.

I will ensure that I am acting at all times within legal and ethical guidelines regarding practices in and around assisting and billing in my state or region. I will check both the hospital policy and/or regional health or state health authority's guidelines and policies in relation to my billing for assistance with my consultants, both in the hospitals in which I work and other public or private hospitals off campus. This will also apply to all cases assisted under Workcover or Workers' Compensation. I am aware of my personal accountability in relation

to the above circumstances.

I understand that I may be subject to dismissal from the SET Program if one or more of the following events take place:

- I knowingly provide false and/or misleading information in my application for selection into SET Plastic and Reconstructive Surgery training;
- I am reported to Australian Health Practitioner Regulation Agency (AHPRA);
- I receive a negative report from AHPRA.

I understand that the above list is not intended to be exhaustive.

In the event a complaint is made about me to RACS and/or ASPS I will cooperate fully in any inquiries and assist RACS and/or ASPS (as the case may be) as requested. Furthermore, should a complaint be made about me to my employer that in any way impacts on or involves this Training Agreement, I agree to notify RACS and ASPS of such a complaint and the steps being taken by my employer to resolve such a complaint.

Acceptance

I accept the rights and responsibilities of this Training Agreement.

Signed:

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Trainee *Name in block letters*

Date: ---------- 20------ RACS ID: ----------

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

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Training Regulation: Variations to Training

1. OVERVIEW

The Australian Board of Plastic and Reconstructive Surgery (***"The Board"***) recognises that some trainees may have a need to work part-time or defer, interrupt or extend their training at some point during the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) program.

This document outlines the maximum duration of training and regulations for:

1.1. deferral of training;
1.2. flexible training;
1.3. interrupted training;
1.4. extension of training; and
1.5. withdrawal from training,

Application and relevant documentation (evidence) in support of the application should be submitted via education@plasticsurgery.org.au.

In this regulation, FTE means Full Time Equivalent and the terms 'flexible clinical training' or 'flexible training' are interchangeable and refer to training that is less than 1.0 FTE or similar concepts such as less than full time training (LTFT), job share, fractional or part time training.

2. MAXIMUM DURATION OF TRAINING

2.1. The maximum duration of the SET Program is the expected minimum duration of training, being five (5) years of SET, plus four (4) years. This equates to a total maximum of nine (9) years.

2.2. Trainees who have had a period of clinical experience recognised as prior learning will have their maximum duration of training reduced by that period.

2.3. A trainee who does not complete all training requirements by the end of their maximum duration of training will be dismissed from the training program.

2.4. In accordance with the RACS *Former Trainees Seeking to Reapply* policy any trainee who has been dismissed as per clause 2.3 will not be eligible to reapply to any SET Program.

3. DEFERRAL OF TRAINING

It is expected that applicants selected to the SET program will be ready to commence training in the year after selection.

3.1. Application for deferral of commencement of training in the PRS SET program must be made at the time of accepting the training offer. An application for deferral must be made in writing to the Board.

3.2. Deferral of commencement of the PRS SET Program is usually for a period of 12 months, however, applicants may request an extended period of up to an additional 12 months.

3.3. Where a 12 month period of deferral is granted, the maximum duration of training is not affected.

3.4. Where an extended period of deferral is granted, the maximum duration of training (see 2.1) will be reduced by the additional time granted for deferral (i.e. time in excess of 12 months).

3.5. Where a trainee has been selected into PRS SET training and has been awarded a research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.

4. FLEXIBLE TRAINING

4.1. The Board supports flexible training subject to the availability of flexible training positions. The Board will assist applicants to identify potential flexible training positions, however, negotiations for flexible employment are a matter for trainee and employer.

4.2. An application for flexible training must be made prospectively, in writing to the Board and accompanied by appropriate documentation, including a letter from the Regional Training Subcommittee Chair in support of the application. To minimise the time period between application and appointment, trainees are encouraged to seek a training position that is suitable for less than full-time training prior to submitting an application.

4.3. The trainee commitment must be no less than 0.5 full time equivalent (FTE) and include pro-rata minimum logbook numbers, on call duties and participation in regional teaching activities.

4.4. The trainee must still complete the formative and summative assessment requirements for each training term and attend the Registrar's conference each year and other training activities defined by the Regional Subcommittee.

4.5. The trainee will be required to satisfactorily complete all components of the SET Program within the maximum duration of training, to be eligible for Fellowship (refer to 2.1).

4.6. The SET 1 training year must be completed on a full-time basis (1.0 FTE), including any training time extended due to unsatisfactory performance.

4.7. Clinical training time is accredited on a pro rata basis in minimum blocks of 3 months. (i.e. 6 months of training at 0.5 FTE will be accredited as 3 months of clinical training time)

5. INTERRUPTION OF TRAINING

5.1. Continuity of training may be interrupted to allow for family commitments, illness, research or other reasons.

5.2. An application for interruption of training must be:

a) In writing to the Board
b) Accompanied by appropriate documentation to support the application
c) Submitted as soon as possible before the period of intended leave or for unanticipated interruption of training as soon as practicable after the start of the period of leave.
d) Submitted only after the first six months of training in the case of anticipated leave.

5.3. Interruption of training should be in multiples of three calendar months, preferably six calendar months, and return to training is aligned with training terms, where possible. However, the Board can require that the interruption cover a longer period than that requested if there would be an adverse logistical impact on other trainees.

5.4. With the exception of interruption of training due to approved full time research study that includes a clinical workload, no clinical training time can be completed during a period of interrupted training.

5.5. If the application for interrupted training is due to illness or family leave:

5.5.1. Supporting documentation must include medical evidence.

5.5.2. The maximum duration of training is automatically extended by the same amount as the period of leave.

6. RETURNING FROM A PERIOD OF INTERRUPTED TRAINING

6.1. The Board may require that the trainee take a longer period of interruption than that applied for. Reasons for this may include the availability of a suitable post, or the minimisation of disruption to other trainees.

6.2. On returning to the SET Program from a period of interruption, the Board may:

6.2.1. Require that trainees demonstrate currency of their skills before returning to active training, and/or

6.2.2. Assess the trainee to determine the appropriate SET level for re-entry to the program.

6.3. The Board will inform the trainee of what activities are required to demonstrate and/or monitor currency of skills. These activities may include but are not limited to:

6.3.1. Successful completion of one of more standard formative and/or summative SET assessments, such as PPAs and workplace based assessments (WBAs).

6.3.2. Monthly performance review meetings with the Surgical Supervisor.

6.3.3. A period of time under a performance management plan.

6.4. Where the Board requires the trainee be assessed to determine the trainee's appropriate SET level, this will be completed in the first term after returning to training. Possible outcomes of this assessment include:

6.4.1. Trainee is at expected standard (a grade of met against every competency assessed by PPA) – SET progression will continue as normal.

6.4.2. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be credited and the trainee will recommence active training at the start of the following term. This outcome is the same as the time referred to in 6.2.1.

6.4.3. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be accredited, the trainee's SET level will be reassessed, and the trainee will recommence active training at the start of the following term. The intention of this outcome is to allow the trainee enough time to redevelop their skills without recording unnecessary unsatisfactory terms.

6.4.4. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be accredited, however the trainee will follow the standard remedial process outlined in the Training Regulation: *Assessment of Clinical Training*. Further activities are required to demonstrate or monitor currency of skills. See 6.2

7. EXTENSION OF TRAINING

7.1. In extenuating medical or other circumstances, trainees may prospectively apply for an extension of training time.

7.2. An extension of training will not be considered for trainees who have failed to complete training requirements other than the Fellowship Exam.

7.3. Trainees should apply for an extension of training as early as possible before they reach their maximum duration of training time. Retrospective applications will not be considered.

7.4. An extension of training may be approved for up to 12 months.

8. WITHDRAWAL FROM THE TRAINING PROGRAM

8.1. Trainees who do not wish to continue on the P&RS SET Program must notify the Board of their intention to withdraw including their reasons for doing so.

8.2. In notifying the Board, the trainee:

8.2.1. Must make the withdrawal in writing; and

8.2.2. Must stipulate when their withdrawal will be effective; and

8.2.3. Acknowledges that rescission of withdrawal is permitted if made in writing before 48 hours have elapsed since the effective date has passed per clause 8.2.2) .

8.3. Withdrawal from the training program does not relieve a trainee of any employment obligations they may have.

8.4. Upon withdrawing from the Training Program, trainees will be considered to not be in good standing when:

8.4.1. Withdrawal occurs while the trainee is on probation or on a performance management plan; or

8.4.2. The trainee has been informed that misconduct proceeding shall or have initiated; or

8.4.3. The trainee has abandoned their employment obligations, including not completing their allocated hospital rotations.

8.5. Trainees who withdraw during a rotation or with less than four weeks' notice will not be considered to be in good standing, except in exceptional circumstances and at the discretion of the Board.

8.6. Should a trainee resign from a position of employment, they are also considered to have resigned from the training program. Trainees should not resign from employment before contacting their Surgical Supervisor and Regional Subcommittee for support, advice and guidance.

9. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to challenge a decision about their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available at www.plasticsurgery.org.au.

10. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-010: Trainee Registration and Variation
RACS Policy ETA-SET-003: Former Trainees Seeking to Reapply to Surgical Training
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)
Training Regulation: Assessment of Clinical Training
Training Regulation: Research during SET

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

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Training Regulation: Surgical Supervision

1. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (***"The Board"***) requirements and responsibilities for surgical supervisors and trainers for the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) Program.

2. SURGICAL SUPERVISORS

2.1 Responsibilities of Surgical Supervisors

Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through accredited training posts. Each accredited training position must have a surgical supervisor nominated by the hospital and approved by the Board.

2.2 Requirements of Surgical Supervisors

Surgical supervisors are required to:

2.2.1 Understand and apply the Board's regulations relevant to the PRS SET Program.

2.2.2 Coordinate the management, education and training of accredited trainees rotating through the designated training position(s) they are responsible for.

2.2.3 Provide orientation to trainees.

2.2.4 Meet with all trainers and unit staff, where possible, to discuss the trainee's performance prior to completing the Professional Performance Assessment (PPA).

2.2.5 Conduct a PPA meeting with the trainee and provide feedback on their progress in the training program in the middle and at the end of each surgical term.

2.2.6 Initiate workplace based assessments (Operative Feedback Form (OFF), Clinical Feedback Form (OFF), Multisource Feedback (MSF), or Case Based Discussion (CBD)) with the trainee, when a deficiency has been identified.

2.2.7 Monitor the trainee's operative experience and regularly review the trainee's operative logbook summary.

2.2.8 Identify, document and advise the trainee and the Board of any unsatisfactory or marginal performance at the earliest possible opportunity.

2.2.9 Attend monthly performance review meetings with trainees, if required, and review and contribute to trainee remedial action plans as per the *Assessment of Clinical Training* regulation.

2.2.10 Participate in the Regional Training Subcommittee and regularly attend scheduled meetings.

As per delegation by the Board, surgical supervisors are also required to:

2.2.11 Participate in the hospital accreditation process as specified by the Board.

2.2.12 Notify the Board of any changes in circumstances since the previous inspection that may impact the accreditation status of the designated training position(s). This includes but is not limited to:

a) The appointment of an additional fellow,
b) Reduction of consultant numbers,
c) Limitation of the trainee's operating rights or scope of practice,
d) Change in the scope of the unit.

2.2.13 Participate, where required, in the selection process for trainees into the PRS SET Program.

2.2.14 Make a recommendation to the Board regarding the eligibility of a trainee to present for the Fellowship Examination.

2.3 Eligibility for Appointment as a Surgical Supervisor

Surgical Supervisors must:

2.3.1 Be a current member of the Australian Society of Plastic Surgeons (ASPS).

2.3.2 Participate in Continuing Professional Development (CPD) activities and have met CPD requirements for the previous year.

2.3.3 Undertake mandatory training within advertised timeframes such as the Operating with Respect e-Module and Course and the Foundation Skills for Surgical Educators Course.

2.3.4 Be an operating member of staff at the institution in which the designated accredited training position(s) is located and have a minimum commitment of two (2) hours per week at the institution.

2.3.5 Be familiar with the regulations of the PRS SET Program.

2.3.6 Have demonstrated experience with appropriate clinical, administrative and teaching skills.

2.3.7 Not be the current Head of Unit at the institution where the training post is located, unless the Board approves otherwise.

2.3.8 Be a Fellow of RACS.

2.3.9 Be aware of and maintain the standards in RACS Guideline for Supervisors.

Surgical Supervisors should:

2.3.10 Undertake appropriate training in supervision, which as a minimum should include completion of the RACS SAT SET and KTOT courses or other educational courses.

2.4 Method for Appointment or Reappointment of Surgical Supervisors

2.4.1 Institutions with accredited training positions must nominate to the Board an appropriate surgical supervisor who satisfies the eligibility requirements.

2.4.2 Nominations must be received prior to a new training position being accredited or when an existing Surgical Supervisor resigns or reaches his/her maximum term.

2.4.3 In reviewing a nomination for re-appointment, the Board will consider eligibility requirements, and participation in the Regional Training Subcommittee. Feedback received from trainees may also be considered

2.4.4 The appointment or reappointment of the surgical supervisors will be confirmed to the supervisor in writing.

2.4.5 The Board reserves the right to re-consider the appointment of a Surgical Supervisor at any time.

2.5 Supervisors Tenure of Appointment

2.5.1 Surgical supervisors shall hold the position for three (3) years after appointment and shall be eligible for reappointment for two further periods of three years up to a maximum period of nine (9) years per institution.

2.5.2 Towards the end of a surgical supervisor's initial tenure, the Board will contact the institution and the surgical supervisor to obtain a nomination for appointment of a new surgical supervisor or reappointment of the existing surgical supervisor.

2.5.3 To maintain tenure of appointment surgical supervisors are expected to undertake continuing professional development activities in surgical education and assessment.

2.6 Governance and Reporting

2.6.1 Surgical supervisors report to the Regional Training Subcommittee and are governed by the Board.

2.6.2 All recommendations made by a surgical supervisor relating to trainees or training positions must be made directly to the Regional Training Subcommittee.

2.6.3 Surgical supervisors do not have the authority to modify a trainee's training program or training status.

3. SURGICAL TRAINERS

3.1 Responsibilities of Trainers

Trainers are surgeons, or other medical specialists, who normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as appraising and assessing their performance.

3.2 Requirements of Trainers

Surgical Trainers are required to:

3.2.1 Liaise with and assist the Surgical Supervisor with the management, education and training of accredited trainees rotating through the designated accredited training position(s) at the institution in which they work.

3.2.2 Undertake mandatory training in supervision such as the RACS Operating with Respect eModule and the Foundation Skills for Surgical Educators Course within advertised timeframes.

3.2.3 Supervise trainees appropriately to their level of competence and the complexity of the surgical procedure/activity being undertaken.

3.2.4 Identify, document and advise the Surgical Supervisor at the earliest possible opportunity of any concerning or unsatisfactory performance by the trainee.

3.2.5 Conduct performance assessment activities (e.g. Direct Observation of Procedural Skills (DOPS) or Mini Clinical Evaluation Exercise (Mini-CEX), Multi-source Feedback (MSF)) and complete assessment reports as required.

3.2.6 Participate in unit meetings addressing trainee assessment, performance and/or feedback.

Surgical Trainers are encouraged to:

3.2.7 Undertake appropriate training in supervision, which as a minimum should include completion of the RACS SAT SET and KTOT courses or other educational courses .

4. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to challenge a decision about their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available to download from www.surgeons.org.

5. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-013: Surgical Supervisors
RACS Policy ETA-SET-020: Surgical Trainers

RACS Policy ETA-SET-043: Training Post Accreditation and Administration
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)
Training Regulation: Assessment of Clinical Training

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Recognition of Prior Learning

1. OVERVIEW

The purpose and scope of this document is to outline the Australian Board of Plastic and Reconstructive Surgery (***"the Board"***) regulations to inform trainees in the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) Program of Recognition of Prior Learning (***"RPL"***) and the process of applying for RPL.

It is recognised that trainees entering surgical training may have gained prior medical training or experience which is comparable to components of the SET program in terms of learning outcomes, competency outcomes and standards. The purpose of RPL is to avoid unnecessary duplication of training and experiences, which are equivalent to those delivered in the PRS SET Program. It is important to note that RPL is only available for the specific components identified within this regulation.

2. RECOGNITION OF PRIOR LEARNING

2.1. RPL is the formal recognition of the skills and knowledge, which a trainee has obtained before commencing in the training program.

2.2. The RPL assessment process assesses a trainee's experiences and abilities to determine the extent to which that individual has achieved the required competencies toward completion of the PRS SET Program.

2.3. The evidence provided for RPL must address the currency of competencies being assessed, that is, whether the person can currently demonstrate the skills, knowledge and behaviours being assessed.

3. APPLICATION PROCESS

3.1. Applications for RPL will only be accepted from trainees who have commenced the PRS SET Program.

3.2. Applications must be made to the Board using the RPL application form, within 3 months of the date of commencement of the first training rotation in the training program. It is the responsibility of the trainee to provide all relevant documentation at the time of application.

Application and relevant documentation (evidence) in support of the application should be submitted via education@plasticsurgery.org.au

3.3. The Board will assess each application on a case by case basis, and the outcome will be dependent on whether the evidence provided by the trainee can substantiate the achievement of competencies comparable to those required to be achieved in the PRS SET Program.

3.4. At the discretion of the Board, the granting of RPL may be conditional upon the successful completion of the trainee's first year of training in the PRS SET Program.

3.5. RPL will not be granted when:

a) The application is incomplete
b) The application is not made within the prescribed time

3.6. Within 5 working days of the Board's decision, the trainee will be notified in writing whether their application was successful or unsuccessful.

4. CLINICAL EXPERIENCE

4.1. RPL will not be granted for clinical experience gained in unaccredited registrar positions.

4.2. Applications for RPL for clinical experience may be considered provided the experience was:

a) Formally assessed clinical training done in an accredited PRS or other relevant specialty training post;
b) for a continuous period of not less than six months;
c) within the last two years;
d) supported by satisfactory assessments of performance and progress conducted by a specialist supervisor in the relevant training program; and
e) supported by a verified logbook.

4.3. When applying for RPL for clinical experience, the trainee is required to demonstrate how that experience has contributed to the acquisition of PRS SET Program competencies.

4.4. The Board may defer a decision on an application for RPL of clinical experience for up to 12 months. This is to enable adequate formative and summative assessments within the PRS SET Program to confirm the claimed level of competency has been gained.

4.5. RPL granted for clinical experience may lead to an overall reduction in the total duration of clinical training time in the PRS SET Program, but will not exempt trainees from completing all other requirements.

4.6. A maximum of up to12 months RPL may be granted.

5. SKILLS COURSES

5.1. Applications for RPL for skills courses that are equivalent to the ASSET, CCrISP and EMST courses may be granted when supported by a certificate of completion of the equivalent course.

5.2. Applications for RPL for the Emergency Management of Severe Burns (EMSB) course may be considered. Such applications must be accompanied by a certificate displaying the trainee name and successful completion date.

6. EXAMINATIONS

As per RACS policy, RPL is not available for examinations.

7. RESEARCH

RPL is not available for research requirements of the PRS SET Program.

8. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to them to challenge all decisions regarding their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available to download from www.plasticsurgery.org.au.

9. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-006: Recognition of Prior Learning
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Research during SET

1. PURPOSE AND SCOPE

The purpose and scope of this document is to outline the Australian Board of Plastic and Reconstructive Surgery (***"the Board"***) regulations regarding completion of research during the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) Program. Trainees must achieve a minimum of four (4) research points in total to meet the requirements of the PRS SET Program. This document outlines the options available to trainees to satisfy their research requirements.

In addition, all SET 2-5 trainees must attend the annual SET 2-5 Registrars' Conference. In preparation for this event, trainees must give an oral research presentation at the preceding regional training meeting each year.

2. RESEARCH ACTIVITIES

2.1 Research Activities can be categorised into the following:
- a) Publications
- b) Presentations, including oral and poster presentations
- c) Fulltime research study with enrolment in a higher degree

2.2 All research activities must satisfy the following criteria:

2.2.1 The research activity has been undertaken during completion of the PRS SET Program. This excludes any research activity undertaken prior to gaining entry onto the PRS SET Program.

2.2.2 The topic of research must be relevant to PRS, as determined by the Regional Training Subcommittee.

2.2.3 The research activity has been undertaken in a hospital or institution located in Australia/New Zealand.

2.2.4 The Trainee has been primarily responsible for initiating, executing and preparing the body of work submitted.

2.3 Points will only be awarded once for any given topic area investigated by the trainee, i.e. points will not be allocated to a publication and oral presentation on the same topic.

2.4 Points may be awarded for assisting in a research activity as a senior author. A letter from the primary author confirming that the trainee has made a significant contribution in planning, preparation, writing, collation and submission of the report/presentation must be provided.

2.5 The number of points allocated to a research activity is at the absolute discretion of the Board.

3 PUBLICATIONS

3.1 Manuscripts accepted for publication may be considered for the allocation of research points. Letters to the editor are not considered publications and are therefore not eligible for submission.

3.2 The trainee must be listed as the first author.

3.3 The trainee must provide documentation e.g. copy of published paper or copy of manuscript and letter of acceptance by the journal.

3.4 Points will be awarded according to the following levels of evidence:

- **3.4.1** Level 1 : Prospective randomised comparative controlled clinical trial
- **3.4.2** Level 2a: Prospective comparative trial e.g. cohort or case - control
- **3.4.3** Level 2b: Retrospective comparative trial cohort, outcomes based
- **3.4.4** Level 3 : Case series or case report
- **3.4.5** Level 4 : Expert opinion, descriptive studies, committee report

3.5 The following journals are acceptable:

- **3.5.1** Aesthetic Plastic Surgery,
- **3.5.2** Aesthetic Surgery Journal,
- **3.5.3** Annals of Plastic Surgery,
- **3.5.4** Archives of Facial Plastic Surgery,
- **3.5.5** The Breast Journal,
- **3.5.6** Clinics in Plastic Surgery,
- **3.5.7** European Journal of Plastic Surgery,
- **3.5.8** Hand,
- **3.5.9** Journal of Craniofacial Surgery,
- **3.5.10** Journal of Hand Surgery (European),
- **3.5.11** Journal of Hand Surgery (US),
- **3.5.12** Journal of Plastic Reconstructive and Aesthetic Surgery (formerly British Journal of Plastic Surgery),
- **3.5.13** Journal of Plastic Surgery and Hand Surgery,
- **3.5.14** Ophthalmic Plastic and Reconstructive Surgery,
- **3.5.15** Oral and Maxillofacial surgery,
- **3.5.16** Plastic and Reconstructive Surgery,
- **3.5.17** Scandinavian Journal of Plastic and Reconstructive and Hand Surgery,
- **3.5.18** ANZ Journal of Surgery,
- **3.5.19** Burns,
- **3.5.20** Journal of Burn Care and Research,
- **3.5.21** Microsurgery,
- **3.5.22** Australasian Journal of Plastic Surgery,
- **3.5.23** Journal of Reconstructive Microsurgery.

3.6 Other non-PRS journals may be considered if the journal has a current impact factor of 2.5 or greater.

3.7 A maximum of 3 points will be awarded for a research publication.

4 ORAL AND POSTER PRESENTATIONS

4.1 Oral and poster presentations accepted at scientific meetings may be considered for the allocation of research points.

4.2 The trainee must provide documentation e.g. program or abstract and letter of acceptance from scientific committee.

4.3 The following international and national conferences are acceptable:
- **4.3.1** RACS Annual Scientific Meeting,
- **4.3.2** ASPS Plastic Surgery Congress,
- **4.3.3** NZAPS Annual Scientific Meeting,
- **4.3.4** AHSS,
- **4.3.5** ASAPS (Australian),
- **4.3.6** ASAPS (US),
- **4.3.7** Plastic Surgery The Meeting (USA ASPS),
- **4.3.8** IPRAS,
- **4.3.9** Australasian Cleft Lip and Palate Association,
- **4.3.10** Asian Pacific Craniofacial Association,
- **4.3.11** Australian & New Zealand Head and Neck Cancer Society,
- **4.3.12** ANZBA

4.4 Oral presentations at other International Scientific Meetings may be submitted for consideration.

4.5 A maximum of two (2) points will be awarded for an oral presentation at an international or national conference acceptable to the Board.

4.6 A maximum of one (1) point will be awarded for a poster presentation at an international or national conference acceptable to the Board.

4.7 One (1) point will be awarded for a PRS paper presentation at a RACS state or New Zealand meeting.

5 REGIONAL ORAL PRESENTATIONS

5.1 One point (1) will be awarded for oral presentations at regional training meetings if the presentation is deemed to be of a sufficiently high standard by the Regional Training Chair or their nominee.

5.2 Two (2) points will be awarded for oral presentations selected for the SET 2-5 Registrars' Conference.

6. FULLTIME RESEARCH STUDY WITH ENROLMENT IN HIGHER DEGREE

6.1 Trainees enrolling in full time research leading toward a recognised qualification (e.g. Master, PhD) to meet their research requirement whilst completing the PRS SET Program, must apply, in writing, for prospective approval from the Board.

6.2 The application must provide full details of the research including its relevance to PRS and that the research is under the auspice of a recognised formal entity (such as a university).

6.3 Options include:

6.3.1 Research degrees by coursework/treatise

a) Mastery of Surgery (coursework)
b) Master of Clinical Epidemiology
c) Master of Medicine (coursework)

6.3.2 Research by laboratory investigation

a) Master of Surgery (research)
b) Master of Medicine (research)
c) Master of Philosophy (research
d) PhD (research)
e) MD (research)

6.4 Trainees are required to submit a dissertation or thesis on completion of their study.

6.5 Accredited training time may be awarded for prospectively approved full time research that includes a clinical workload. The Board will only consider clinical participation that meets the following minimum levels of participation:

6.5.1 On call – A minimum of 1 in 5.
6.5.2 Surgical assistance in elective and emergency plastic and reconstructive cases - A minimum of 1 half day operating session per week.
6.5.3 Consulting/outpatients and elective surgery - A minimum of 1 half day per week.

6.6 Participation in an on call roster allied to a recognised SET training post is encouraged.

6.7 Trainees completing a clinical workload must:

6.7.1 have a nominated surgical supervisor
6.7.2 completed a logbook of cases assessed and treated
6.7.3 submit Professional Performance Assessments (PPAs) during the training period they intend to claim
6.7.4 attend registrar teaching sessions
6.7.5 attend the SET 2-5 Registrar's conference, if applicable
6.7.6 present a research hours spreadsheet at the conclusion of the research study.

6.8 Where the Board resolves to accredit clinical training time, time will be awarded on a pro-rata basis and the maximum time credited will be no more than six months.

6.9 Trainees may apply for a period of interruption to their training program to complete full time research study. Refer to Training Regulation: Variations to Training.

6.10 Four (4) points will be awarded for completion of a higher degree in research, prospectively approved by the Board.

7. RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to challenge a decision about their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available to download from www.surgeons.org.

8. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-011: Research During Surgical Education and Training
Training Regulation: Variations to Training
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)

Australian Society of Plastic Surgeons

Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

Training Regulation: Trainee Misconduct

1. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (***"the Board"***) regulations and process for:

1.1. Misconduct, including investigating allegations of trainee misconduct arising during the Plastic and Reconstructive Surgery (***"PRS"***) Surgical Education and Training (***"SET"***) program.

1.2. A trainee who does not:

a) complete training program requirements within specified timeframes
b) comply with ASPS or RACS direction, including payment of outstanding fees
c) satisfy medical registration
d) satisfy employment obligations

This regulation also outlines other circumstances that may lead to dismissal from the PRS SET program.

Note: Dismissal for continued unsatisfactory assessment is covered in the Training Regulation: Assessment of Clinical Training.

2. OVERVIEW

Trainees on a pathway to Fellowship are expected to conduct themselves with honesty and integrity and in accordance with their Training Agreement. This regulation defines circumstances for a trainee that may be regarded as misconduct, and how allegations of misconduct are managed.

3. DEFINITION OF MISCONDUCT

3.1. Examples of misconduct include but are not limited to:

- Theft, fraud or misappropriation of funds
- Falsification of training records, patient documentation or patient treatment
- Being under the influence of alcohol or illegal drugs while training or fulfilling requirements of the training program
- Abusive, violent or obscene behaviour

- Discrimination, bullying or harassment (including sexual harassment)
- Disobedience of a reasonable instruction given by a supervisor
- Repeated refusal to carry out instruction that is consistent with the training agreement.
- Abandonment of employment or training post
- Repetitive acts of misconduct for which the trainee has been counseled
- Malicious damage to RACS or ASPS property or reputation

The Board is responsible for investigating allegations of misconduct by a trainee, and penalties for substantiated misconduct, following initial verification of the allegation. Such allegations of misconduct will be investigated promptly, objectively and fairly, in a timely manner.

4. INITIAL INVESTIGATION OF TRAINEE MISCONDUCT

4.1. Documentation and notification of alleged misconduct

Alleged incident(s) of misconduct must be documented and verified as soon as the Surgical Supervisor or Board is made aware of the occurrence. The Surgical Supervisor informs the Regional Training Subcommittee Chair.

4.2. Verification of alleged misconduct

Within 10 working days of the Regional Training Subcommittee Chair being notified of alleged incident(s) of misconduct, they will make initial inquiries to determine whether the allegation can be verified. The Board can only commence an investigation or any disciplinary process based on allegations that have been documented and verified.

If the allegation is verified, the Regional Training Subcommittee Chair will inform the Board.

If the Regional Training Subcommittee Chair is unable to verify their allegation(s) no further action will be taken.

4.3. Notification to the Board and Trainee

4.3.1 Within 10 working days of the Regional Training Subcommittee Chair verifying the allegation, the Board will be notified. The trainee will also be notified that an allegation(s) of misconduct has been made against them, including any documentation provided regarding the allegation.

4.3.2 The Board will nominate a PRS Fellow to conduct a review of the case.

5. OFFICIAL INVESTIGATION

Where the Board informed of an allegation of misconduct, an Official Investigation will be carried out. The duration of the Official Investigation will be 30 working days.

5.1. Conduct of Investigation

In consultation with RACS In-House Council, the Board will nominate a panel of three (3) PRS Fellows (with no prior personal or professional involvement with the trainee), different to the one involved in the initial investigation. They will conduct the official investigation supported by the ASPS CEO or a senior ASPS staff member nominated by the CEO.

The investigators must review all pertinent documentation, and interview witnesses to the alleged misconduct. They must also interview the trainee against whom the allegation of misconduct has been made. Investigators will liaise with RACS Counsel and ASPS Counsel on matters of legal compliance.

A draft report of finding will be prepared by investigators, with recommendations to Board. The Trainee will be provided with a copy of the draft report and is requested to provide a response within 10 working days.

The Trainee's response will be considered before a final report is prepared by the investigators, with recommendations to the Board.

A final report is to be written by the investigators, including the recommendations made to the Board, at the conclusion of the official investigation and issued to the trainee.

5.1.1. Board meeting following conclusion of official investigation

Within 20 working days of conclusion of official investigation, a Board meeting (either in person or by teleconference) will take place at a time convenient to all parties. The trainee must be provided with a minimum of 10 working days' notice of the meeting.

Trainee can present their case to the Board in person or in writing.

The Board may accept the recommendations from the investigators, modify the recommendations or reject the recommendations.

5.2. Penalties For Misconduct

Penalties may include but are not limited to:

5.2.1. Formal censure, warning or counseling
5.2.2. Limitation of progression to the next level of training for up to one year
5.2.3. Suspension of the trainee for a period of up to one year
5.2.4. Prohibition from sitting the Fellowship Examination for a period of up to one year; and/or
5.2.5. Dismissal from the training program (see section 7).

6. DISMISSAL FROM SET PROGRAM FOR TRAINEE MISCONDUCT

6.1. Recommendation for Dismissal

Within 10 working days of a final Board meeting, the Regional Training Chair may make a recommendation in writing to the Board for dismissal from the PRS SET Program. The recommendation must include the reasons for recommending dismissal.

Such a recommendation will be considered at a meeting of the Board within 10 working days of the recommendation. The Board may accept or reject the recommendation.

Within 10 working days of the Board decision, the trainee will be notified in writing whether or not the Board has accepted the recommendation to consider their dismissal.

If the recommendation is accepted, the Board will refer the recommendation for consideration by a Hearing to be constituted as stipulated in this document. In addition, the trainee will be notified in writing of the case for their dismissal from the SET program, and will be provided with copies of any supporting documentation.

6.2. Hearing Panel Meeting

A Hearing Panel to consider the dismissal of the trainee from the SET program will be convened on the first date all Hearing Panel members are available, however no later than 40 working days after the Board has accepted the recommendation. The trainee will be given adequate notice (at least 10 working days, unless agreed otherwise by the trainee) of the date, time, location and composition of the hearing panel. The trainee may attend the hearing in person and/or make written submissions.

The Panel will consist of two (2) PRS consultants and one (1) non-PRS surgical consultant. Members of the Hearing Panel will have had no prior close personal or professional involvement with the trainee.

All documented evidence on the matter will be made available to the Hearing Panel members and the trainee.

The Hearing Panel will consider the documented evidence and any oral submissions from the trainee. Within two working days, the Hearing Panel will advise the Board in writing that either:

6.2.1. The panel agrees with the recommendation to dismiss the trainee from the SET program, including reasons for their recommendation, OR

6.2.2. The panel recommends that the trainee be permitted to remain on the SET program, with or without provisional conditions (see 5.2.), including reasons for their recommendation.

Board Meeting

Within 10 working days of the Hearing Panel, the Board will hold a meeting (either in person or by teleconference) to consider the recommendation(s) made by the Hearing Panel.

If the Board decides to not dismiss the trainee, the trainee will be notified of this decision within 5 working days of the Board meeting. The trainee will also be notified of any additional conditions placed on their training, such as continued probation, additional training time, and/or continuation of the Remedial Action Plan. Other conditions may also be stipulated by the Board.

If the Board decides to dismiss the trainee, a final dismissal letter is issued to the trainee within 5 working days of the Board meeting. The trainee will be provided with a copy of the documentation relied on in approving the recommendation for dismissal. In addition, the Board will notify the Chair of the RACS Board of Surgical Education & Training (***"BSET"***) within 5 working days of their decision to dismiss the trainee.

7 RECONSIDERATION, REVIEW AND APPEAL

Trainees have options available to challenge a decision about their training. Challenges are governed by the RACS Policy "Reconsideration Review and Appeal", available to download from www.surgeons.org.

8 ASSOCIATED DOCUMENTS

RACS Policy: Dismissal from Surgical Training
RACS Policy: Misconduct
RACS Policy: Natural Justice
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)
Training Regulation: Assessment of Clinical Training
Training Regulation: Variations to Training

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

EDUCATION TRAINING AND ADMINISTRATION

TRAINING REGULATIONS HANDBOOK

FOR THE SURGICAL EDUCATION AND TRAINING PROGRAM IN CARDIOTHORACIC SURGERY

Author Board of Cardiothoracic Surgery

Version 12

Date 10 September 2018

TABLE OF CONTENTS

1. INTRODUCTION

1.1. Overview of the SET Program in Cardiothoracic Surgery

The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist cardiothoracic surgeon in the respective countries is the Fellowship of the Royal Australasian College of Surgeons (FRACS) in Cardiothoracic Surgery.

The Royal Australasian College of Surgeons (RACS or College) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and training (SET) Program in Cardiothoracic Surgery is the accredited training program to obtain the FRACS and operates in Australia and New Zealand.

The purpose of the SET Program is to achieve proficiency and competency in the nine Surgical Competencies outlined by the Royal Australasian College of Surgeons. The SET Program in Cardiothoracic Surgery is designed to provide Trainees with clinical and operative experience, to enable them to manage both cardiac and thoracic conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.

At the conclusion of the SET Program it is expected that trainees will have a detailed knowledge of surgery and of those conditions recognised as belonging to the specialty of cardiothoracic surgery. This should include knowledge of anatomy, physiology and pathology related to the discipline.

For assistance or information regarding the SET Program in Cardiothoracic Surgery please contact:

Board of Cardiothoracic Surgery

Royal Australasian College of Surgeons
College of Surgeons Gardens
250 -290 Spring Street
EAST MELBOURNE VIC 3002
AUSTRALIA

Phone	+ 61 3 9276 7418
Fax	+ 61 3 9249 1240
Email	Cardiothoracic.Board@surgeons.org
Website	www.surgeons.org

1.2. Overview of the Regulations for the SET Program in Cardiothoracic Surgery

1.2.1. The Regulations encompass the rules and principles for the control and conduct of the SET Program in Cardiothoracic Surgery. These Regulations are in accordance with the policies of RACS and should be read in conjunction with the RACS policies governing Surgical Education and Training. All RACS policies may be found on the RACS website.

1.2.2. All Trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations and Policies at all times.

1.2.3. As the Regulations can change during the year, the latest version will always be available within the Cardiothoracic section of the RACS website. All persons are advised to ensure they are consulting the most current version.

1.2.4. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail except for in the case of RACS policies.

1.3. Terminology

1.3.1. The following words have the following meanings:

Terms	Definitions
ANZSCTS	Australian and New Zealand Society for Cardiac and Thoracic Surgeons
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the Board)	Board of Cardiothoracic Surgery
Board Member	Fellow of RACS who has been elected to the Board of Cardiothoracic Surgery in accordance with the Terms of Reference of the Board
Chair	Chair of the Board of Cardiothoracic Surgery
CCrISP	Care of Critically Ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
CSSPE	Cardiothoracic Surgical Sciences and Principles Examination
CT	Credit Transfer is an arrangement giving a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to RACS. Credit transfer assesses a course or component to determine the extent to which it is comparable to a RACS course
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
RACS or College	Royal Australasian College of Surgeons
Rotation / Term	6 months
RPL	Recognition of Prior Learning
SET Program	Surgical Education and Training Program
SSE	Surgical Sciences Examination (Generic and Specific)
Surgical Supervisor	Coordinates management, education and training of accredited Trainees in accredited training positions. The surgical supervisor is appointed and approved by the Board of Cardiothoracic Surgery
Year	A year consists of Four (4) three-month terms or two (2) six-month terms

2. TRAINEE ADMINISTRATION

2.1. Registration and Training Fees

2.1.1. Surgical Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy

2.1.2. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SET.enquiries@surgeons.org

2.1.3. Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with the RACS Dismissal from Surgical Training policy and these regulations.

2.2. Leave

2.2.1. Trainees undertaking full time training are entitled to a maximum of six (6) weeks' leave per six month rotation subject to approval by the employing authority. Periods beyond this, may result in the rotation being assessed as unsatisfactory.

2.2.2. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer's leave. Trainees wishing to take more than six weeks' leave per six month rotation must apply for interruption of training. Please also refer to 2.3 (Interruption of Training)

2.2.3. Trainees who take leave from Training without the prior approval of or notification to the Board in Cardiothoracic Surgery will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide 10 days' notice to the Trainee, for attendance at a meeting to consider their continued participation in the Training Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be reviewed in accordance with the RACS Misconduct Policy.

2.3. Interruption of training

2.3.1. Interruption is a period of approved absence by a Trainee from the Cardiothoracic SET Program following commencement of SET.

2.3.2. The Board is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. A Trainee must also apply for appropriate leave from his/her employer.

2.3.3. With the exception of interruption for medical or family reasons, Trainees cannot apply for interruption of leave in the first six months of their training program.

2.3.4. Trainees on the Cardiothoracic SET Program who wish to interrupt their training must apply to the Board at least six (6) months prior to the commencement of the training year in which the proposed interruption will commence. Trainees applying for interruption due to medical reasons (illness, family leave) may do so at any time if supported by medical evidence.

2.3.5. Applications for interruption must be for periods in multiples of six months.

2.3.6. The Board will consider the reasons for the request, the Trainee's progress to date and logistical considerations before making their final decision on whether to approve or otherwise. In order to minimise vacancies on the training program and to not disadvantage other Trainees and SET applicants, the Board may require the period of interruption to be greater than that applied for.

2.3.7. Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

2.3.8. Interruption will not be granted if the Trainee has received notice of dismissal.

2.3.9. Trainees approved for interruption will be registered with RACS as interrupted and will be required to pay an applicable fee. Payment of the applicable fee must be in accordance with the RACS Surgical Education and Training Fee policy.

2.3.10. The Board may set conditions that require Trainees to demonstrate currency of skills before returning to active training. This may include the satisfactory completion of an assessment process that has been approved by the Board.

2.3.11. Trainees, who have been on interruption of leave for longer periods than 1 year, will be assessed by their supervisor of training to determine currency of skills.

2.3.12. All requests for interruption must be made via email to the Board Chair and must include all applicable information.

2.3.13. Requests for interruption of training in order to complete unaccredited rotations will not be approved.

2.3.14. Extensions to interruption to training must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

2.4. Medical Interruption

2.4.1. Trainees who request medical interruption must provide a medical certificate including reasons from their treating doctor at the time of the request.

2.4.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their fitness to return to training.

2.5. Flexible Training

2.5.1. Flexible training is a period of training undertaken on less than a full time basis.

2.5.2. Trainees on a SET Program who wish to apply for flexible training must apply to the Board at least six (6) months prior to the proposed commencement of the flexible training.

2.5.3. Applications for flexible training must have a training commitment of at least 50% of a full time Trainee in any one training year.

2.5.4. The Board will make the determination on the approval or otherwise taking into consideration the availability of a suitable flexible training position.

2.5.5. Trainees approved for a period of flexible training are required to participate in pro rata out-of-hours work and surgical teaching programs. The components of the SET Program which must be undertaken during the approved period of flexible training will be determined by the Board.

2.5.6. Trainees approved for a period of flexible training will be registered with RACS for that period as completing flexible training and will be required to pay an applicable pro rata training fee in accordance with the RACS Surgical Education and Training Fee policy.

2.5.7. Requests for flexible training will only be approved in blocks of twelve (12) months.

2.5.8. Flexible training will be accredited at the same time component at which the post is approved (i.e. a trainee approved to undertake a rotation at 75% full-time equivalent will have 0.75 of the normal rotation recognised as contributing to training). The overall time required to complete training will be considered on an individual basis according to the Trainee's circumstances, reflective of assessment of competence.

2.5.9. Trainees undertaking flexible training will be required to complete three-monthly assessments, with the six-month assessment being equivalent to a Mid-term and twelve-month assessment being the End of Term.

2.5.10. Trainees granted approval to undertake a period of flexible training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments and logbook data. Flexible Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees.

2.6. Withdrawal from Training Program

2.6.1. Trainees who do not wish to continue on the Cardiothoracic Surgery Training Program must notify the Board of their withdrawal in writing

2.6.2. The Trainee must stipulate when the withdrawal will be effective. The Trainee is recommended to complete their allocated terms for the training year.

2.6.3. The Trainee who withdraws without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

2.6.4. Trainees who resign from a training position without the prior approval of the Board will be treated as withdrawn from the Cardiothoracic SET program. The Board will confirm the withdrawal in writing.

2.7. Deferral of training

2.7.1. As applicants can apply for training at any time after completion of their intern year and there is no limit to the number of times that an applicant may apply, it is expected that applicants to the SET Program will be ready to commence training in the year after selection.

2.7.2. The Board may approve deferral of commencement of a SET Program by a fixed period of one year. Trainees who have already commenced on the SET Program cannot apply for deferral and may only apply for interruption of training.

2.7.3. In exceptional circumstances the Chair may approve a variation to the standard period of deferral. Approval will only be given where the Board is satisfied that the varied period will not result in another applicant being prevented from commencing training, and that any resulting vacancy is supported by the training hospital.

2.7.4. Where an extended period of deferral is granted the maximum period of completion will be reduced by the extra time granted for deferral (i.e. time in excess of 1 year).

2.7.5. Applicants who are offered a position on a SET Program and wish to defer entry must apply for deferral at the time the offer of the position is accepted.

2.7.6. Where an applicant has applied for a RACS research scholarship and has accepted a position on the Cardiothoracic SET program, an application for deferral must be made at the time of acceptance. The deferral will be automatically approved if a RACS scholarship is awarded. Where the scholarship is for more than one year, approval will be required.

2.7.7. Trainees on another SET Program offered a position on the Cardiothoracic SET Program may automatically defer commencement by one year to complete their current SET Program in its entirety. Notification of deferral must be made at the time of accepting the offer.

2.7.8. The Board will make the determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations.

2.7.9. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.

2.7.10. An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

3. SET PROGRAM – GENERAL REQUIREMENTS

3.1. Duration and Structure

3.1.1. The Cardiothoracic SET Program is usually taken sequentially over a six year period. The curriculum combines clinical learning and the acquisition of knowledge through a variety of mediums including instruction, courses and examinations. The curriculum aims to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.

3.1.2. Each rotation undertaken in SET 1 to SET 6 will consist of a single six month duration

3.1.3. The maximum period for the completion of the Cardiothoracic SET program is 10 years from the commencement of approved clinical rotations. Approved leave taken for illness or approved family leave will not be included in the calculation of the maximum period for completion.

3.2. Refusal of Employment

3.2.1. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one term.

3.2.2. Should a Trainee be refused employment for a second time during training the Trainee may be considered for dismissal as per section 9 of these regulations.

3.3. Failure to complete training program requirements

3.3.1. The minimum training requirements are in the table outlined in 3.5 which must be satisfied within the timeframes indicated.

3.4. Research

3.4.1. Application for a leave of absence to pursue accredited research must be made by 31 May for the following year. Applications will be considered by the Board at the June meeting.

3.4.2. Applications for accreditation of any research period towards the Cardiothoracic SET Program, including previous research, must be made directly to the Board.

3.4.3. Application should be made in writing to the Board and include the area of investigation, method, benefit to cardiothoracic surgical discipline, funding, research supervisor and any other relevant details.

3.4.4. The assessment of accreditation applications will consider among other things:

a. The relevance of the research program to the specialty competencies; and

b. The standard of performance of the Trainee during the research period; and

c. The role and time commitment of the Trainee during the research program; and

d. The research findings and outcomes.

3.4.5. Accreditation of a research period will only occur with the approval of the Board. Trainees with RACS funded scholarships are advised that they are not an indication of accreditation of a research period as part of a SET Program

3.4.6. Up to twelve months of supervised surgical research may be accredited towards a Trainee's surgical education. It is preferable that accredited research is conducted in the earlier years.

3.4.7. Trainees undertaking accredited research in their first year of the training program will be required to complete the mandatory SET 1 requirements in the first year of their return to active SET.

3.4.8. Trainees undertaking a period of accredited research must submit a research progress form in lieu of a logbook and supervisor's report. A logbook may be submitted to the Board during this period, as per 4.2

3.4.9. It is preferable that a Trainee enrolls in and obtains a higher research degree as part of this experience.

3.4.10. Research conducted prior to entry to the surgical training program or relating to another surgical specialty may be accepted. Please contact the Board if you would like any specific confirmation.

3.4.11. The compulsory research requirement must be completed prior to the Trainee being awarded Fellowship of the RACS.

3.4.12. Unless otherwise specified by the Board, completion and accreditation of the compulsory research requirement will be confirmed in writing by the research committee of the Board. The Trainee must demonstrate the required standard has been met with relevant documentary evidence.

3.4.13. Trainees undertaking research or travel to further their research, may be eligible to apply for a research scholarship or travel grant through RACS or ANZSCTS.

3.5. Clinical Training and Assessment Overview

Trainees must satisfactorily complete the following clinical and assessment requirements during the SET program:

a. Twelve clinical rotations.

Assessment	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6
Clinical Rotation	✓	✓	✓	✓	✓	✓
Cardiothoracic Surgical Science Examination		✓	✓	✓		
Clinical Examination	✓	✓				
EMST Course	✓	✓				
ASSET Course	✓					
CCrISP Course	✓					
Supervisors Report	✓	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓	✓
Longitudinal requirement form	✓	✓	✓	✓	✓	✓
Self-Evaluation	✓					
Rotation Evaluation	✓					
360 Degree Evaluation Survey	✓					
DOPS	✓	✓	✓	✓	✓	✓
Thesis Requirement	✓	✓	✓	✓		
2 Publications	✓	✓	✓	✓	✓	✓
Cardiothoracic Course	✓	✓	✓	✓	✓	✓
ANZSCTS Annual Scientific Meeting	✓	✓	✓	✓	✓	✓
ANZSCTS ASM Trainee wetlab	✓	✓	✓	✓	✓	✓
Cardiothoracic Fellowship Examination					✓	✓

Notes:

"✓" reflects assessment may be completed at the SET levels indicated

3.6. Clinical Training Posts

3.6.1. Clinical training posts are accredited in accordance with the RACS policy and item 7 (Hospital Accreditation) of these Regulations. Trainees can only be allocated to accredited training positions while in active clinical training on the SET program.

3.6.2. Each training unit has a unique profile providing diversity in case mixture, staffing levels, and work requirements for Trainees and equipment. The Board believes it is essential for Trainees to be exposed to a variety of work environments during training. The maximum amount of time a Trainee may spend at any one institution is detailed in item 7.1.5 of these Regulations.

3.6.3. The Board allocates Trainees to accredited posts during all clinical training years. Trainees must be prepared to be allocated to a post anywhere in Australia or New Zealand.

3.6.4. Successful applicants who are SET 1 eligible, will be allocated to a SET post primarily based on the preferred state listed in their application to the SET program and their ranking in the selection process.

3.6.5. Trainees in SET 2 and above will be given the opportunity to indicate their allocation

preference(s) for the forthcoming year. Allocation requests must be received in writing (email is acceptable) prior to 30 June each year or as advised by the Executive Officer. Trainees must have spoken to and confirmed this with the preferred hospital unit and Supervisor of Training. The request must outline the institution requested and any relevant reasons.

3.6.6. The Board will consider all allocation requests received and allocate Trainees according to the training requirements of each individual and the group as a whole. It may not be possible to allocate Trainees to their preferred institution, even if support has been secured from the supervisor of that position. The decision of the Board is final and Trainees are not permitted to swap.

3.6.7. Trainees wishing to attend institutions outside of Australia and New Zealand must obtain prior consent from the Board. Approval may involve accreditation of the relevant unit. The accreditation process can take up to twelve months

3.7. SET 1

3.7.1. Trainees selected into SET 1 from 2017 are required to complete the following mandatory requirements:

a. Two weeks continuous attachment to the Catheterization Laboratory

b. Two weeks continuous attachment to the Echo Laboratory

3.7.2. Trainees in SET 1 must also complete the following assessments

a. Six (6) monthly Logbook

b. Six (6) monthly Trainee Evaluation Report

c. Six (6) monthly Self-Assessment

d. Six (6) monthly Rotational Feedback

e. Six (6) monthly 360 Self - Assessment using the 360 degree assessment form. Please also refer to 3.7.5

f. Two DOPs every six months with a minimum of two (2) each of the following by the end of SET1

- Sternotomy open/close or
- Thoracotomy open/close and
- Conduit Harvest (SVR, IMA, RA)

3.7.3. Self-Assessment for each six (6) month period. Trainees are expected to write a self-appraisal of their performance during the last rotation. This does not have to be lengthy but must provide insight into their activities over the last six months.

3.7.4. Trainees in SET 1 must complete and provide Rotation Feedback. Trainees are expected to document the experience gained from the current rotation. This feedback should include a description of the rotation undertaken as well as the positive and negative aspects of the rotation.

3.7.5. Trainees in SET 1 must submit 360 degree self-assessment form at the end of each six month rotation in their SET 1 year or as directed by the Board. This must be completed at the same time as in 3.7.5 a.

a. SET1 Trainees will be required to nominate the names and contact details of two (2) Ward Charge Nurses; two (2) clinical ward or departmental administrative staff; one (1) Theatre Coordinator and one (1) Nurse Manager Emergency Department from the hospital that the Trainee is working at, or has worked, at during the previous six months.

b. Trainees must obtain approval from prospective participants in the surveys before nominating them.

c. The forms are scored in the following categories: Technical Expertise, Scholar and Teacher, Communication, Collaboration, Management and Leadership, Health Advocacy and Professionalism and must be returned to the Executive Officer of the Board.

d. The Executive Officer will email the hospital contacts noted in 3.7.5 and request for a 360 degree assessment to be completed for the SET 1 Trainee. This must be returned to the Executive Officer.

e. All scores are de-identified and collated onto a summary sheet which is reviewed by the Board.

f. The Executive Officer will send the de-identified and collated summary sheet received (with any comments) to the SET 1 Trainee for their review and if any of the categories in the 360 assessments are rated below a three (3), the SET 1 Trainee must explain how they will implement strategies for improvement.

3.8. Paediatric Cardiac Surgery

3.8.1. The Board of Cardiothoracic Surgery considers that credentialing in Paediatric Cardiac Surgery can only be achieved after post-Fellowship training.

3.8.2. The Board would encourage Trainees wishing to pursue Paediatric Cardiac Surgery to rotate through one of the hospitals offering Paediatric Cardiac Surgery for six months. This would preferably be undertaken in SET 4 or SET 5.

3.8.3. Should a Trainee spend six months in a Paediatric Cardiac Surgery post, then the criteria for minimal operative experience may be reduced. The reduction will be determined on a case by case basis and at the discretion of the Board.

3.8.4. The Trainee must write to the Board requesting their minimum logbook numbers be reviewed.

4. ASSESSMENT

The assessment of Trainees is conducted as follows, and in accordance with the RACS Assessment of Clinical Training policy available on the RACS website.

4.1. Assessment of Clinical Training Performance

4.1.1. The assessment of a Trainee's performance by the supervisor is fundamental to their continuing satisfactory progression through the SET program. Each accredited position has an approved surgical supervisor. The supervisor is responsible for the supervision and assessment of the Trainee(s) in that/those post(s).

4.1.2. The forms of assessment include, the Summary of Operative Experience (logbook), Direct Observations of Procedural Skills (DOPS) and Trainee Evaluation (Supervisor's Report).

4.1.3. The Board is responsible for the review of all training assessments twice a year and accreditation of Trainees' clinical rotations. The Executive Officer will inform Trainees of the due date for the timely submission of assessment forms. The Trainee is responsible for ensuring that completed assessment forms are submitted to the Board by the due date and that a copy is retained for their records.

4.1.4. The Trainee is responsible for ensuring that all assessment forms are completed correctly, including the signature of the Supervisor and Trainee. Assessment forms should also contain the signature of other relevant persons where applicable, such as consultant surgeons within the unit.

4.1.5. The Trainee is responsible for submitting all relevant assessment forms to the Board by the communicated date. Late submission or submission of incomplete assessment forms (including signatures) will lead to the term not being assessed and therefore unaccredited.

4.1.6. The Trainee must retain a copy of all assessment documentation for their personal

records and training portfolio

4.2. Summary of Operative Experience (Logbook)

4.2.1. Each Trainee must maintain an accurate logbook via the MALT system throughout their SET program. The logbook provides details about the Trainee's level of supervised and independent surgical operative experience.

4.2.2. Assessment of the logbook is employed at all levels of training and must be completed by the Trainee at regular intervals during each Cardiothoracic rotation as determined by the Board

4.2.3. Any cardiothoracic procedures undertaken by Trainees during training, which includes accredited research, may be included in the logbook. These procedures must be overseen and electronically approved by a cardiothoracic surgeon (FRACS) in the MALT logbook system as an accurate record of the operative experience gained.

4.2.4. A Trainee who has an unsatisfactory logbook may be placed on probation in accordance with 4.6 of these Regulations and the RACS Assessment of Clinical Training policy.

4.2.5. The Trainee is responsible for forwarding the completed MALT logbook report to the Board via the Executive Officer, by the communicated due date.

4.2.6. The requirements pertaining to operative experience are as follows:

Component Procedures (either Assisted or Unassisted – but as primary operator)

3T3T Aorto-coronary Anastomosis		75
Cannulatoin for Bypass		50
Distal Coronary Anastomosis		75
Insertion of Coronary Sinus Cannula		50
Internal Mammary Artery Harvest		125
Median Sternotomy		200
Radial Artery Harvest		50
Redo Sternotomy		10
Saphenous Vein Harvest		125
Sternal Closure		200
Coronary Artery Bypass	Unassisted	10
	Trainee Assisted	75
	First Assistant	300
Aortic Valve Surgery	Trainee Assisted	10
	First Assistant	50
Aortic Surgery	First Assistant	20
Mitral Valve Surgery	Trainee Assisted	5
	First Assistant	30
Other Valve Surgery	First Assistant	10
Pacemakers	Trainee Assisted	20
Total Major Cardiac Procedures	Trainee Unassisted	10
	Trainee Assisted	100
	First Assistant	600
Thoracotomy +/- Lung Biopsy	Trainee Unassisted	5
	Trainee Assisted	10
	First Assistant	10
Pulmonary Resection	Trainee Unassisted	5
	Trainee Assisted	20
	First Assistant	20
Total Major Thoracic Procedures	Trainee Unassisted	10
	Trainee Assisted	30
	First Assistant	50
VATS Procedures	Trainee Unassisted	20
	Trainee Assisted	50

Bronchoscopy	Trainee Assisted/ Unassisted	80

Requirement for Operative Experience - End of SET 3

Aorto-coronary Anastomosis		10
Cannulation for Bypass		50
Internal Mammary Artery Harvest		50
Median Sternotomy		80
Radial Artery Harvest		10
Saphenous Vein Harvest		125
Sternal Closure		80
Coronary Artery Bypass	First Assistant	150
Aortic Valve Surgery	First Assistant	20
Mitral Valve Surgery	First Assistant	12
Other Valve Surgery	First Assistant	4
Total Major Cardiac Procedures	First Assistant	200
Thoracotomy +/- Lung Biopsy	First Assistant	10
Pulmonary Resection	First Assistant	15
Total Major Thoracic Procedures	First Assistant	30
VATS Procedures	First Assistant	10

4.2.7. Intentional inaccurate recording of procedures in the MALT logbook is considered misconduct for the purposes of the RACS Misconduct Policy and these regulations

4.3. In-training Assessment Report (Supervisor's Report)

4.3.1. A Trainee's performance must be regularly reviewed by the supervisor. The supervisor must conduct a performance assessment meeting with the Trainee half way through and at the conclusion of each rotation to discuss the completed Trainee Evaluation Form report.

4.3.2. The meeting where possible should reflect a consensus view of the consultant surgeons/trainers within the unit. In order to obtain this information it is advised that the supervisor meet with the other surgeons within the unit. The consensus view will also be used to assist the supervisor in completing the Trainee Evaluation Form. The form must be signed and dated by the Trainee, other relevant trainers and the surgical supervisor.

4.3.3. Signing the Trainee Evaluation Form confirms the Supervisor's report has been discussed but does not signify agreement by the Trainee with the assessment.

4.3.4. Completion of the Trainee Evaluation on the prescribed form must be completed and submitted for each Trainee in an accredited clinical training position as communicated by the Executive Officer

4.3.5. Areas of performance identified in the report as being unsatisfactory, will be discussed by the Supervisor and Trainee. An appropriate remedial plan will be developed and agreed to. The supervisor is obliged to inform the Board of any concern regarding a Trainee as soon as possible.

4.3.6. A Trainee who is not assessed as satisfactory for the term may be placed on probation in accordance with the RACS Assessment of Clinical Training policy and section 4.6 of these Regulations.

4.4. Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

TABLE OF DOPS REQUIREMENTS

	SET 1*	SET 2	SET 3	SET 4	SET 5	SET 6
Sternotomy /Thoracotomy	X 2					
Conduit Harvest (Saphenous Vein or Radial artery or Internal Mammary artery)	X 2					
Exposure & Mobilisation of the long Saphenous Vein		X 3	X 3	X 1		
Median Sternotomy		X 3	X 3	X 2		
Harvesting of Radial Artery		X 2	X 2	X 2		
Dissection of Internal Mammary Artery		X 3	X 3	X 3	X 1	
Aortic Valve Replacement				X 2	X 2	X 2
Coronary Artery Bypass Grafting			X 2	X 3	X 3	X 3
Mitral Valve Surgery					X 1	X 2
Redo-sternotomy for any indication					X 2	X 2
TOTAL at each SET level	4	11	13	13	9	9

The DOPS indicated above:

- Must be assessed by separate trainers
- The total must be number of forms by number of separate trainers
- The total number specified applies to satisfactorily completed DOPS
- In a unit with less than 3 surgeons, consideration will be given to the required number of DOPS.
- * For SET 1 Trainees: Please also refer to 3.7.2 f of these regulations regarding the total number of assessments required by the end of SET 1

4.4.1. Trainees are required to participate in at least one (1) DOPS assessment during each term

4.4.2. DOPS are formative and are aimed at guiding further development of surgical skills.

4.4.3. Trainees must complete a minimum number of DOPS per SET level, as outlined in the table above. The figures indicated must be completed by the end of SET 2, 4 and 6 before being able to progress to the next SET level, or be eligible for Fellowship following SET 6. It is possible for cumulative totals to be completed and signed off prior to the SET level outlined in the table.

4.4.4. DOPS must be completed by a trainer who has completed the SAT SET course.

4.4.5. DOPS should be completed in time for review during the Mid-term assessment. All forms must be submitted to the Executive Officer immediately following completion of each DOPS assessment. Failure to return all DOPS on time may result in a term not being assessed and therefore unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.

4.4.6. Multiple scores of "Development required" or a single score of "Unsatisfactory" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.

4.4.7. Where a "Development required" assessment is identified, the Board may request that the deficiencies are addressed by the next assessments due date to ensure that no further action is taken. The current surgical supervisor will be informed.

4.4.8. Where an "Unsatisfactory" assessment is identified, the Board may write to the Trainee as per 4.6.2 of these regulations

4.4.9. Trainees are advised to retain a copy of the DOPS in their Training Portfolio.

4.4.10. Trainees completing Paediatric rotations are exempt from DOPS requirements during that time.

4.5. Accreditation of Clinical Training Rotations

4.5.1. Where a Trainee Evaluation Form has a rating of "Needs attention", the Board must review the report and determine if the clinical rotation is to be recorded as satisfactory or unsatisfactory. This must be communicated to the Trainee.

4.5.2. If a clinical rotation has been recorded as unsatisfactory the rotation will not be accredited towards the Trainee's SET program and will require an extension of training. The length of the extension will be determined by the Board.

4.5.3. Where a Trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the Board may record the rotation as 'not assessed'. Trainees may be provided with a remediation plan to return competency to the required standard.

4.6. Probation

4.6.1. The probationary period is designed to provide Trainees with the opportunity to learn from their mistakes and to improve their attitudes, behaviour, knowledge and skills where appropriate.

4.6.2. Upon reviewing any assessment resulting in a performance standard being unsatisfactory, the Board may formally notify the Trainee that a probationary period and probationary status has been applied. A copy of the correspondence is sent to the supervisor and employing institution. Such notification will include:

a. identification of the areas of unsatisfactory or marginal performance

b. confirmation of the remedial action plan

c. identification of the required performance standard(s) to be achieved

d. notification of the duration of the probationary period

e. the frequency at which assessment reports must be submitted

f. notification of any additional performance standards or conditions

g. possible consequences if the required standard of performance is not achieved

h. the probationary form

4.6.3. The probationary period set by the Board will usually be no less than three (3) months and no more than six (6) months and will take into account the areas of unsatisfactory performance and previous performance history.

4.6.4. During the probationary period the Trainee's performance must be regularly reviewed by the surgical supervisor and the Trainee must be given regular feedback and support.

4.6.5. The supervisor must complete the probationary form and the Trainee must submit this to the Board at monthly intervals.

4.6.6. If the required performance standard(s) identified in the probationary notification letter and any additional conditions have been satisfied at the conclusion of a probationary period, the probationary status will be removed and the previous six (6) months performance (that required the Trainee to be placed on probation) will be accredited to their SET program.

4.6.7. At its discretion the Board may require a Trainee to serve a further probationary period.

4.6.8. If performance has not improved to the required standard at the conclusion of a probationary period, the Board may proceed with dismissal in accordance with these regulations and the RACS Dismissal from Surgical Training policy.

4.6.9. No more than two episodes of probation will be allowed.

4.6.10. Trainees with significant or persistent deficiencies assessed against performance standards are not benefited by being retained in the SET Program for which their performance or behaviour indicates they are not suited and ultimately will not qualify. The Board has an obligation to ensure patient safety and maintain standards by identifying underperforming Trainees in comparison to performance standards.

4.7. Recognition of Prior Learning

4.7.1. Applications for RPL and CT will only be accepted following selection onto the Cardiothoracic SET program.

4.7.2. Application for RPL and CT will only be considered by the Board if a request is made in writing at least three months prior to commencement of the year and must be accompanied by documentary evidence.

4.7.3. Applicants must demonstrate the comparability of the prior training or experience to the activity from which exemption is sought.

4.7.4. In assessing RPL and CT applications, the Board will assess the comparability of the prior training or experience to nominated components of the Cardiothoracic training program in terms of learning outcomes, competency outcomes, assessment and standards.

4.7.5. Trainees will be notified in writing by the Board of the outcome of their RPL/CT application

4.8. Credit Transfer for Skills Courses

CT will be automatically granted for Trainees who have satisfactorily completed the following RACS accredited skills courses:

- The Australian and New Zealand Surgical Skills Education and Training (ASSET) Course; and
- The Care of the Critically Ill Surgical Patient Course (CCrISP); and
- The Early Management of Serve Trauma Course (EMST); and
- Critical Literature Evaluation and Research (CLEAR).

4.8.1. The Board from time to time independently recognises skills courses that are equivalent to those listed above. These courses are listed on the Board of

Cardiothoracic link on the RACS website and CT will automatically be granted when supported by a certificate of completion.

4.8.2. Applications for RPL/CT for non-RACS provided skills courses may be considered. Such applications must be accompanied by a certificate displaying the Trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology. All documentation must be certified by the course provider.

4.8.3. RPL or CT for skills courses which form part of a RACS SET Program which are not identified above may be considered at the discretion of the Board.

4.9. Recognised Prior Learning for Clinical Experience

4.9.1. Applications for RPL for clinical experience may be considered provided the experience was:

a. Undertaken in a clinical location accredited by a state or national accreditation authority; and

b. In the Cardiothoracic specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and

c. Supervised by a clinician (surgeon or other appropriately qualified consultant); and

d. Obtained within the last two years; and

e. Supported by a logbook.

4.9.2. When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the RACS competencies.

4.9.3. In considering a request for RPL the Board may request a retrospective assessment report from the supervising clinician aligned with the RACS competencies. Where a report cannot be obtained no RPL will be granted.

4.9.4. The Board may defer a decision on an application for RPL of clinical experience for up to 12 months of the Cardiothoracic SET program. This is to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained.

4.9.5. RPL granted for clinical experience may lead to an overall reduction in the total duration of the Cardiothoracic SET Program, but will not exempt Trainees from completing all elements of assigned rotations

4.10. Recognised Prior Learning and Credit Transfer for Examinations

4.10.1. RPL and CT cannot be granted for the Fellowship Examination.

4.10.2. RPL and CT cannot be granted for the Clinical Examination.

4.10.3. RPL or CT for other examinations which form part of a RACS SET Program may be considered at the discretion of the Board.

4.10.4. RPL and CT cannot be granted for the Conduct of the Cardiothoracic Surgical Sciences and Principles Examination.

4.10.5. Applications for RPL/CT for examinations must be accompanied by a completion certificate or official transcript and documentation detailing the syllabus of the examination at the time it was undertaken. The certificate or transcript and documentation must be certified by the authorised examining body and must display the Trainee name and completion date

4.11. Recognised Prior Learning and Credit Transfer for Research

4.11.1. RPL and CT for research requirements or experience which forms part of the Cardiothoracic SET Program may be considered at the discretion of the Board.

4.11.2. Applications for RPL or CT for research must be accompanied by a completion certificate or official transcript, and documentation detailing how the research undertaken is equivalent to the requirement specified by the Board

5. COMPULSORY COURSES AND RESEARCH

5.1. RACS Courses

5.1.1. Trainees must complete the ASSET course, CCrISP course and EMST. Trainees are advised to register after selection. Registration and delivery of the courses are managed by the RACS.

5.1.2. Trainees must complete the ASSET course and CCrISP course by the end of SET 1.

5.1.3. Trainees must complete the EMST course by the end of SET 2.

5.1.4. Recognition of Prior Learning for the ASSET course, CCrISP course and EMST course may be considered in accordance with section 4.8.

5.1.5. The Board recognizes the ATLS (Advanced Trauma Life Support) as equivalent to the EMST course and BSS (Basic Surgical Skills) as equivalent to the ASSET course.

5.2. Cardiothoracic Course

5.2.1. The annual Cardiothoracic Course is compulsory for all SET Trainees. (SET 1 – 6)

5.2.2. The Cardiothoracic Course will consist of didactic lectures, peer presentations and a wet lab. Trainees will be assigned a presentation topic on a rotational basis.

5.2.3. Trainees must fund the cost of attending the Cardiothoracic Course.

5.2.4. Should a Trainee be on interruption or deferred and be unable to attend the annual Cardiothoracic Course, they must formally write to the Board and request confirmation of an exemption."

5.3. Academic Publications

5.3.1. Trainees must author and submit a minimum of two (2) journal articles (not case reports or abstracts) for publication during their SET program. They must be a first author. It is expected that this can be completed concurrently with clinical training and by the end of their SET 5 training year.

5.3.2. The journal articles must be submitted to the Board for noting to ensure this requirement is met.

5.3.3. The Longitudinal Requirements form submitted at each rotation must include the relevant completed publication.

5.3.4. Recognition of prior learning, (RPL) for journal articles published prior to surgical training or published whilst on another training program may be considered by the Board and contribute to the publications requirement. Trainees must submit a request for RPL to the Board, along with a copy of the published article.

5.4. Thesis

5.4.1. The requirements of the thesis are as follows:

a An original dissertation of 5,000-10,000 words, including references, created over a two year period (usually during SET 3 and SET 4)
b The thesis must be on a Cardiothoracic Surgery topic
c The thesis must be submitted within four years of commencing SET training
d If the Thesis is not submitted within this period, the Trainee will not progress to the next SET level.
e. If the Trainee is on interruption during this period, the period of interruption will not be counted.

f The thesis should be able to be published
g A pass is mandatory
h A pass with commendation is recommended
i A case report or work written by other people would not be acceptable
j Consequence of failure would be for the Trainee to re-write the thesis providing the concept was acceptable
k The Trainee would not be eligible to present for the Fellowship examination until the thesis is completed to pass level
l Trainees should not require time out from their clinical work to write this thesis
m The thesis will be marked by a sub-committee, including at least one Board member, as well as members of the Cardiothoracic Surgery Science and Education sub-committee.

5.4.2. Trainees who have successfully completed a higher degree (PhD or Masters) are exempt from the thesis requirement. Trainees must supply their thesis title and acknowledgment of receipt from the University as proof of completion.

6. EXAMINATIONS

All examinations are conducted by RACS. Trainees must register to sit all required examinations. All information including closing dates is available on the RACS website.

Trainees must fund the expenses incurred to sit all examinations.

It is recommended that Trainees complete the Clinical Examination (CE) in SET 1. However, progression from SET 1 to SET 2 will not be restricted if the CE is not completed in SET1.

6.1. Cardiothoracic Surgical Sciences and Principles Examination (CSSPE)

6.1.1. Trainees must complete the CSSPE in accordance with the RACS Conduct of the Specialty Specific Surgical Science Examination policy.

6.2. Clinical Examination (CE)

6.2.1. Trainees must complete the CE in accordance with the RACS Conduct of the SET Clinical Examination policy.

6.3. Fellowship Examination

6.3.1. To present for the Fellowship Examination in Cardiothoracic Surgery Trainees must:

a. Be in SET 5 or SET 6
b. Have acquired at least 75% of the minimum logbook numbers from the program in total
c. Satisfactory completion of all other training requirements
d. Be, in the opinion of the Board Chair and the supervisor, prepared to present for the Fellowship Examination.
e. Not be on probation at the time of application

6.3.2. Trainees must initially apply to the Board to sit the Fellowship Examination. Trainees must then register with the RACS Examinations Department to sit the Fellowship Examination.

6.3.3. A Trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor or the Board.

6.3.4. A Trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counselled in accordance with the RACS Fellowship Examination Eligibility and Performance Review.

6.4. Admission to Fellowship

6.4.1. Upon successful completion of all aspects of the SET program, Trainees must apply to the Board for approval for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.

6.4.2. Application for admission to Fellowship must be made by submitting the appropriate form available on the RACS website.

6.4.3. The Trainee must gain the support of their current supervisor and the Board Chair. The Board Chair shall then recommend to the Censor-In-Chief that the applicable Trainee be awarded Fellowship in Cardiothoracic Surgery in accordance with the RACS Admission to Fellowship by Examination policy.

6.4.4. Applications for admission to Fellowship are processed on a monthly basis. The closing date for timely submission is by close of business on the first business day of each month. Trainees should be aware that the process takes a month to complete.

7. HOSPITAL ACCREDITATION

7.1.1. The Board conducts accreditation of clinical training posts in line with RACS Training Post Accreditation and Administration policy.

7.1.2. The Board will assess each post against the 41 criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training booklet and the Cardiothoracic Hospital Accreditation Supplement.

7.1.3. If the criteria are met, the Board may accredit the post for a period of one (1) to five (5) years.

7.1.4. The Board may inspect an accredited post at any time if there is a matter of concern. Refusal to assist the Board may result in dis-accreditation of the post.

7.1.5. The following table outlines the accredited hospital posts as at August 2016:

Hospital	Region	Training Post Duration (Years)	Supervisor
Children's Hospital at Westmead	NSW	0.5 or 1	Dr Yishay Orr
John Hunter Hospital	NSW	2	Mr Taranpreet Singh
Liverpool Hospital	NSW	1	Dr Manish Jain
Prince of Wales Hospital	NSW	2	Mr Peter Grant
Royal North Shore Hospital	NSW	2	Mr Manu Mathur
Royal Prince Alfred Hospital	NSW	2*	Professor Tristan Yan
St George Hospital	NSW	2	Dr Sheen Peeceeyen
St Vincent's Hospital	NSW	2*	Dr Emily Granger
Westmead	NSW	2	Dr Graham Meredith
Goldcoast University	QLD	1	Andrei Stoebel
Princess Alexandra Hospital	QLD	2	Mr Wingchi Lo
The Prince Charles Hospital	QLD	2*	Mr Andrew Clarke
Townsville Hospital	QLD	2	Mr Sumit Yadav
Flinders Medical Centre	SA	2	Mr Gregory Rice
Royal Adelaide Hospital	SA	2	Mr Robert Stuklis

Hospital	Region	Training Post Duration (Years)	Supervisor
Alfred Hospital	VIC	1	Mr Adam Zimmet
Austin Hospital	VIC	2*	Dr Nicholas Roubos (Cardiac) Mr Julian Gooi (Thoracic)
Epworth Private Hospital, Richmond Campus	VIC	1	Mr Peter Skillington
Geelong Hospital	VIC	1	Mr Cheng-Hon Yap
Monash Medical Centre	VIC	2	Dr Prashant Joshi
Royal Children's Hospital	VIC	0.5 or 1	Mr Yves D'Udekem
Royal Melbourne Hospital	VIC	2	Mr Robert Brown
St Vincent's Hospital	VIC	2*	Mr Jim Dimitriou (Cardiac) Mr Naveed Alam (Thoracic)
Royal Hobart Hospital	TAS	1	Mr Ashutosh Hardikar
Royal Perth Hospital	WA	2	Mr Christopher Merry
Sir Charles Gairdner Hospital	WA	1	Mr Pragnesh Joshi
Auckland City Hospital	NZ	2	Mr Tharumenthiran Ramanathan
Christchurch Hospital	NZ	2	Dr Graham McCrystal
Dunedin Hospital	NZ	2	Mr Richard Bunton
Starship Hospital	NZ	1	Dr John Artrip
Waikato Hospital	NZ	1	Mr Grant Parkinson
Wellington Hospital	NZ	2	Professor Sean Galvin

* Duration for a Thoracic post is one (1) year.

8. SUPERVISION OF TRAINING

Each accredited training position has a RACS approved surgical supervisor nominated by the hospital and approved by the Cardiothoracic Surgery Training Board. Surgical supervisors coordinate, and are responsible for, the management, education, training and assessment of Trainees rotating through their designated accredited training posts. Other members of the unit who interact with a Trainee are Surgical Trainers.

8.1. Responsibilities of a Surgical Supervisor

In accordance with the RACS Assessment of Clinical Training policy and Surgical Supervisors policy are required to:

8.1.1. Coordinate the management, education and training of accredited Trainees rotating through their designated accredited training position(s).

8.1.2. Conduct performance assessment meetings and complete trainee Evaluation Form reports as required.

8.1.3. Monitor the Trainee's operative experience and regularly review the operative logbook summary.

8.1.4. Identify, document and advise the Trainee and the Board of any unsatisfactory or marginal performance at the earliest possible opportunity.

8.1.5. Understand, apply and communicate RACS polices relevant to Surgical Education and Training.

8.1.6. Conduct themselves in accordance with the RACS's Code of Conduct.

8.1.7. Participate in the hospital accreditation process as specified by the Board

8.1.8. Notify the Board of any change in circumstances which may impact on the accreditation status of the designated training position(s).

8.1.9. Participate, where required, as an active member of the Board

8.1.10. Participate, where required, in the selection process for Trainees into the surgical education and training program.

8.1.11. Make a recommendation to the Board where required regarding the eligibility of Trainees to present for the Fellowship Examination.

8.1.12. Inform hospital management and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.

8.2. Eligibility for Appointment as a Surgical Supervisor

8.2.1. Surgical Supervisors must be current Fellows of the RACS, and must be compliant with the RACS continuing professional development program.

8.2.2. Surgical Supervisors must be a member of staff at the institution in which the designated accredited training position(s) is located and preferably not the Head of Unit.

8.2.3. Surgical Supervisors must be familiar with the surgical education and training program and RACS training policies and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

8.2.4. Surgical Supervisors must undertake appropriate training in supervision which includes the following mandatory courses:

a. RACS Surgeons & Trainers; Assessment & Management of Trainees Workshop - SAT SET (To be completed within 6 months of becoming a Surgical Supervisor)

b. Operating with Respect eLearning module

c. Training in adult education principles (the Foundation Skills for Surgical Educators (FSSE) course or approved comparable training) and;

d. Advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment

8.2.5. All new Surgical Supervisors must complete mandatory training within 6 months of appointment

8.2.6. Surgical Supervisors appointed prior to October 2016 must complete the mandatory training in adult education principles by 31 December 2017.

8.2.7. Surgical Supervisors appointed prior to the October 2016 must complete the mandatory advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment by 31 December 2018

8.3. Method for Appointment / Reappointment of Surgical Supervisors

8.3.1. Institutions with accredited training positions must nominate to the Board an appropriate Surgical Supervisors who satisfies the eligibility requirements (See 8.2).

8.3.2. Nominations must be received when a new training position is accredited or when an existing Surgical Supervisor resigns or is time expired (also see 8.4.1).

8.3.3. The appointment or reappointment of the Surgical Supervisors will be confirmed in writing.

8.3.4. The Board reserves the right to review the appointment or reappointment of a Surgical Supervisor at any time.

8.4. Tenure of Appointment

8.4.1. Surgical Supervisors shall hold the position for a term of three years after appointment and up to two further three year terms as agreed between the Board and the Supervisor

8.4.2. Towards the end of a Surgical Supervisor's initial tenure, the Board will contact the institution and the Surgical Supervisor to obtain a nomination for appointment of a new Surgical Supervisor or reappointment of the existing Surgical Supervisor.

8.4.3. To maintain tenure of appointment, Surgical Supervisors are expected to undertake professional development activities in assessment and training

8.5. Governance and Reporting

8.5.1. Surgical Supervisors report to and are governed by the Board, where applicable, in accordance with the Terms of Reference.

8.5.2. All recommendations made by a Surgical Supervisor relating to Trainees or training positions must be made directly to the Board. Surgical Supervisors do not have the authority to modify a Trainee's SET program or training status.

8.6. Acknowledgement of Surgical Supervisors

8.6.1. Surgical Supervisors may have the opportunity to gain CME credits for Continuing Professional Development teaching activities in accordance with the RACS Continuing Professional Development policies. The Supervisor is the main point of contact between the unit and the Board. As such the Supervisor is expected to relay relevant information from the Board to the unit.

8.6.2. While the Board will correspond directly with the Trainee, the Supervisor will receive a copy of the correspondence to assist in the training and development of the Trainee.

8.6.3. The main method of correspondence between the Board and the Supervisor is via email.

8.6.4. Should the Supervisor have any concerns regarding a Trainee they should notify the Board in writing.

8.6.5. Supervisors are invited to participate in the development of the SET program by attending the annual supervisors' meeting.

8.6.6. Supervisors are kept abreast of Board deliberations through regular email communication.

8.7. Surgical Trainers

8.7.1. Surgical Trainers are surgeons, or other medical specialists, who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Surgical Supervisor with monitoring, guiding and giving feedback to Trainees, as well as with appraising and assessing their performance.

8.7.2. Surgical Trainers must undertake the mandatory training as specified in the RACS Surgical Trainers policy.

9. DISMISSAL FROM SURGICAL TRAINING

This regulation is to be used in conjunction with the RACS Dismissal from Surgical Training policy.

9.1.1. Trainees may be considered for dismissal if:

a. The Trainee's performance has been rated as unsatisfactory during a probationary period; or

b. The Trainee's performance has been rated as unsatisfactory for three or more assessment periods at any time during their SET program.

c. Misconduct

d. Failure to complete training requirements within the specified timeframes;

e. Failure to comply with a written direction of RACS or of the Board;

f. Failure to pay training related fees by due deadlines;

g. Failure to maintain general medical registration or general scope registration;

h. Failure to achieve or maintain employment in accredited training posts; and

i. Other circumstances as approved by the Board

9.1.2. A Subcommittee of the Board must interview the Trainee prior to the Board making a decision regarding dismissal to provide the Trainee with the opportunity to give their perspective in writing and verbally.

9.1.3. The subcommittee shall consist of a minimum of three and a maximum of five members who shall be Fellows of RACS. The subcommittee must not include a lawyer.

9.1.4. No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the Trainee.

9.1.5. Where a Trainee elects to make a written submission it should be submitted three business days before the meeting.

9.1.6. Minutes of the meeting must be kept. The minutes must be provided to the Trainee within ten business days and prior to any recommendation to the Board.

9.1.7. Trainees will be provided with a minimum of ten business days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program. Trainees may be accompanied by a person who can provide support but cannot advocate for the Trainee. The support person cannot be a practicing lawyer.

9.1.8. Where a Trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.

9.1.9. The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.

9.1.10. The Board will make the decision as to whether or not the Trainee will be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.

9.1.11. An outcome letter must be issued to the Trainee from the Board Chair.

10. MISCONDUCT

This regulation outlines the process the Board will employ when handling an allegation of misconduct made against a Trainee.

Examples of misconduct include but are not limited to the following:

a. Theft
b. Assault
c. Fraud
d. Cheating
e. Intoxication and/or substance abuse at a SET program event (including surgical rotations)
f. A breach of the RACS's Code of Conduct or Policies;
g. Disobedience of a lawful and reasonable instruction given by a supervisor
h. Repetition of acts of misconduct for which the Trainee has been counselled
i. Abuse of or threatening an employee, student or member of the public
j. Bullying or harassment (including sexual harassment);
k. Abandonment of training post;
l. Falsification of training records, patient documentation or patient treatment;
m. Malicious damage to RACS or Society property or reputation;
n. Repeated refusal to carry out a lawful or reasonable instruction that is consistent with the Trainee's contract of employment and training agreement.

10.1.1. Incidents of misconduct must be documented and verified as soon as possible after the supervisor and/or trainers are made aware of their occurrence and brought to the attention of the Trainee. Allegations of misconduct not documented and verified cannot be used by the Board in any disciplinary process.

10.1.2. The principles of natural justice will apply to all allegations and investigations concerning misconduct. This includes the right of the Trainee to understand, consider and respond to the alleged misconduct at a meeting with a subcommittee of the Board. The Trainee may be suspended from the training program pending an investigation.

10.1.3. If initial consideration by the Board determines that the alleged conduct is not misconduct, or if the Trainee's response is viewed as adequate, no further action will be taken.

10.1.4. If the Trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out below will be followed.

10.1.5. The Board will establish a committee to interview the Trainee at a hearing. The general purpose of the hearing will be to determine whether the allegations against the Trainee are proven on the basis of the evidence.

10.1.6. The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.

10.1.7. The Trainee will be provided with a minimum ten (10) business days' notice of the hearing and the proceedings will cover the following:

a. Details of the allegation including all relevant facts, reasoning and evidence

b. Hear the response of the Trainee

10.1.8. The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

10.1.9. The Trainee will be given the opportunity prior to the hearing to make a written submission to the committee. The submission must be received by the Board at least five (5) business days prior to the hearing.

10.1.10. Where the Trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.

10.1.11. The Trainee will be provided with all documentation to be considered by the committee at least five (5) business days prior to the hearing.

10.1.12. The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:

a. the allegations need to be amended

b. new allegations are added

c. new evidence or facts emerge

10.1.13. Within a reasonable time following the hearing, the committee will make a finding as to whether misconduct occurred and if it did, will make a recommendation as to the penalty, supporting both finding and recommendation with written reasons. The finding and recommendation (if any) and written reasons, together with all documentation relied on, will be given to the Board by the committee. The Trainee will be provided with a copy of the finding and recommendation (if any) and written reasons of the committee.

10.1.14. Penalties for misconduct include:

a. Formal censure, warning or counselling; and/or

b. Limitation of progression to the next level of training for up to one year; and/or

c. Suspension of the Trainee for a period of up to one year; and/or

d. Prohibition from sitting the Fellowship Examination for a period of up to one year;

e. Probationary term with a performance management plan; or

f. Dismissal from the training program.

10.1.15. The Board will make the decision on the penalty to be imposed on the Trainee. If the Board takes any new material into consideration a copy must be given to the Trainee and the Trainee given an opportunity to respond.

10.1.16. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision

11. OTHER INFORMATION

11.1.1. Where Trainees are required by these regulations to submit forms, information and other documents to the Board or the Board Chair, it must be done via the Board Executive Officer.

11.1.2. Contact details for the Board of Cardiothoracic Surgery are:

Executive Officer
Board of Cardiothoracic Surgery
Royal Australasian College of Surgeons
College of Surgeons' Gardens
250- 290 Spring Street
East Melbourne VIC 3002
AUSTRALIA

Ph: +61 3 9276 7418
Email: boardofcardiothoracic.surgery@surgeons.org

Training Regulations

General Surgery Education and Training Program

Royal Australasian College of Surgeons
Australian Board in General Surgery

Table of Contents

1. INTRODUCTION

1.1. Definitions and Terminology

The following and their associated definitions, will be used throughout the Regulations.

Term	Definition
Board (the Board)	Australian Board in General Surgery
EPA	Entrustable Professional Activity
GSA	General Surgeons Australia
GSET Program	General Surgery Education and Training Program
Hub Supervisor	In Victoria-Tasmania, Queensland and New South Wales-Australian Capital Territory, hospitals with accredited training posts are divided into Hubs/Networks. In these jurisdictions, a Hub Supervisor is appointed to each Hub to oversee Trainees allocated to hospitals within the Hub. The Hub Supervisor is a consultant surgeon appointed and approved by the Board and is a member of the relevant Training Committee.
PBA	Procedure Based Assessment
RACS	Royal Australasian College of Surgeons
Rotation	The accredited training post a Trainee has been allocated to for a term.
Hospital Surgical Supervisor	The Hospital Surgical Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Surgical Supervisor is appointed and approved by the Board and is a member of the relevant Training Committee. The Hospital Surgical Supervisor coordinates the management, education and training of accredited Trainees in accredited training positions. This includes monitoring performance, completing assessments, and developing and overseeing Learning and Development Plans. The Hospital Surgical Supervisor may delegate the responsibilities outlined in these Regulations to a Unit Supervisor or Hub Supervisor.
Term	The length of a term is six (6) months.
Training Committee	The Training Committee is a Subcommittee of the Board and is responsible for the management of Trainees in New South Wales-Australian Capital Territory, Victoria-Tasmania, Queensland, Western Australia, and South Australia-Northern Territory.
Unit Supervisor	The Unit Supervisor is a delegate of the Hospital Surgical Supervisor and is a consultant surgeon, with a Fellowship of the Royal Australasian College of Surgeons, on an accredited Unit which Trainees are allocated to. The Unit Supervisor may perform the duties of the Hospital Surgical Supervisor as outlined in the Regulations and as delegated by the Hospital Surgical Supervisor.

Term	Definition
Trainer or Assessor	A surgeon on an accredited post involved in training a Trainee on the GSET Program.
Training Year	A year consists of two (2) six-month terms.

1.2. Governance Overview

1.2.1. The RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.

1.2.2. The GSET Program is the accredited training program to obtain Fellowship of the RACS in General Surgery in Australia.

1.2.3. The Board is responsible for the delivery of the GSET Program in Australia, including selection, the accreditation of hospital posts, and the supervision and assessment of General Surgery Trainees.

1.2.4. The administration and management of the Board and GSET Program is delegated to GSA as an agent of the RACS.

1.2.5. The Australian Board in General Surgery Terms of Reference are available on the RACS website.

1.3. Regulations Overview

1.3.1. The Regulations encompass the rules, procedures, requirements, administrative processes and principles for the conduct of the GSET Program. These Regulations are in accordance with the policies of the RACS. At times these Regulations may refer directly to a generic RACS policy available on the RACS website.

1.3.2. These Regulations are applicable to all Trainees who commenced training from 2022 onwards. Trainees who commenced training prior to 2022 should consult the Training Regulations for the SET Program in General Surgery.

1.3.3. All Trainees must be familiar with the applicable RACS policies, which are specifically referred to throughout these Regulations.

1.3.4. All Trainees, Hospital Surgical Supervisors, Unit Supervisors, Hub Supervisors, Trainers, Training Committees, and Board Members are required to comply with these Regulations.

1.3.5. The information in these Regulations is as accurate as possible at the time of publication. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on the GSA website. All persons are advised to ensure they are consulting the most current version. If you need to refer to a previous version of the Regulations, please contact board@generalsurgeons.com.au.

1.3.6. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.

2. PROGRAM STRUCTURE

2.1. Graduate Outcome

2.1.1. The overall objective of the GSET Program is to ensure that the graduating General Surgery Trainee has the competencies and skills required to undertake core General Surgery procedures, be able to participate independently in an acute on call general surgical roster, and be competent in the RACS Core Competencies.

2.1.2. To achieve the overall objective, competencies of a graduating Trainee have been developed across the RACS Core Competencies of Medical Expertise, Technical Expertise, Judgement - Clinical Decision Making, Communication, Collaboration and Teamwork, Leadership and Management, Health Advocacy, Education and Training, Professionalism, and Cultural Competency and Safety. These are referred to as Competency Domains.

2.2. Duration and Structure

2.2.1. The GSET Program is structured on a two-level sequential program to facilitate the cumulative attainment of experience, knowledge, skills, and attributes aligned with the overall objective.

2.2.2. The GSET Program can be completed in five years subject to satisfactory progression through the levels in the timeframes outlined in these Regulations.

2.2.3. The GSET1 to GSET3 levels are referred to as Core and focus on the foundation skills relating to General Surgery. The Trainee will gradually assume more responsibility, skills and knowledge as they progress through the Core levels.

2.2.4. The GSET4 to GSET5 levels are referred to as Principal where the Trainees' involvement and clinical complexity is increasing. The Trainee builds on the responsibilities, skills, and knowledge gained through the Core levels.

2.2.5. The maximum time for completion of the GSET Program is the expected duration of the GSET Program plus three (3) years. The maximum time period in which Trainees must achieve all the requirements of the GSET Program will therefore be eight (8) years from the commencement of the Program. The following conditions apply to the calculation of maximum time period:

a. If Accelerated Learning (Section 20.11) is granted, the maximum time is reduced according to the period granted.

b. Approved medical, parental or carers interruption (Sections 5.2 - 5.4) shall not be included in the calculation of the maximum period of training.

c. Suspension from training during a period of review (Section 23.2.1a) shall not be included in the calculation of the maximum period of training.

d. Research Interruption up to a maximum of three (3) years shall not be included in the calculation of the maximum period of training. Research Interruption beyond three (3) years will not extend the maximum time period. (Section 5.5)

e. Flexible - Part-time Training will extend the maximum time period by the equivalent clinical training period accredited. (Section 6)

f. Additional Clinical Training (Section 8), Extended Learning (Section 20.6 and Section 20.9), interruption due to personal leave (Section 5.6), terms that are deemed not accredited due to extended leave (Section 4.1), and terms rated as Below Performance Expectation do not extend the maximum time period.

g. If an extension to deferral is granted, the maximum time period will be reduced as per Section 11.

2.3. Clinical Training Posts and Terms

2.3.1. Training Posts are accredited in accordance with the Hospital Accreditation and Trainee Feedback Regulations available on the GSA website and the RACS Training Prost Accreditation and Administration Policy.

2.3.2. The training year comprises of two terms - Term 1 and Term 2. All training terms are six (6) months in duration.

2.3.3. Trainees will be placed in a single rotation per term. Trainees may not undertake more than **two (2)** weeks on a night roster per six-month term.

2.3.4. The number of rotations required to be satisfactorily completed is outlined in Section 16.1.3 and Section 20.

2.3.5. Trainees may be required to undertake additional rotations based on performance and level of competency.

2.3.6. Trainees are allocated rotations in their region according to regional processes.

2.3.7. Trainees will be required to fulfil any rotation allocated to them by the Training Committee. Trainees will not be permitted to change rotations unless prior approval has been granted by the Training Committee.

2.3.8. Trainees are required to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.

2.4. Trainee Performance Outcomes per Rotation

2.4.1. Each rotation will be deemed as one of the following:

Rating	Description	Outcome
Meeting Performance Expectation	Trainee has demonstrated the required competencies.	The rotation contributes towards the required number of rotations.
Below Performance Expectation	Trainee has not demonstrated the required competencies.	The rotation does not contribute towards the required number of rotations.
Not accredited	Trainee has taken excessive leave.	The rotation does not contribute towards the required number of rotations unless the Trainee meets Section 4.1.3.
Not Progressing	Trainee has not achieved the required competencies by end of Term 2 of GSET3 as per Section 20.5.3.	The rotation does not contribute towards the required number of rotations.
Competency Not Achieved	Trainee has not achieved the required competencies by 15 October of Term 2 GSET5 as per Section 20.8.2.	The rotation does not contribute towards the required number of rotations.

2.5. Failure to Complete Training Requirements

2.5.1. At the commencement of the final maximum year of training, Trainees will be notified in writing of the outstanding requirements that must be met during the final year.

2.5.2. Trainees who do not complete all the requirements in the time period specified in Section 2.2.5 will be considered Time Expired and will not be permitted to continue on the GSET Program.

2.6. Program Requirements and Structure

The below depicts the overall requirements of the GSET Program and indicates the GSET year in which they are applicable.

The below is a guide only and each individual Section should be consulted to determine the specific conditions and criteria.

Requirement	Description/Quantity	GSET1	GSET2	GSET3	GSET4	GSET5
Rotation	Satisfactory completion of two (2) six-month terms	✔	✔	✔	✔	✔
EPA	Total minimum of 35 Core EPAs to the level of Entrustable	✔				
	Total minimum of 70 Core EPAs to the level of Entrustable		✔			
	Completion of all Core EPAs (100) to the level of Entrustable			✔		
	Total minimum of 30 Principal EPAs to the level of Entrustable				✔	
	Completion of all Principal EPAs (60) to the level of Entrustable					✔
PBA	Total minimum of ten (10) Core PBAs to the level of Able to Perform Independently	✔				
	Total minimum of 25 Core PBAs to the level of Able to Perform Independently		✔			
	Completion of all Core PBAs (37) to the level of Able to Perform Independently			✔		
	Total minimum of 15 Principal PBAs to the level of Able to Perform Independently				✔	

Requirement	Description/Quantity	GSET1	GSET2	GSET3	GSET4	GSET5
	Completion of all Principal PBAs (28) to the level of Able to Perform Independently					✔
Logbook - Report	One (1) per six-month rotation	✔	✔	✔	✔	✔
Logbook - Majors	100 majors minimum per term with a minimum total of 1000 prior to Fellowship	✔	✔	✔	✔	✔
Logbook - Endoscopy	200 prior to Fellowship			✔		
Logbook - Colonoscopy	100 prior to Fellowship			✔		
Primary Operator Rate	Satisfactory primary operator rate	20%	30%	50%	60%	60%
		25%	40%			
SEAM	Minimum two (2) modules per six month term	✔	✔			
Skills Courses	ASSET		✔			
	CCrISP		✔			
	EMST		✔			
	TIPS		✔			
Research	500 points			✔		
Teaching Sessions	GSA Trainees' Days			✔		
	Regional Educational Sessions			✔		
Examination	Fellowship Exam				✔	

3. TRAINING ADMINISTRATION

3.1. Registration and Training Fees

3.1.1. Trainees selected to the GSET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.

3.1.2. There are two components to the training fee in General Surgery - RACS and Specialty. The RACS is responsible for determining the College component. GSA is responsible for determining the Specialty component.

3.1.3. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SETenquiries@surgeons.org

3.1.4. Trainees who fail to pay outstanding monies to the RACS will be dismissed in accordance with the RACS Dismissal from Surgical Training Policy.

3.2. Medical Registration

3.2.1. As per the RACS Medical Registration for the Surgical Education Policy, Trainees are required to hold general registration from APHRA without conditions or undertakings.

3.2.2. Trainees are required to notify the Board within two (2) business days of any change to their medical registration status whilst on the GSET Program, including any changes whilst on interruption, exam or fellowship pending.

3.2.3. This includes, but is not limited to:

a. the recordings of any undertakings, conditions, or cautions.

b. the expiry, suspension or cancellation of the Trainee's medical registration.

3.2.4. Failure to report to the Board may result in dismissal from the GSET Program.

3.2.5. Failure to maintain the appropriate medical registration may result in disciplinary action including but not limited to dismissal.

3.3. Employment

3.3.1. Trainees are allocated to accredited training posts as determined by the relevant Training Committee. Trainees are employed by the relevant hospital and/or health network.

3.3.2. Trainees are required to notify the Board within two (2) business days of any change to their employment status whilst allocated to accredited posts on the GSET Program.

3.3.3. This includes, but is not limited to:

a. Details of the commencement and outcome of any disciplinary action taken by the employer.

b. Details of any restrictions, conditions, cautions or reprimands.

c. Details of the suspension or termination of employment.

3.3.4. Failure to report to the Board may result in dismissal from the GSET Program.

3.3.5. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one (1) term.

3.3.6. In accordance with the RACS Trainee Registration and Variation Policy, this period of interruption will count towards the maximum training time.

3.3.7. Should a Trainee be refused employment for a second rotation the following process will occur:

a. The Trainee will be requested to attend a meeting with a Panel consisting of the Training Committee Chair and one further member of the Training Committee.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review the reasons behind the refusal from the hospital and continuation on the GSET Program.

c. The Trainee may invite a support person who is not a practicing lawyer.

d. The Trainee will be provided with an opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

e. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

f. Where a Trainee has been duly notified of the meeting as per Section 3.3.7b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

g. The Panel will make a recommendation to the Training Committee who will determine possible outcomes including but not limited to dismissal. The Training Committee will make a final recommendation to the Board.

h. If dismissal is not recommended by the Training Committee, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a Learning and Development Plan to ensure operative and non-operative skills are at the level required.

i. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

j. The Board will make the final decision on whether or not the Trainee should be dismissed.

k. The Trainee will be notified of the Board's final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the process if dismissal is recommended.

l. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

m. If the Trainee is dismissed, the dismissal will take effect immediately.

4. LEAVE

4.1. Maximum Entitlement

4.1.1. Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per six-month term subject to approval by the employing authority. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carers leave.

4.1.2. Periods beyond this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in Section 20.

4.1.3. Where a Trainee takes more than six (6) weeks leave during a six-month term, the term may be deemed assessable if the following conditions have been met:

a. The Supervisor and consultants have been able to adequately assess the Trainee.

b. The Trainee has achieved the minimum logbook numbers (Section 16.2.3) and primary operator rate (Section 16.2.4).

c. The required minimum number of EPAs and PBAs has been achieved (Section 17.6.2d).

In this scenario the Trainee will still undertake an End of Term Assessment.

4.1.4. If a term has been deemed not accredited the following will apply:

a. If a Trainee has undertaken a Mid-term assessment, the outcome of the Mid-term will stand and be recorded.

b. The Trainee's period of clinical training will be extended by a minimum of six (6) months.

c. The Training Committee may place condition(s) on the Trainee's return to training, including but not limited to a Learning and Development Plan.

4.1.5. Where a Trainee has taken more than six (6) weeks leave due to medical reasons, the following will apply:

a. The Trainee must submit a medical certificate from their treating doctor confirming the medical reason(s).

b. The Trainee must submit a medical certificate from their treating doctor three (3) weeks prior to the commencement of the next rotation confirming that the Trainee is fit to return to clinical training.

4.2. Request Process

4.2.1. Trainees wishing to take more than six (6) weeks of leave in one (1) term must obtain approval by the employing authority. Neither the Board nor the Training Committee has any jurisdiction over employment leave entitlements and the approving of leave from the hospital.

4.2.2. It is the Trainee's sole responsibility to ensure that a request is made according to these Regulations. Trainees must submit a Trainee Request as per Section 12.

4.2.3. Trainees who take leave from Training without the prior approval of or notification to, the Board and Training Committee will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide **10 days'** notice to the Trainee, for attendance at a meeting to consider their continued participation in the GSET Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with the RACS Misconduct Policy and Section 24.

5. INTERRUPTION

5.1. Overview

5.1.1. An interruption is a period of approved absence from clinical training by a Trainee from the GSET Program following commencement of GSET.

5.1.2. The Board is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.

5.1.3. Trainees may apply for the following types of interruption:

a. Medical
b. Parental
c. Carer
d. Research
e. Personal

5.1.4. With the exception of interruption for medical, carers or parental leave, Trainees cannot apply for interruption for the first rotation of training.

5.1.5. Applications for interruption must be for periods in multiples of six months.

5.1.6. In order to minimise vacancies on the GSET Program and to not disadvantage other Trainees, the Board may require the period of interruption to be greater than applied for.

5.1.7. To ensure the Trainee is supported in returning to training, the Board may set conditions the Trainee must meet prior to returning to clinical training following a period of interruption. The Board may also set conditions applicable to the Trainee's clinical training upon returning from a period of interruption. The conditions will be specified at the time the interruption is approved and may include, but not be limited to, a Learning and Development Plan to assist in setting goals.

5.1.8. Requests for interruption must be made in accordance with the RACS Trainee Registration and Variation Policy and these Regulations**.** The Board does not have the authority to grant requests that do not comply with RACS Policy or these Regulations.

5.1.9. All requests for interruption must adhere to the processes outlined in Sections 5.2 - 5.6 and Section 12.

5.1.10. Extensions to interruption to training must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

5.2. Medical

5.2.1. Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required, from their treating doctor at the time of the request.

5.2.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training. Failure to provide a medical certificate confirming the ability to resume training will result in the Trainee being placed on a period of further interruption.

5.3. Parental

5.3.1. Parental leave is defined as leave that is required when a child is born or adopted. Parental leave includes:

a. maternity leave
b. paternity and partner leave
c. adoption leave
d. infant death or miscarriage

5.4. Carers

5.4.1. Carers leave is defined as leave that is required to care for or support a member of the Trainee's immediate family or household who is sick, injured or who has an emergency.

5.5. Research

5.5.1. The term Approved will refer to the research topic being deemed appropriate for the purposes of the Research Requirement. Trainees are still required to complete the approved research activity and present or publish their work and inform the Board when this has occurred in order to for the relevant points to be awarded.

5.5.2. Trainees will not be granted Research Interruption until there has been completion of the following requirements:

a. GSET1
b. GSET2
c. Completion of all (100) Core EPAs to the level of Entrustable
d. Completion of all (37) Core PBAs to the level of Able to Perform Independently
e. ASSET
f. CCrISP
g. EMST
h. TIPS
i. SEAM (Eight modules)

5.5.3. At the time of applying for Research Interruption, Trainees must submit applicable documentation including a letter of support from the intended Supervisor, synopsis of research project and/or proof of offer to a Higher Degree must be attached to the request.

5.5.4. Full time research with a view to the successful completion of a university Higher Degree (MD or PhD) for two (2) or more years of full-time study will be supported on the condition the request adheres to the conditions in these Regulations.

5.5.5. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Research Interruption will not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.

5.5.6. Trainees on Research Interruption must submit an annual progress report with confirmation by the Research Supervisor. The Training Committee will review the progress report and confirm with the Trainee if they deem the progress satisfactory.

5.5.7. Trainees who are not progressing satisfactorily with their project or who do not submit the annual report may not have the research contribute to the required Research points if it is an approved project.

5.5.8. A final report must be provided by the Supervisor of research to the Training Committee within two (2) weeks of the completion of the research.

5.5.9. Trainees must notify the Board if they are unable to proceed with or complete their research. The Training Committee may withdraw approval of Research Interruption. In the event that

Research Interruption is withdrawn, the Trainee may be required to recommence training when a training post becomes available.

5.5.10. Trainees who extend a period of interruption to training in order to complete Research by Higher Degree must first meet all of the above criteria before an extension is considered for approval.

5.5.11. The Board will not consider or approve accreditation of clinical rotations in lieu of research under any circumstances.

5.6. Personal

5.6.1. Personal leave is defined as leave that does not fall under categories 5.1.3a-d.

5.6.2. Trainees will be permitted to take personal leave for a maximum period of 12 months at any one time.

5.6.3. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Personal Interruption may not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.

6. FLEXIBLE TRAINING

6.1. Overview and Types

6.1.1. The Board fully supports the concept of flexible training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that flexible accredited training posts can be identified and requests fulfilled.

6.1.2. Requests for flexible training must be made in accordance with the RACS Trainee Registration and Variation Policy. The Board does not have the authority to grant requests that do not comply with RACS Policy.

6.1.3. The Board will consider two types of flexible training:

a. Training undertaken in an accredited post in Part-time employment that is on a less than full-time basis. This will be referred to as Part-time Training.

b. Training undertaken over two rotations equating to six months. This will be referred to as Split Rotation Training.

6.2. Part-time Training

6.2.1. Requests for Part-time training must have a training commitment of at least 50% of a full time Trainee. Other full time equivalent requests will be considered provided the assessments can be completed and a rotation is available.

6.2.2. Requests for Part-time training will only be approved in blocks of twelve (12) months.

6.2.3. Twelve (12) months of Part-time training will be accredited as one (1) rotation if assessed as Meeting Performance Expectation.

6.2.4. Trainees undertaking Part-time training will be required to complete three monthly assessments to ensure adequate feedback and assessment is undertaken.

6.2.5. Trainees undertaking Part-time training will be required to complete a Mid-term Assessment at the end of six months (Term 1 of Part-time Training) and an End of Term Assessment at the end of twelve (12) months (Term 2 of Part-time Training).

6.2.6. Trainees granted approval to undertake a period of Part-time training must meet all requirements of training equivalent to full time training.

6.2.7. All requests for Part-time training must adhere to the processes outlined in Section 12.

6.3. Split Rotation Training

6.3.1. In the event that a Trainee is to interrupt their training outside of a scheduled six-month rotation and therefore only partially complete a rotation, a Trainee may apply to have retrospective recognition of the training undertaken if the following conditions are met:

a. The interruption has been caused due to medical, parental or carers leave.

b. The Trainee has worked for a minimum of six months in the given year of interruption.

c. The Trainee has worked full-time for a minimum of two continuous months on a single surgical Unit, without leave.

d. A formal assessment is undertaken at the completion of each such period of training.

e. The Supervisor of each component worked must provide a letter of support.

f. The assessments must be rated as Meeting Performance Expectation.

g. The Trainee is not on Probation or on a Learning and Development Plan in the year prior to application or in the year of application.

6.3.2. The Board will review the request and determine if the time in training can be accredited towards one (1) rotation.

6.3.3. All accreditation of Split Rotation training must adhere to the processes outlined in Section 12.

7. TRANSFERS

7.1. Transfer of Training Region

7.1.1. Upon acceptance of a position on the GSET Program, Trainees are expected to remain in their allocated region of training for the duration of the Program. Transfers between regions are difficult to accommodate and are limited in availability.

7.1.2. Requests to the Board regarding transfer between regions must first have been approved by both Training Committees of the applicable regions.

7.1.3. Trainees must demonstrate satisfactory progress in training. Requests made:

a. during a Probationary or Below Performance Expectation term **will not** be approved.

b. to transfer following a Below Performance Expectation term, where the proceeding term will be Probationary, **will not** be approved.

7.1.4. Approved transfer requests may be withdrawn if a transfer coincides with a subsequent Below Performance Expectation or Probationary term.

7.1.5. All transfer of training region requests must adhere to the processes outlined in Section 12.

7.2. Transfer of Hub/Network

7.2.1. Trainees allocated to New South Wales-Australian Capital Territory, Victoria-Tasmania and Queensland will also be allocated to a hub/network. Trainees are expected to remain in their allocated hub/network for the duration of the Program. Transfers between hubs/networks are difficult to accommodate and are limited in availability.

7.2.2. Hub/network transfer requests are approved by the relevant Training Committee however must first have been approved by both Hub Supervisors.

7.2.3. Requests for transfer of hub/network must also adhere to Section 7.1.3 - 7.1.4 and processes outlined in Section 12.

8. ADDITIONAL CLINICAL TRAINING

8.1.1. Requests for additional clinical training are permitted, if approved, for up to two (2) additional clinical rotations during GSET1-4.

8.1.2. The Training Committee may also require a Trainee to undertake additional clinical training based on performance.

8.1.3. Requests by Trainees must specify the following:

a. Length of extension

b. Reason for the extension

c. Areas the Trainee does not feel competent in

8.1.4. Additional clinical training will only be granted if a suitable post is available.

8.1.5. If a request for additional clinical training has been approved, the Trainee **must** complete the training before Fellowship is approved and participate in all assessment processes as outlined in Sections 17 to 19.

8.1.6. Additional clinical training will not extend the maximum training time required to complete all the requirements as outlined in Section 2.2.5.

8.1.7. Requests, by the Trainee, will follow the process and timelines as outlined in Section 12.

9. OVERSEAS TRAINING

9.1.1. A Trainee may request approval to train overseas and have the time accredited towards their training.

9.1.2. A Trainee must upload supporting documentation, which must include:

a. Letter from the intended Supervisor confirming the position, the experience the Trainee will gain including logbook exposure and numbers, and that they will undertake the required assessments

b. A position description

9.1.3. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Overseas training will not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.

9.1.4. The relevant Training Committee will review the request and approve or not approve as appropriate. If the Training Committee does not approve, an explanation is to be minuted.

9.1.5. If the request is approved, the relevant Training Committee must stipulate that the Trainee is permitted to undertake the overseas training and whether the time in the overseas post will be accredited towards their training, pending appropriate assessments and logbook ratings.

9.1.6. A Training Committee may approve the overseas training request but may not approve that it be accredited towards the required number of rotations. In this instance, a Trainee will be deemed to be on interruption for personal reasons.

9.1.7. Overseas training will only be approved for a maximum of two (2) continuous terms.

9.1.8. All overseas training requests must adhere to the processes outlined in Section 12.

10. WITHDRAWAL FROM GSET PROGRAM

10.1.1. Trainees who do not wish to continue on the GSET Program must notify the Board of their withdrawal via a Trainee request (refer Section 12).

10.1.2. The Trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated terms for the training year.

10.1.3. Trainees who withdraw without sufficient notice will not be considered in good standing, except in exceptional circumstances at the discretion of the Board.

10.1.4. Should a Trainee resign from a position of employment, they must also resign from the GSET Program via a Trainee request (refer Section 12). Trainees should not resign from employment before contacting their Hospital Surgical Supervisor for support, advice, and assistance.

11. DEFERRAL

11.1.1. Requests for deferral must be made in accordance with the General Surgery Selection Regulations. The Board does not have the authority to grant requests that do not comply with these Regulations.

11.1.2. For applicants to the GSET Program, **requests for deferral must be submitted at the time of acceptance of offer**. Requests submitted after this time will only be considered in exceptional circumstances.

11.1.3. The standard period of deferral will be 12 months (one year). In exceptional circumstances, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.

11.1.4. Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period as specified in Section 2.2.5 will be reduced by the extra time granted for deferral.

11.1.5. Requests for deferral in order to complete unaccredited rotations **will not** be approved.

11.1.6. Trainees are not permitted to apply for retrospective accreditation of clinical rotations undertaken during any period of deferral.

12. TRAINEE REQUESTS PROCESS

12.1. Due Date

12.1.1. For all training requests referred to in Sections 5, 6.2, 7 - 9 and 11 the following timelines are applicable:

a. All requests for the following year must be approved by the Board by **31 July** each year. Requests for medical, carers or parental interruption will be provided with exemptions to this timeline provided appropriate documentation is submitted with the request. Requests must first be reviewed by the relevant Training Committee before approval by the Board.

b. Requests submitted after this date will only be considered in exceptional circumstances.

c. Requests for interruption in Term 2 in any given year will only be approved in exceptional circumstances.

12.2. Process

12.2.1. For all requests referred to in Sections 4 - 9 and 20.11, Trainees must:

a. Discuss their request with either their Hospital Surgical Supervisor and/or Hub Supervisor. A supporting letter must be provided with their request.

b. Submit an online request through the GSA website.

12.2.2. All Trainee requests referred to in Sections 4 - 6, 7.1, 8 - 11, 15.2, 15.4 and 20.11 are sent to the applicable Training Committee for recommendation to the Board.

12.2.3. Once a decision at the applicable Board meeting has been reached, Trainees will be notified of the outcome within seven (7) working days of the meeting.

12.2.4. Trainees are advised, where applicable, not to take action, or make any arrangements, prior to receiving the final outcome of their request from the Board.

12.2.5. All submissions to the Board must be in reference to these Regulations and the applicable RACS Policy to the request.

13. EDUCATION

13.1. Curriculum

Trainees are required to be familiar with the General Surgery curriculum. Details of the curriculum are available on the GSA website. The Board is responsible for the development and maintenance and updating of the General Surgery curriculum together with the New Zealand Board in General Surgery. The curriculum will be reviewed every three (3) years or as determined by the Binational Advisory Curriculum Committee.

13.1.1. The curriculum comprises both technical and non-technical modules.

13.1.2. The technical modules cover the following areas:

a. Abdominal Wall
b. Breast
c. Bariatric
d. Colorectal
e. Duodenum and Small Bowel
f. Emergency
g. Endocrine
h. Endoscopy
i. Head and Neck
j. HPB
k. Sepsis
l. Skin and Soft Tissue
m. Surgical Oncology
n. Transplantation
o. Trauma
p. Upper GI
q. Vascular

13.1.3. The non-technical modules cover the following areas as per RACS Competencies:

a. Collaboration and Teamwork
b. Communication
c. Health Advocacy
d. Leadership and Management
e. Professionalism
f. Education and Training
g. Cultural Competency and Safety

13.2. Training Committee Educational Activities

Training Committees of the Board may coordinate, oversee or endorse tutorial programs, workshops, skills courses, examination preparatory courses, journal clubs, registrar paper days and other similar educational activities for the benefit of Trainees. These Training Committee activities are aimed at providing opportunities for Trainees to meet components of the General Surgery curriculum.

13.2.1. Trainees are required to participate in Training Committee educational activities.

13.2.2. Each Training Committee has set the minimum attendance rate that Trainees are required to meet per year as follows:

Training Committee	Educational Program	Minimum Attendance
New South Wales-Australian Capital Territory	Saturday Educational Sessions	60% over GSET1-3 training period to be eligible to attend Fellowship Exam Course.
Victoria-Tasmania	Trainees Weekend	Attendance at a minimum of two (2) days for two (2) Trainees Weekends to be eligible to attend Fellowship Exam Course.
South Australia	Long Course	60% per year
Western Australia	Western Australian Registrar Training in Surgery (WARTS)	80% per year
Queensland	Core Course	75% per year

13.2.3. Each Training Committee will have the discretion to grant exemption to Section 13.2.2 for Trainees who are not able to attend sessions due to geographical restrictions and/or illness.

13.2.4. The Training Committees may rate a rotation as Below Performance Expectation if a Trainee does not meet the minimum attendance rate and has not been granted an exemption from this requirement.

13.3. National Training Activities

13.3.1. Trainees must attend at least four (4) GSA Trainees' Days over the course of their training. Trainees' Days are held in conjunction with the RACS Annual Scientific Congress and the GSA Annual Scientific Meeting annually.

13.3.2. Trainees who attend the following courses during the GSET Program may, upon proof of attendance, count this course towards one (1) of the four (4) compulsory GSA Trainees' Days:

a. RACS Developing a Career in Academic Surgery (DCAS)
b. GSA Management of Surgical Emergencies (MOSES)
c. Minimum of two (2) days attendance at the Victorian Trainees Weekend
d. Definitive Surgical Trauma Care (DSTC) Course

13.3.3. Four (4) Trainee Days must be attended before approval for Fellowship is granted.

13.4. Courses

13.4.1. The following RACS courses are a compulsory component of the GSET Program. Refer to Section 2.6 and Section 20 for information on when courses must be completed in order to progress through the GSET Program.

a. Australian and New Zealand Surgical Skills Education and Training (ASSET)
b. Care of the Critically Ill Surgical Patient (CCrISP)
c. Early Management of Severe Trauma (EMST)
d. Training in Professional Skills (TIPS)

13.5. Surgical Education and Assessment Modules (SEAM)

13.5.1. SEAM consists of the following eight (8) modules.

a. Acute Abdomen
b. Anatomy
c. Haematology
d. Nutrition
e. Operating Theatre
f. Peri-operative Care
g. Post-Operative Care
h. Trauma and Critical Care

13.5.2. There is no specific order in which Trainees must complete the modules. Each module stands alone in terms of content and assessment.

13.5.3. Trainees are advised to undertake a minimum of two (2) modules per six-month term.

13.5.4. There are three Sections to each module as follows:

a. eLearning Content
b. Formative Assessment
c. Summative Assessment

13.5.5. Trainees must complete the eLearning Content component and pass the Formative Self-Assessment component within the module before being permitted to undertake the Summative Assessment for the module.

13.5.6. The Summative Assessment of each module will consist of 20 multi-choice questions. Successful completion of each module is defined as achieving the minimum pass mark of 80% in the Summative Assessment for each module.

13.5.7. Trainees will have a maximum of four (4) attempts at the Summative Assessment for each module.

13.5.8. Trainees will be “locked” out of a module for a period of 48 hours if they do not pass the Summative Assessment for the module. During the “lock out” period, Trainees are able to review the content in the module but are unable to attempt the Summative Assessment.

13.5.9. Following the second and third unsuccessful attempts at the Summative Assessment, the Trainee will receive a feedback report outlining the topics of the questions answered incorrectly. Individual questions answered incorrectly will not be provided.

13.5.10. Following the third unsuccessful attempt at the Summative Assessment, Trainees must discuss their preparation and study plan with their Supervisor and submit this to the Training Committee Chair who will then approve a fourth and final attempt.

13.5.11. Dismissal from the GSET Program **will** occur if:

a. Trainees do not pass the Summative Assessment of any individual module as per Section 13.5.6 and Section 13.5.7; or
b. Trainees do not satisfactorily complete all eight (8) modules by Mid-term in the second term of their second clinical year. Below Performance Expectation or Not Accredited rotations do not extend the timeframe in which SEAM must be completed.

14. RESEARCH

14.1. Purpose

14.1.1. All Trainees must complete the mandatory RACS Research Requirement as per the RACS Research during Surgical Education and Training Policy.

14.1.2. The purpose of the Research Requirement is to:

a. enable a Trainee to gain competencies associated with scientific research in order to fulfil the requirements for General Surgery;

b. ensure education and training in research is aligned with the requirements of the General Surgery curriculum; and

c. identify how research education and training can be delivered during the GSET Program.

14.2. Requirement

14.2.1. To satisfactorily complete the Research Requirement, Trainees must accumulate a total of 500 points.

14.2.2. The categories in which points are awarded are:

a. Approved Research Projects

b. Higher Degrees

c. Grants, Scholarships and Prizes

d. Courses

e. Completed Research Projects prior to GSET Commencement

14.2.3. Refer to Appendix 4 for the outline of points awarded in each category and the maximum points permitted.

14.3. Approved Research Projects

14.3.1. The following criteria must be met in order for a research project to be approved by the Training Committee:

a. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)

b. Not be a case report or case series.

c. The project must be undertaken during GSET.

d. Trainee has identified a Supervisor for the project.

e. Estimated duration of project is specified and appropriate.

f. Project design is appropriate.

14.3.2. Points are awarded based on the component/s of the research the Trainee has contributed to.

14.3.3. The Trainee must submit the project proposal with confirmation from the Research Supervisor validating the Trainee's involvement.

14.3.4. Points will only be awarded once the research has been published or presented at either an International or National meeting. The meeting must also adhere to Section 14.5.5. The Trainee must submit documentation of the publication or presentation together with confirmation from the Research Supervisor of the Trainee's involvement.

14.4. Higher Degrees

14.4.1. The following criteria must be met in order for a Higher Degree to be approved by the Training Committee:

a. The topic of the Higher Degree (PhDs, MDs, Masters, Diplomas and Graduate Certificates) is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery).

b. The Higher Degree must include a research component. The Trainee must submit supporting documentation outlining the component of research.

14.4.2. Points are awarded depending on type of Higher Degree.

14.4.3. The Trainee must submit the project proposal for approval.

14.4.4. Points will only be awarded once the Higher Degree has been completed and marked.

14.4.5. For Higher Degrees that have been completed prior to commencing on the GSET Program, Trainees may request Recognition of Prior Learning, however Sections 14.4.1a, 14.4.1b and 14.4.4 must be adhered to.

14.5. Grants, Scholarships and Awards

14.5.1. Trainees may earn points for receiving grants, research scholarships or awards for oral presentations at a recognised meeting.

14.5.2. Grants, scholarships and awards must be relevant to General Surgery.

14.5.3. For grants and scholarships, Trainees must submit the confirmation of the grant or scholarship, together with the criteria for awarding of such.

14.5.4. For awards, Trainee must submit the award confirmation, award criteria, and confirmation from the meeting organiser that the meeting was subject to Section 14.5.5a and 14.5.5b.

14.5.5. The Board publishes a list of meetings on the GSA website. This is not an exhaustive list, however the meeting must meet the following criteria:

a. Be subject to abstract selection

b. Include sessions that are chaired

14.6. Courses

14.6.1. Points will be awarded for the satisfactory completion of the RACS CLEAR course upon presentation of the course certificate.

14.6.2. Research courses that include formative and summative assessments may be considered. The Trainee must submit supporting documentation outlining the course structure. The Training Committee will assess the validity of the course and determine if the course is suitable. Points will only be awarded following satisfactory completion of the course and upon submission of the course certificate to the Training Committee.

14.7. Completed Research Projects prior to GSET Commencement

14.7.1. Research projects undertaken prior to commencing on the GSET Program may be considered.

14.7.2. The following criteria must be met in order for a research project to be approved by the Training Committee:

a. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)

b. Not be a case report or case series.

c. The project must have been undertaken in the five (5) years prior to commencing on the GSET Program.

d. Trainee has identified a Supervisor for the project.

e. Project design is appropriate.

14.7.3. Points will only be awarded once the research has either been presented or published. The Trainee must submit documentation of the presentation or publication, together with confirmation from the Research Supervisor of the Trainee's involvement.

14.7.4. A maximum of two (2) previously completed projects will be awarded points.

14.8. Submission and Approval Process

14.8.1. For all requests referred to in Sections 14, Trainees must submit an online request through the GSA website with the relevant documentation.

14.8.2. The relevant Training Committee or their appointed Research Subcommittee will review the submission. Where a Research Subcommittee exists, the Subcommittee will review the request and submit a recommendation to the Training Committee.

14.8.3. Trainees will be notified of the outcome within seven (7) working days of the Training Committee meeting.

14.8.4. Trainees are advised, where applicable, not to take action, or make any arrangements prior to receiving the final outcome of their request from the Training Committee.

14.8.5. Research points are only awarded upon approval from the Training Committee and in accordance with these Regulations.

15. RECOGNITION OF PRIOR LEARNING

15.1. Overview

15.1.1. Recognition of Prior Learning (RPL) involves the evaluation of prior experience, which is comparable to the components of the GSET Program.

15.1.2. Requests for RPL will only be considered once a Trainee has commenced on the GSET Program.

15.1.3. RPL will only be considered for the following requirements of the Program:

a. Skills Courses

b. SEAM Summative Assessment

c. Endoscopy and Colonoscopy Numbers

15.1.4. There is no automatic entitlement to RPL for Section 15.1.3a and Section 15.1.3c. Trainees must submit documentation via a Trainee request (refer Section 12.2) for the components from which they wish to be exempt.

15.1.5. There will be no recognition of clinical training undertaken prior to commencing on the GSET Program. Trainees may progress through the Program at an accelerated rate as per Section 20.11.

15.2. RPL for Skills Courses

15.2.1. The RACS publishes a list of courses that are considered equivalent to the following Skills Courses:

a. ASSET

b. EMST

c. CCrISP

15.2.2. RPL for Skills Courses will be considered when supported by a completion certificate displaying the Trainee name and successful completion date.

15.2.3. Applications for RPL for non-RACS provided courses not recognised by the RACS may be considered. Such applications must be accompanied by a completion certificate displaying the Trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology that reflects substantial comparability to the RACS Skills Courses.

15.3. RPL for SEAM Summative Assessment

15.3.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry, will automatically be awarded RPL for modules where the Summative Assessment component was completed satisfactorily in accordance with Section 13.5.6 and within five (5) years prior to recommencing GSET.

15.4. RPL for Endoscopy and Colonoscopy Numbers

15.4.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program (SET or GSET) and have subsequently regained entry may apply for recognition of prior learning for Endoscopy and Colonoscopy undertaken whilst in an accredited training post on the General Surgery Training Program (SET or GSET).

15.4.2. RPL for Endoscopy and Colonoscopy will be considered when supported by previous General Surgery accredited logbooks.

16. CLINICAL TRAINING

16.1. GSET Levels

16.1.1. As per Section 2.2, the GSET levels are defined as follows:

a. GSET1 - 3 - Core

b. GSET4 - 5 - Principal

16.1.2. All Trainees will commence at GSET1 without exemption.

16.1.3. Each GSET level will be deemed as satisfactorily completed when two (2) rotations have been rated as Meeting Performance Expectation.

16.2. Logbook of Operative Experience, Case Mix, and Primary Operator Rate

16.2.1. Trainees are required to maintain an accurate and complete logbook of operative cases, as set out in the Board's logbook proforma. The RACS MALT logbook must be utilised.

16.2.2. It is expected that Trainees will be involved in a minimum of **100** major cases per six-month term. The **total** minimum operative experience to be gained in accredited terms before approval to present for the Fellowship Examination and for eligibility for awarding of the Fellowship is outlined in Sections 21 and 22.

16.2.3. The minimum primary operator rate required per each GSET level and term is as follows:

GSET Level	Term	Minimum Primary Operator Rate
GSET1	Term 1, first six months	20%
	Term 2, second six months	25%
GSET2	Term 1, first six months	30%
	Term 2, second six months	40%
GSET3	Term 1, first six months	50%
	Term 2, second six months	50%
GSET4	Term 1, first six months	60%
	Term 2, second six months	60%
GSET5	Term 1, first six months	60%
	Term 2, second six months	60%

16.2.4. The primary operator is defined as the following logbook categories:

a. Surgeon Mentor Scrubbed

b. Surgeon Mentor in Theatre

c. Surgeon Mentor Available

d. Partial Primary Operator (where the Trainee has undertaken 25-75% of the case).

16.2.5. The Trainee's logbook data will be reviewed at the Mid-term Assessment. As part of the End of Term Assessment the logbook will be rated as either Satisfactory or Unsatisfactory.

16.2.6. The Hospital Surgical Supervisor may seek input from other members of the Unit in order to adequately evaluate and verify logbook data.

16.2.7. At the completion of each term, the Trainee must submit an approved logbook report from the MALT system.

16.2.8. The Trainee is responsible for submitting a completed and approved logbook report within three (3) days of the term ending.

16.2.9. Any unsatisfactory performance relating to the logbook data will be reported to the Training Committee and may result in non-accreditation of the term (Section 17.5.9).

16.2.10. Non-submission of a complete, accurate and approved logbook report by the due date will result in the term being rated as Below Performance Expectation.

16.2.11. The operative experience should adequately cover the major areas of General Surgical Training as defined in the curriculum (Section 13.1).

16.2.12. Trainees are permitted to gain private hospital operative experience in addition to their normal public hospital posts, provided they are supervised by a RACS accredited training post Hospital Surgical Supervisor. The operative experience gained can contribute to overall logbook numbers, up to a maximum of **two (2)** lists per week. However, Trainees must only do this with the approval of their Hospital Surgical Supervisor.

16.3. Endoscopy and Colonoscopy Exposure

The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) sets the minimum training standards required prior to granting recognition of training in Upper Gastrointestinal Endoscopy, Colonoscopy and Endoscopic Retrograde Cholangio-Pancreatography (ERCP). The Board recognises the role of the CCRTGE in the setting of minimum training standards and acknowledges that the CCRTGE provides the means of formal recognition and certification of gastrointestinal endoscopy training.

16.3.1. It is recommended that all Trainees register with the CCRTGE upon acceptance of a place in the GSET Program. To assist with registration, GSA will provide the details of newly appointed candidates to the CCRTGE.

16.3.2. As the CCRTGE requirements may change from time to time, Trainees are advised to check the CCRTGE website before applying for recognition of training.

16.3.3. The Board requires all Trainees to complete **200** upper gastrointestinal endoscopies and **100** colonoscopies before applying for Fellowship. The following categories will be used to calculate the total number of endoscopies and colonoscopies:

a. Endoscopy: Total Completed Unassisted

b. Colonoscopy: Total Completed Unassisted to Caecum/Ileum

16.3.4. Trainees are required to maintain a logbook of all gastrointestinal endoscopy experiences; the minimum standards of logbook data are as stipulated by the relevant CCRTGE.

16.4. Assessment and Competency

16.4.1. The Board has deemed that competency consists of behavioural markers that describe the performance of a Trainee who can be trusted to perform with minimum supervision, unless the situation is complex.

16.4.2. The Board will assess competency through the following:

a. Entrustable Professional Activities

b. Procedure Based Activities

c. Competency Domains

16.5. Entrustable Professional Activities

16.5.1. The following EPAs are deemed Core and must be completed within GSET1-3 as per Section 20:

a. Arrange and Complete Surgery for a Simple Acute Case
b. Assessing Simple New Elective Case in Outpatient Clinic
c. Delivering Results to a Patient
d. Discharge Planning for a Complex Patient
e. Leading A Team Ward Round
f. Management of Acute admissions - Evening or Weekend Shift
g. Opportunistic Student Teaching Session
h. Present at MDM/X-Ray Meeting
i. Presentation at Departmental Meeting
j. Run a Student Teaching Session - Topic Based

16.5.2. The following EPAs are deemed Principal and must be completed within GSET4-5 as per Section 20:

a. Arranging Acute Surgery for a Complex Condition
b. Management of a New Cancer Patient in the Outpatient Clinic
c. Delivering News to a Patient - End of life Prognostic Discussion
d. Delivering News to a Patient - Unable to Undertake Procedure on the Day
e. Operative Supervision of a Junior Colleague
f. Present at MDM/X-Ray Meeting of a Complex Case

16.5.3. Principal EPAs may be completed during GSET1-3.

16.5.4. An EPA is rated as one of the following:

a. **Entrustable** defined as when a Trainee can be trusted to perform the activity at the required standard of performance with distant supervision, when an assessor is confident that a Trainee knows when to ask for additional help, and the Trainee can be trusted to seek appropriate assistance in a timely manner.
b. **Not Entrustable** defined as when a Trainee is unable to be trusted to perform the activity at the required standard without close supervision and direction.

16.5.5. Each EPA listed in 16.5.1 and 16.5.2 must be completed to the level of Entrustable by multiple assessors/trainers. An assessor/trainer is defined as a consultant on an accredited General Surgery training Unit.

16.5.6. The maximum number of assessments to the level of Entrustable an individual assessor/trainer may undertake for each EPA listed in 16.5.1 and 16.5.2 is three (3). Trainees are encouraged to complete additional EPAs with the individual assessor/trainer, to further cement skills and enhance competency. These additional EPAs will not be counted in the number required for progression.

16.5.7. Each EPA listed in 16.5.1 and 16.5.2 is required to be rated as Entrustable ten times.

16.5.8. An assessor/trainer may obtain feedback to inform the assessment of the EPA from other medical staff including but not limited to nurses, allied health, fellows, ED staff, SIMGs, and other consultants.

16.5.9. An assessment is commenced by a Trainee who must inform the assessor/trainer prior that they request to be assessed. The Trainee will undertake an initial reflection prior to the consultant's assessment.

16.6. Procedure Based Activities

16.6.1. The following PBAs are deemed Core and must be completed within GSET1-3 as per Section 20.

a. Anastomosis
b. Appendicectomy - Laparoscopic or Open
c. Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess
d. Groin Hernia - Laparoscopic or Open
e. Open and Closing Abdominal Incision
f. Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram
g. Small Bowel Resection
h. Stoma Formation

16.6.2. The following PBAs are deemed Principal and must be completed within GSET4-5 as per Section 20:

a. Axillary Node Dissection
b. Colonoscopy
c. Hartmann's Procedure or Acute Left Colectomy
d. Laparotomy or Adhesiolysis
e. Right Hemicolectomy - Laparoscopic or Open
f. Sigmoid Colectomy/Anterior Resection
g. Thyroidectomy
h. Upper GI Endoscopy
i. Wide Local Excision/Mastectomy

16.6.3. Principal PBAs may be completed during GSET1-3.

16.6.4. A PBA is rated as one of the following:

a. **Able to Perform Independently** defined as the Trainee is able to complete the procedure with minimal supervision and guidance, and demonstrates knowledge of when to request appropriate assistance.
b. **Not Able to Performance Independently** defined as the Trainee required close supervision and guidance, and does not demonstrate knowledge of when to request appropriate assistance.

16.6.5. The required total number of PBAs to be rated as Able to Perform Independently is as follows:

Level	PBA	Number
Core	Anastomosis	6
	Appendicectomy - Laparoscopic or Open	6
	Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess	3

Level	PBA	Number
	Groin Hernia - Laparoscopic or Open	3
	Open and Closing Abdominal Incision	6
	Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram	6
	Small Bowel Resection	4
	Stoma Formation	3
Principal	Axillary Node Dissection	2
	Colonoscopy	4
	Hartmann's Procedure or Acute Left Colectomy	4
	Laparotomy or Adhesiolysis	4
	Right Hemicolectomy - Laparoscopic or Open	4
	Sigmoid Colectomy/Anterior Resection	2
	Thyroidectomy	2
	Upper GI Endoscopy	4
	Wide Local Excision/Mastectomy	2

16.6.6. Each PBA listed in 16.6.1 and 16.6.2 must be completed to the level of Able to Perform Independently by multiple assessors. An assessor/trainer is defined as a consultant on an accredited General Surgery training Unit.

16.6.7. The maximum number of assessments to the level of Able to Perform Independently an individual assessor/trainer may undertake for each PBA listed in 16.6.1 and 16.6.2 is two (2). Trainees are encouraged to complete additional PBAs with the individual assessor/trainer, to further cement skills and enhance competency. These additional PBAs will not be counted in the number required for progression.

16.6.8. An assessment is commenced by a Trainee who must inform the assessor/trainer prior that they request to be assessed. The Trainee will undertake an initial reflection prior to the consultant's assessment.

16.7. Goal Setting

16.7.1. Goal setting is a skill that is essential for Trainees to develop in order to be able to take responsibility for their own learning and progression on the GSET Program.

16.7.2. Goal setting on the GSET Program will be undertaken as follows:

a. At the commencement of a term, Trainees will identify the EPAs and PBAs they will focus on and complete during the term, together with any other goals relating to the core competencies or other requirements of the GSET Program.

b. The Hospital Surgical Supervisor or Unit Supervisor will review the goals and either approve or suggest changes.

c. At the Mid-term, the goals are reviewed by the Trainee and Hospital Surgical Supervisor or Unit Supervisor and altered if required.

d. At the End of Term, the goals are reviewed to assist in setting new goals (if applicable).

16.7.3. The purpose of goal setting and reviewing of such is to enable Trainees to direct their own learning. Goals are reviewed and evolve in line with the Trainee's needs. It is acknowledged that Trainees may not be able to achieve all their goals in one (1) term and hence not meeting goals is not a factor assessed at the Mid or End of Term, unless the goal relates to completion of the minimum requirements for EPAs and PBAs.

16.8. Portfolio of Training

16.8.1. The Trainee will keep a portfolio of their training, which will include:

a. Surgical logbook experience

b. Documentation relating to skills courses and research activities

c. Documentation relating to any period of Probationary Training

d. Formative and Summative Assessments

e. Learning and Development Plans

16.8.2. To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Hospital Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

16.8.3. To assist with 16.8.1 and 16.8.2 the approved Hospital Surgical Supervisor will have access to the Trainees online Portfolio through the GSA Trainee System.

16.8.4. The Chair of the Board and relevant Training Committee will review the portfolio when applying to sit the Fellowship Examination (refer to Section 21) and when applying for Fellowship (refer Section 22).

17. ASSESSMENT

17.1. Overview

17.1.1. The GSET Program undertakes formative and summative assessments.

17.1.2. **Formative assessments** aim to identify areas of good performance and areas of performance that require improvement to reach competence. Formative assessments also provide opportunities for improving performance and may be used to inform the summative assessment.

17.1.3. **Summative assessments** are aimed at indicating whether a Trainee has demonstrated expected performance to permit accreditation of a period of training.

17.1.4. The GSET Program consists of the following formative and summative assessments:

Type	Assessment	Mandatory
Formative	Mid-Term Assessment	Yes
	Mini-CEX	If stipulated on Learning and Development Plan
	DOPS	
	Multi-Source Feedback	
	PMEX	
	Feedback Note	No
	EPAs	Yes
	PBAs	Yes
Summative	End of Term Assessment	Yes

17.1.5. The completion of EPAs and PBAs also form part of the End of Term Assessment rating as per Section 17.6.

17.2. Conducting Assessments

17.2.1. The Mid-Term and End of Term Assessments of Trainees are conducted by the Hospital Surgical Supervisor or their delegate, such as the Unit Supervisor, with the input of other consultants on the Unit as per 17.2.5.

17.2.2. The Trainee must undertake a self-assessment on their performance and submit this to the Unit or Hospital Surgical Supervisor.

17.2.3. The Unit Supervisor or Hospital Surgical Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).

17.2.4. If the Unit or Hospital Surgical Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the assessment at an earlier stage.

17.2.5. All consultant members of the Unit on which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each Competency Domain. If a Unit is unable to reach a consensus, the Hospital Surgical Supervisor will have the authority to make the final decision.

17.2.6. If the Unit Supervisor is delegated to complete the assessment, the Hospital Surgical Supervisor will still be required to undertake the final approval and assessment.

17.2.7. The Hospital Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Surgical Supervisor to ensure that this meeting occurs.

17.2.8. Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a period of training, and commencement of Probationary Training in the following term.

17.3. Mid-term Assessment - Process

17.3.1. At the end of the first three (3) months of a six-month term, a Mid-term Assessment will be undertaken as per Section 17.2.

17.3.2. The completed assessment must reflect the discussions held during the assessment meeting between the Supervisor and/or Unit Supervisor and Trainee.

17.3.3. The Trainee must indicate if they agree or disagree with the assessment.

17.3.4. It is the responsibility of the Trainee to ensure that the completed assessment together with any associated documentation is submitted on the **Mid-Term date**.

17.3.5. Where applicable, the Hospital Surgical Supervisor will notify the Unit Supervisor of any concerns regarding the performance of the Trainee.

17.3.6. If the overall performance is deemed **Below Performance Expectation** an appropriate Learning and Development Plan will be implemented for the remainder of the term as per Section 19.2.

17.3.7. An assessment rated as **Below Performance Expectation** will be reviewed by the Training Committee.

17.4. Mid-term Assessment - Ratings

17.4.1. A Mid-term Assessment may be rated as one of the following

a. Meeting Performance Expectation
b. Below Performance Expectation

17.4.2. A Mid-term Assessment rated as Below Performance Expectation is defined as:

a. one or more Below Performance Expectation ratings in any of the Competency Domains; and/or
b. non-submission of completed assessment or any associated documentation by the Mid-term date.

17.5. End of Term Assessment - Process

17.5.1. Prior to the completion of each six-month term, an End of Term Assessment will be undertaken as per Section 17.2. This will consist of:

a. Evaluation of the operative logbook
b. Review of EPAs and PBAs
c. Assessment of performance against Competency Domains

17.5.2. The Trainee must provide:

a. MALT Summary Report for review and verification

b. Data reflecting progress with any research activities

c. SEAM progress if applicable

d. Learning and Development Plan if applicable

17.5.3. The Board's End of Term In Training Assessment must be used to guide and document the feedback and assessment of the Trainee.

17.5.4. The Hospital Surgical Supervisor must indicate the following:

a. Term rating

b. Logbook rating

c. If a Learning and Development Plan is required

17.5.5. The completed form must reflect the discussions held during the assessment meeting between the Hospital Surgical Supervisor or delegate and Trainee.

17.5.6. The Trainee must indicate if they agree or disagree with the assessment.

17.5.7. It is the responsibility of the Trainee to ensure that the completed assessment together with any associated documentation is submitted on the **End of Term date**.

17.5.8. The Training Committee is responsible for reviewing assessments and logbook data, and may undertake further review in order to determine if a term is to be accredited towards the required number of rotations.

17.5.9. The Training Committee may review any assessment, logbook and any other documentation pertaining to performance in determining the final outcome of a term. The Training Committee may revise the final outcome of the term, based on its review, and the Trainee will be advised in writing. The final outcome of the term may be one of the following:

a. Meeting Performance Expectation: The Term will be accredited towards the required number of rotations as outlined in Section 16.1.3, Section 20 and Section 21.

b. Below Performance Expectation: If the Training Committee's initial review is to recommend that the term be rated as Below Performance Expectation, a panel must be formed and the Trainee interviewed.

c. Not accredited: If the term is deemed not accredited, the following will occur:

- The Trainee's term will not be accredited towards the required number of rotations as outlined in Section 16.1.3, Section 20 and Section 21.
- The Trainee's logbook numbers may be counted towards the logbook numbers required as outlined in Section 20 and 21. This will be determined by the Training Committee.
- The Trainee's period of training will be extended by a minimum of six months.

17.6. End of Term Assessment - Rating

17.6.1. An End of Term Assessment may be rated as one of the following (except where Section 20.5.3 and 20.8.2 is applied):

a. Meeting Performance Expectation

b. Below Performance Expectation

17.6.2. An End of Term Assessment rated as Below Performance Expectation is defined as one or more of the following:

a. One or more Below Performance Expectation ratings in any of the Competency Domains; and/or

b. Unsatisfactory logbook rating following review of the Training Committee as per Section 17.5.9; and/or

c. Non-submission of completed logbook report, assessment or any associated documentation by the due date; and/or

d. Non completion of the required number of minimum EPAs and PBAs as follows:

Level	**GSET1**	**GSET2**	**GSET3**	**GSET4**	**GSET5**
Term	**2**	**2**	**2**	**2**	**2**
Minimum total number of individual EPAs to the level of **Entrustable**	35 Core EPAs	70 Core EPAs	100 Core EPAs Refer to Section 20.5.3 for rating	30 Principal EPAs	60 Principal EPAs Refer to Section 20.8.2 for rating
Minimum total number of PBAs to the level of **Able to Perform Independently**	10 Core PBAs	25 Core PBAs	37 Core PBAs Refer to Section 20.5.3 for rating	15 Principal PBAs	28 Principal PBAs Refer to Section 20.8.2 for rating

18. PROBATIONARY TRAINING

18.1. End of Term Assessment - Below Performance Expectation

18.1.1. Receipt of a Below Performance Expectation assessment will result in the automatic commencement of Probationary Training in the following term. The continuation of this period of Probationary Training will be decided by the Training Committee pending a review at the earliest possible time.

18.1.2. A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative), the Hospital Surgical Supervisor and one additional member of the Training Committee. This will be referred to as the Panel. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the interview are to be duly documented. The meeting will address the following:

a. Details of performance
b. Response of the Trainee
c. Remedial action advised via a Learning and Development Plan
d. Frequency at which plan must be submitted
e. Consequences of any further Below Performance Expectation assessments

18.1.3. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per Section 18.1.2a-e.

18.1.4. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) working days prior to the meeting.

18.1.5. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting to ensure all parties have appropriate documentation.

18.1.6. The Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information will be considered at this time by the Trainee for inclusion in the minutes.

18.1.7. Following Section 18.1.2 - 18.1.5, the ensuing process will commence:

a. The Training Committee will undertake a review of the assessment at the earliest possible time. If it is agreed by the Training Committee that the assessment is Below Performance Expectation, the Training Committee will recommend to the Board that the period of training be deemed Below Performance Expectation.
b. This recommendation will be considered at the next meeting of the Board. If agreed that the period of training is deemed Below Performance Expectation and therefore not accredited towards training, the Trainee will be advised of this in writing. The Trainee will be required to continue with Probationary Training for the remainder of the term.
c. The Trainee's period of clinical training will be extended by six months at a minimum.
d. The Trainee's logbook numbers will not be counted towards the logbook numbers required as outlined in Section 21 and 22.

18.2. Process

18.2.1. Probationary terms are **one (1) term** that is **six (6)** months in duration (unless undertaking Part-time training as per Section 6.2). During Probationary Training, the Trainee is required to participate in a Learning and Development Plan. The plan will be tailored to address the areas of performance requiring improvement and development. The process aims to allow the Trainee to implement strategies to improve performance, monitor progress and to identify if the Trainee has achieved competency at the end of the Probationary term.

18.2.2. Trainees who are on Probation are not permitted to change training regions or terms or commence Interruption of Training to undertake full time research.

18.2.3. Trainees will be required to satisfactorily meet the requirements of Probationary Training in order to have the Probationary term accredited. If performance is considered Meeting Performance Expectation at the conclusion of the Probationary period, the Probationary status will be removed and the Trainee will be allowed to continue in the GSET Program.

18.2.4. The End of Term Assessment in the Probationary term may be conducted at a time within the final **six (6)** weeks of term, between the Hospital Surgical Supervisor and the Trainee, to finalise the assessment.

18.2.5. If a Trainee receives a Below Performance Expectation rating for the End of Term Assessment as per Section 17.6, having satisfactorily met the requirements of a prior Probationary term, the Trainee will commence a second six-month term of Probationary Training as outlined in Section 18.

18.2.6. If a Trainee receives a rating of Below Performance Expectation for the End of Term Assessment for a Probationary term, the term will not be accredited and the Trainee will be placed on suspension for a minimum period of **six (6)** months pending review (refer to Section 23). The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program should the Trainee return to the training following the review. The Trainee's continuation in the Program will be reviewed in accordance with the RACS Dismissal from Surgical Training Policy and these Regulations.

19. LEARNING AND DEVELOPMENT

19.1. Continual Assessment and Learning

19.1.1. Regular formative feedback to the Trainee by consultant members of the Unit is necessary to identify:

a. Areas of good performance
b. Areas of deficiency or underperformance
c. Areas requiring development and improvement

This is in addition to the formal Mid-term and End of Term Assessments and should happen continuously throughout the term in the context of the surgical teaching environment.

19.1.2. Trainees are also encouraged to seek continual feedback and reflect on their own learning.

19.1.3. Where the Hospital Surgical Supervisor or Unit Supervisor has identified performance issues that require a Learning and Development Plan, a discussion should be had with the Trainee and documented to record the following:

a. Details of performance that require development and/or improvement
b. Response of the Trainee
c. Remedial action advised via goal setting or clinical activities
d. Consequences of any further concerns or unsatisfactory performance

19.1.4. Following this discussion between Trainee and Consultant, a summary of the meeting and areas discussed must be documented in writing contemporaneously and sent to the Trainee for both clarity of discussion and record keeping purposes.

19.1.5. This documentation will also be sent to the appropriate GSA Regional Executive Officer for filing and used to inform the next Assessment.

19.2. Learning and Development Plan

19.2.1. A Learning and Development Plan acts as a road map for Trainees and helps to support their career and personal development and progression through the GSET Program.

19.2.2. A Trainee may be required to undertake a Learning and Development Plan in the following circumstances:

a. Trainee receives a Below Performance Expectation rating for the Mid-Term Assessment.
b. Trainee receives a Meeting Performance Expectation rating for the Mid-Term Assessment with the recommendation that they be placed on a Learning and Development Plan.
c. Trainee receives a Meeting Performance Expectation rating for the End of Term Assessment with the recommendation that they be placed on a Learning and Development Plan.
d. Following review of either the Mid or End of Term Assessment, the Training Committee recommends the Trainee undertake a Learning and Development Plan.
e. A Trainee may request to undertake a Learning and Development Plan.

19.2.3. Trainees who receive a Below Performance Expectation rating for the End of Term Assessment will be required to undertake a Learning and Development Plan as per Section 18.

19.2.4. Trainees who are on Extended Learning for GSET3 or GSET5 will be required to undertake a Learning and Development Plan (Section 20.10).

19.2.5. If a Trainee is recommended to undertake a Learning and Development Plan in accordance with Section 19.2.2a-d, the following process will be undertaken:

a. The Trainee will be informed that the Training Committee or Hospital Surgical Supervisor recommends that they be placed on Learning and Development Plan.

b. The Trainee will be informed that if they wish to have meeting to discuss the recommendation or assessment, they must respond within five (5) days otherwise the Learning and Development Plan recommendation will be accepted.

c. In the event the Trainee does not request a meeting, a Learning and Development Plan will be drafted and sent to the Hospital Surgical Supervisor for input and confirmation. Advice may be sought from the Unit Supervisor and other members of the Unit in developing an appropriate Learning and Development Plan for the Trainee.

d. Following the Hospital Surgical Supervisor's confirmation, the Learning and Development Plan will be sent to the Trainee for their input and acceptance.

e. The Trainee will be required to confirm their acceptance of the Learning and Development Plan.

f. If the Trainee does not confirm their acceptance of the Learning and Development Plan, following review by the Training Committee the term may be deemed not assessable.

19.2.6. If the Trainee requests a meeting the following process will be undertaken:

a. The Trainee will be invited to meet with the Chair of the Training Committee and the Hospital Surgical Supervisor of the term (Panel). The Trainee may invite a support person who is not a practicing lawyer.

b. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

c. The Trainee and the Panel will be provided with an agenda together with the assessment (and Trainee submission if received) prior to the meeting to ensure all parties have appropriate documentation.

d. Following the meeting, the Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

e. If the outcome from the meeting is that the Trainee is to be placed on a Learning and Development Plan, a Plan will be drafted as per 19.2.5c-f.

f. If the outcome from the meeting is that the Trainee is not to be placed on a Learning and Development Plan, the minutes will clearly reflect this, and the Trainee will be informed in writing.

19.2.7. Trainees who are on a Learning and Development Plan are not permitted to change training regions or terms or commence Interruption of Training to undertake research.

19.2.8. Trainees who are placed on a Learning and Development Plan under Section 19.2.2 are not considered to be on Probation.

19.2.9. Should a Trainee not meet the requirements of the Learning and Development Plan, the End of Term Assessment may be rated as Below Performance Expectation and the process outlined in Section 18 will be undertaken.

19.2.10. The Learning and Development Plan must be returned to the relevant Training Committee office, by the Trainee, on a monthly basis until the end of term.

19.3. Mini-CEX

19.3.1. The Mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning.

19.3.2. These assessments are formative and are aimed at guiding further development of clinical skills. Trainees may be required to undertake a Mini-CEX by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.

19.3.3. Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given an opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

19.4. DOPS

19.4.1. Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

19.4.2. These assessments are formative and are aimed at guiding further development of surgical skills. Trainees may be required to undertake a surgical DOPS by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.

19.4.3. Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

19.5. Multi-Source Feedback

19.5.1. As part of the Learning and Development Plan, a Trainee may be required to participate in a Multi-Source Feedback (MSF).

19.5.2. The MSF may be used to measure specific competencies for example, but not limited to, communication, teamwork, or leadership.

19.5.3. Where a Trainee is identified as requiring a MSF as part of their Learning and Development Plan and/or Probationary term, the following process will be undertaken:

a. The Hospital Surgical Supervisor will determine the expected level of performance required for all areas of the MSF.

b. The expected level of performance must be communicated to the Trainee in writing and included on the Learning and Development Plan.

c. The Hospital Surgical Supervisor will determine the timings of the MSF, for example, but not limited to, once per month, before the Mid-term Assessment and/or End of Term Assessment.

d. The Trainee will be requested to nominate a minimum of five (5) participants who will complete the MSF pertaining to their performance with a minimum of one (1) from each of the following positions:

- Registrar equivalent or similar level as the Trainee
- Staff specialists (for example, but not limited to, fellows, Emergency Department staff, trainers)
- Medical/Clinical Nurse
- Administration staff (non-medical)

e. The Hospital Surgical Supervisor or Unit Supervisor will also nominate a minimum of five (5) participants to complete the MSF. The names of the nominees will not be made known to the Trainee. The Hospital Surgical Supervisor or Unit Supervisor should not be one of the five (5) participants.

f. The Trainee will be required to undertake a self-assessment as part of the MSF.

g. The MSF will be distributed to all participants through an online process, according with the agreed timing.

h. A report containing the de-identified results will be provided to both the Trainee and the Hospital Surgical Supervisor and/or Unit Supervisor as appropriate. This report will form part of the Trainee's training portfolio.

i. The report will then be discussed during either the Learning and Development Plan meeting, Mid-Term Assessment and/or End of Term Assessment meeting.

19.6. Professionalism Mini-Evaluation Exercise

19.6.1. The Professionalism Mini-Evaluation Exercise (P-MEX) is a tool for assessing professionalism skills. It also facilitates feedback in order to drive learning.

19.6.2. The assessments are formative and are aimed at guiding further development of professionalism skills. Trainees may be required to undertake a P-MEX by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.

19.6.3. Multiple scores of "Below Expectations" or a single score of "Unacceptable" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

19.7. Feedback Note

19.7.1. The Hospital Surgical Supervisor or Unit Supervisor (Supervisor) may lodge a note relating to feedback received on the Trainee's performance.

19.7.2. The Feedback Note is designed to provide a Trainee with feedback on areas for improvement as well as areas where they are performing at the expected level or above.

19.7.3. The Feedback Notes are a formative process, however the Supervisor may consider the feedback received during the term to inform the Mid or End of Term Assessment.

19.7.4. The Supervisor may enter feedback observed directly, received from consultants on the Unit, or from other medical staff including but not limited to nurses, allied health, fellows, ED staff, and SIMGs. Where the behaviour has not been observed directly, the Supervisor will indicate this.

19.7.5. The Feedback Note will detail the following information:

a. Context of where the performance occurred

b. Competencies the feedback relates to

c. Observation/Description of the feedback

d. Action/Advice if applicable

19.7.6. The process undertaken by the Hospital Surgical Supervisor or Unit Supervisor (Supervisor) to lodge a feedback note will be as follows:

a. The Supervisor lodges the Feedback Note via the GSA Trainee System, which is then submitted to the Trainee for review.

b. The Trainee is required to review the feedback and confirm that they have read the Feedback Note. The Trainee will have five (5) days to provide comment.

20. PROGRAM AND PROGRESSION REQUIREMENTS

20.1. Requirements for GSET1

20.1.1. The requirements for completion of GSET1 are:

a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
b. Satisfactory completion of any period of Probationary Training;
c. Satisfactory surgical logbook data including primary operator rates and case mix;
d. Completion of a minimum 35 individual Core EPAs to the level of Entrustable by the end of the second term; and
e. Completion of a minimum ten (10) individual Core PBAs to the level of Able to Perform Independently by the end of the second term

20.1.2. Trainees are advised to complete a minimum of four (4) SEAM modules.

20.2. Requirements for GSET2

20.2.1. The requirements for completion of GSET2 are:

a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
b. Satisfactory completion of any period of Probationary Training;
c. Satisfactory surgical logbook data including primary operator rates and case mix;
d. Completion of a minimum total of 70 individual Core EPAs to the level of Entrustable by the end of the second term ; and
e. Completion of a minimum total of 25 Core PBAs to the level of Able to Perform Independently by the end of the second term.

20.3. Progression from GSET2 to GSET3

20.3.1. The requirements for completion of GSET2 and progression to GSET3 are:

a. Satisfactory completion of requirements for GSET1 and GSET2; and
b. Satisfactory completion of SEAM as detailed in Section 13.5.

20.3.2. Failure to meet the SEAM requirements will result in dismissal from the GSET Program.

20.4. Requirements for GSET3

20.4.1. The requirements for successful completion of GSET3 are:

a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
b. Satisfactory completion of any period of Probationary Training;
c. Satisfactory surgical logbook data including primary operator rates and case mix;
d. Completion of remaining Core EPAs (100) to the level of Entrustable by the end of the second term; and
e. Completion of remaining Core PBAs (37) to the level of Able to Perform Independently by the end of the second term.

20.5. Progression from GSET3 to GSET4

20.5.1. The requirements for successful completion of GSET3 and progression to GSET4 are:

a. Completion of requirements for GSET1, GSET2 and GSET3 as per 20.1 - 20.4.
b. Satisfactory completion to the level of Entrustable for 100 Core EPAs.
c. Satisfactory completion to the level of Able to Perform Independently for 37 Core PBAs.
d. Satisfactory completion of any period of Probationary Training.
e. Satisfactory completion of the ASSET, CCrISP, EMST, and TIPS courses.

20.5.2. Trainees who meet all the requirements as per Section 20.5.1a-e will proceed to GSET4.

20.5.3. Trainees who fail to meet these requirements by the second term in GSET3 will be rated and deemed **Not Progressing** and the Trainee will be placed on **GSET3 Extended Learning**. The Trainee will be required to attend a Performance Review and Counselling Meeting as per Section 20.10.

20.6. GSET3 Extended Learning

20.6.1. Extended Learning is an opportunity for a Trainee who has been deemed **Not Progressing** to satisfactorily complete the requirements as per Section 20.4 - 20.5.

20.6.2. The Trainee will be placed on Extended Learning for two (2) terms and will be classified as GSET3 – Extended Learning.

20.6.3. The Trainee will be required to meet the requirements for GSET3 as per Section 20.4 - 20.5. The Trainee will not be permitted to progress to GSET4 until the Extended Learning year has been completed and both terms are rated as Meeting Performance Expectation.

20.6.4. Trainees will be required to complete a Learning and Development Plan.

20.6.5. A Trainee who has not met the requirements as per Section 20.5 by the end of the Extended Learning year may be dismissed from the GSET Program in accordance with Section 23.

20.7. Requirements for GSET4

20.7.1. The requirements for successful completion of GSET4 are:

a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
b. Satisfactory completion of any period of Probationary Training;
c. Satisfactory surgical logbook data including primary operator rates and case mix;
d. Completion of a minimum 30 individual Principal EPAs to the level of Entrustable by the end of the second term; and
e. Completion of a minimum 15 individual Principal PBAs to the level of Able to Perform Independently by the end of the second term.

20.8. Requirements for GSET5

20.8.1. The requirements for successful completion of GSET5 are:

a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
b. Satisfactory completion of any period of Probationary Training;
c. Satisfactory surgical logbook data including primary operator rates and case mix;
d. Completion of remaining Principal EPAs (60) to the level of Entrustable by the end of the second term; and
e. Completion of remaining Principal PBAs (28) to the level of Able to Perform Independently by the end of the second term.

20.8.2. If by 15 October each year, Trainees in their second term of GSET5 have not completed the following the Term will be rated and deemed as **Competency Not Achieved** and the Trainee will be placed on **GSET5 Extended Learning**:

a. 51 Principal EPAs to the level of **Entrustable**

b. 24 Principal PBAs to the level of **Able to Perform Independently**

20.8.3. The Trainee will be required to attend a Performance Review and Counselling Meeting as per Section 20.10.

20.9. GSET5 Extended Learning

20.9.1. Extended Learning is an opportunity for a Trainee who has been deemed **Competency Not Achieved** to satisfactorily complete the requirements as per Section 20.8.

20.9.2. Trainees will be placed on Extended Learning for two (2) terms and will be classified as GSET5 – Extended Learning. Trainees will be required to meet the requirements for GSET5 as per Section 20.8.

20.9.3. Trainees will be required to complete a Learning and Development Plan.

20.9.4. Trainees will not be eligible for awarding of the Fellowship until the GSET5 Extending Learning rotations have been completed satisfactorily.

20.9.5. A Trainee who has not met the requirements as per Section 20.8 by the end of the Extended Learning year may be dismissed from the GSET Program in accordance with Section 23.

20.10. Extended Learning Performance Review and Counselling Meeting

20.10.1. Trainees who have been assessed as Not Progressing (Section 20.5.3) or Competency Not Achieved (Section 20.8.2) will undertake a Performance Review and Counselling meeting as follows:

a. A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative) and two members of the Training Committee. The Trainee may invite a support person who is not a practising lawyer. The proceedings of the interview must be documented. The meeting will address the following:

b. Details of performance

c. Response of the Trainee

d. Remedial action advised via a Learning and Development Plan

e. Frequency at which the plan must be submitted

f. Consequences of not completing requirements for the relevant GSET level and receiving Below Performance Expectation assessments

g. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per Section 20.10.1a.

h. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) working days prior to the meeting.

i. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting to ensure all parties have appropriate documentation.

j. The Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will

be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

20.11. Accelerated Learning

20.11.1. Accelerated Learning is defined as the process by which a Trainee may be able to demonstrate competency expeditiously.

20.11.2. A Trainee may be considered for Accelerated Learning when all of the following requirements have been met:

a. Completion of GSET1 and GSET2 with no ratings of Below Performance Expectation
b. Completion to the level of Entrustable of all Core EPAs and PBAs
c. Completion to the level of Entrustable of 51 Principal EPAs
d. Completion to the level of Able to Perform Independently of 24 Principal PBAs
e. Completion of 850 major operations
f. Completion of 85 colonoscopies
g. Completion of 170 endoscopies
h. Completion of Research Requirement
i. Completion of ASSET, CCrISP, EMST, and TIPS
j. Completion of SEAM

20.11.3. A Trainee must submit a request as per Section 12 and provide the following:

a. Supporting letters from the approved Hospital Surgical Supervisor for each rotation in GSET1 and GSET2.
b. If applying after GSET3, supporting letters from the approved Hospital Surgical Supervisor for each rotation from GSET1 to GSET3.

20.11.4. The Training Committee or Board may defer a decision on a request for Accelerated Learning for up to 12 months.

20.11.5. The maximum time a Trainee may be accelerated is by two (2) rotations (one (1) year). All remaining requirements must be met prior to the awarding of the Fellowship.

20.12. Regression

20.12.1. To ensure that all EPAs and PBAs remain **Entrustable** or **Able to Perform Independently**, the Supervisor will be requested to confirm at Mid and End of Term that the Trainee has retained their skills as demonstrated in the previously completed EPAs and PBAs.

20.12.2. If at Mid-term a Supervisor indicates that regression has occurred, the Trainee will be placed on a Learning and Development Plan and will be required to demonstrate competency for the regressed EPAs or PBAs by the End of Term.

20.12.3. If the Supervisor indicates that regression has occurred for any completed EPA or PBA at the End of Term or that the Trainee has not reached the required level following identification of regression at the Mid-term, the Training Committee will review the assessment and will conduct a Performance Review and Counselling Meeting with the Trainee as per the following.

a. The Trainee will be invited to meet with the Chair of the Training Committee and the Hospital Surgical Supervisor of the term (Panel).
b. The Trainee will be informed that the meeting has been called due to regression identification and will be informed of the areas identified.

c. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

d. The Trainee and the Panel will be provided with an agenda together with the assessment (and Trainee submission if received) prior to the meeting to ensure all parties have appropriate documentation.

e. Following the meeting, the Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

20.12.4. The Trainee's term may be deemed as Below Performance Expectation and the Trainee will then be placed on Probation.

20.12.5. If Trainees complete any of the Principal EPAs or PBAs during GSET1-3, the Supervisor will be required to confirm that the EPAs/PBAs have remained at the competent level.

21. FELLOWSHIP EXAMINATION

21.1. Eligibility to Present

21.1.1. Trainees will be **eligible** to present for the Fellowship Examination after meeting the following requirements:

a. Completion of GSET1, GSET2 and GSET3;

b. Completion of GSET3 Extended Learning if applicable;

c. Satisfactory completion of any period of Probationary Training;

d. Completion to the level of **Able to Perform Independently** of 25% of the total Principal PBAs;

e. Completion of **700** major operative cases in accredited and satisfactory terms, with an appropriate case mix and an overall satisfactory primary operator rate;

f. Fully paid up dues and fees owed to the RACS and GSA; and

g. Presentation of a satisfactory Portfolio of Training. This will be undertaken by the GSA Training Committee Staff at the time of Exam Application review. The Training Committee Chair will review the Training Portfolio.

21.1.2. A Trainee may sit the Fellowship Examination when the following have been undertaken:

a. Trainee has completed all eligibility requirements to sit the Fellowship Examination.

b. Trainee submits the required application form by the due date with any required payment to the RACS.

c. Trainee submits a letter of support from their current Board approved Hospital Surgical Supervisor, if in an approved GSET post, directly to the Board via email at board@generalsurgeons.com.au. Trainees must submit a letter of support before every attempt. For Trainees not in a GSET Post refer to Section 21.2.

d. Trainee submits evidence of three (3) valid Patient History and Clinical Examination Assessments with letter of support (refer *Section 21.3)*.

e. Training Committee submits a formal notification to the Board supporting the Trainee in presenting for the Fellowship Examination.

f. Any further conditions that have been recommended by the Board or Training Committee as per the RACS Fellowship Examination Eligibility, Review and Feedback Policy have been satisfactorily completed.

g. Board formally approves the Trainee's application to present for the Fellowship Examination. The Board is unable to approve applications to present where 21.1.1, 21.1.2c – d, and 21.1.2f have not been met.

21.1.3. Trainees who receive a Below Performance Expectation rating for the End of Term Assessment or Below Performance Expectation Mid-term Assessment, in the term preceding the Fellowship Examination attempt, will not be approved to present for the Fellowship Examination.

21.1.4. Trainees who are deemed to be Poor Performers or Safety Concerns as per the RACS Fellowship Examination Policy may not be approved to present for the following Fellowship Examination. Trainees will only be approved for a future Fellowship Examination following satisfactory completion of any conditions as per Section 21.1.6

21.1.5. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback in the form of a report from the Court of Examiners. The Trainee will be invited to attend a meeting in accordance with the RACS Fellowship Examination Eligibility, Review and Feedback Policy.

21.1.6. Trainees who are unsuccessful in the Fellowship Examination will be required to participate in specified exam preparation activities including the use of the Exam Preparation Form, upon recommendation by the Training Committee or the Board. Trainees will be provided with conditional approval to present for a subsequent sitting of the Fellowship Examination contingent upon the Trainee meeting all recommendations relating to exam preparation. The Board may withhold approval or withdraw conditional approval for presenting for the Fellowship Examination if Trainees fail to comply with or do not satisfactorily fulfil the exam preparation recommendations.

21.2. Exam Pending Trainees

21.2.1. Trainees who have completed all training requirements including Clinical Rotations but are yet to complete the Fellowship Examination will be considered Exam Pending.

21.2.2. Exam Pending Trainees will be required to provide the Training Committee with the following information one (1) month prior to the due date for the RACS Fellowship Examination application as per Section 21.1.2b:

a. A description of clinical activities undertaken since completing Clinical Rotations in the GSET Program.

b. A description of exam preparation activities undertaken since completing Clinical Rotations in the GSET Program.

c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the GSET Program.

d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Training Committee.

e. A signed letter from a current clinical Supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing.

f. Three (3) valid Patient History and Clinical Examination forms (refer Section 21.3).

21.2.3. Where an Exam Pending Trainee is unable to provide the required information or where the Training Committee deems it necessary to seek clarification on the suitability of the Trainee to present for the Fellowship Examination, the Training Committee may request further information or ask the Trainee to attend an interview.

21.2.4. The above documentation is **in addition** to the RACS Fellowship Examination Application form, which must be completed and returned to the RACS as per the Application Process outlined on the RACS website.

21.3. Patient History and Clinical Examination Assessment

21.3.1. The Patient History and Clinical Examination Assessment has been designed to assess the Trainee on their ability to clinically examine a patient.

21.3.2. The assessment involves the Hospital Surgical Supervisor or delegate (Assessor) observing the Trainee interact with a patient in an unrehearsed clinical encounter in the workplace.

21.3.3. The Assessor's evaluation is recorded on a structured checklist which enables them to determine their readiness to practice as an independent Consultant.

21.3.4. The complexity of the patient's condition must be commensurate with the level expected of an independent Consultant in terms of clinical assessment and development of a management plan.

21.3.5. Assessors are required to observe and assess the trainee taking a history, performing a physical examination, and discussing a management plan with the patient.

21.3.6. Trainees will be assessed against eight (8) criteria and they will be marked as either:

a. Below Expectation for an Independent Consultant

b. Meets Expectation for an Independent Consultant

21.3.7. A Trainee must achieve a mark of Meets Expectation for an Independent Consultant for six (6) of the eight (8) criteria for a form to be deemed as `Valid'.

21.3.8. Trainees applying to sit the Fellowship Examination will be required to submit three (3) valid Patient History and Clinical Examination Assessment by a minimum of two (2) different Assessors.

21.3.9. The Hospital Supervisor will co-sign each final Assessment form where they were not the Assessor. This will indicate that the Hospital Supervisor agrees with the outcome of the Assessment.

21.3.10. The three (3) observed cases must be from different disciplines within General Surgery.

21.3.11. Trainees do not need to submit new forms for each exam attempt unless specifically requested to in accordance with 21.1.6.

22. COMPLETION OF GSET

22.1. Fellowship Requirements and Process

22.1.1. A Trainee must meet the following requirements before being awarded the full RACS Fellowship:

a. Satisfactory completion of GSET1 to GSET5

b. Completion of Core and Principal EPAs and PBAs

c. Satisfactory surgical logbook statistics consisting of a minimum of **1000** major operative cases over accredited and satisfactory terms and with satisfactory primary operator rates and case mix

d. Satisfactory completion of the minimum number of upper gastrointestinal endoscopies and colonoscopies

e. Satisfactory completion of the ASSET Course

f. Satisfactory completion of the CCrISP Course

g. Satisfactory completion of the EMST Course

h. Satisfactory completion of the TIPS Course

i. Satisfactory completion of the Research Requirement

j. Satisfactory completion of the General Surgery Fellowship Examination

k. Satisfactory attendance at the required number of GSA Trainees' Days

l. Fully paid up dues and fees owed to the RACS and GSA

22.1.2. Once the Trainee has successfully completed all requirements of the GSET Program, it is the Trainee's responsibility to complete the RACS Fellowship Application form to commence the awarding process.

22.1.3. Trainees may be approved for provisional Fellowship following submission of a Mid-term Assessment rated as At Expected Performance in the 10th rotation, providing all other requirements have been met.

22.1.4. The Chair of the relevant Training Committee will confirm successful completion of all components of the GSET Program.

22.1.5. Upon notification from the Training Committee, the Chair of the Board will recommend to the RACS awarding of the Full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.

23. APPENDIX 1 - DISMISSAL UNSATISFACTORY PERFORMANCE

23.1. Conditions

23.1.1. Trainees may be considered for dismissal under the following circumstances:

a. the Trainee's performance has been rated as Below Expected Performance during a Probationary period; or

b. the Trainee's performance has been rated as Below Expected Performance for three (3) or more terms; or

c. the Trainee has not completed the requirements for GSET1-3 by the end of GSET3 Extended Learning; or

d. the Trainee has not completed the requirements for GSET4-5 by the end of GSET5 Extended Learning.

23.2. Review Process

23.2.1. Following confirmation that a Trainee has met one or more conditions in Section 23.1.1 the following process will occur:

a. The Trainee will be placed on suspension for a minimum period of one (1) term pending review by the Training Committee and the Board.

b. The Trainee will be interviewed by a Panel.

23.2.2. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:

c. Details of performance

d. Response of the Trainee

e. Continuation in the GSET Program

f. Process following interview

g. The Trainee may invite a support person who is not a practicing lawyer.

h. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

i. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the unsatisfactory assessments and the Trainee submission if received prior to the meeting to ensure all parties have appropriate documentation.

j. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

k. Where a Trainee has been duly notified of the meeting as per Section 23.2.2b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

23.2.3. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The

Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

23.2.4. The Board will make the final decision on whether or not the Trainee should be dismissed. If dismissal is not recommended, the Board can stipulate any additional Probationary periods or conditions the Trainee will be required to abide by upon resuming training. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program.

23.2.5. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

23.2.6. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

24. APPENDIX 2 - MISCONDUCT

24.1.1. Conduct identified as misconduct is defined in the RACS SET Misconduct Policy.

24.1.2. Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Supervisor, Fellow or other person has identified the misconduct, it should be reported in writing to the Board.

24.1.3. The allegation may be put by the Board to the Trainee, in writing, for an initial response, including sufficient detail to enable a response.

24.1.4. If the Trainee's response is viewed by the Board as inadequate, or a response is not received, the process as per Section 24.1.6 and Section 24.1.7 will be followed.

24.1.5. If the Trainee's response is viewed by the Board as adequate, or if there is no documented proof of the allegation, no further action will be taken.

24.1.6. When Section 24.1.4 applies, the process is as follows:

a. The Trainee may be placed on suspension pending review by the Training Committee and the Board. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program, should the Trainee return to the GSET Program following the review.

b. The Trainee will be interviewed by a Panel.

24.1.7. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:

c. Details of the allegation

d. Response of the Trainee

e. Continuation in the GSET Program

f. Process following interview

g. The Trainee may invite a support person who is not a practicing lawyer.

h. The Trainee will be provided the opportunity to make a formal written submission to the Panel. The Trainee will be provided with a reasonable opportunity to be heard, produce evidence, have relevant persons contacted and make written submissions in relation to all allegations. The submission must be received at least two (2) days prior to the meeting.

i. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

j. Where a Trainee has been duly notified of the meeting as per Section 24.1.7b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

24.1.8. The Panel may determine possible penalties for the misconduct. The Panel will make a final recommendation to the Board.

24.1.9. If dismissal is not recommended by the Panel, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a Probationary term and Learning and Development Plan.

24.1.10. Where the Panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

24.1.11. The Board will make the final decision on whether or not the Trainee should be dismissed.

24.1.12. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

24.1.13. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

25. APPENDIX 3 - RECONSIDERATION, REVIEW, AND APPEAL

25.1. Reconsideration Process

25.1.1. This section sets out the process undertaken by the Board in line with the RACS Reconsideration, Review and Appeal (RRA) Regulation.

25.1.2. The process provides for Reconsideration of the original decision under these Regulations and the RRA Regulation.

25.1.3. The original decision maker under these Regulations is the Board.

25.1.4. The Board will only consider decisions that are within Section 3.1 of the RRA Regulation.

25.1.5. Applications for Reconsideration must be addressed to the Board Chair via email board@generalsurgeons.com.au and as per Section 4.2 of the RRA Regulation.

25.1.6. Unless otherwise specified, references to any days are to be read as calendar days, not business days. If requests are submitted outside of business hours (Melbourne time), they will not be recorded until the next business day (Melbourne time). If due dates fall on a weekend or public holiday (Melbourne), the due date will be extended to the close of business of the next business day.

25.1.7. Applications submitted to the Board must:

a. be in accordance with Section 4.1 of the RRA Regulation ;

b. specify the decision to be reconsidered;

c. include the grounds for reconsideration as per Section 3.2 of the RRA Regulation; and

d. not be in relation to a decision previously subject to Reconsideration, Review or Appeal under these Regulations and the RRA Regulation.

25.1.8. If the grounds include an allegation of discrimination, bullying or sexual harassment, the allegation will be reported to the RACS in accordance with its Policies.

25.1.9. The Board or appointed representative will review the application and determine if it meets the criteria for reconsideration as per Section 3.2 of the RRA Regulation. If the application is deemed not to meet the criteria or if the matter has previously been through the Reconsideration process, the Trainee will be informed within seven (7) days of receipt of the application.

25.1.10. If the application meets the criteria, the application will be considered by the Board at the next appropriate Board meeting, noting that the Board does not meet monthly. The Trainee will be informed of the date the Board is meeting to undertake the Reconsideration.

25.1.11. The Board will take into consideration documentation as outlined in Section 4.3 of the RRA Regulation together with information gathered as part of 25.1.12.

25.1.12. In reviewing the documentation, the Board may inform itself as it sees fit and in line with the following:

a. Where the Board determines the process materially involves a third party or parties, they may be contacted and provided with the allegations made against them or details of the events they may have witnessed in a manner which allows them to properly consider and respond.

b. The Panel may request further information from the Trainee, or third parties identified as relevant at any time during the process.

c. The Board will afford the Trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.

d. If a Trainee chooses not to provide further information requested by the Board, the process will be conducted in the absence of any response from the Trainee.

e. The Board in undertaking its Reconsideration, or a nominated person acting on behalf of the Board, may liaise with the Trainee or other relevant people as appropriate. The Trainee will be notified of all persons to be contacted during the process.

25.1.13. If the Board is required to undertake the process outlined in 25.1.12, the Trainee will be notified that the final outcome cannot be determined until such time as the Board has finalised the process outlined in 25.1.12. The Trainee will be provided with a revised timeline.

25.1.14. The Board will provide a written response of the outcome seven (7) days after the Board meeting. The written response will not include the reason for the decision.

25.1.15. If the Board varies the decision the Board may stipulate conditions the Trainee will be required to adhere to.

26. APPENDIX 4 - RESEARCH POINTS

The following outlines the maximum number of points available per category and the points awarded within each category.

26.1. Approved Research Projects

26.1.1. Trainees may score a maximum of 500 points.

26.1.2. Trainees may score points for multiple projects that adhere to Section 14.3.

Component	Points
Concept and design of research project	20
Ethics submission of research project	20
Laboratory work or clinical study of research project	20
Data collection of research project	10
Data analysis of research project	20
Conclusion and/or discussion of outcomes of research project	10
Named author in each publication from the project	100
Named contributor (that is not a named author) in each publication from the project	25
International oral presentation undertaken by Trainee *Only the presenting Trainee is awarded points.* *An international meeting is one that is convened by an organisation or society outside of Australia and New Zealand except for the RACS Annual Scientific Congress, which will be considered International.*	50
National oral presentation undertaken by Trainee. *Hospital or State meetings are not considered National.*	25

26.2. Higher Degrees

26.2.1. Trainees may score a maximum of 500 points as follows:

Component	Points
PhD or MD *MDs awarded as basic medical degrees are excluded.*	500
Masters by course work or thesis *Course work must include a Research subject*	300
Diploma by course work or thesis *Course work must include a Research subject*	200
Graduate Certificate by course work or thesis	100

Component	Points
Course work must include a Research subject	

26.3. Grants, Scholarships, and Awards

26.3.1. Trainees may score a maximum of 100 points as follows:

Component	Points
Research grant submission as a chief investigator	50
Research grant received as a chief investigator	100
Research scholarship awarded	100
Best Oral Presentation at International/National/bi-National meeting *Receiving second or third place award or special mentions are excluded*	50
Best Oral Presentation at Australian state/territory, University, or Hospital meeting *Receiving second or third place award or special mentions are excluded*	25

26.4. Courses

26.4.1. Trainees may score a maximum of 100 points as follows:

Component	Points
CLEAR	50
Courses with formative and summative assessments	50

26.5. Completed Research Projects prior to GSET Commencement

26.5.1. Trainees may score a maximum of 100 points as follows:

Component	Points
Research publications as first author	50
Research publications as not first author	25
International oral presentation undertaken by Trainee *An International meeting is one that is convened by an organisation or society outside of Australia and New Zealand.*	50
National oral presentation undertaken by Trainee. *Hospital or State meetings are not considered National.*	25
Prospective randomised trial	50
Systematic Review (with PRISMA Criteria) / Meta-Analysis	50

27. APPENDIX 5 - SURGICAL EDUCATION AND ASSESSMENT (SEAM) STANDARD SETTING

27.1. Purpose and Scope

27.1.1. This Section provides the framework in which the assessment component of the Surgical Education and Assessment Modules (SEAM) will be Standard Set.

27.1.2. As per Section 13.5, SEAM is a summative evaluation of a candidate's knowledge, understanding and application of following key areas of the practice of General Surgery:

a. Acute Abdomen
b. Anatomy
c. Haematology
d. Nutrition
e. Operating Theatre
f. Peri-operative Care
g. Post-Operative Care
h. Trauma and Critical Care

27.1.3. The requirements for the completion of SEAM by General Surgery Trainees and pass mark required for satisfactory completion is specified in Section 13.5.

27.2. Format of SEAM

27.2.1. SEAM consists of two segments and is conducted online as an eLearning Module:

a. Content
b. Summative Assessment consisting of 20 randomly generated questions containing two (2) easy, sixteen (16) medium, and two (2) hard questions.

27.3. Method of Standard Setting Assessment Component

27.3.1. A modified Angoff Method will be used to Standard Set the assessment component of SEAM.

27.4. Subject Matter Experts (SME)

27.4.1. A minimum of six (6) to maximum of ten (10) SMEs will be selected to form the panel that will review a module.

27.4.2. SMEs will be either Board or Training Committee members.

27.5. Application

27.5.1. Each SME will review the questions and independently rate as easy, medium, or hard.

27.5.2. The probability categorisation of the ratings will be as follows:

a. Easy - 90%
b. Medium - 80%
c. Hard - 70%

27.5.3. The SMEs will be provided with the performance statistics for each question and will have the ability to review their rating.

27.5.4. The ratings for each question will be averaged at the completion of the reviews.

27.5.5. The questions will be rated to the closest probability categorisation.

27.6. Review of Attempts

27.6.1. A Trainee's attempt will be reviewed if they have not satisfactorily passed the assessment component of a module and the following situation occurs:

a. A question is deemed not suitable and therefore retired from the question bank.

b. A question is deemed to be considerably ambiguous such that a candidate would have been disadvantaged.

27.6.2. In the event of Section 27.6.1a or Section 27.6.1b, all Trainees who meet Section 27.6.1 who were presented with the question will have their score adjusted by 1 mark.

27.6.3. If the adjustment increases their attempt score to 80%, the Trainee will be informed that they have passed the summative assessment component of the module.

27.7. Timeframe

27.7.1. Each module will be Standard Set every two years.

BOARD OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

Royal Australasian College of Surgeons, Australian Society of Otolaryngology Head and Neck Surgery
and the New Zealand Society of Otolaryngology Head and Neck Surgery Incorporated

Training Regulations:

Effective: 1st July 2020

For the Surgical Education and Training Program in Otolaryngology Head and Neck Surgery

Author **Board of Otolaryngology Head and Neck Surgery**

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TABLE OF CONTENTS

1. INTRODUCTION

1.1. Definitions and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

Term	Definition
Accredited Research	Research undertaken by a trainee that is recognised by the Board as contributing to the completion of the SET Program
ASOHNS	Australian Society of Otolaryngology Head and Neck Surgery
ASSRS	Academic Surgeon-Scientist Research Scholarship
Assessment Forms	In Training Assessment forms that summarise a trainee's performance during each clinical rotation
Board	Board of OHNS, RACS
BSET	Board of Surgical Education and Training, RACS
CBD	Case Based Discussion
Censor in Chief	Office bearer responsible for the education portfolio of RACS
Deferral	A delay in the commencement of a trainee in the Surgical Education and Training program.
DOPS	Direct Observation of Procedural Skills in Surgery
Exam Pending	A trainee who has completed the required clinical rotations of training but has yet to complete the non-clinical elements and/or the Fellowship Examination.
Exceptional Circumstances	Abnormal or rare events that are beyond the trainee's control, have a prolonged impact and which would not normally be expected or planned for
EOTA	End of Term Assessment
Formative Assessment	All assessments that allow a trainee to reflect on their progress and to modify learning activities to aid attainment of the requisite standard
FEX	Fellowship Examination
Flexible Training	Training in an accredited training post with a time commitment greater than 50% but less than 100% full time equivalent
FRACS	Fellowship of the Royal Australasian College of Surgeons
Improvement Required	In the End of Term Assessment, the trainee is progressing towards but has not quite met the expected level of competence.
Interruption	A period of leave from the training program. This may also involve leave from the clinical rotation, which is arranged separately by the trainee with the employer
LAP	Learning Action Plan
Mini-CEX	Mini Clinical Examination
MTA	Mid Term Assessment
Mid Term Date	Three (3) months following the Rotation start date
NZATM	New Zealand Annual Trainees Meeting
NZSOHNS	New Zealand Society of Otolaryngology Head and Neck Surgery
OBD	ATSI Outreach Clinic Based Discussion
OHNS	Otolaryngology Head and Neck Surgery

PBA	Procedure Based Assessment
Performance Concerns	In the EOTA the trainee has not met the expected level of competence refer to section 10.4 of these regulations
PMP	Performance Management Plan
Progressing Well	In the EOTA the trainee has met the expected level of competence.
RACS	Royal Australasian College of Surgeons
RGMATM	Robert Guerin Memorial Annual Trainees Meeting
Regional Training Subcommittee or RTS	A subcommittee of the Board of OHNS, RACS responsible for the management of trainees in NSW/ACT/NT; QLD; SA; VIC; WA & NZ
RTS Chair	Regional Training Subcommittee Chair
Research	The pursuit of new and original knowledge in surgery
Research Higher Degree	Research, without coursework, leading towards a University higher degree by thesis examination
RPL	Recognition of Prior Learning
Rotation	Six (6) month placement in an accredited training position
Satisfactory	Trainee has met the expected level of competence
SET Program	Surgical Education and Training Program in OHNS
SSE	Specialty-Specific Examination
Summative Assessment	Assessment of whether a trainee has demonstrated a level of satisfactory performance in the RACS competencies to permit accreditation of that rotation. This includes the EOTA & Logbook.
Surgical Supervisor	Consultant surgeon in a hospital with an accredited trainee. The Surgical Supervisor is appointed and approved by the Board and is a member of the Regional Training Subcommittee. The Surgical Supervisor coordinates the supervision and education of trainees who rotate through an accredited training position in that hospital
Surgical Trainer	A Surgical Trainer is a Fellow of the Royal Australasian College of Surgeons acting as an OHNS surgical consultant and is a member of the training unit.
Suspension	A temporary prohibition or exclusion from participation in the SET program
TEAC	Training, Education and Accreditation Committee of NZSOHNS
Term	Six (6) month placement in an accredited training position
Trainee	Registered trainee in the SET Program in OHNS
Unsatisfactory	Trainee has not met the expected level of competence
Working Day	Monday to Friday not including public holidays

1.2. Overview of the Regulations

1.2.1. These Regulations govern the Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) Program in Otolaryngology Head and Neck Surgery (OHNS). These Regulations are in accordance with the policies and strategic direction of RACS.

1.2.2. These Regulations are specific to the SET program in OHNS and do not cover in detail, requirements that are already explicit in RACS Policies. At times these Regulations may refer directly to a RACS policy, the Board advises that these Regulations should be read in conjunction with RACS policies available at www.surgeons.org.

1.2.3. All trainees, Surgical Supervisors, Accredited Training Units, Regional Training Subcommittees and Board Members are required to comply with these Regulations at all times.

1.3. Variation to the Regulations

1.3.1. The information in these Regulations is accurate at the time of publication. The Board of Otolaryngology Head and Neck Surgery (the Board) reserves the right to amend the Regulations at any time. As the Regulations do change, the most current version is the one that will be referred to and is available on the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) and RACS websites. All persons should ensure that they are consulting the most current version.

1.3.2. In the event of any discrepancy or inconsistency between these Regulations and other information from any other source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.

1.4. Administration and Ownership

1.4.1. The RACS is the body accredited and authorised to conduct SET in Australia and New Zealand.

1.4.2. The SET Program in OHNS is the accredited program to obtain Fellowship of the Royal Australasian College of Surgeons (FRACS) in the specialty of OHNS. The Board delivers the OHNS SET Program in Australia and New Zealand and these Regulations apply to both countries. The OHNS SET Program is administered in Australia by ASOHNS in accordance with the Collaboration Agreements signed with the RACS by ASOHNS and in New Zealand by RACS New Zealand.

1.4.3. For further information refer to the RACS Specialty Boards and their Regional Subcommittees Terms of Reference available at www.surgeons.org.

1.5. Governance of the SET Program in Otolaryngology Head and Neck Surgery

1.5.1. The Board is responsible for the delivery of the OHNS SET Program and associated activities as delegated in the RACS Terms of Reference for Specialty Boards and their Regional Subcommittees. The Board is responsible for advising the RACS Council on training and accreditation via the RACS Board of Surgical Education and Training (BSET) and the RACS Education Board.

1.6. Acknowledgement

1.6.1. By signing the Acknowledgement detailed in Appendix 1 the trainee acknowledges that they have read and understood these Regulations.

2. TRAINEE ADMINISTRATION

2.1. Registration and Training Fees

2.1.1. Trainees selected into the OHNS SET Program in accordance with the Selection Regulations, will be registered with the RACS in accordance with the *RACS Trainee Registration and Variation Policy*.

2.1.2. There are two components to the training fee in OHNS – RACS and Specialty. RACS is responsible for determining the RACS component. ASOHNS is responsible for determining the Specialty component for Australian trainees and RACS New Zealand is responsible for determining the Specialty component for New Zealand trainees.

2.1.3. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email: SET.enquiries@surgeons.org

2.1.4. Training fees are approved by the RACS Council in October each year and published on the RACS website. Invoices are issued prior to the commencement of the training year.

2.1.5. Trainees who fail to pay outstanding monies owed to the RACS may be dismissed in accordance with the *RACS Trainee Dismissal from Surgical Training Policy* and the *RACS Surgical Education and Training Fees Policy*.

2.1.6. Trainees who are accepted in the Academic Surgeon-Scientist Research Scholarship program (ASSRS) as a Surgeon Scientist shall be required to pay the Administration Fee during their approved period of research in training.

2.2. Leave

2.2.1. Trainees undertaking full-time training may not exceed six (6) weeks leave from the training program during each six-month surgical rotation (all leave is subject to approval by the employing authority). Periods of leave beyond this may result in the rotation not being accredited towards training.

2.2.2. With the exception of medical, carer's, educational or parental leave, trainees on probation cannot apply for leave in the first 4 (four) weeks of commencement of their probationary term.

2.2.3. The maximum leave for trainees on probation may not exceed four (4) weeks from the training program for that probationary term.

2.2.4. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carer's leave. Trainees wishing to take more than six (6) weeks of leave during a surgical rotation must apply for interruption of training in accordance with section 2.3 and approval of the leave by the employing authority.

2.2.5. Trainees who take any leave from training without the prior notification or approval from the employing authority and Surgical Supervisor; will be considered to have abandoned their post. Upon learning that a trainee has left their employment, the Board will provide ten (10) days' notice to the trainee to attend a meeting which will consider their continued participation in the training program. Should the trainee not respond, or not attend the meeting, the trainee will be dismissed in accordance with the *RACS Dismissal from Surgical Training Policy*.

2.3. Interruption

2.3.1. An interruption is a period of approved absence by a trainee from the SET Program following the commencement of SET.

2.3.2. The Board is not the employer and approval of a period of interruption does not compel a trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.

2.3.3. Trainees may apply for the following types of interruption:

a. Medical

b. Parental

c. Carers

d. Personal

e. Accredited Research

2.3.4. Requests for interruption must be made in accordance with the *RACS Trainee Registration and Variation Policy* and these regulations. The Board does not have the authority to grant requests that do not comply with RACS policy.

2.3.5. Except for medical, carer's or parental leave, trainees cannot apply for interruption during the first six months of training.

2.3.6. Applications for interruption must be for periods in multiples of six (6) months.

2.3.7. Trainees are not permitted to apply for accreditation of clinical work performed during any period of interruption.

2.3.8. In order to minimise vacancies on the training program and to not disadvantage other trainees, the Board may require the period of interruption to be greater than what was applied for.

2.3.9. The Board may set conditions the trainee must meet prior to returning to active training following a period of interruption. The Board may also set conditions applicable to the trainees clinical training upon returning from a period of interruption.

2.3.10. All requests for interruption must be made on the approved Trainee Request form and must include all applicable information.

2.3.11. Requests for extension to interruption must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

2.3.12. All requests are to be considered by the relevant Regional Training Subcommittee (RTS), with final approval by the Board.

2.3.13. The Board will notify trainees in writing as to whether their request has been approved or otherwise. Trainees are advised not to take any action until written notification from the Board has been received.

2.3.14. Trainees who return to training from a period of Interruption will remain at the competency level they were at the time of the request.

2.3.15. Trainees returning to training from a period of interruption may be required to undertake a Return to Work Plan to enable the assessment of technical and medical expertise.

2.4. Medical Interruption

2.4.1. Trainees who request medical interruption must provide a medical certificate. This must include reasons from their treating doctor at the time of the request.

2.4.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training to indicate their fitness to return to training. In addition, trainees may be required to undertake a Return to Work Plan as defined in 2.3.15 and adhere to conditions set by the Board as defined in 2.3.9.

2.4.3. The Board reserves the right to appoint a Medical Practitioner to assess a trainee whose medical interruption exceeds six (6) months.

2.4.4. In some circumstances, trainees may not be able to continue or re-enter training or may need to re-enter after a period of competence assessment. The management of this process will be in accordance with the *RACS Ill, injured and Impaired Policy*.

2.5. Accredited Research Interruption

2.5.1. Accredited research can be undertaken during interruption only if pre-approval by the Board has been obtained.

2.5.2. Requests for research approval must adhere to the conditions set out in section 8 of these regulations.

2.5.3. Trainees on approved research interruption must submit six (6) monthly Research Progress Reports (RPRs) signed by the Research Supervisor for approval by the Board.

2.6. Flexible Training

2.6.1. Flexible training is a period of training undertaken on a less than full-time basis.

2.6.2. Requests for flexible training must have a training commitment of at least 50% of a full-time trainee in any one training year.

2.6.3. Requests for flexible training must be made in accordance with the *RACS Trainee Registration and Variation Policy* and these Regulations. The Board does not have authority to grant requests that do not comply with RACS policy.

2.6.4. Applications for flexible training must be made at least six (6) months prior to the commencement of the proposed period of Flexible Training. Requests submitted after this time will only be considered in Exceptional Circumstances as defined in 1.1 of these Regulations.

2.6.5. All requests for flexible training must be made on the approved Trainee Request form and must include all required and applicable information.

2.6.6. The Board is unable to guarantee that Flexible Training accredited training positions can be identified, and requests fulfilled.

2.6.7. Flexible training will be accredited at the same time component at which the post is approved (i.e. a trainee approved to undertake a rotation at 75% full-time equivalent will have 0.75 of the normal rotation recognised as contributing to training). The overall time required to complete training will be considered on an individual basis according to the trainee's circumstances, reflective of assessment of competence.

2.6.8. Trainees undertaking flexible training will be required to complete In Training Assessments on a pro-rata basis.

2.6.9. Trainees granted approval to undertake a period of Flexible Training must complete a Mid Term and End of Term Assessment with logbook data.

2.7. Transfer of Training Between Regions

2.7.1. Upon acceptance of a position on the SET **Program trainees are expected to remain in their allocated region for the duration of the SET Program**. Transfers between regions will only be considered under Exceptional Circumstances as defined in section 1.1 and approved by the Board.

2.7.2. The relevant Regional Training Subcommittees must first have agreed to the request prior to it being submitted to the Board for consideration. The request must be submitted on the approved Trainee Request form available on the ASOHNS website, for consideration by the Board.

2.7.3. Trainees are required to demonstrate they have been making Satisfactory progress with respect to Assessments and Surgical Experience in their most recent term for a transfer to be approved.

2.7.4. Requests cannot be made during a probationary rotation.

2.7.5. Approved transfer requests may be withdrawn by the Board if a trainee subsequently receives an Unsatisfactory rating at the End of Term Assessment.

2.8. Extension to Training

2.8.1. Requests for extension to training must be made to the Board on the approved Trainee Request form.

2.8.2. The Board may also require a trainee to undertake an extension to training based on performance.

2.8.3. Trainees submitting a request must specify the following:

a. Length of extension

b. Reason for extension

c. Areas the trainee does not feel competent in.

2.8.4. Extension to training will only be approved if a suitable post is available.

2.8.5. If an extension to training has been approved, the trainee must complete the extension and participate in all assessments outlined in sections 4.4, 8 and 9 of the Regulations prior to Fellowship being approved.

2.9. Withdrawal from the Training Program

2.9.1. Trainees who do not wish to continue on the OHNS SET Program must notify the Board of their intention to withdraw on the approved Trainee Request form.

2.9.2. The trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated rotations for the training year.

2.9.3. Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

2.9.4. Should a trainee resign from a position of employment, they are also considered to have resigned from the training program. Trainees should not resign from employment before contacting their Surgical Supervisor and RTS for support, advice and guidance.

2.10. Deferral of Training

Trainees can request a delay in the commencement of the OHNS SET program at the time of acceptance of offer.

2.10.1. Requests for deferral of training must be made in accordance with the *RACS Trainee Registration and Variation Policy* and these Regulations. The Board does not have authority to grant requests that do not comply with RACS policy.

2.10.2. Requests for deferral of training must be submitted by applicants to the OHNS SET Program at the time of acceptance of offer. Requests submitted after this time will only be considered in Exceptional Circumstances as defined in 1.1 of these Regulations.

2.10.3. Trainees already in a SET program and offered a position may apply for deferral so as to complete their current program in accordance with the *RACS Trainee Registration and Variation Policy.*

2.10.4. The Board will notify trainees in writing as to whether their request has been approved or otherwise. Trainees are advised not to take any action until written notification from the Board has been received

2.11. Trainee Request Process

2.11.1. For all training requests referred to in sections 2.3 – 2.7 of these Regulations the following processes and timelines are applicable:

All requests must be made on the approved Trainee Request form available on the ASOHNS website www.asohns.org.au.

The Board must receive all Trainee Requests for the following year no later than 31 July each year in time for the August Board meeting. Requests for medical or parental interruption will be provided with exemptions to this timeline provided appropriate documentation is submitted with the request and the request has been made in accordance with all relevant RACS policies.

Requests submitted after this date will only be considered in Exceptional Circumstances as defined in 1.1 of these regulations.

2.11.2. All Trainee Requests referred to in sections 2.2 – 2.9 of these Regulations will be sent to the relevant RTS for consideration before recommendation to the Board.

2.11.3. Once a decision at the applicable Board meeting has been reached, the trainee will be notified within seven (7) working days.

2.11.4. Trainees must not make arrangements or take any action prior to receiving the final written notification of the outcome of their request from the Board.

2.11.5. All requests to the Board or Regional Training Subcommittees must be made in accordance with the relevant RACS policies. The Board does not have authority to grant requests that do not comply with RACS policy.

3. SET PROGRAM OBJECTIVE & CURRICULUM

3.1. Objective

3.1.1. The overall objective of the SET Program is to produce competent independent specialist surgeons in OHNS with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

3.1.2. The SET program is based on the *RACS Surgical Competence and Performance Guide* which provides a framework to aid the assessment and development of surgeons across all areas of surgical practice. The surgical competencies defined in this guide underpin all aspects of training and is available on www.surgeons.org.

3.1.3. The RACS surgical competencies have been integrated into specific OHNS learning outcomes at differing levels that are aligned with the SET syllabus modules and curriculum components.

3.1.4. The learning outcomes are delivered by a number of training methods and opportunities as outlined in the curriculum including structured educational programs, skills courses, self-directed learning and on the job training

3.1.5. To assess the accomplishment of the learning outcomes, multiple assessment tools and performance-based requirements are applied to determine the degree of progression towards the competencies and suitability to continue, and complete, training.

3.2. Curriculum

3.2.1. The OHNS SET Curriculum provides specific guidance to trainees and trainers on the knowledge and skills expected at various stages of the training program (competencies). Trainees should refer to the *OHNS Curriculum* available on the ASOHNS website as a guide as they progress through the SET Program.

3.2.2. The Curriculum provides a framework for the acquisition and assessment of knowledge, skills and attitudes to enable an individual to develop into a proficient surgeon.

a. **Knowledge** is a body of evolving information that forms a basis for learning, decision-making and practical application.

b. **Skills** are the ability and capacity to perform tasks. These tasks can be technical or non-technical.

c. **Attitudes** are appropriate non-technical professional behaviours.

d. **Competence** is the ability to successfully meet complex demands through the integration and application of learned facts, skills and affective qualities needed to serve the patient, the community and the profession. All of the nine RACS competencies are interdependent and equally important.

3.2.3. The Curriculum is structured as five discipline-specific modules:

a. Facial Plastics
b. Head and Neck
c. Otology
d. Paediatric Care
e. Rhinology

3.2.4. And three affiliated modules:

a. Universal Professional Skills
b. Patient Management
c. Social Determinants of Health

3.2.5. The Curriculum utilises a competency-based approach to learning and assessment; it is organised around stated outcomes and observable activities. The curriculum is characterised by:

a. integrated activities that progressively increase in complexity
b. individualised learning
c. domains of competence
d. integration of knowledge and clinical experience
e. assessment of performance in relation to competencies and standards
f. assessment criterion referenced rather than in relation to other learners
g. programmatic assessment

3.2.6. The Curriculum defines Medical Expertise, Clinical Decision Making and Technical Expertise for each module and topic and across three standards of performance. Trainees progress through three stages in OHNS SET. These stages are characterised by the following identified standards:

a. **Novice**: the behavioural markers that describe a trainee who has commenced surgical training and who has an aptitude for their surgical specialty.
b. **Intermediate**: the behavioural markers that describe the performance of a surgical trainee who is clearly progressing but who still needs a reasonable amount of supervision, has some way to go before being regarded as competent, and thus ready for more independent surgical practice.
c. **Competent**: the behavioural markers that describe the performance of a trainee nearing the end of their training program and who can be trusted to perform with a minimum of supervision unless the situation is complex.

4. SET PROGRAM GENERAL REQUIREMENTS

4.1. Training, Terms and Posts

4.1.1. All training rotations are six (6) months in duration. Experience in both Paediatrics and Head and Neck is essential. There should be a minimum of six months in each of these disciplines during the OHNS SET Program.

4.1.2. Hospitals which host an accredited Head and Neck training position are required to meet the specifications set out in the *OHNS Hospital Accreditation Criteria.*

4.1.3. Hospitals which host an accredited Paediatric training position are required to meet the specifications set out in the *OHNS Hospital Accreditation Criteria.*

4.1.4. The Board in accordance with the *RACS Trainee Registration and Variation Policy*, has determined the period permitted to complete the requirements of the OHNS SET Program is a maximum of fourteen (14) Rotations. OHNS SET Progression requirements are specified in section 6.2 of these Regulations.

4.2. Clinical Training Positions

4.2.1. Clinical training positions facilitate workplace hands on service learning and exploration in a range of training environments providing the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist in OHNS.

4.2.2. Clinical training positions are accredited to the standards set out in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training booklet.

4.2.3. Each training unit has its own profile for patient case mixes, supervision, staffing levels, working requirements for Trainees and equipment. The Board believes it is essential that trainees are exposed to varied working environments during training. The maximum a trainee may spend in any one training unit is two years.

4.2.4. The Board together with the Regional Training Subcommittees conducts the allocation of trainees to accredited positions during all clinical training years. Trainees may be assigned to a position anywhere in the country (Australia or New Zealand) of application.

4.2.5. The hospital to which a trainee is allocated will be the employing body. Hospitals may undertake any such pre-employment processes as they see fit, prior to employing a trainee in an accredited position. These processes may include, but are not limited to, the provision of documentation such as a curriculum vitae, criminal record checks and interviews. It is the trainee's responsibility to complete any pre-employment processes to the satisfaction of the employer.

4.2.6. Trainees must not make travel, accommodation or financial arrangements prior to receiving confirmation of their employment by the hospital.

4.2.7. From time to time, a situation may arise where there are insufficient accredited positions to accommodate all trainees within a particular training region. In this situation a trainee may be offered a suitable post within another training region.

4.2.8. Trainees will be expected to complete any rotation allocated to them by the Board. Trainees will not be permitted to change rotations unless the Board has granted prior approval.

4.2.9. Trainees are expected to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.

4.2.10. The Board stipulates that training environments be free of bullying, sexual harassment and unlawful discrimination in accordance with the RACS Discrimination, Bullying and Sexual Harassment policy.

4.3. Failure to Complete Training Requirements

4.3.1. Trainees who reach the midpoint of the intermediate level as stipulated in 6.3.2 will be notified in writing any outstanding components of training that must be met prior to their eligibility to present for the Fellowship Examination.

4.3.2. Trainees who do not complete all training requirements specified in section 6.3.4 within the period specified in section 4.1.4 will not be permitted to continue on the training program.

4.4. Assessment of Clinical Training Performance

4.4.1. Each accredited training post has a Surgical Supervisor who has been approved by the Board. The Surgical Supervisor is responsible for the supervision, education, training and assessment, of trainees rotating through their designated accredited training post.

4.4.2. A Surgical Trainer is a Fellow of the Royal Australasian College of Surgeons acting as an OHNS surgical consultant and is a member of the training unit. Surgical Trainers normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and educational sessions. Surgical Trainers will assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as appraising and assessing their performance.

4.4.3. The assessment of performance by the Surgical Supervisor or the Surgical Trainer is fundamental to continuing satisfactory progression.

4.4.4. Performance of a trainee is assessed against the requirements as listed in sections 6.2 and 6.3 of these regulations. Assessment of trainees is necessary to ensure quality of training, identify areas where improvement is required, and to assess progress and suitability to remain in training.

4.4.5. During training, a trainee's performance will be regularly reviewed by the Surgical Supervisor or the Surgical Trainer. All trainees will be required to undertake a Mid Term Assessment (MTA) and an End of Term Assessment (EOTA) outlined in sections 9 and 10 of these regulations.

4.5. Portfolio of Training

4.5.1. The trainee will keep a portfolio of their training, which will include:

a. All Formative and Summative Assessment forms and results
b. Logbook of operative experience
c. Results of examinations
d. Documentation relating to courses and research activities
e. Educational Activities attendance documentation
f. Audit and Dissection records
g. Employment Leave Records
h. Updated curriculum vitae

4.5.2. The trainee must forward all documentation for each rotation to the SET Program Administrator, ASOHNS or the RACS New Zealand Office within two (2) weeks of the end of term.

4.6. Dissection and Audit Requirements

4.6.1. Temporal Bone Dissections

It is mandatory for trainees to complete a minimum of sixty (60) Temporal Bone Dissection exercises prior to progressing to the Competent level.

There are dissection records listed for each of the five constituent parts of the temporal bone. In order to meet the minimum requirement, the trainee must complete dissections on the 5 temporal bones. The Temporal Bone Dissection Record is available on the ASOHNS website.

4.6.2. Tympanoplasty Audit

There are no set numbers for the Tympanoplasty Audit. Trainees are required to maintain records of all tympanoplasty procedures performed from the commencement of training to the point at which the audit is undertaken.

Trainees need only submit the Summary form – the Individual forms can be used for more detail. The Tympanoplasty Audit forms are available on the ASOHNS website.

Trainees will nominate which consultant will act as the assessor.

It is mandatory for trainees to complete their Tympanoplasty Audit prior to progressing to the Competent level.

4.7. Summary of Operative Experience (Logbook)

4.7.1. Trainees are required to use the RACS Morbidity Audit and Logbook Tool (MALT) to record surgical procedures throughout the SET program. Trainees must maintain an accurate logbook via the MALT system throughout their period of training.

4.7.2. Trainees in their first two rotations and/or in a Paediatric unit should complete a minimum of twenty-five (25) Type A cases per six-month rotation. Thereafter trainees should complete a minimum of sixty (60) TYPE A cases per six-month rotation. Please refer to the Logbook Number requirements set out in the *OHNS Hospital Accreditation Criteria.*

4.7.3. The total minimum operative experience for completion of the OHNS SET program is 500 A and 500 B procedures as either S1, S2 or S3.

4.7.4. At the completion of each six-month rotation, the trainee must submit an approved logbook report from the MALT system outlined in Sections 9 and 10 of these regulations.

5. EDUCATIONAL ACTIVITIES

5.1. Regional Training Subcommittee Educational Activities

The Regional Training Subcommittees may coordinate, oversee or endorse weekly tutorial programs, workshops, examination preparatory courses, journal clubs and other similar educational activities for the benefit of trainees. These activities are aimed at providing opportunities for trainees to meet components of the Otolaryngology Head and Neck Surgery curriculum.

5.1.1. Trainees are required to participate in the RTS educational activities as referred to in 5.1 above.

5.1.2. Trainees are required to attend a minimum of thirty (30) weekly tutorials each year. Trainees must sign the attendance sheet for each tutorial attended.

5.1.3. Each RTS will have discretion to grant exemption to section 5.1.2 for trainees who are unable to attend due to illness and/or leave as outlined in section 2.2.

5.1.4. The RTS may recommend that a rotation be rated as Performance Concerns or Improvement Required if a trainee does not meet the minimum attendance requirement and has not been granted exemption as per section 5.1.3.

5.2. National Educational Activities

It is compulsory for trainees to attend the following meetings:

5.2.1. Australian trainees must attend the Robert Guerin Memorial Annual Trainees Meeting (RGMATM) each year during active training unless they have already passed the Fellowship Examination.

5.2.2. New Zealand trainees must attend the New Zealand Annual Trainees Meeting (NZATM) each year during active training. Competent trainees (refer to section 6.2) must attend the RGMATM unless they have passed the Fellowship Examination.

5.2.3. Trainees must attend three (3) meetings out of the following:

a. ASOHNS ASM;

b. NZSOHNS ASM; or

c. Frontiers in Otolaryngology

prior to Fellowship being approved.

6. PROGRAM AND PROGRESSION REQUIREMENTS

6.1. Program Disclaimer

The training requirements of the SET Program in OHNS may be refined from time to time. Trainees will be notified as soon as practicable of any changes to the SET Program that may affect them.

6.2. Progression through OHNS SET

6.2.1. The OHNS SET program is a competency-based program consisting of three levels: Novice, Intermediate and Competent.

6.2.2. Trainees are required to be familiar with the OHNS SET Curriculum which sets out the guidelines for knowledge and skills expected of the competencies. Details of the OHNS Curriculum are available on the ASOHNS website.

6.2.3. The maximum number of Rotations as defined in section 1.1 a trainee is allowed to successfully complete training and be awarded RACS Fellowship is fourteen (14).

6.2.4. Each competency level has a time limit expressed as the maximum/minimum number of rotations:

a. Maximum of four (4) Satisfactory rotations at Novice level.

b. Maximum of six (6) Satisfactory rotations at Intermediate level

c. Minimum of two (2) and a maximum of four (4) Satisfactory rotations at Competent level

6.2.5. Each level of the SET Program has minimum performance requirements used to assess performance and make a determination on progression and suitability to continue training. These requirements are detailed in section 6.3 of these Regulations.

6.2.6. As the training scheme moves towards a competency-based program it is acknowledged that some trainees will complete the SET program earlier than outlined in 6.2.2.

6.2.7. All trainees commencing the SET will be classified as a Novice. Trainees remain at this level until they have satisfactorily met all of the requirements for a Novice, as outlined in section 6.3 of these Regulations.

6.2.8. Trainees will only advance to the next level of training at the commencement of a rotation. Trainees must satisfactorily complete and meet all performance requirements of their competency level as outlined in section 6.3 of these regulations before they can progress to the next level.

6.2.9. Summative assessment occurs at the end of each rotation with completion of an EOTA, including a review of all workplace assessments. It is at this point that a trainees' competency is assessed. Each RTS chair will review the recommendations by the Surgical Supervisors in accordance with section 9.8 and 10.3 of these regulations.

6.2.10. Trainees will only be designated as Competent if they continue to meet all performance criteria for Novice and Intermediate levels as well as meeting the criteria and requirements for the Competent level.

6.2.11. Failure to progress from a competency level after the maximum number of rotations as defined in section 6.2.1 will result in the final rotation being assessed may result in dismissal of the trainee from the program.

6.3. SET Level Requirements

6.3.1. Novice

New trainees to the SET program commence at Novice level. Trainees remain at this level until they have satisfactorily met the requirements list below:

Recommended	Mandatory Assessments	Compulsory Requirements	Compulsory Courses
Research pre-approval Attend AUS/NZ ASM/Frontiers in Otolaryngology	Min of 4 x Mini-CEXs / rotation Min of 3 x DOPS / rotation Min of 5 x Acceptable PBAs / rotation Completed all Mandatory Novice PBAs to level 4 Complete & submit MTA / rotation Complete & submit EOTA & logbook / rotation	Pass SSE Max of 4 rotations Tutorials 30 / Year Attend Trainees Meeting	ASSET* CCrISP* EMST* FESS**(1st course) Temporal Bone** (1st course)

6.3.2. Intermediate

Trainees who have satisfactorily met the performance criteria for a Novice will progress to the Intermediate level and must continue to meet criteria and requirements for the Intermediate level outlined below:

Recommended	Mandatory Assessments	Compulsory Requirements
Research completion Attend AUS/NZ ASM Temporal Bone course**(2nd course) Head & Neck course** FESS course**(2nd course) Frontiers in Otolaryngology	Min of 4 x Mini-CEXs / rotation Min of 4 x CBD-OBDs / rotation Min of 5 x Acceptable PBAs / rotation Completed all Mandatory Intermediate PBAs to level 4 Complete & submit MTA / rotation Complete & submit EOTA & logbook / rotation	Max of 6 rotations 60 temporal bone dissections exercises Research Pre-Approval Tympanoplasty Audit Attend Trainees Meeting Attend 30 Tutorials / Year

***Recognition of Prior Learning (may have been completed prior to entry into the SET program) Please refer to the SET RPL Policy (www.surgeons.org) for further information on how to claim RPL.**

****Board approved courses**

6.3.3. Competent

Trainees who have satisfactorily met the performance criteria for a Novice and Intermediate will progress to the Competent level and must continue to meet criteria and requirements for the Competent level outlined below:

Compulsory Requirements	Mandatory Assessments	Complete
Max of 4 rotations Min of 2 rotations Attend 30 Tutorials / training year Present for FEX Attend Trainee Meeting unless passed FEX	Min of 4 x CBD-OBDs / rotation Minimum of 5 x Acceptable PBAs / rotation Completed all Mandatory Competent PBAs to level 4 Satisfactory EOTA & logbook / rotation	Research Component 500 type A & 500 Type B Procedures FESS course (2nd course)** Head & Neck course x 1** Temporal Bone (2nd course)** Minimum 1 x paediatric, 1 x H&N rotation Attendance 3 x AUS/NZ ASM/Frontiers

6.3.4. Fellowship Requirements

A trainee must have met all the requirements listed below before being awarded Fellowship of Otolaryngology Head and Neck Surgery.

Progression Components	Courses & Exams	General Requirement
Tutorials 30 / Year	ASSET x 1*	Max of 14 rotations
Paediatric Satisfactory rotation x 1	CCrISP x 1*	Fees / invoices paid
Head & neck Satisfactory rotation x 1	EMST x 1*	SET level assessments met
Research component x 1	GSSE (pre 2018)	
Procedures 500 x Type A & 500 x Type B	CCE (pre 2018)	
Attendance 3 x AUS/NZ ASM/Frontiers	SSE (< 1st 4 rotations)	
Attendance RGM/NZATM	FESS x 2 (1 < 1st 4 rotations)**	
Tympanoplasty audit	RACS OWR eModule x 1	
Temporal bone dissection exercises x 60	Head & Neck x 1**	
	Temporal Bone x 2** (1 < 1st 4 rotations)	
	Passed FEX	

***Recognition of Prior Learning (may have been completed prior to entry into the SET program) Please refer to the SET RPL Policy (www.surgeons.org) for further information on how to claim RPL.**
****Board approved courses**

6.4. Fellowship Requirements

A trainee must meet the requirements listed below before being awarded RACS Fellowship in Otolaryngology Head and Neck Surgery:

- The Trainee has completed all eligibility requirements in 7.7 of these Regulations
- Passed Fellowship Examination
- Satisfactory completion of Novice, Intermediate and Competent accredited clinical rotations including one (1) Paediatric rotation and one (1) Head & Neck rotation
- Completion of the research requirement
- Presentation of satisfactory operative logbooks and completion of S1 + S2 + S3 totals of 500 Type A operative cases and 500 Type B operative cases
- Completed a minimum of two (2) Satisfactory rotations at competent level
- Attended minimum of thirty (30) tutorials / year during training
- Completed all Mandatory PBAs to a level four (4)
- Payment of all monies owing to the RACS, ASOHNS or NZSOHNS

6.5. Application for Fellowship Process

6.5.1. Passing the Fellowship Examination does not mean instant or automatic admission to Fellowship. Trainees who meet the criteria must apply for admission. Once a trainee has successfully completed the requirements of the OHNS SET Program, it is the responsibility of the trainee to complete a Fellowship Application form and apply for admission to Fellowship that is available on the RACS website www.surgeons.org.

6.5.2. The Fellowship Application form requires approval of the Surgical Supervisor and RTS Chair Scanned copies can be emailed to the Application Fellowship Officer at: BoardofSurgicalEducation.andTraining@surgeons.org.

6.5.3. The RACS Application to Fellowship Officer will contact ASOHNS & RACS NZ to ensure that all training requirements are completed, and the trainees file is complete.

6.5.4. If the trainees file is incomplete, the trainee will be contacted and afforded the opportunity to recover and submit any required documentation or evidence.

6.5.5. The Board Chair will not approve a trainees application for Fellowship unless all necessary training documents for the trainee are on file at the ASOHNS or RACS New Zealand office.

6.5.6. Once a complete training file is confirmed, the application is approved by the Board Chair who will recommend to the RACS awarding of Fellowship of the Royal Australasian College of Surgeons in Otolaryngology Head and Neck Surgery.

6.5.7. Refer to the Admission to Fellowship Policy (www.surgeons.org) for further information.

6.6. Fellowship Expedited Application Pathway

The expedited pathway enables eligible trainees to submit a Fellowship application two months prior to their scheduled completion date.

6.6.1. Trainees must satisfy the following requirements may be eligible for the expedited application pathway:

a. Be in their final term of the surgical training program; and

b. Have successfully completed all other components of the surgical training program including the Fellowship Examination; and

c. Have received Satisfactory EOTA reports for all rotations undertaken in the eighteen months prior to the scheduled completion date; and

d. Submit a Satisfactory MTA report for the current rotation

6.6.2. Trainees who are eligible for expedited approval will be admitted to Fellowship on their scheduled completion date, subject to confirmation of completion of their final rotation by the Surgical Supervisor and receipt of the subscription and associated Fellowship documentation. Failure to complete the final rotation of the SET program will result in the automatic withdrawal of approval for Fellowship.

7. COURSES AND EXAMINATIONS

7.1. Introduction

7.1.1. Trainees must complete the following courses and examinations within the guidelines outlined in section 6.3 of these Regulations.

7.1.2. Trainees are required to forward course certificates and examination results to the ASOHNS SET Program Administrator or the RACS New Zealand office within two weeks of completion.

7.2. RACS Skills Training Courses

The following RACS Skills Training courses are compulsory components of the SET Program:

7.2.1. Australian and New Zealand Surgical Skills Education and Training (ASSET)

The ASSET course provides an educational package of generic surgical skills required by Surgical trainees and is a compulsory aspect of Surgical Training.

7.2.2. Care of the Critically Ill Surgical Patient (CCrISP)

The CCrISP course assists trainees in developing skills in managing the critically ill patient and promotes the coordination of multidisciplinary care.

7.2.3. Early Management of Severe Trauma (EMST)

The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.

7.3. OHNS Course Specific Skills

The Board has determined that as trainees progress through the OHNS SET program they will be required to attend as a dissector the following OHNS specific courses:

7.3.1. Minimum of one (1) Online Learning Component of the Temporal Bone Dissection course to be completed in in the first four (4) rotations of training. (trainees commencing 2021)

7.3.2. Minimum of one (1) Board approved head and neck course

7.3.3. Minimum of two (2) Board approved temporal bone courses, one of which must be completed in the first four (4) rotations and one of which must be completed in later stages of training

7.3.4. Minimum of two (2) Board Approved FESS courses, one of which must be completed in the first four (4) rotations and one of which must be completed in later stages of training.

7.3.5. An updated list of the Board approved courses is maintained in the Trainee Handbook and are published in the events section of the ASOHNS website.

7.4. Recognition of Prior Learning (RPL) for Skills Courses

7.4.1. RACS publishes a list of courses that are considered equivalent to the following Skills Courses and for which RPL will be automatically granted when supported by a certificate of completion:

a. ASSET

b. CLEAR

c. CCrISP

d. EMST

7.4.2. RPL for Skills Courses will be considered when supported by a certificate of completion displaying the name of the trainee and successful completion date.

7.5. Specialty Specific Surgical Science Examination

a. The Surgical Science Examination (SSE) in OHNS is a Summative assessment of a candidate's knowledge, understanding and application of anatomy, physiology and pathology relevant to Otolaryngology Head and Neck Surgery.

b. The SSE must be completed within the first four rotations.

c. Failure to pass the SSE by the end of Novice level or four (4) attempts (whichever comes first) will result in dismissal.

d. RACS offers the examination twice annually, in February and June in venues across Australia and New Zealand.

e. The examination dates and application closing dates are published on the RACS website. A candidate must apply and pay through the RACS online registration system at the time of registration.

f. Detailed information regarding the SSE is outlined in the RACS Conduct of the Surgical Science Examination in Otolaryngology Head and Neck Surgery Policy. https://umbraco.surgeons.org/media/2463/2018-01-29_pol_eda-exa-029_conduct_of_the_surgical_science_examination_in_ohns.pdf

7.6. Fellowship Examination

7.6.1. Trainees may present for the Fellowship Examination (FEX) subject to the eligibility criteria detailed in section 7.7 of these Regulations.

7.6.2. Trainees intending to present for the FEX must register for the exam via the online registration form during the advertised opening times available on the RACS website. The Surgical Supervisor and trainee details will be provided to the relevant Board for approval. As part of this approval process the trainee may be required to submit a letter of support obtained from his or her current Surgical Supervisor or the RTS Chair.

7.6.3. The FEX consists of both a written component and clinical/viva component. These are made up of seven segments in total divided into two written papers and five clinical/viva segments.

7.6.4. The written papers are held one (1) month prior to the clinical examinations. The clinical examination consists of protocols, short cases, anatomy, surgical pathology and operative surgery. The required standard for the Fellowship Examination is a level of competency equivalent to that of a consultant surgeon in their first year of independent practice.

7.6.5. Detailed information regarding the Fellowship Examination is available on the RACS website: https://www.surgeons.org/becoming-a-surgeon/surgical-education-training/examinations/fellowship-examination/

7.6.6. The following processes will commence if a trainee is unsuccessful in the Fellowship Examination:

a. Trainees will be given feedback via a report from the Court of Examiners.

b. The trainee may be invited to attend a meeting as per the RACS Fellowship Examination Eligibility, Review and Feedback Policy.

c. Trainees will be required to participate in specified examination preparation activities as recommended by the Board, including the use of the prescribed OHNS Fellowship Examination Preparation Record.

7.6.7. The Board will not guarantee a training post to trainees in the following circumstances:

a) The trainee has had two (2) or more unsuccessful attempts at the Fellowship exam

b) The trainee has had one (1) unsuccessful attempt of the Fellowship exam and completed two successful rotations at a Competent level.

7.6.8. In cases where a training post is not available, the Board will actively support the trainee in an attempt to find a suitable position and the trainee will be placed on Exam Pending as detailed in section 7.8.

7.6.9. Provisional approval to present for a subsequent sitting of the FEX will be granted pending acceptable completion of all specified examination preparation recommendations.

7.6.10. The Board may withhold approval or withdraw conditional approval for presenting for the FEX if trainees fail to comply with or do not satisfactorily complete the examination preparation recommendations.

7.7. Eligibility to Present for Fellowship Examination

7.7.1. The Board Chair is required to approve the trainee's application to present for the RACS FEX. The Board Chair will approve the application if the trainee has completed the requirements set out in 7.7.3 of these Regulations and has been endorsed by their Surgical Supervisor and RTS Chair.

7.7.2. A trainee is eligible to present for the FEX upon the following conditions:

The trainee will be rated as competent in the rotation the examination has been scheduled.

The trainee has completed the requirements outlined in 7.7.3 of these Regulations.

7.7.3. A trainee must complete the following requirements to apply to present for the FEX.

a. Seek approval to present for the FEX from their Surgical Supervisor and RTS Chair, refer to 7.7.1.

b. Submitted the required application form and the required payment to the RACS by the due date.

c. Satisfactorily completed of any period of probationary training.

d. Paid all monies owing to the RACS, ASOHNS or NZSOHNS.

e. Attended a minimum of one (1) ASSET Course.

f. Attended a minimum of one (1) CCrISP Course.

g. Attended a minimum of one (1) EMST Course.

h. Attended a minimum of one (1) OWR eModule Course.

i. Attended as a dissector at the following courses:

I. Minimum of one (1) Board approved head and neck course

II. Minimum of two (2) Board approved temporal bone courses, one of which must be completed in the first four (4) rotations and one of which must be completed in later stages of training

III. Minimum of two (2) Board approved FESS courses, one of which must be completed in the first four (4) rotations and one of which must be completed in later stages.

j. Completed a Tympanoplasty Audit.

k. Received Pre-approval of Research

l. Performed Sixty (60) documented temporal bone dissection exercises.

m. Attended three (3) of the following: ASOHNS / Frontiers in Otolaryngology or NZSOHNS Annual Scientific Meetings in training.

n. Attended the RGMATM or NZATM events during the period of training as outlined in 5.2.1 to 5.2.2.

o. Attended a minimum of 30 tutorials / year during training

7.8. Exam Pending Trainees

7.8.1. Trainees who have completed all training requirements including clinical rotations but are yet to complete the FEX will be considered Exam Pending.

a. Exam Pending trainees will be required to provide the Board of OHNS with the following information one (1) month prior to the due date for the FEX Application:

b. A description of clinical activities undertaken since completing clinical rotations in the OHNS SET Program.

c. A portfolio of continuing medical education activities undertaken since completing clinical rotations in the OHNS SET Program.

d. A description of exam preparation activities undertaken since completing clinical rotations in the OHNS SET Program. This must be completed using the OHNS Examination Preparation Record. This document is available on the ASOHNS website www.asohns.org.au.

e. A report on the steps taken to meet any recommendations from any previous exam review interview with the Board.

f. A signed letter from a current Surgical Supervisor or the RTS Chair indicating that the trainee is adequately prepared to present for the examination and is in Good Standing.

7.8.2. Where an Exam Pending Trainee is unable to provide the required information or where the Board deems it necessary to seek clarification on the suitability of the trainee to present for the FEX, the Board may request further information or ask the trainee to attend an interview.

7.8.3. The above documentation is in addition to the RACS Fellowship Examination Application form which must be completed and returned to the RACS as per the Application Process outlined on the RACS website www.surgeons.org.

7.8.4. In exceptional circumstances, the Board may determine that an Exam Pending trainee may need to return to the training scheme to continue to facilitate their preparation for FEX.

8. RESEARCH IN TRAINING

Research in training is a mandatory component of the SET Program.

8.1. Definition of Research Activities

8.1.1. The following are defined as approved research activities that trainees are required to commence and complete **during training** in order to fulfil the Research Requirement in the SET Program in OHNS:

a. Satisfactory completion of a Masters or PhD relevant to Otolaryngology Head and Neck Surgery;

and/or

b. Publication of research relevant to Otolaryngology Head and Neck Surgery in a peer-reviewed, Medline indexed, scientific journal or the Australian Journal of Otolaryngology (AJO) as the first author.

8.1.2. The following will not be accepted:

a) Poster presentations, Case reports, letters to the editor or abstracts

b) Research undertaken prior to commencing SET

8.2. Pre-Approval of Research

8.2.1. Trainees are required to seek approval prior to commencing a research project from the Board or TEAC. Australian trainees are required to submit their pre-approval request to the Board and New Zealand trainees to the TEAC. Requests are required to be submitted using the Trainee Research Approval Request form available on the ASOHNS website.

8.2.2. Trainees who submit evidence of enrolment in a research higher degree at Masters (by thesis) or PhD level, relevant to OHNS, will be deemed to have had the research pre-approved by the Board.

8.3. Academic Surgeon-Scientist Research Scholarship (ASSRS)

8.3.1. SET Trainees who are accepted in the Academic Surgeon-Scientist Research Scholarship program (ASSRS) as a Surgeon Scientist shall be considered as undertaking an approved research activity.

8.3.2. During the ASSRS research (either part time or full time) a Surgeon Scientist must submit six (6) monthly Research Progress Reports (RPRs) signed by the Research Supervisor for approval by the Board.

8.3.3. Surgeon Scientists who are undertaking the ASSRS Research will not have this period of research count toward their maximum rotations (as per 4.1.4) on the OHNS SET program.

8.3.4. Clinical training undertaken by a Surgeon Scientists which has been assessed by a Board approved Surgical Supervisor will be accredited towards the SET Program requirements. Formative and Summative assessments must be documented using the approved In Training Assessment forms and MALT logbook.

8.3.5. OHNS specific surgical skills courses undertaken by Novice Level Surgeon Scientists during ASSRS Research will not be counted towards the completion of mandatory training requirements.

8.4. Extension to Length of ASSRS Research

8.4.1. A request to extend the period of ASSRS Research to the Board will require written support from the research supervisor and the RTS chair. The request must be submitted on the approved Trainee Research Request form.

8.5. Satisfactory Completion of the Research Requirement

8.5.1. Once completed, trainees must request approval from the Board using the approved Trainee Research Request form and provide:

a. Documentary evidence of satisfactory completion of a research higher degree relevant to Otolaryngology Head and Neck Surgery during the SET program;

and/or

b. Evidence of acceptance of a publication in a peer-reviewed Medline indexed scientific Journal or the Australian Journal of Otolaryngology (AJO) as first author.

9. ASSESSMENT

9.1. Introduction

9.1.1. It is imperative that trainees be observed during their day-to-day clinical encounters with patients, relatives and hospital staff.

9.1.2. A number of different assessments will be performed in a variety of settings throughout training to enable assessment of a trainees' competence.

9.1.3. Trainees must refer to the *Guidelines for Assessment* reference available on the ASOHNS website in order to complete the assessment requirements.

9.1.4. All Training Assessment Forms are available on the ASOHNS website in the secure access trainee area on www.asohns.org.au.

9.1.5. Trainees are responsible for completing the required number of assessments.

9.1.6. Trainees must retain a copy of the assessment for their portfolio.

9.2. Formative Assessment

9.2.1. Formative assessments aim to identify areas of appropriate performance and areas of performance that require improvement to reach competence.

9.2.2. Surgical trainers will make judgements based on their observations during the assessments referred to in section 9.2.3.

9.2.3. The components of Formative Assessments consist of:

Work-based Assessments

a. Surgical Direct Observation of Procedure Skills (DOPS)

b. Mini Clinical Examination Exercise (Mini-CEX)

c. Procedural Based Assessment (PBA's)

d. Case Based Discussion (CBDs) / Outreach Based Discussion (OBDs)

Mid Term Assessments (MTAs)

e. Refer to section 9.7 and 10.2

9.2.4. It is the trainee's responsibility to forward all completed assessments referred to in section 9.2.3 to the SET Program Administrator, ASOHNS or the RACS New Zealand Office within the required timeframe.

9.2.5. An assessment form will not be considered valid if it is incomplete, inappropriately dated or not signed by both the surgical trainer and trainee.

9.2.6. Trainees who do not complete the required minimum assessments may result in the term being rated as Unsatisfactory.

9.2.7. Multiple ratings of Unsatisfactory in the Formative Assessments may indicate a need for improvement in performance. Trainees should be counselled and given an opportunity to improve in the relevant skills prior to being reassessed.

9.3. Direct Observation of Procedural Skills (DOPS)

9.3.1. DOPS is used in clinical settings to help the teaching and assessment of particular clinical skills. It also facilitates feedback to drive learning.

9.3.2. Novice Level trainees are required to undertake a minimum of three (3) successful DOPS assessments per rotation.

9.3.3. All required DOPS must be satisfactorily completed to allow progression to the Intermediate level of training.

9.3.4. The assessments should be completed in time for review at the Mid-term Assessment and/or End of Term Assessment.

9.4. Mini-Clinical Examination (Mini-CEX)

9.4.1. The Mini-CEX is designed to assess competencies essential to the provision of good clinical care.

9.4.2. Trainees at the Novice and Intermediate level of training must successfully complete a minimum of four (4) Mini-CEX assessments per rotation.

9.4.3. The assessments should be completed in time for review at the Mid-term Assessment and/or End of Term Assessment.

9.5. Procedure Based Assessment (PBA)

9.5.1. The PBA assesses the trainees technical, operative and professional skills in a range of specialty procedures or parts of procedures during routine surgical practice up to the level of Fellowship. PBAs provide a framework to assess practice and facilitate feedback to direct learning.

9.5.2. Trainees are required to complete a minimum of five (5) Acceptable PBAs during each rotation. Acceptable is defined as a PBA which has been graded with a Level of 2 and above and the score is commensurate to the competency level of the trainee.

9.5.3. Trainees are required to complete all mandatory PBAs for their competency level to a grade four (4) to allow progression from Novice through to Intermediate and to Competent.

9.5.4. Trainees are required to complete all mandatory PBAs to a level 4 in order to complete SET.

9.5.5. The PBA requirement checklist is detailed in the *Assessment Guidelines* available on the ASOHNS website.

9.6. Case Based Discussion (CBD) Outreach Based Discussion (OBD)

9.6.1. CBD assesses clinical judgement, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible.

9.6.2. The OBD assesses clinical judgement, decision-making and the application of medical knowledge associated with rural communities, and their specific health and cultural needs.

9.6.3. Trainees at the Intermediate and Competent level of training must successfully complete a minimum of four (4) CBDs and/or OBDs (or a combination of) per rotation.

9.7. Mid Term Assessment (MTA)

9.7.1. The Mid Term Assessment (MTA) is a Formative assessment tool held at the end of the first three (3) months of a six (6) month rotation. Information on how the MTA is conducted is detailed in section 10.2 of these Regulations.

9.7.2. It is mandatory for all Novice and Intermediate trainees to undertake a MTA.

9.7.3. The MTA is designed to provide the trainee with feedback on their performance for their stage / level of training (Novice, Intermediate or Competent) across all of the nine RACS competencies.

9.8. Summative Assessment

9.8.1. Summative assessments are aimed at indicating whether a trainee has demonstrated a level of satisfactory performance in the RACS competencies to permit accreditation of that rotation.

f. Summative assessment occurs at the end of each rotation with an End of Term Assessment (EOTA) and a review of the logbook. This process is a performance appraisal of the trainees competencies for the rotation. The supervisor might also review the work-based assessments as a support tool. It is at this point that a trainees' competency is assessed. The EOTA process is detailed in section 10.3 of these Regulations.

9.8.2. Trainees who receive an unsatisfactory in the Summative assessment will result in the rotation and the logbook procedures not being accredited towards their training program.

9.8.3. Recommendations by the Surgical Supervisors are reviewed and signed off by the local RTS Chair.

10. CONDUCTING A MID TERM AND END OF TERM ASSESSMENT

10.1. Introduction

10.1.1. The Surgical Supervisor conducts both the MTA and EOTA.

10.1.2. It is the responsibility of the trainee to arrange the meeting.

10.1.3. If the Surgical Supervisor is to be on leave during this time, the trainee must make arrangements to complete the form at an earlier stage.

10.1.4. The Surgical Supervisor will seek input to obtain a consensus view from all consultant members of the unit who have directly observed the trainee performing. Input may also be sought from other staff who had contact with the trainee (e.g. nurses, allied health staff, administrative staff).

10.1.5. Trainees are required to participate in the assessment process. Failure of a trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in the non-accreditation of a period of training, and commencement of Probationary Training in the following rotation.

10.1.6. Trainees must retain copies of all assessments. All assessment reports will form part of the trainee's portfolio that is to be presented to the Surgical Supervisor at the commencement of each term.

10.2. Conducting a Mid Term Assessment

10.2.1. Trainees are required to undertake a MTA with their Surgical Supervisor at the end of the first three (3) months of a six (6) month rotation.

10.2.2. The Surgical Supervisor will meet with the trainee to assess the trainees' performance.

10.2.3. A review of the trainee's logbook will be undertaken as part of the assessment.

10.2.4. The approved MTA form must be used to document the assessment of the trainee. The form is available on the ASOHNS website.

10.2.5. The assessment form must be dated and signed by the Surgical Supervisor and the trainee and distributed to the SET Program Administrator, ASOHNS or the RACS New Zealand Office within two (2) weeks following the Mid Term date.

10.2.6. It is the responsibility of the trainee to ensure that the completed, signed and dated form, along with any associated documentation is returned within the prescribed timeframe.

10.2.7. In the instance of non-signature by refusal or avoidance, the Surgical Supervisor will indicate the non-compliance on the form.

10.2.8. The trainee will complete a self-assessment at least 24 hours prior to meeting with the Surgical Supervisor. If the trainee's self-assessment is Unsatisfactory in any assessment area they are to provide a written plan to address the deficiencies identified.

10.2.9. The Surgical Supervisor must indicate on the MTA whether the trainee's performance is rated as Unsatisfactory or Satisfactory in **any area**.

10.2.10. If a trainee is rated as *Unsatisfactory* in **any area** the Supervisor must implement remedial action to address these concerns and document them on the MTA.

10.2.11. If a trainee has been rated as *Unsatisfactory* in **any** of the Essential Criteria OR in **all areas** of one Competency OR **three (3) or more areas in total** the trainee will be placed on a **Learning Action Plan.**

10.2.12. Where areas of Unsatisfactory have been identified as defined in section 10.2.11 the Surgical Supervisor will meet with the trainee and develop a Learning Action Plan (LAP), on the prescribed form, to address the deficiencies. The proceedings of the meeting are to be documented. The meeting will:

a. Identify the areas of concern

b. Provide the trainee with an opportunity to respond

c. Agree on the steps required to improve the trainee's performance documented on a LAP

d. Arrange for monthly reviews of the LAP to monitor progress

10.2.13. It is the trainee's responsibility to ensure a copy of the agreed LAP is forwarded to the SET Program Administrator, ASOHNS, or the RACS New Zealand Office within two (2) working days of the LAP being agreed upon.

10.2.14. The following process will then commence:

a. The LAP will be implemented for the remainder of the term.

b. A copy of the updated LAP must be forwarded to the SET Program Administrator or the RACS New Zealand office each month.

c. At the completion of the LAP period the Surgical Supervisor and trainee must meet to review the plan and determine the trainees progress against the agreed actions. The Surgical Supervisor must complete section two (2) of the Plan and the completed LAP must be forwarded to the SET Program Administrator, ASOHNS, or the RACS New Zealand Office.

10.3. Conducting an End of Term Assessment

10.3.1. Three (3) weeks prior to the completion of each six-month rotation, the trainee will participate in an EOTA meeting with their Surgical Supervisor. The assessment will consist of an assessment of the expected competencies and essential criteria and an evaluation of the operative logbook data.

10.3.2. Trainees are responsible for arranging the EOTA meeting and must submit the following to the Surgical Supervisor:

a. A self-assessment on the approved EOTA form;

b. Complete and accurate logbook data in the Board's approved format;

c. Where applicable, data reflecting any progress with research activities;

d. Hospital Leave Record

e. Performance Management or Learning Actions Plans if applicable.

10.3.3. The Surgical Supervisor and the trainee must sign the logbook, in the Board approved format.

10.3.4. The Surgical Supervisor must indicate the following on the assessment form:

a. Whether the logbook is rated as Unsatisfactory or Satisfactory

b. Whether the trainee's overall performance is rated as Performance Concerns, Improvement Required or Progressing Well.

10.3.5. If the trainee's overall performance is rated as Improvement Required it means the rotation is Satisfactory, however issues have been identified. The trainee will be placed on a LAP (refer to 10.2.12) and may remain at the same competency level if applicable.

10.3.6. If the trainee's overall performance is rated as Performance Concerns, it means the rotation has been deemed as Unsatisfactory. The Supervisor must provide information to support this rating. The process following an Unsatisfactory EOTA is outlined in section 10.4.

10.3.7. The trainee must sign the form and indicate if they agree or disagree with the assessment. If the trainee disagrees with the assessment, they must outline their reasons for disagreement. An assessment form will only be considered valid if it contains the signatures of the Surgical Supervisor and the trainee. Signing the form does not indicate agreement.

10.3.8. The trainee must send a copy of the signed form to the RTS Chair within two (2) working days of the EOTA meeting for review.

10.3.9. The RTS will review submitted assessments, logbooks and associated documentation and recommend the final outcome of the rotation to the Board. The final outcome of a term may be one of the following:

a. Performance Concerns (Unsatisfactory)

b. Improvement Required

c. Progressing Well (Satisfactory)

10.3.10. The Board will review the assessment and if it agrees that the outcome should be revised it will notify the trainee in writing of its decision.

10.3.11. The trainee is required to forward the original completed and signed EOTA form, Logbook and any associated documentation to the SET Program Administrator ASOHNS or the RACS New Zealand Office within two (2) weeks of the completing a six-month rotation. If a trainee does not comply:

a. The term may be rated as Performance Concerns and may not be accredited towards training, resulting in an extension to training, and

b. The trainee may be placed on probationary training for the subsequent term, pending review of the EOTA.

10.4. Unsatisfactory End of Term Assessment

10.4.1. An unsatisfactory EOTA is defined as:

a. An overall rating of Performance Concerns on their EOTA following receipt of a rating of Performance Concerns in three (3) or more areas of Competencies and/or

b. A Rating of Performance Concerns in all areas of one Competency

c. One or more Performance Concerns ratings in any of the Essential Criteria, and/or

d. Logbook rating of Unsatisfactory and/or

e. Non-submission of the signed and dated EOTA form, logbook and any associated documentation within the required timeframe as per sections 10.3.8 and 10.3.11.

10.4.2. Receipt of an Unsatisfactory EOTA will result in the automatic commencement of Probationary Training and a Performance Management Plan (PMP) in the following rotation.

10.4.3. Following a review by the RTS Chair and in accordance with the RACS *Assessment of Clinical Training Policy* and these Regulations, upon receipt of an Unsatisfactory assessment, the Board will review the EOTA at its next scheduled meeting, and if it

agrees with the assessment will notify the trainee in writing. This notification will include:

a. Identification of the reason(s) for the probationary period.

b. Notification of the duration of the probationary period.

c. The requirement to undertake a PMP.

d. The implications if any conditions of the probationary period or PMP are not met.

e. A copy of the notification will be sent to the RTS Chair, the Surgical Supervisor and the employing authority.

10.4.4. A formal Performance Review Panel will be convened to meet with the trainee. The Panel will comprise of at least two people and may include the RTS Chair, Surgical Supervisor(s), or Board representatives. The trainee may invite a support person who is not a practicing lawyer to the meeting for support, but that person is not to advocate on the trainee's behalf. The proceedings of the interview are to be duly documented.

10.4.5. The trainee will be provided with a minimum of ten (10) days working days' notice of the interview.

10.4.6. The trainee will be provided with an agenda and the documentation relied on.

10.4.7. The trainee will be given the opportunity to make a formal written submission to the interview panel. The submission must be received no later than two (2) working days prior to the interview.

10.4.8. The interview will consider the following:

a. Details of the unsatisfactory performance;

b. The trainee's response/s (written and evidential);

c. The remedial action to be undertaken via a PMP;

d. The frequency at which the PMP must be submitted; and

e. The consequences of any further unsatisfactory assessments.

10.4.9. The trainee will be provided with the minutes of the interview and the PMP.

10.5. Probationary Training

10.5.1. Probationary terms shall be six (6) months in duration. During probationary training the trainee is required to participate in a PMP and review process. The process will be tailored to address the particular areas of performance requiring improvement. The process will allow the trainee to implement strategies to improve performance, to monitor progress and to identify if the trainee has achieved competency at the end of the probationary term.

10.5.2. Formative assessments such as the Mini-CEX and Surgical DOPS and/or a 360-degree evaluation tool may be recommended as part of the PMP.

10.5.3. The trainee will be required to satisfactorily meet the requirements of probationary training in order to have the term accredited towards training. If the trainee's performance is considered to be satisfactory at the conclusion of the probationary term, the probationary status will be removed. The trainee will only be allowed to proceed in the SET Program when a probationary term has been accredited.

10.5.4. The EOTA between the Surgical Supervisor and the trainee during a probationary term must be conducted within the final four (4) weeks of the term.

10.5.5. If a trainee receives an Unsatisfactory End of Term Assessment as outlined in section 10.4.1 while on probation, the probationary term will not be accredited, and the trainee will be placed on six (6) months Suspension to training pending review. The period of suspension will not count towards their maximum rotations (as per 4.1.4) on the OHNS SET program. The trainee's continuation in the SET program will be reviewed in accordance with the *RACS Dismissal from Surgical Training Policy* and these Regulations outlined in section 11.1.

10.5.6. If a trainee receives an Unsatisfactory EOTA as per section 10.4.1 having satisfactorily met the requirements of a previous probationary term:

The trainee will commence a second six-month probationary term, pending a review as outlined in section 10.4.3 (a) to (d) in these Regulations.

10.5.7. Trainees who are on probation are not permitted to request a transfer of training regions.

10.5.8. Trainees on probation will be required to adhere to the probationary leave conditions as set out in 2.2.2 and 2.2.3 in these Regulations.

10.5.9. With the exception of medical, carer's or parental leave, trainees who are on probation cannot commence interruption to training.

11. DISMISSAL FROM TRAINING

11.1. Dismissal from Training due to Unsatisfactory Performance

11.1.1. A trainee may be dismissed from the OHNS SET program for unsatisfactory performance in accordance with these Regulations and the *RACS Dismissal from Surgical Training Policy* if:

a. They have been assessed as Unsatisfactory in two consecutive or three non-consecutive clinical rotations at any time during the SET Program; or

b. Their performance has been rated as Unsatisfactory during a probationary period; or

c. They have failed to satisfy a condition of a probationary period.

11.1.2. The RTS will recommend dismissal to the Board and will provide all relevant documentation to support the decision.

11.1.3. Following a recommendation for dismissal:

a. The Board will place the trainee on six (6) months Suspension to training pending review.

b. The trainee will be interviewed by a Panel.

11.1.4. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) Fellows appointed by the Board.

b. The Trainee will be provided with a minimum of ten (10) working days written notice of the meeting and will be informed that the purpose of the meeting is to:

I. Review details of unsatisfactory performance

II. Provide an opportunity for the trainee to respond

III. Review the trainee's continuation in the OHNS SET Program

IV. Discuss the process following the interview

c. The trainee may invite a support person who is not a practicing lawyer.

d. The trainee will be provided with an agenda and the opportunity to make a formal written submission to the panel. The submission must be received no later than three (3) working days prior to the meeting.

e. Minutes of the meeting must be kept.

f. The minutes of the meeting must be provided to the trainee within ten (10) working days of the meeting and prior to any decision of the Board.

g. Where a trainee has been notified of the meeting as per section 11.1.4 (b) and declines or fails to attend, the panel will submit a recommendation in the absence of trainee input.

11.1.5. Within a reasonable time following the interview, the panel will make a recommendation as to whether dismissal is warranted and with written reasons. The recommendation and written reasons, together with all documentation relied on, will be given to the Board by the Panel.

11.1.6. The Board will make the decision on whether or not the trainee should be dismissed or any additional probationary periods or conditions that should be applied if the trainee is not dismissed.

11.1.7. The Board will notify the trainee of its decision within five (5) working days of receipt of the Panel's recommendation. The trainee will be provided with a copy of all documentation relied upon during the dismissal process.

11.1.8. A trainee is entitled to challenge a decision by the Board in accordance with the *Reconsideration, Review and Appeal* RACS Policy.

11.2. Misconduct

11.2.1. Conduct that is identified as misconduct is defined in, but not limited to, section 3.1 of the *RACS Misconduct Policy*.

11.2.2. Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Surgical Supervisor, Fellow or other person has identified the misconduct, it must be reported to the Board of OHNS via a written report. The report must set out the particulars of the alleged misconduct. The particulars of the report must be discussed with the trainee prior to the report being finalised.

11.2.3. The allegation should be put to the trainee, in writing, for an initial response, including relevant facts, reasoning and documentation.

11.2.4. If the trainee's response to the allegation is viewed as inadequate, or a response is not received, the process outlined in section 11.2.6 and section 11.2.7 will occur.

11.2.5. If, after initial inquiry it is determined that the allegation does not meet the required standard of misconduct, or if the trainee's response is viewed as adequate, or if there is no documented proof of the allegation, no further action will be taken.

11.2.6. Following confirmation of alleged misconduct from a trainee the following process will be undertaken:

a. The Board will place the trainee on suspension pending investigation. The period of Suspension will not be counted toward their maximum rotations (as per 4.1.4) on the OHNS SET program for the completion of all requirements should the trainee return to training following the review.

b. A Panel appointed by the Board will interview the trainee.

11.2.7. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) Fellows appointed by the Board.

b. The trainee will be provided with a minimum of ten (10) working days' notice, in writing, of the meeting and will be informed that the purpose of the meeting is to:

I. Review details of the alleged misconduct

II. Hear the response of the trainee to the allegation

III. Review the trainee's continuation in the OHNS Training Program

IV. Discuss the process following the interview

c. The trainee may invite a support person who is not to be a practicing lawyer.

d. The trainee will be given a reasonable opportunity to be heard, produce evidence, and provide a written submission to the Panel in relation to all alleged incidents. The submission must be received no later than two (2) working days prior to the meeting.

e. The trainee and Panel will be provided with the minutes of the meeting.

f. Where a trainee has been duly notified as per section 11.2.7 (b) and declines or fails to attend, the Panel will submit a recommendation to the Board regarding dismissal.

11.2.8. The Panel may determine the possible penalties for the misconduct.

11.2.9. If the Panel does not recommend dismissal, the Board can stipulate the conditions or sanctions the trainee will be required to adhere to upon resuming training. This may include but is not limited to a probationary term and a PMP.

11.2.10. Where the Panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation.

11.2.11. The Board will make the final decision on whether or not the trainee should be dismissed.

11.2.12. The Board will notify the trainee of its decision within five (5) working days of the meeting. The trainee will be provided with a copy of all documentation relied upon during the dismissal process.

11.2.13. The Board will notify the Chair of the Board of Surgical Education and Training (BSET) of the decision.

11.3. Failure to Meet Employment Obligations

11.3.1. It is the responsibility of the trainee to secure employment within their allocated accredited position. This process will be governed by the rules and regulations of the employer.

11.3.2. Trainees who fail to gain employment within their allocated accredited post cannot be guaranteed an allocation to another accredited position.

11.3.3. Trainees who have been unable to be secure employment in an accredited position may be dismissed and will be placed on Interruption pending a return to SET. The period of Interruption will be a minimum of six (6) months and will count towards the trainee's maximum rotations permitted to complete SET as per section 4.1.4.

11.3.4. In the event that a trainee fails to secure employment within an allocated accredited position the following process will occur:

a. A Panel appointed by the Board will interview the trainee and request information from the employer to inform the panel as to why employment was not granted.

11.3.5. The Panel and interview will proceed as follows:

b. The Panel will consist of a minimum of three (3) Fellows appointed by the Board.

c. The trainee will be provided with a minimum of ten (10) working days' notice, in writing, of the meeting and will be informed that the purpose of the meeting is to review the reasons for the trainee failing to be employed in their allocated accredited position.

d. The trainee may invite a support person who is not a practicing lawyer. The Trainee will be provided with an opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

e. The trainee and Panel will be provided with the minutes of the meeting. The Trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new

information will be considered at this time as submitted by the trainee for inclusion in the minutes.

f. The Panel will make a recommendation to the Board as to whether the trainee should be dismissed from the SET Program or remain on the SET Program subject to conditions (if any).

g. Where a trainee has been duly notified of the meeting as per Section 11.3.8.c and declines or fails to attend, the Panel will submit a recommendation to the Board based on the information available to them.

11.3.6. The Board will make the final decision regarding the trainee's continuation on the SET Program.

11.3.7. In making its decision, the Board shall have regard to the Panel's recommendation and all the information considered by the Panel.

11.3.8. The Board shall determine whether to dismiss the trainee from the SET Program or whether to permit the trainee to remain on the SET Program, subject to any conditions it sees fit.

11.3.9. The Board will notify the trainee of its decision within five (5) working days of the Board meeting at which the matter is considered. The trainee will be provided with a copy of all documentation relied upon to make its decision.

11.3.10. The Board will notify the Chair of the Board of Surgical Education and Training (BSET) of the decision.

11.3.11. A trainee is entitled to challenge a decision by the Board in accordance with the *Reconsideration, Review and Appeal* RACS Policy.

11.3.12. If a trainee fails to secure appointment on more than one occasion during their training, they will be dismissed from training pending a review outlined in section 11.3.4.

11.3.13. The Board will endeavour to allocate an accredited position promptly for a trainee who has been permitted to remain on the program. The trainee will be encouraged to continue with SET educational activities and OHNS Specific and RACS Skill courses will be counted.

12. ACCREDITATION OF TRAINING POSTS FOR OHNS

The regulations for accreditation of training posts in OHNS are available as a separate document on the RACS website www.surgeons.org.

13. POLICIES

These Regulations are specific to the SET Program in Otolaryngology Head and Neck Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The policies can be found on the RACS website www.surgeons.org.

14. REQUIREMENTS AND RESPONSIBILITIES OF SURGICAL SUPERVISORS

The requirements and responsibilities of Surgical Supervisors are outlined in the *RACS Surgical Supervisors Policy*.

Surgical Supervisors should familiarise themselves with the OHNS Surgical Supervisor Handbook which is available on the ASOHNS website: www.asohns.org.au.

15. CONTACTS

For assistance or information on the OHNS SET Program please contact:

Australia	New Zealand
SET Program Administrator ASOHNS | Australian Society of Otolaryngology Head & Neck Surgery Suite 403, Level 4 68 Alfred Street Milsons Point NSW 2061 Australia Tel: +61 2 9954 5856 ohnstrainees@asohns.org.au	Executive Officer, IMGs (NZ) and Training, Royal Australasian College of Surgeons New Zealand Office Po Box 7451 Wellington South 6242 New Zealand Tel: +64 4385 8247 Fax: +64 4385 8873 college.nz@surgeons.org

16. NOTICES

16.1. © Copyright

16.2. Disclaimer

As the Regulations can change during the year, the latest version will always be available on the website www.asohns.org.au. In the case of a hard copy, you should ensure that you are consulting the most current version.

17. APPENDIX 1 ACKNOWLEDGEMENT OF THE OHNS SET PROGRAM TRAINING REGULATIONS

17.1.1. By signing below, I acknowledge that I have received, read and understood the OHNS SET Program Training Regulations.

Name:	RACS ID:
Signed:	Date:

17.1.2. As part of the OHNS SET requirements, the trainee must sign this Acknowledgment form and email to the SET Program Administrator at ohnstrainees@asohns.org.au prior to their commencement on the OHNS SET Program.

REGULATIONS

SURGICAL EDUCATION AND TRAINING IN NEUROSURGERY

The Regulations encompasses the rules, procedures, policies, administrative processes and principles for the control and conduct of the Surgical Education and Training Program in Neurosurgery. The information is as accurate as possible at the time of printing. As the Regulations can change during the year the latest version will always be available on the NSA website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.

SET Program in Neurosurgery
Tenancy 5, Level 1
550 Lonsdale Street
Melbourne Victoria 3000
Australia
Phone + 61 3 9642 4699
Fax + 61 3 9642 5611
Email set.neurosurgery@nsa.org.au

TABLE OF CONTENTS

SECTION 1: INTRODUCTION TO THE SET PROGRAM

1.1 Overview of Governance

1.1.1 The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist neurosurgeon in the respective countries is the Fellowship of the Royal Australasian College of Surgeons (**FRACS**) in Neurosurgery.

1.1.2 The Royal Australasian College of Surgeons (the **RACS**) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and Training Program in Neurosurgery (**SET Program**) is the accredited training program to obtain the FRACS and operates in Australia, New Zealand and Singapore.

1.1.3 The administration and management of the SET Program is delegated to the Neurosurgical Society of Australasia (the **NSA**) as an agent of the RACS. The Board of Neurosurgery (the Board) has dual reporting roles and represents both the RACS and the NSA on all matters relating to the SET Program (see the Terms of Reference available on the website).

1.1.4 The official website for the SET Program is the NSA website at www.nsa.org.au. All trainees, surgical supervisors and key stakeholders receive access passwords to the restricted section of the website. This section contains forms and other essential information. The official website for the RACS is www.surgeons.org.

1.1.5 For assistance or information on the SET Program please contact:

SET Program in Neurosurgery
Tenancy 5, Level 1
550 Lonsdale Street
Melbourne Victoria 3000
Phone + 61 3 9642 4699 Fax + 61 3 9642 5611
Email set.neurosurgery@nsa.org.au

1.2 Overview of the Regulations

1.2.1 These Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program. These Regulations are in compliance with the RACS policies. At times, these Regulations may refer directly to a RACS policy or NSA Policy. In such instances, these additional policies can be found at www.surgeons.org or www.nsa.org.au.

1.2.2 All trainees, surgical supervisors, accredited training units and Board members are required to comply with these Regulations at all times.

1.2.3 The information in these Regulations is as accurate as possible at the time of printing. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the training website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.

1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.

1.2.5 The date for commencement of these Regulations is 5 February 2018 (the **Commencement Date**).

1.2.6 For the avoidance of doubt, reconsiderations, reviews and performance, misconduct or dismissal processes which were initiated but were not decided by the Commencement Date for these Regulations will be finalised applying the Regulations applicable at the time the process was initiated unless otherwise agreed in writing by both parties.

1.3 Duration and Structure

1.3.1 The SET Program is structured on a three-level sequential curriculum to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.

1.3.2 The SET Program can be completed in a minimum of five years and a maximum of nine years' subject to satisfactory progression through the levels in the timeframes outlined in these Regulations.

1.3.3 The first level is Basic Training focused on the basic neurosurgical foundational skills. This must be completed in a minimum of one training year and a maximum of two training years.

1.3.4 The second level is Intermediate Training where the trainee involvement should be increasing in complexity. The trainee should be assuming more responsibility and building on the foundational experience, knowledge, skills and attributes towards the required level of competence. This must be completed in a minimum of three training years and a maximum of four training years.

1.3.5 The third level is Advanced Training where the trainee should be functioning with full emergency competence, operating as primary surgeon in core neurosurgical procedures and acquiring the foundation for subspecialist practice. This must be completed in a minimum of one training year and a maximum of three training years.

1.4 Registration, Employment and Training Fees

1.4.1 Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.

1.4.2 Surgical training fees are approved by the RACS and the NSA each year and are published on the websites. Invoices are issued prior to the commencement of the training year. The RACS is responsible for invoicing and collection of fees.

1.4.3 Trainees who fail to pay outstanding monies owed to the RACS or the NSA will be dismissed in accordance with the RACS Surgical Education and Training Fee and the Specialty Surgical Education and Training Fee policies.

1.4.4 Trainees are required to notify the Board of any illness, injury or impairment that may impact on their ability to undertake or complete the SET Program. This notification must be made in accordance with the RACS Ill, Injured and Impaired Trainees Policy.

1.4.5 Trainees are required to notify the Board in writing within 2 business days of any material change to their employment or medical registration status during their SET Program and provide all documentation relating to the change. For avoidance of doubt, this includes but is not limited to:

(a) details of the commencement and outcome of any disciplinary action taken by the employer;
(b) details of any restrictions, conditions, cautions or reprimands placed on the trainee by the employer;
(c) details of the suspension or termination of employment;
(d) the recording of any undertakings, conditions or cautions on a trainee's medical registration; and
(e) the expiry, suspension or cancellation of the trainee's medical registration.

1.4.6 The Board Chair or nominee may suspend a trainee from the SET Program in the following circumstances:

(a) Where misconduct procedures have commenced in accordance with Regulation 3.4.5 (**Misconduct Procedures**); or
(b) Where dismissal procedures have commenced in accordance with Regulation 3.5.3 (**Dismissal Procedures**); or
(c) Where the trainee is subject to an investigation by the employing authority, regulatory authority and/or the RACS; or
(d) Where there has been a material change to a trainee's employment or medical registration status which impacts on their ability to fully participate in the SET Program.

1.4.7 In the event of suspension, the trainee will be advised in writing as soon as practicable after the decision is made including the reason for the decision and any term or conditions attached to the suspension.

1.4.8 The suspension of the trainee will continue to operate until it is removed by the Board Chair or nominee. The Board Chair or nominee may remove a suspension if the reason for the suspension has been removed or reversed.

1.4.9 Fees paid by a trainee during a period of suspension are not refundable.

1.4.10 Any period of suspension exceeding four weeks will not be counted towards the minimum training time for the trainee's SET Program level.

1.5 Leave

1.5.1 Trainees undertaking full-time training are entitled to a maximum of four weeks leave per three-month rotation subject to approval by the employing authority. Trainees undertaking part time training are entitled to the pro-rata equivalent. Periods beyond this may result in the rotation being deemed unassessed and not be counted towards the minimum training time for the trainee's SET Program level.

1.5.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer's leave.

1.6 Deferment, Interruption and Part Time Training

1.6.1 New trainees wishing to defer commencement on the SET Program to complete a higher research degree relevant to neurosurgery must be undertaking the higher degree at the time of application for selection. The maximum period of deferment that will be granted for higher degree research is 12 months. Additional periods of interruption to continue the higher degree research will not be granted.

1.6.2 Existing trainees wishing to interrupt their SET Program to undertake a higher research degree relevant to neurosurgery may apply for interruption following satisfactory completion of one year of the SET Program. The application must be submitted prior to 1 May in the year prior to the proposed commencement of the interruption.

1.6.3 Approval of interruption is at the discretion of the Board. The application should address, and the Board may consider the following:

(a) Whether there have been any performance concerns;
(b) The topic of the research and research degree;
(c) The level of support from the current surgical supervisor:
(d) The level of support from the institution in which the research is proposed; and
(e) The trainee plan for maintenance of surgical skills during interruption.

1.6.4 Research interruptions should ordinarily occur during Intermediate Training. Applications for interruptions outside Intermediate Training must demonstrate strong performance in all areas and strong support from the current surgical supervisor and proposed research institution.

1.6.5 Existing trainees wishing to interrupt their SET Program for other circumstances including ill-health and parenting can apply at any time in writing to the Board. In circumstances of ill-health a medical certificate for the proposed period of interruption must be provided.

1.6.6 Interruptions will usually be granted in 12 month increments to coincide with the training years.

1.6.7 The Board fully supports the concept of part time training while recognising the complexities in arranging the logistics to make the SET Program feasible. The Board is unable to guarantee that part time accredited training posts can be identified and requests fulfilled.

1.7 Completion of the SET Program

1.7.1 On successful completion of the SET Program the Board Chair recommends to the RACS the awarding of the RACS Fellowship in Neurosurgery. The Fellowship process, once signed off by the Board Chair, is administered by the RACS.

1.8 Reconsideration, Review and Appeal

1.8.1 This Regulation sets out the mechanism for reconsideration, review and appeal by trainees adversely affected by a decision relating to their SET Program. It is designed to ensure due processes are followed and proper consideration is given when making decisions.

1.8.2 The process consists of three phases as follows:

(a) reconsideration of the original decision (**Reconsideration**);
(b) review of the original decision and the Reconsideration decision (**Review**); and
(c) a formal appeals process (**Appeal**).

1.8.3 The Reconsideration and the Review processes provide for internal review under this Regulation. This allows the appointed panel to consider the material that was available to the original decision makers at the time the decision was made and any new, relevant information that is submitted, held by the Board or identified as part of the process.

1.8.4 The Appeal process is conducted in accordance with the RACS Appeals Mechanism available at www.surgeons.org. Applications for Appeal must be made directly to the RACS and are not processed under this Regulation.

1.8.5 The following decisions are not open to application under this Regulation:

(a) decisions relating to the compulsory courses identified in 6.1.1 (please refer to the relevant RACS policies);
(b) decisions relating to the compulsory examinations identified in 7.1.1 (please refer to the relevant RACS policies);
(c) decisions made by the RACS through the Complaints Manager and associated processes;
(d) decisions made by employing bodies, regulatory bodies and other external organisations;
(e) decisions made by the RACS as a result of an alternate reconsideration, review or appeal process; and
(f) a decision to suspend a trainee as part of a misconduct procedure (3.4.5) or a dismissal procedure (Regulation 3.5.3).

1.8.6 Applications for Reconsideration must be addressed to the Board Chair and received within 14 days of notification of the original decision.

1.8.7 Applications for Review must be addressed to the Board Chair and received within 14 days of notification of the Reconsideration outcome. Applications for Review cannot be lodged by the trainee prior to the conclusion of the Reconsideration process.

1.8.8 The application must specify the decision to be reconsidered or reviewed and why the trainee disagrees with the decision. The application must be accompanied by a written submission and all documentation on which the trainee wishes to rely.

1.8.9 The Review process can also be initiated by the RACS in response to an Appeal submitted by a trainee directly to the RACS or in accordance with RACS policies. In such instances, the submission to the RACS will be taken as the written submission and all documentation on which the trainee wishes to rely.

1.8.10 If the grounds include an allegation of discrimination, bullying or sexual harassment, the allegation will be reported to the RACS in accordance with its policies.

1.8.11 For each Reconsideration or Review, the Board Chair will appoint a panel of not less than three and not more than five persons including a chairperson (the **Panel**). A Reconsideration Panel will not include any person involved in the original decision. A Review Panel will not include any person involved in the original decision or the associated Reconsideration decision.

1.8.12 The Panel will conduct a thorough analysis of the written submission and documentation. The Panel, or a nominated person on behalf of the Panel, may liaise with the trainee, original decision makers, support staff and other relevant people as appropriate. The trainee will be notified of all persons to be contacted during the process.

1.8.13 Where the Panel determine the process materially involves a third party or parties, they may be contacted and provided with the allegations made against them or details of the events they may have witnessed in a manner which allows them to properly consider and respond.

1.8.14 The Panel will determine at their discretion whether there is a need for an interview with the trainee and/or third parties. Where a trainee is requested to attend an interview, the trainee will be invited to have a support person with them. The support person may take notes on the trainee's behalf and act as a sounding board but their role must not extend to that of an advocate.

1.8.15 The Panel will afford the trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.

1.8.16 The Panel may request further information from the trainee or third parties identified as relevant at any time during the process.

1.8.17 If a trainee chooses not to attend an interview, or provide further information requested by the Panel, the process will be conducted in the absence of any response from the trainee.

1.8.18 The Panel may delegate to, or collaborate with, any person or entity (including employers, health services or regulatory bodies including RACS) any functions associated with the process, except the decision-making authority. When a function is delegated, the Panel can rely on the findings of the third parties. The trainee will be advised in writing in the event of a delegation.

1.8.19 All members of the Panel are entitled to vote on decisions. The Panel decides based on a majority vote of its members. In the event of an equality of votes, the chairperson will exercise a casting vote.

1.8.20 At the completion of the process, the trainee will be sent a report outlining the Panel decision and the reasons. The Panel may decide to:

(a) Affirm the decision; or
(b) Revoke the decision and provide a fresh decision with such conditions as the Panel deems appropriate.

1.8.21 Where the Panel revokes the original decision, and provides a fresh decision, the Panel decision and any conditions will be effective from the date the trainee is notified or such other date stipulated on the notification.

1.8.22 The Board and the trainee's surgical supervisor will be provided with the report prepared by the Panel.

1.9 Special Consideration

1.9.1 Special consideration is an adjustment made to a trainee's SET Program to allow for exceptional or extenuating circumstances that have a demonstrated impact on the trainee's ability to meet the SET Program requirements. This could be a one-off situation or ongoing circumstances.

1.9.2 The following are not open to special consideration under this Regulation and applications must be made in accordance with the relevant RACS policies:

(a) the compulsory courses identified in 6.1.1; and
(b) the compulsory examinations identified in 7.1.1.

1.9.3 Applications for special consideration relating to decisions not yet made as part of the SET Program must be addressed to the Board Chair. Applications for special consideration relating to decisions already made as part of the SET Program must be made in accordance with Regulation 1.8.

1.9.4 For avoidance of doubt, the following circumstances will not ordinarily constitute grounds for special consideration:

(a) ordinary or expected stress or anxiety associated with the SET Program; or
(b) minor illnesses or medical conditions; or
(c) work commitments.

1.9.5 The application must be accompanied by a written submission and all documentation on which the trainee wishes to rely. The written submission must specifically address the circumstances, the impact on the trainee's ability to meet the SET Program requirements and specify the adjustment sought to the SET Program.

1.9.6 Applications made on medical grounds must be accompanied by independent medical evidence from the treating specialist which must specifically address the extent to which the trainee's SET Program will likely be impacted.

1.9.7 The Board Chair or nominee will consider the application. At the completion of the analysis and considering all relevant material, the trainee will be sent a letter advising of the decision and the reasons.

SECTION 2: CURRICULUM COMPONENTS AND STANDARDS

2.1 Curriculum Philosophy

2.1.1 The overall objective of the SET Program is to produce competent independent specialist neurosurgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2.1.2 To achieve the overall objective, competencies of a graduating trainee have been developed in the RACS competency areas of medical expertise, technical expertise, judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher and professionalism.

2.2 Syllabus Modules

2.2.1 The competencies have been integrated into specific learning outcomes at differing levels which are aligned with the syllabus modules and curriculum components.

2.2.2 The learning outcomes are delivered by a number of learning methods and opportunities as outlined in the curriculum including structured educational programs, skills courses, self-directed learning and workplace hands on service learning and exploration.

2.2.3 To assess the accomplishment of the learning outcomes multiple assessment tools and performance based standards are applied to determine the degree of progression towards the competencies and suitability to continue training.

2.2.4 To evaluate the effectiveness in achieving the overall objective the assessment of learning outcomes and other evaluation mechanisms provide direction on potential improvements to the curriculum, training activities and learning methods and opportunities.

2.2.5 The syllabus modules encompass differing levels of learning outcomes which are aligned with the curriculum components for each level of the SET Program. The modules are available on the training website www.nsa.org.au.

2.2.6 Neurosurgery is a rapidly changing field and although the Board aims to provide a comprehensive, relevant and current syllabus there may be instances when major changes or new advances in neurosurgery require the trainee develop an understanding not encompassed by the syllabus.

2.2.7 The trainee is expected to develop independent learning skills. The syllabus should facilitate the development of those skills. The syllabus should guide but not limit the trainee's ongoing education.

2.3 Training Requirements

2.3.1 Each level of the SET Program has training requirements which must be satisfied and a maximum duration in which to achieve them. The training requirements are used to assess performance and make a determination on progression and suitability to continue training.

2.3.2 Where indicated in these Regulations, some training requirements can be completed at an earlier level or recognition of prior learning can be applied (see Section 8).

2.3.3 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8 may modify any trainees' training requirements as it sees fit at any time provided the decision is communicated in writing to the trainee.

2.4 Training Requirements for Basic Training

2.4.1 Basic Training must be completed in a minimum of one training year and a maximum of two training years.

2.4.2 Trainees who complete two years of active Basic Training without successful completion of all training requirements will be dismissed (see Section 3).

2.4.3 The training requirements which must be satisfactorily completed during Basic Training are summarised below with further details available in these Regulations:

(a) Quarterly Professional Performance Assessments
(b) The Generic Surgical Science Examination
(c) The Neurosurgery Surgical Science Examination (trainees commencing prior to 2016)
(d) The Clinical Examination (trainees commencing prior to 2016)

(e) The Care of the Critically Ill Surgical Patient Course
(f) A minimum of two Neurosurgical Training Seminars
(g) Participation in a minimum of 200 major neurosurgical operative procedures during Basic Training
(h) Participation in a minimum of 80 major neurosurgical procedures for each six months
(i) Trainees must be assessed by one Assessor as having satisfied each Type 1 DOPS procedure

2.4.4 Trainees must remain in their allocated accredited training positions at all times during Basic Training.

2.5 Training Requirements for Intermediate Training

2.5.1 Intermediate Training must be completed in a minimum of three training years from completion of Basic Training and a maximum of four training years.

2.5.2 Trainees who complete four years of active Intermediate Training without successful completion of all training requirements will be dismissed (see Section 3).

2.5.3 The training requirements which must be satisfactorily completed during Intermediate Training are summarised below with further details available in these Regulations:

(a) Quarterly Professional Performance Assessments
(b) The approved supervised research project, presentation and publication
(c) The Early Management of Severe Trauma Course
(d) The Critical Literature Evaluation and Research Course
(e) A minimum of six Neurosurgical Training Seminars
(f) A minimum of 800 major neurosurgical procedures during Intermediate Training
(g) Participation in a minimum of 80 major neurosurgical procedures for each six months
(h) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 1 DOPS procedure at the conclusion of Intermediate Training (including those completed during Basic Training)
(i) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 2 DOPS procedure at the conclusion of Intermediate Training (including those submitted during Basic Training)

2.5.4 Trainees must remain in their allocated accredited training positions at all times during Intermediate Training.

2.6 Training Requirements for Advanced Training

2.6.1 Advanced Training must be completed in a minimum of one training year from completion of Intermediate Training and a maximum of three training years.

2.6.2 Trainees who complete three years of Advanced Training without successful completion of all training requirements will be dismissed (see Section 3).

2.6.3 The training requirements which must be satisfactorily completed during Advanced Training are summarised below with further details available in these Regulations:

(a) Quarterly Professional Performance Assessments
(b) The Fellowship Examination

(c) A minimum of 200 major neurosurgical procedures during Advanced Training of which a minimum of 100 must be as primary surgeon
(d) A minimum of 50 major paediatric neurosurgical cases which can include those completed during Basic, Intermediate and Advanced Training
(e) Participation in a minimum of 80 major neurosurgical procedures for each six months
(f) Trainees must be assessed by one Assessor as having satisfied any five of the Type 3 DOPS procedures at the conclusion of Advanced Training (including those submitted during Basic and Intermediate Training)

2.6.4 Trainees must remain in their allocated accredited training positions at all times during Advanced Training.

SECTION 3: PROGRESSION AND PERFORMANCE

3.1 Progression between SET Levels

3.1.1 Progression from Basic to Intermediate Training will be considered for Basic trainees at the end of each training year. To progress, the trainee must:

(a) have completed the minimum training time for Basic Training; and
(b) have completed all the training requirements for Basic Training; and
(c) have received less than two Performance Improvement Notices during the training year (see section 3.2); and
(d) not have an active Unsatisfactory Performance Notice (see section 3.3).

3.1.2 Progression from Intermediate to Advanced Training will be considered for Intermediate trainees at the end of the third and fourth Intermediate training years. To progress, the trainee must:

(a) have completed the minimum training time for Intermediate Training; and
(b) have completed all the training requirements for Intermediate Training; and
(c) have received less than two Performance Improvement Notices during the training year (see section 3.2); and
(d) not have an active Performance Improvement Notice (see section 3.2); and
(e) not have an active Unsatisfactory Performance Notice (see section 3.3).

3.1.3 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8, may modify any trainees' progression requirements or apply progression conditions as it sees fit at any time provided the decision is communicated in writing to the trainee.

3.1.4 If a trainee has completed the maximum period for their training level and has not been approved for progression to the next training level, the trainee will be dismissed in accordance with Regulation 3.5.

3.2 Performance Improvement Notice

3.2.1 A Performance Improvement Notice will be issued if:

(a) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied"; and
(b) the trainee has received less than four prior Performance Improvement Notices; and

(c) the trainee has not received an Unsatisfactory Performance Notice at any time during their SET Program.

3.2.2 The Performance Improvement Notice will list the areas where improvement is required and will be active for one term (a term is approximately three months). The Performance Improvement Notice will specify whether it is the first, second, third or fourth Performance Improvement Notice.

3.2.3 When issuing a fourth Performance Improvement Notice, an interview (which may be via teleconference) will be scheduled with the trainee, the surgical supervisor and a representative of the Board. The trainee will be invited to have a support person at the interview with them. The support person may take notes on the trainee's behalf and act as a sounding board for the trainee but their role must not extend to that of an advocate. Notes will be prepared of the interview.

3.2.4 The purpose of the interview is to ensure the trainee has been advised of the reasons for the supervisor's assessment, has a remediation plan in place and that the trainee is advised of the implications if any further Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied".

3.2.5 A trainee cannot progress between Basic, Intermediate and Advanced Training at the end of the training year if they receive two Performance Improvement Notices during the training year.

3.2.6 A trainee cannot progress from Intermediate to Advanced Training if they have an active Performance Improvement Notice.

3.2.7 A trainee cannot present for the Fellowship Examination if they have an active Performance Improvement Notice at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.

3.2.8 In transition to these Regulations, and unless a trainee is notified otherwise by the Board in writing, on the Commencement Date each prior In Training Assessment Report and Professional Performance Assessment Report with one or more ratings of "unsatisfactory" or "marginal" as determined under prior Regulations will be counted as one prior Performance Improvement Notice under these Regulations up to a maximum of four. Any more than four will be counted as Unsatisfactory Performance Notices under these Regulations.

3.3 Unsatisfactory Performance Notice

3.3.1 An Unsatisfactory Performance Notice will be issued if:

(a) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied" and the trainee has received four or more prior Performance Improvement Notices; or
(b) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied" and the trainee has received a prior Unsatisfactory Performance Notice at any time during their SET Program.

3.3.2 The Unsatisfactory Performance Notice will list the areas where improvement is required and the conditions which must be satisfied during the Unsatisfactory Performance Notice period. The Unsatisfactory Performance Notice will be active for between two and four terms at the discretion of the Board Chair or nominee (a term is approximately three months). The conditions

are determined at the discretion of the Board Chair or nominee and will be communicated in writing in the Unsatisfactory Performance Notice.

3.3.3 When issuing an Unsatisfactory Performance Notice an interview (which may be via teleconference) will be scheduled with the trainee, the surgical supervisor and a representative of the Board. The trainee will be invited to have a support person at the interview with them. The support person may take notes on the individual's behalf and act as a sounding board for the individual but their role must not extend to that of an advocate. Notes will be prepared of the interview.

3.3.4 The purpose of the interview is to ensure the trainee has been advised of the reasons for the supervisor's assessment, has a remediation plan in place and understands the conditions of the Unsatisfactory Performance Notice and implications of failing any of the conditions.

3.3.5 A trainee cannot progress to the next level of training if they have an active Unsatisfactory Performance Notice.

3.3.6 A trainee cannot present for the Fellowship Examination if they have an active Unsatisfactory Performance Notice at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.

3.3.7 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8, may modify any trainees' Unsatisfactory Performance Notice duration or conditions as it sees fit at any time provided the decision is communicated in writing to the trainee.

3.3.8 If a trainee fails a condition of an Unsatisfactory Performance Notice, the trainee will be dismissed in accordance with Regulation 3.5.

3.4 Allegations of Misconduct and Misconduct Procedures

3.4.1 Conduct that is misconduct is defined in the RACS SET Misconduct Policy available at www.surgeons.org.

3.4.2 Where an allegation of misconduct has been made against a trainee, or the Board Chair otherwise becomes aware of circumstances which may amount to misconduct, the Board Chair or nominee will undertake preliminary inquiries to assess the nature of the alleged misconduct to determine whether the Board will commence misconduct procedures in relation to the allegations.

3.4.3 If the preliminary inquiries indicate that the allegation is without substance, the allegation will not be pursued. A written record of the allegation/s and the Board Chair or nominee's decision will be retained on the trainee's file.

3.4.4 If the Board Chair or nominee determine there is sufficient information to warrant continuing with the misconduct procedures, the Board Chair or nominee will advise the trainee of the nature of the allegations which have been made against them in sufficient detail to enable them to properly respond.

3.4.5 Depending on the seriousness of the misconduct alleged, the trainee may be suspended from the SET Program during the misconduct procedures. The trainee may be suspended at any time during the misconduct procedures and the Board Chair or nominee may apply such conditions to the suspension as it deems appropriate and necessary taking account of the nature and seriousness of the allegations of misconduct which have been made.

3.4.6 The trainee will be provided with 7 days in which to respond in writing to the allegations. If the trainee admits all the allegations, the Board Chair or nominee will determine the relevant sanction having regard to any mitigating circumstances submitted by the trainee and any other factors as determined by the Board Chair or nominee. If the trainee refutes the allegations which have been made either in part or in full, the misconduct procedures will continue.

3.4.7 The Board Chair or nominee will appoint a panel of three persons to consider the allegations made against the trainee (the **Misconduct Panel**).

3.4.8 The Misconduct Panel is entitled to consider all relevant information which it deems appropriate and may invite any person or organisation to appear before it, or to provide information. The Misconduct Panel may also delay its deliberations until an investigation is undertaken into the allegations.

3.4.9 The Misconduct Panel may delegate to, or collaborate with, any person or entity (including employers, health services or regulatory bodies including RACS) in relation to the investigation of the allegations but cannot delegate any final decision relating to the trainee's ongoing participation in the SET Program. Where an investigation is delegated, the Misconduct Panel can rely on the findings of the third parties. The trainee will be advised in writing in the event of a delegation.

3.4.10 Where a trainee is requested to attend an interview with the Misconduct Panel, the trainee will be invited to have a support person of their choice with them. The support person may take notes on the trainee's behalf and act as a support to the trainee, but their role must not extend to that of an advocate.

3.4.11 The Misconduct Panel may request further information from the trainee or any third parties at any time during the misconduct process.

3.4.12 The Misconduct Panel will provide the trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.

3.4.13 If a trainee chooses not to attend an interview, or provide further information requested by the Misconduct Panel, the process will be conducted in the absence of any response from the trainee and a decision made in their absence.

3.4.14 All members of the Misconduct Panel are entitled to vote on decisions. The Misconduct Panel decides based on a majority vote of its members.

3.4.15 The trainee, the Board and the supervisor will be advised of the outcome and reasons of the decision of the Misconduct Panel within 7 days.

3.4.16 Having regard to the seriousness of the allegations, the trainee's responses and the additional information received (if any), the possible outcomes of this process are:

(a) no action, in which case the notes of the proceedings will be retained on the trainee's file;
(b) a formal warning in such severity and attaching such terms and conditions as deemed appropriate in the circumstances; or
(c) commencement of dismissal proceedings for misconduct.

3.4.17 Where there is a finding of misconduct the RACS CEO will be informed to determine whether a mandatory notification is required to medical registration authorities.

3.5 Dismissal Procedures

3.5.1 Trainees will be dismissed for the following reasons:

(a) the trainee has failed a condition of an Unsatisfactory Performance Notice; or
(b) the trainee has completed the maximum period of training for their training level and has not been approved to progress to the next training level; or
(c) there is a finding of misconduct; or
(d) failure to comply with a written direction or Regulation of the RACS or the Board;
(e) failure to pay training related fees by due deadlines; or
(f) failure to maintain medical registration as required in accordance with the RACS Medical Registration for the Surgical Education and Training Program Policy; or
(g) resignation from, or abandonment of a training post prior to the completion of the allocated period of training without the prior approval of the Board Chair; or
(h) failure to achieve employment in an accredited training post as allocated by the Board which allows for full participation in the SET Program; or
(i) termination from an allocated training post; or
(j) there is a material change to a trainee's employment or medical registration status which impacts on the trainee's ability to fully participate in the SET Program.

3.5.2 The trainee will be provided with a Notice of Intention to Dismiss, including the reason for the dismissal and relevant documentation.

3.5.3 The trainee will be suspended from the SET Program effective from the date of the Notice of Intention to Dismiss. The employer will be notified of the intention to dismiss the trainee and kept informed of decisions throughout the dismissal process.

3.5.4 The trainee will have 14 days from the date of the Notice of Intention to Dismiss to apply in writing in accordance with Regulation 1.8 to have the decision Reconsidered or Reviewed.

3.5.5 If no application under Regulation 1.8 is received within 14 days from the date of the Notice of Intention to Dismiss, the trainee dismissal will be effective from the date 14 days after the Notice of Intention to Dismiss.

3.5.6 If an application under Regulation 1.8 is received, and the outcome finds the Notice of Intention to Dismiss should be revoked, the trainee will be reinstated to the SET Program on such conditions as determined by the Reconsideration or Review Panel.

3.5.7 If an application under Regulation 1.8 is received, and the outcome affirms the Notice of Intention to Dismiss, the trainee dismissal will be recorded as effective from the date the outcome is communicated to the trainee.

SECTION 4: CLINICAL TRAINING AND ASSESSMENT

4.1 Clinical Training Posts

4.1.1 Clinical training posts facilitate workplace hands-on service learning and exploration in a range of training environments providing the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist neurosurgeon.

4.1.2 Clinical training posts are accredited in accordance with the Training Post Accreditation Regulations available on the NSA website at www.nsa.org.au.

4.1.3 Each clinical training post has an allocated supervisor, satisfying the requirements in the Training Post Accreditation Regulations.

4.1.4 Each training unit has its own profile for patient case mixes, supervision, staffing levels, working requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to varied working environments during training. For these Regulations, a training post involving multiple hospitals is counted as one training unit.

4.1.5 Trainees will be selected into either the Australian or the New Zealand Pathway.

4.1.6 Trainees in the Australian Pathway will be allocated to a region where it is intended they will undertake most of their training. This allocation will be made at the start of their training based on their pre-training appointments. The region within Australia, once determined, may only be changed by applying in accordance with Regulation 1.9. Trainees should expect to move from their region at least once during their SET Program, which may include placement in a New Zealand training post.

4.1.7 Trainees in the New Zealand Pathway will undertake up to two years of their training in Australia and the remainder in New Zealand training posts.

4.1.8 Trainees in both Pathways will rotate through a minimum of three training units during their SET Program to ensure they receive a wide exposure to systems, supervisors and case mixes.

4.1.9 Trainees will ordinarily spend no more than two years in any one training unit. Exceptions may be made, particularly where the trainees' region has less than three accredited training units.

4.1.10 The Board approves the allocation of trainees to accredited posts during all clinical training years. Trainees must be prepared to be assigned to a post anywhere in Australia and New Zealand, regardless of their Pathway. Singapore trainees must be prepared to be assigned to the posts in Singapore for at least three years of their SET Program.

4.1.11 Trainees are not permitted to swap training post allocations.

4.2 Professional Performance Assessment

4.2.1 The standards in the Professional Performance Assessment (PPA) Report are the minimum standards the Board expects trainees to have prior to entering the SET Program. These minimum standards must be maintained or exceeded at all times during the SET Program.

4.2.2 Completion of the PPA Report, on the prescribed form, must be undertaken quarterly during each year of training as part of the SET Program or more frequently where requested by the Board Chair or where the supervisor identifies performance concerns.

4.2.3 The trainee and the supervisor should have a meeting to discuss the PPA Report which is completed by the supervisor.

4.2.4 The Board Chair or nominee may attend any meeting relevant to trainee performance and prepare notes of the meeting for the training record.

4.2.5 For each assessment area within the PPA Report, guidelines of what would be considered the minimum acceptable standard of performance are provided. The guidelines are some common examples and are not exhaustive. Unsatisfactory performance includes all unethical or improper conduct and also includes the types of honest mistakes, errors of judgement and poor standards in service delivery.

4.2.6 The rating scale is:

(a) Fully satisfied
(b) Partly satisfied
(c) Not satisfied

4.2.7 If any area of the PPA Report is assessed as 'Not Satisfied' or 'Partly Satisfied' the supervisor should provide examples and suggestions for improvement.

4.2.8 Supervisors are responsible for ensuring the completed PPA Report is submitted to the Board in the prescribed manner by the due date. Trainees should be provided with a copy for their records.

4.2.9 A Performance Improvement Notice (Regulation 3.2) or an Unsatisfactory Performance Notice (Regulation 3.3) will be issued if any area within the PPA Report is assessed as 'Not Satisfied' or 'Partly Satisfied'.

4.2.10 If a PPA Report is not submitted by the supervisor, the Board Chair may nominate an alternate Surgical Trainer within the training institution to complete the PPA Report provided that consultant has had direct supervision of the trainee.

4.2.11 If a trainee disputes a PPA Report, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the Performance Improvement Notice or Unsatisfactory Performance Notice relating to the PPA Report.

4.2.12 Where one is not scheduled by the Board, the trainee may request in writing within 14 days of receiving a PPA Report a meeting between the trainee, the surgical supervisor and a representative of the Board to seek clarification of the reasons for the supervisor's assessment and the remediation plan in place.

4.2.13 Where a trainee has exceeded the maximum leave entitlement for a rotation (see Regulation 1.5.1) and the rotation has been deemed unassessed, the Board Chair or nominee may determine that a Professional Performance Assessment Report is not required for that rotation. The Board Chair or nominee will notify the supervisor and the trainee in such circumstances.

4.3 Operative Experience Assessment

4.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mixes and caseloads, are essential learning opportunities for trainees to acquire the necessary technical skills and expertise to practice as an independent neurosurgical consultant.

4.3.2 Trainees must maintain an operative experience log of all procedures they participate in as part of the SET Program in accredited training posts using the Board determined system or report.

4.3.3 A logbook summary report must be submitted at the end of each six-month clinical training period and must be verified by the surgical supervisor as an accurate record.

4.3.4 For each operative case where more than one surgical procedure is undertaken only one procedure may be recorded. For a procedure to be recorded the trainee must have been involved in the performance of the surgery and the pre and post-operative management of the patient in the unit in which the accredited training post is located.

4.3.5 When completing the logbook summary report the following classifications apply:

(a) Primary Surgeon is when the trainee performs all of the principal procedure (eg clipping the aneurysm, removing tumour, inserting both ends VP shunt). There may be an experienced assistant/supervisor scrubbed.
(b) Secondary Surgeon is when the trainee performs a significant part of the principal procedure (eg exposure of aneurysm, exposure and part resection of tumour, one end of VP shunt), or performs one of procedures classified as being performed by conjoint surgeons (eg performing laminectomy where conjoint surgeon performs fusion). This would be more than simple opening/closure of simple craniotomy/spinal cases.
(c) Assistant Surgeon includes basic opening/closure of a routine case performed by another surgeon and other standard surgical assistant tasks.

4.3.6 When considering the logbook summary report to determine satisfaction of training requirements, minor and miscellaneous neurosurgical procedures will be excluded from the total major neurosurgical procedures performed.

4.3.7 Inaccurate recording of procedures in the logbook summary report may constitute misconduct.

4.3.8 The trainee is responsible for ensuring that the completed logbook summary report is submitted by the due date and that they have adequate records to justify the logbook summary report.

4.3.9 The training requirements relating to operative experience are as follows:

(a) Participation in a minimum of 80 major neurosurgical procedures for each six months; and
(b) Participation in a minimum of 200 major neurosurgical operative procedures during Basic Training; and
(c) Participation in a minimum of 800 major neurosurgical operative procedures during Intermediate Training;
(d) Participation in a minimum of 50 major paediatric neurosurgical cases which can include those completed during Basic Training, Intermediate Training and Advanced Training;
(e) Participation in a minimum of 200 major neurosurgical operative procedures during Advanced Training of which at minimum of 100 must be as primary surgeon.

4.3.10 If a trainee disputes a training requirement decision, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the relevant decision.

4.4 Direct Observation of Procedural Skills Assessments

4.4.1 The Neurosurgical Direct Observation of Procedural Skills Assessments (the DOPS) are designed to assess both knowledge and technical proficiency in discrete procedural skills. The procedure must be performed by the trainee and observed by an Assessor.

4.4.2 The Assessor must be the Surgical Supervisor or another Surgical Trainer recognised by the Board who has supervised the trainee undertaking the procedure on multiple occasions. Where the Assessor is not the Surgical Supervisor, the Surgical Supervisor must also sign the DOPS form to confirm they are confident with the assessment completed by the Assessor.

4.4.3 The trainee should initiate a DOPS when they feel they have a reasonable chance of demonstrating safe and efficient independent practice.

4.4.4 The Assessor, in completing the DOPS, is confirming the trainee can perform all the principal procedure independently in a consistently safe and effective manner based on their direct observations of the trainee performing the procedure.

4.4.5 Type 1 DOPS procedures must be assessed as satisfied by two different Assessors from two different training units. The Type 1 DOPS procedures are as follows:

(a) Acute Subdural Haematoma
(b) Chronic Subdural Haematoma – Burr Hole or Craniotomy
(c) External Ventricular Drain/ ICP Monitor
(d) Opening and closing a pterional craniotomy

4.4.6 Type 2 DOPS procedures must be assessed as satisfied by two different Assessors from two different training units. The Type 2 DOPS procedures are as follows:

(a) Anterior cervical discectomy and fusion
(b) Carpal Tunnel Decompression
(c) Cerebral Abscess Aspiration or Stereotactic Biopsy of a Cerebral Lesion
(d) Excision of Cerebral Metastasis
(e) Extradural Haematoma
(f) High Grade Glioma
(g) Intracerebral Haemorrhage Evacuation
(h) Lumbar Laminectomy for Canal Stenosis
(i) Lumbar Microdiscectomy
(j) Revision of Shunt
(k) Spinal Epidural Abscess/Tumour
(l) Ventriculo-Peritoneal Shunt

4.4.7 Type 3 DOPS procedures must be assessed as satisfied by one Assessor. The Type 3 DOPS procedures are as follows:

(a) Craniotomy and Clipping of Anterior Circulation Aneurysm
(b) Meningioma resection involving the Superior Sagittal Sinus
(c) Pituitary Tumour – Trans-sphenoidal resection
(d) Posterior Fossa / Skull Base Tumour
(e) Posterior Fossa Decompression/Chiari Decompression
(f) Spinal Cord Tumour
(g) Spinal Fusion: Posterior - Instrumented
(h) Trigeminal Microvascular Decompression
(i) Ulnar Neurolysis

4.4.8 The SET Program training requirements are as follows:

(a) Trainees must be assessed by one Assessor as having satisfied each Type 1 DOPS procedure at the conclusion of Basic Training; and
(b) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 1 DOPS procedure at the conclusion of Intermediate Training (including those completed during Basic Training); and
(c) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 2 DOPS procedure at the conclusion of Intermediate Training (including those submitted during Basic Training):
(d) Trainees must be assessed by one Assessor as having satisfied any five of the Type 3 DOPS procedures at the conclusion of Advanced Training (including those submitted during Basic and Intermediate Training).

4.4.9 Any DOPS form can be submitted to the Board at any time during the SET Program. The DOPS will only be assessed as satisfied if:

(a) The DOPS form has been signed by the Assessor;
(b) The date the procedure was last observed by the Assessor is recorded on the DOPS form;
(c) The DOPS form is submitted to the Board by the trainee within two weeks of the date the procedure was last observed by the Assessor as recorded on the DOPS form; and
(d) Where the Assessor is not the Surgical Supervisor, the Surgical Supervisor has sign the DOPS form to confirm they are confident with the assessment completed by the Assessor.

4.4.10 The Board Chair has discretion to recognise prior SET Program competency assessments as having satisfied a DOPS. The Board Chair has discretion to approve a modified training requirement in substitute for the DOPS requirement for trainees commencing training prior to the introduction of the DOPS.

4.4.11 If a trainee disputes a training requirement decision, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the relevant decision.

SECTION 5: RESEARCH TRAINING AND ASSESSMENT

5.1 Research Requirement for trainees commencing from 2012 onwards

5.1.1 As part of the SET Program training requirements trainees must complete the following components which combined constitute the research requirement prior to the end of Intermediate Training:

(a) An approved supervised research project (see Regulation 5.3)
(b) An approved research presentation (see Regulation 5.4)
(c) A publication in a peer reviewed scientific journal (see Regulation 5.5)

5.1.2 The research requirements in Regulation 5.1.1 must be completed prior to the end of Intermediate Training.

5.1.3 Recognition of prior learning for the research requirement or a component thereof may be considered in accordance with Section 8.

5.1.4 If a trainee disputes a decision regarding approval or completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review

to the Board Chair within 14 days' of being notified of the decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

5.2 Research Requirement for trainees commencing prior to 2012

5.2.1 As part of the SET Program training requirements trainees must complete the following components which combined constitute the research requirement:

(a) An approved research presentation (see Regulation 5.6)
(b) A compulsory research year (see Regulation 5.7).

5.2.2 Recognition of prior learning for the research requirement or a component thereof may be considered in accordance with Section 8.

5.2.3 If a trainee disputes a decision regarding approval or completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review to the Board Chair within 14 days' of being notified of the decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

5.3 Supervised Research Project (trainees from 2012 onwards only)

5.3.1 It is the responsibility of the trainee to make all applicable arrangements for their supervised research project and to obtain the prior approval of the Research Committee.

5.3.2 The research project must be:

(a) Completed simultaneously while undertaking clinical training or during a period of Board approved interruption or flexible training; and
(b) Supervised by an appropriately qualified consultant or researcher; and
(c) Be a substantive project relevant to neurosurgery.

5.3.3 For approval of the research project trainees will be required to submit a written research proposal, on the prescribed form, and present the proposal orally to the Research Committee prior to the end of their first year of Intermediate Training. Trainees must obtain approval of the research proposal from their proposed research supervisor prior to submission to the Research Committee. Proposed research supervisors may be contacted to verify their prior approval of research proposal and to provide additional information at the discretion of the Research Committee.

5.3.4 Trainees will be required to provide oral progress reports to the Research Committee at times determined by the Research Committee taking into consideration the progression made with the research project.

5.3.5 For approval of successful completion of the research project trainees will be required to submit a written research completion report, on the prescribed form, together with the manuscript submitted for publication. Trainees must obtain approval of the research completion report from their research supervisor prior to submission to the Research Committee. Trainees will be required to present the completion report orally to the Research Committee. Research supervisors may be contacted to verify their prior approval of research completion report and to provide additional information at the discretion of the Research Committee.

5.3.6 The Research Committee will consider proposals and completion reports during the scheduled training seminars. The closing date for written proposals and completion reports will be one calendar month prior to the advertised Research Committee meeting date.

5.3.7 During the oral presentation, the Research Committee will ask questions to assist them in determining the approval or rejection of the research proposal or research completion.

5.3.8 Trainees must undertake the research project approved. Any modifications, including changes in supervisors, institutions, higher degrees or the research project must be approved by the Research Committee by way of a revised research proposal using the prescribed form and where requested an oral presentation to the Research Committee.

5.4 Research Presentation Requirement (trainees from 2012 onwards only)

5.4.1 Trainees must present an oral presentation (excluding poster side presentations) of the research findings from the supervised research project approved in accordance with Regulation 5.3 at the NSA Annual Scientific Meeting or at an alternative national or international meeting approved by the Research Committee which is subject to competitive abstract selection prior to the end of Intermediate Neurosurgical Training.

5.4.2 For accreditation of the research presentation, a letter from the meeting organisers at which the presentation was given must be submitted to the NSA office prior to the end of Intermediate Training. The letter must confirm the trainee personally presented the paper and the title of the same.

5.5 Research Publication (trainees from 2012 onwards only)

5.5.1 Trainees must have one neurosurgical publication (not a case report or abstract) in a peer reviewed scientific journal indexed for MEDLINE based on the research findings from the supervised research project approved in accordance with Regulation 5.3. The publication must be as primary author and must be accepted for publication prior to the end of Intermediate Training.

5.5.2 For accreditation of the research publication requirement, a copy of the article as published must be submitted to the NSA office prior to the end of Intermediate Training. If the publication has been accepted, but not yet published, a copy of the article accepted and a letter from the publisher, on the publisher letterhead, confirming acceptance of publication must be provided to the NSA office prior to the end of Intermediate Training.

5.6 Research Presentation Requirement (trainees commencing prior to 2012 only)

5.6.1 Trainees must prepare a neurosurgical paper and present at the NSA Annual Scientific Meeting or at an alternative national or international meeting approved by the Research Committee which is subject to competitive abstract selection prior to the end of Intermediate Training (SET5).

5.6.2 Recognition of prior learning for the research presentation requirement may be considered in accordance with Section 8.

5.7 Compulsory Research Year (trainees commencing prior to 2012 only)

5.7.1 The Board is committed to increasing trainee exposure to research. The fourth year of the SET Program (SET4) unless otherwise advised is a compulsory research year to provide the necessary

skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices.

5.7.2 Recognition of prior learning for the research year may be considered in accordance with Section 8.

5.7.3 The Board may, at their discretion and in exceptional circumstances, approve a revised program to allow the research year to be undertaken at an alternate stage of training, particularly for those trainees who have already commenced a research degree prior to selection.

5.7.4 The research year has been designed to be educationally enriching with trainees required to undertake a neurosurgical research project in a properly supervised program. The Board may also, at their discretion, consider applications for a period of elective fellowship training as part of a properly supervised and accredited program in a related discipline such as the Pain Fellowship.

5.7.5 Overseas research or elective programs may be considered however the Board notes that trainees may experience difficulty in obtaining such programs during their training. The Board suggests that overseas training is best undertaken as a post fellowship activity. This would increase the opportunity of securing a more senior posting and the learning experience is likely to be more worthwhile and productive.

5.7.6 It is the responsibility of the trainee to make all applicable arrangements for their research year. Trainees will not be permitted to occupy accredited training positions during their research year.

5.7.7 The research year must be full time. The maximum time that trainees may engage in additional non research activities during the year is 20% of a full time equivalent. All trainees undertaking their research year will be required to submit a time table of their activities in an average week with their mid- year and end of year assessment reports.

5.7.8 For approval of the research project trainees will be required to submit a written research proposal, on the prescribed form, and present the proposal orally to the Research Committee.

5.7.9 For approval of successful completion of the research project trainees will be required to submit a written research completion report, on the prescribed form, and present the completion report orally to the Research Committee.

5.7.10 The Research Committee will consider proposals and completion reports bi-annually during the scheduled training seminars. The closing date for written proposals and completion reports will be one calendar month prior to the advertised Research Committee meeting date.

5.7.11 During the oral presentation, the Research Committee will ask questions to assist them in determining the approval or rejection of the research proposal or research completion.

5.7.12 Trainees must undertake the research project approved. Any modifications, including changes in supervisors, institutions, higher degrees or the research project must be approved by the Research Committee by way of a revised research proposal using the prescribed form.

SECTION 6: COURSES AND SEMINARS

6.1 Compulsory Courses

6.1.1 The SET Program training requirements include successful completion of the following courses:

(a) Care of the Critically Ill Surgical Patient Course (CCrISP)
(b) Early Management of Severe Trauma (EMST)
(c) Critical Literature Evaluation and Research (CLEAR)

6.1.2 The CCrISP course must be completed prior to or during Basic Training. The EMST and CLEAR course must be completed prior to or during Intermediate Training.

6.1.3 Trainees are advised to register as soon as is practical after appointment. Registration and delivery of the courses are managed by the RACS with a fee charged.

6.1.4 Recognition of prior learning for the courses may be considered in accordance with Section 8.

6.2 Training Seminars

6.2.1 The training seminars deliver topics on a rotational basis which place an emphasis on the competencies of medical expertise, technical expertise and judgement, and clinical decision making. The seminar topics may include:

(a) Spinal Surgery
(b) Cerebrovascular
(c) Neurotrauma
(d) Paediatric Neurosurgery
(e) Functional Neurosurgery
(f) Skull Base Surgery
(g) Neuro-oncology

6.2.2 Expenses incurred in attending the training seminars are the responsibility of the trainee. Trainees are responsible for their own accommodation and travel arrangements. A fee may be charged.

6.2.3 Trainees may be required to submit presentations or abstracts for training seminars. All submissions must be received prior to the due date in the format requested.

6.2.4 Trainees are required to attend all scheduled training seminars while undertaking the SET Program unless granted leave by the Board Chair. Applications for leave must be submitted in writing at least two months prior to the training seminar commencement unless the circumstances make this impractical.

6.2.5 The SET Program training requirements include as a minimum successful completion of:

(a) Two training seminars during Basic Training; and
(b) Six training seminars during Intermediate Training.

6.2.6 A training seminar will not be recognised as a completed training requirement if the trainee:

(a) does not attend the training seminar or part thereof without leave being granted; or
(b) does not present at the training seminar if requested or given the opportunity; or

(c) does not submit the presentation and/or abstract by the due date; or
(d) attendance at the training seminar was deemed unsatisfactory by the Board Chair or nominee.

6.2.7 If a trainee disputes a decision regarding completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review to the Board Chair within 14 days' of being notified of the Report or decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

SECTION 7: EXAMINATIONS

7.1 Compulsory Examinations

7.1.1 The SET Program training requirements include successful completion of four examinations:

(a) Clinical Examination
(b) Generic Surgical Science Examination
(c) Neurosurgery Surgical Science Examination
(d) Fellowship Examination in Neurosurgery

7.1.2 The Clinical Examination and Neurosurgery Surgical Science Examination must be completed prior to or during Basic Training for all trainees commencing their SET Program prior to the 2016 training year intake.

7.1.3 The Generic Surgical Science Examination must be completed by all trainees prior to or during Basic Neurosurgical Training.

7.1.4 The Fellowship Examination in Neurosurgery must be completed while a trainee is undertaking Advanced Training. To be eligible to apply for the Fellowship Examination the trainee must have completed a minimum of 6 months of satisfactory training as part of the SET Program immediately prior to application.

7.1.5 A trainee cannot present for the Fellowship Examination if they have an active Performance Improvement Notice (see section 3.2) or an active Unsatisfactory Performance Notice (see section 3.3) at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.

7.1.6 Trainees who satisfy Regulation 7.1.4 and 7.1.5 must be assessed by the Board Chair as being adequately prepared to present for the Fellowship Examination. To determine if a trainee is adequately prepared the Board Chair may consider:

(a) the performance of the trainee in the SET Program including satisfaction of any conditions applied to the trainee;
(b) feedback from the current and/or previous supervisors; and
(c) the trainee performance in the Training Seminars including the Training Seminar Examination .

7.1.7 In addition to the above, trainees must present for either the Basic or Intermediate Module of the Training Seminar Examination as part of each Training Seminar.

7.2 Examination Registration and Fees

7.2.1 Registration and delivery of the Clinical Examination, Generic Surgical Science Examination, Neurosurgery Surgical Science Examination and Fellowship Examination is managed by the RACS with a fee charged. There are strict closing dates with full details available on the RACS website www.surgeons.org.

7.2.2 Registration and delivery of the Training Seminar Examination is managed by the NSA with no fee charged. All trainees are automatically registered. Trainees in Basic Training and the first and second years of Intermediate Training will be registered for the Basic Module. Trainees in their third and fourth years of Intermediate Training and trainees in Advanced Training who have not yet successfully completed the Fellowship Examination will be registered in the Intermediate Module.

7.3 Examination Information

7.3.1 The Clinical Examination has an emphasis on the application of basic science knowledge and understanding and clinical practise relevant to surgery. Examples of tasks include patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills. The recommended reading list and advice is available on the RACS website at www.surgeons.org.

7.3.2 The Generic Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. The recommended reading list and advice is available on the RACS website at www.surgeons.org.

7.3.3 The Neurosurgery Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to neurosurgery. The recommended reading list and advice is available on the NSA website at www.nsa.org.au. The pass mark required for the Neurosurgery Surgical Science Examination is 75%.

7.3.4 The Fellowship Examination in Neurosurgery comprises of 2 written papers and a clinical and viva section. Further advice is available on the RACS website at www.surgeons.org.

7.3.5 The Training Seminar Examination will have two modules; Basic and Intermediate. The information for each is as follows:

(a) The Basic Module will consist of up to 50 multiple choice questions. Of those, 30 will be taken from Last's Anatomy, Regional and Applied, 9th Edition, 1998 (reprinted 2003) – McMinn R.M.H., Churchill Livingstone. The remaining may be taken from the Training Seminar pre-reading. All questions will have a statement and four possible answer stems. There is an answer key which has five options which range from certain combinations of answer stems being correct to all answer stems being correct. Trainees must select a single letter from the key. Trainees will have up to 60 minutes to complete the Basic Module. Answers to the neuroanatomy component will then be presented and discussed and each trainee, and their supervisor, will receive the results.

(b) The Intermediate Module will consist of 2 essay questions and 2 short answer questions, taken or adapted from previous Neurosurgery Fellowship Examination papers. The questions will be selected based on a limited syllabus which will be made available to trainees. The questions will be scored using the same method as the Fellowship

Examination. Trainees will have 120 minutes to complete the Intermediate Module. Answers will be marked and sent to trainees only within 30 days of completion for feedback purposes and to assist in their preparation for the Fellowship Examination.

SECTION 8: RECOGNITION OF PRIOR LEARNING

8.1 Introduction

8.1.1 Recognition of prior learning (RPL) involves the assessment of prior training or experience obtained which is comparable to components of the SET Program. The principle of recognition of prior learning is to avoid unnecessary duplication of training and experience which is equivalent to that delivered within the SET Program.

8.1.2 There is no automatic entitlement to RPL. Applications must be submitted on the prescribed application form available on the website at www.nsa.org.au.

8.1.3 Trainees will be notified in writing of the outcome of their RPL application.

8.2 Compulsory Examinations

8.2.1 Trainees who have satisfactorily completed the RACS Clinical Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.

8.2.2 Trainees who have satisfactorily completed the RACS Generic Surgical Science Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.

8.2.3 Trainees who have satisfactorily completed the RACS Neurosurgery Surgical Science Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.

8.2.4 Trainees will not be granted RPL for the Fellowship Examination.

8.3 Compulsory Courses

8.3.1 Trainees who have satisfactorily completed the CCrISP Course, or a RACS recognised equivalent, may be eligible for RPL for this component.

8.3.2 Trainees who have satisfactorily completed the CLEAR Course, or a RACS recognised equivalent, may be eligible for RPL for this component.

8.3.3 Trainees who have satisfactorily completed the EMST Course, or a RACS recognised equivalent, may be eligible for RPL for this component.

8.3.4 Trainees will not be granted RPL for Neurosurgical Training Seminars.

8.4 Research Requirements

8.4.1 Trainees who have satisfactorily completed a higher research degree relevant to neurosurgery resulting in a presentation and publication which satisfies the research requirement may be eligible for RPL for:

(a) The supervised research project (see Regulation 5.3)
(b) The research presentation (see Regulation 5.4 and 5.6)
(c) The publication in a peer reviewed scientific journal (see Regulation 5.5)
(d) The compulsory research year (see Regulation 5.7).

8.4.2 No other research RPL will be granted.

8.5 Clinical Training and Operative Experience

8.5.1 Trainees will not be granted RPL for clinical training or operative experience training requirements.

New Zealand Board in General Surgery

Royal Australasian College of Surgeons, New Zealand Association of General Surgeons

Training Regulations:

For the Surgical Education and Training Program in General Surgery in New Zealand

Effective: 1 July 2019

Table of Contents

1. INTRODUCTION

1.1 Definitions and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

Term	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training
BCC	Bi-National Curriculum Conference (BCC)
Board (the Board)	New Zealand Board in General Surgery - NZBIGS
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CCRTGE	Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Mini-CEX	Mini Clinical Examination
NZAGS	New Zealand Association of General Surgeons
RACS	Royal Australasian College of Surgeons
Rotation	Training position accredited by NZBIGS
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SET2+	This indicates the years from SET2 onwards
SSE	Surgical Sciences Examination (Generic and Specialty Specific)
SEAM	Surgical Education and Assessment Modules
Hospital Supervisor	The Hospital Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Supervisor is appointed and approved by the Board and BSET and is a member of the Training Committee. The Hospital Supervisor coordinates the management, education and training of accredited Trainees in accredited training positions. This includes monitoring performance, completing assessments and developing and overseeing performance management. The Hospital Supervisor may delegate the responsibilities outlined in these regulations to a Trainer.
Term	The length of a term is six months.
Training Committee	The Training Committee is a subcommittee of NZBIGS responsible for the management of trainees in New Zealand.
Trainer	The Trainer is a delegate of the Hospital Supervisor and is a consultant surgeon on an accredited unit which trainees are

Term	Definition
	allocated to. The Trainer may perform the duties of the Hospital Supervisor as outlined in the regulations and as delegated by the Hospital Supervisor.
Training Year	A year consists of **two (2)** six-month terms.

1.2 Overview of the Regulations for the SET Program in General Surgery

1.2.1. The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in General Surgery. These Regulations are in accordance with the policies and strategic direction of the Royal Australasian College of Surgeons. At times these Regulations may refer directly to a generic RACS policy.

1.2.2. All Trainees, Hospital Surgical Supervisors, Surgeon Trainers, Training Committee and Board Members are required to comply with these Regulations.

1.2.3. The information in these Regulations is as accurate as possible at the time of publication. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on the NZAGS website. All persons are advised to ensure they are consulting the most current version. If you need to refer to a previous version of the Regulations, please contact nzbigs@nzags.co.nz.

1.2.4. All Trainees must be familiar with the applicable policies, which are specifically referred to throughout these regulations.

1.3 Administration and Ownership

1.3.1. The RACS is the body accredited and authorised to conduct Surgical Education and Training in Australia and New Zealand.

1.3.2. The New Zealand Board in General Surgery is responsible for the delivery of the SET Program in General Surgery in New Zealand, the accreditation of hospital posts, and the supervision and assessment of General Surgical Trainees.

1.3.3. The New Zealand Board in General Surgery delivers the SET program in New Zealand and the program is administered by NZAGS.

1.3.4. For further information, refer to the *New Zealand Board in General Surgery Terms of Reference.*

1.4 Selection

1.4.1. For detailed information regarding selection into the SET Program in General Surgery in New Zealand, please refer to the *New Zealand General Surgery Selection Regulations* located on the NZAGS website.

2. PROGRAM OVERVIEW

The below depicts the overall requirements of the New Zealand General Surgery Training Program. Further information on each component is detailed in the various sections of the regulations.

SET1 *(For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior) SET 1 was removed in 2014.*

Requirement	**Quantity / Description**
Rotations/Terms	Satisfactory completion of two (2) six-month terms. During **SET1** a term may consist of one (1) six-month rotation or two (2) three-month rotations. If a term consists of the latter, the assessment at the end of the first rotation is deemed the Mid-term Assessment and the assessment at the end of the second rotation the End of Term Assessment.
Logbooks	One (1) per each six-month rotation or three month rotation
DOPS	One (1) per six-month or one (1) per three-month rotation
Mini-CEX	One (1) per six-month or one (1) per three-month rotation
Examinations	• SSE Generic • SSE Speciality Specific (for Trainees who commenced on the Training Program in 2013 or prior) • Clinical *Note: Trainees are required to complete these examinations by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.*
SEAM[1]	• For Trainees who commenced in the Training Program from 2014 onwards • Minimum two modules per six month term
Courses[2]	• ASSET • CCrISP
Educational Sessions[3]	• NZAGS Trainees' Days

SET2 *(For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)*

Requirement	**Quantity / Description**
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
SEAM[1]	• For Trainees who commenced in the Training Program from 2014 onwards • Minimum two modules per six month term *Note[2]: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will dismissed from the Training Program.*
Educational Sessions[3]	• NZAGS Trainees' Days

SET2 *(For Trainees who were selected onto the Training Program from 2015 onwards and were selected into SET2)*

Requirement	**Quantity / Description**
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Examinations	• Clinical *Note: Trainees are required to complete this examination by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.*
SEAM	• Minimum two modules per six month term *Note: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will dismissed from the Training Program.*
Courses[2]	• ASSET • CCrISP
Educational Sessions[3]	• NZAGS Trainees' Days

SET3

Requirement	Quantity / Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions[3]	• NZAGS Trainees' Days
Research[4]	Approval of research activity by Training Committee

SET4

Requirement	Quantity / Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions[3]	• NZAGS Trainees' Days

SET5

Requirement	Quantity / Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Courses[2]	• EMST • CLEAR
Examination	Fellowship Examination
Educational Sessions[3]	• NZAGS Trainees' Days

Notes:

1. *Trainees who commenced in 2014 will be provided one (1) additional clinical year to complete the eight (8) SEAM modules.*
2. *The Skills courses are listed at the SET level in which they must be completed in order to progress through SET. Courses can be undertaken prior to the SET level indicated.*
3. *New Zealand Trainees from SET2+ must attend the NZAGS Training Days in March and September annually.*
4. *Research may be commenced and completed prior to SET3. Research activities must be approved prior to completing SET3.*

Prior to sitting the Fellowship Examination	• Completion of at least **six (6)** six-month satisfactory terms beyond **SET1** • Satisfactory completion of any periods of Probationary Training • Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies • Completion of **600** major operative cases in accredited terms beyond **SET1** • Commencement of approved research activity • Fully paid up dues and fees owed to the RACS • Presentation of a satisfactory Portfolio of Training (including all assessments and logbooks obtained throughout training). The Training Manager will provide a transcript of the trainees' training file for the Training Chair.

Prior to award of the Fellowship in General Surgery	• All Skills Courses as listed above • Completion of all program requirements as listed to be eligible to sit the Fellowship Exam • Satisfactory completion of the General Surgery Fellowship Examination • Completion of **800** major operative cases in accredited terms beyond **SET1** with satisfactory primary operator rates and case mix • Completion of at least **eight (8)** six-month satisfactory terms beyond **SET1** • Satisfactory completion of the RACS Research Requirement • Satisfactory attendance at the required number of NZAGS Trainee Days • Fully paid up dues and fees owed to the RACS

3. TRAINEE ADMINISTRATION

3.1 Registration and Training Fees

3.1.1. Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS *Trainee Registration and Variation Policy*.

3.1.2. There are two components to the training fee in General Surgery – RACS and Specialty. The College is responsible for determining the College component. NZAGS is responsible for determining the specialty component for New

Zealand Trainees. The approved training fees are published on the RACS website.

3.1.3. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SETenquiries@surgeons.org

3.1.4. Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with the RACS *Dismissal from Surgical Training Policy*.

3.2 Leave

3.2.1. Trainees undertaking full-time training are permitted a maximum of **six (6)** weeks of leave per six-month term subject to approval by the employing authority. Periods beyond this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in *Section 9.1.1a and Section 10.1.1a*. The Trainee's period of clinical training will be extended by a minimum of six months. Where a Trainee takes more than six (6) weeks leave during a six-month term, the term may be deemed assessable if the supervisor and consultants have been able to adequately assess the Trainee and the logbook numbers. In this scenario the Trainee will still undertake an End of Term Assessment.

3.2.2. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carers leave. Rostered days off (stand down days) are not included in leave. Trainees wishing to take **more than six (6)** weeks of leave in one (1) term must receive prior approval for either interruption of training, in accordance with *Section 3.3*, or an extension of leave from the Training Committee, and subject to approval by the employing authority.

3.2.3. Trainees wishing to take more than six (6) weeks leave must submit an Online Trainee Request as per *Section 3.10*. Requests will follow the process as outlined in *Section 3.11*.

3.2.4. Trainees who take leave from Training without the prior approval of or notification to, the New Zealand Board in General Surgery will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide **10 days'** notice to the Trainee, for attendance at a meeting to consider their continued participation in the Training Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with the RACS *Misconduct Policy* and *Section 8.*

3.3 Interruption

3.3.1. An interruption is a period of approved absence by a Trainee from the SET Program following commencement of SET.

3.3.2. The Board is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.

3.3.3. Trainees may apply for the following types of interruption:

a. Medical (refer to *Section 3.4*)

b. Parental

c. Carers Leave to care for or support a member of the Trainee's immediate family or household who is sick, injured or has an unexpected emergency.

d. Approved Research (refer to *Section 3.5*)

e. Personal Circumstances which are outside of *3.3.3a-d*

3.3.4. All requests for interruption must be made as per *Sections 3.10 and 3.11*. Requests for Medical Interruption must also adhere to *Section 3.4*. Requests for Approved Research Interruption must also adhere to *Section 3.5*.

3.3.5. With the exception of interruption for medical, carers or parental leave, Trainees cannot apply for interruption for the first six months of training.

3.3.6. Applications for interruption must be for periods in multiples of six months.

3.3.7. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

3.3.8. In order to minimise vacancies on the training program and to not disadvantage other trainees, the Board may require the period of interruption to be greater than applied for.

3.3.9. The Board may set conditions the Trainee must meet prior to returning to active training following a period of interruption. The Board may also set conditions applicable to the Trainees clinical training upon returning from a period of interruption. The conditions will be specified at the time the interruption is approved.

3.3.10. Requests for interruption must be made in accordance with the RACS *Trainee Registration and Variation Policy* and these Regulations. The Board does not have the authority to grant requests that do not comply with RACS Policy or these Regulations.

3.3.11. All requests for interruption **must** be made via an online Trainee request (refer *Section 3.10)* and must include all applicable information. Refer to *Section 3.4* for additional information regarding Medical Interruption and *Section 3.5* for additional information regarding Approved Research Interruption. Requests will follow the process as outlined in *Section 3.11***.**

3.3.12. In accordance with *Section 3.10*, all requests **must be received and approved at least six (6) months** prior to the term/s of interruption required.

3.3.13. Requests for interruption of training in order to complete unaccredited rotations **will not** be approved.

3.3.14. Extensions to interruption to training must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

3.4 Medical Interruption

3.4.1. Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required, from their treating doctor at the time of the request.

3.4.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training.

3.4.3. Requests for Medical Interruption must be made via an online Trainee request *(*refer *Section 3.11)* and adhere to the processes in *Section 3.10*.

3.5 Approved Research Interruption

3.5.1. A period of full time research, **relevant to General Surgery**, during the SET Program is strongly encouraged.

3.5.2. The term Approved will refer to the research topic being deemed appropriate for the purposes of the Research Requirement. Trainees are still required to complete the approved research activity and present or publish their work and inform the Board when this has occurred in order to be considered as meeting the Research Requirement (refer to *Section 4.6* and *Appendix 3***)**.

3.5.3. Approved Research Interruption must be for a minimum of one (1) term.

3.5.4. Trainees **will not** be granted Approved Research Interruption until there has been satisfactory completion of the following requirements:

a. Two satisfactory terms

b. SSE and CE Examinations

c. ASSET and CCrISP Courses

d. Satisfactory Completion of at least four (4) of the eight (8) SEAM modules including the Summative Assessment components.

3.5.5. Trainees who are approved for Research Interruption may complete any of the remaining four (4) SEAM modules whilst on Research Interruption; Trainees must notify the Board of their intention to complete SEAM modules whilst on Interruption. Upon recommencing clinical training, Trainees must ensure they comply with *Section 5.6***.**

3.5.6. At the time of applying for Approved Research Interruption Trainees must submit applicable documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree **must be attached** to the request.

3.5.7. Full time research with a view to the successful completion of a university higher degree (MD or PhD) for two (2) or more years of **full-time** study will be supported on the condition the request adheres to the conditions in these Regulations.

3.5.8. Requests for Approved Research Interruption must be made via an online Trainee request (refer *Section 3.11)* and adhere to the timelines and processes in *Section 3.10*.

3.5.9. Trainees must be performing satisfactorily at the time of interruption to training. Approved Research Interruption **will not** be approved if the Trainee's most recent term was unsatisfactory or the Trainee is currently on probation.

3.5.10. Trainees on Approved Research Interruption must submit a progress report by the supervisor of research for each six-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the relevant Training Committee within **two (2)** weeks of the completion of each six-month period. The Training Committee will review the progress report and confirm with the trainee if they deem the progress satisfactory.

3.5.11. The Research Reporting form can be found on the NZAGS website.

3.5.12. A final report must be provided by the supervisor of research to the Training Committee within **two (2)** weeks of the completion of the research. The completion of the research project must be certified by the Board on the advice of the Training Committee.

3.5.13. Trainees who are not progressing satisfactorily with their project or do not submit a six monthly report may not have an application of satisfactory completion of Research Requirement approved unless an additional research activity is completed as advised by the Board or Training Committee.

3.5.14. Trainees must notify the Board if they are unable to proceed with or complete their research; Approved Research Interruption may be withdrawn. In the event that Approved Research Interruption is withdrawn, the trainee may be required to recommence training when a training post becomes available.

3.5.15. Research undertaken over two (2) or more years towards a higher degree (Masters or PhD) may be considered for RPL towards clinical rotations at the discretion of the Training Committee and Board.

3.5.16. To apply for RPL, Trainees must submit an online Trainee request *(*refer *Section 3.11)* and adhere to the processes in *Section 3.10***.**

3.5.17. The Board may grant conditional exemption from up to **one (1)** year of accredited clinical training pending receipt of satisfactory assessments and logbooks following the Trainees return to training.

3.5.18. If a Trainee has been granted exemption of **one (1)** year of accredited clinical training in lieu of prospective full time research, the eligibility criteria to sit the Fellowship Examination, and the eligibility criteria for the awarding of a Fellowship in General Surgery, will be reduced by **two (2) rotations**. All remaining criteria must be satisfied including logbook numbers.

3.5.19. The Board reserves the right not to accredit research towards clinical training, if the applicable level of clinical competency is not evident at the point of re-entering clinical training after completing the research.

3.5.20. Trainees who extend a period of interruption to training in order to complete Research by Higher Degree must first meet all of the above criteria before an extension is considered for approval.

3.6 Flexible Training

3.6.1. Flexible training is a period of training undertaken on less than a full-time basis.

3.6.2. Requests for flexible training must have a training commitment of at least 50% of a full-time trainee.

3.6.3. Requests for flexible training must be made in accordance with the RACS *Trainee Registration and Variation Policy*. The Board does not have the authority to grant requests that do not comply with RACS Policy.

3.6.4. The Board fully supports the concept of flexible training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that flexible accredited training posts can be identified and requests fulfilled.

3.6.5. All requests for flexible training **must** be made via an online Trainee request (refer *Section 3.11)* and must include all applicable information. Requests will follow the process as outlined in *Section 3.10***.**

3.6.6. Requests for flexible training will only be approved in blocks of twelve (12) months, unless 3.6.9 applies.

3.6.7. Trainees undertaking flexible training will be required to complete the appropriate mid-term or end of term three-monthly assessment.

3.6.8. Trainees granted approval to undertake a period of flexible training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments and logbook data. Flexible Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees.

3.6.9. In the event that a trainee is to interrupt their training outside a scheduled six month rotation and therefore only partially complete a rotation, a trainee may apply to have retrospective recognition of the training undertaken if the following conditions are met:

a. The interruption is for medical, parental or carers leave

b. The trainee has worked a minimum of three months prior to commencement of interruption

c. The trainee has worked full time a minimum of eight (8) continuous weeks on a single surgical unit

d. A formal assessment is undertaken at the completion of each such period of training

e. The supervisor of each component worked must provide a letter of support

f. The assessments must be rated as satisfactory with no borderline or not competent ratings

g. The trainee is not on probation or a performance management plan (in the year prior or in the year of application)

The Board will review the request and determine if the time in training can be accredited towards one rotation on a case by case basis. This includes consideration of applications where no more than one of the criteria above do not apply.

h. Leave of any type taken does not exceed the maximum specified in 3.6.11

3.6.10 Trainees undertaking flexible training are permitted a maximum of five (5) days leave for training periods less than three months (3) , subject to approval by the employing authority. Trainees completing more than 13 weeks continuous training will be entitled to leave on a pro-rata basis (i.e. five (5) days per completed 4 weeks). Leave in excess of this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in *Section 9.1.1a and Section 10.1.1a*.

3.7 Extension to Training Requests

3.7.1. Requests for an Extension to Training beyond SET 5 must be made to the Training Committee.

3.7.2. The Training Committee may also require a Trainee to undertake an extension to training based on performance.

3.7.3. Requests must be made via an online Trainee request *Section 3.11* and must include all applicable information. Requests, by the Trainee, will follow the process and timelines as outlined in *Section 3.10*

3.7.4. Trainees must specify the following:

a. Length of extension

b. Reason for the extension

c. Areas the Trainee does not feel competent in

3.7.5. Extensions to training will only be granted if a suitable post is available.

3.7.6. If an extension to training has been approved, the Trainee **must** complete the extension before Fellowship is approved and participate in all assessment processes as outlined in *Section 7*.

3.8 Withdrawal from Training Program

3.8.1. Trainees who do not wish to continue on the General Surgery Training Program must notify the Board of their withdrawal via an online Trainee request (refer *Section 3.11).*

3.8.2. The Trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated terms for the training year.

3.8.3. Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

3.8.4. Should a Trainee resign from a position of employment, they must also resign from the Training Program via an online Trainee request (refer *Section 3.11).* Trainees should not resign from employment before contacting their Hospital Surgical Supervisor for support, advice, and assistance.

3.9 Deferral

3.9.1. Requests for deferral must be made in accordance with the RACS *Trainee Registration and Variation Policy*. The Board does not have the authority to grant requests that do not comply with RACS Policy.

3.9.2. For applicants to the SET program, **requests for deferral must be submitted at the time of acceptance of offer**. Requests submitted after this time will only be considered in exceptional circumstances.

3.9.3. The standard period of deferral will be 12 months (one year). In exceptional circumstance, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated

that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.

3.9.4. Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period of completion will be reduced by the extra time granted for deferral.

3.9.5. Requests for deferral in order to complete unaccredited rotations **will not** be approved.

3.9.6. Trainees are not permitted to apply for retrospective accreditation (Recognition of Prior Learning) of clinical rotations undertaken during any period of deferral.

3.9.7. SET applicants are to refer to the New Zealand Selection Regulations for further information on deferral.

3.10 Trainee Requests Process

3.10.1. For **all** training requests referred to **in** *Sections 3.3* to *3.7* the following processes and timelines are applicable:

a. All requests for the following year must be approved by the Board by **31 July** each year. Requests for medical or parental interruption will be provided with exemptions to this timeline provided appropriate documentation is submitted with the request and adhere to all relevant College Policies. Requests must first be reviewed by the relevant Training Committee before approval by the Board.

b. Requests submitted after this date will only be considered in exceptional circumstances.

c. Requests for interruption in Term 2 in any given year will only be approved in exceptional circumstances.

d. Trainee must discuss their request with their Hospital Surgical Supervisor. A supporting letter must be provided with their request.

3.10.2. All Trainee requests referred to in *Sections 3.2* **to** *3.8, 4.5.5, 4.6.8, 5.3.4, 5.7 to 5.10* **and** *Appendix 3*, are sent to the Training Committee for recommendation to the Board.

3.10.3. Once a decision at the applicable Board meeting has been reached, Trainees will be notified of the outcome within seven (7) working days of the meeting.

3.10.4. Trainees are advised, where applicable, not to take action, or make any arrangements prior to receiving final outcome of their request from the Board.

3.10.5. All submissions to the Board must be in reference to these Regulations and the applicable RACS Policy to the request. (Refer to *Appendix 1 - Policies)*

3.11 Online Trainee Requests

3.11.1. For **all** training requests referred to in *Sections 3.2* **to** *3.8, 4.5.5, 4.6.8, 5.3.4, 5.7 to 5.10* **and** *Appendix 3*, the following processes are applicable:

a. Log in to the NZAGS website www.nzags.co.nz to access the "Trainee Online Request Form" and upload completed form to the "requests" section of SOLA.

4. SET PROGRAM – GENERAL REQUIREMENTS

The SET Program in General Surgery is designed to allow the Surgical Trainee to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist General Surgeon.

4.1 Training, Terms and Posts

4.1.1. All training terms are **six (6)** months in duration. Trainees will be required to satisfactorily complete a minimum of:

a. **Ten (10)** rotations if commenced in **SET1**

b. **Eight (8)** rotations if commenced in **SET2**

4.1.2. Trainees may be required to undertake additional terms based on performance and level of competency.

4.1.3. The maximum time for completion of the SET Program is the expected minimum duration of the training program plus four (4) years). Trainees will have up to **nine (9)** years from the time they are accepted onto the SET in General Surgery program if commenced in **SET1** or **eight (8)** years if commenced in **SET2**, to meet all requirements including the rotations (refer to Section 4.2). The following conditions apply to the calculation of the maximum time period:

a. If Recognition of Prior Learning for Clinical Rotations as per *Sections 3.5.17* **and** *5.8* has been granted, the maximum time is reduced according to the period granted.

b. Approved parental, carers or medical leave as per *Sections 3.3.3a-c* **and** *3.4* shall not be included in the calculation of the maximum period of training as per the RACS *Trainee Registration and Variation Policy*.

c. Extensions to training, part-time training, interruption due to research or personal leave, terms that are deemed not accredited due to extended leave as per *Section 3.2.1* or due to *7.7.12c*, and unsatisfactory terms do not extend the maximum time period.

d. If an extension to deferral is granted, the maximum time period will be reduced as per *Section 3.9.4*

4.1.4. During **SET2+**, Trainees will be placed in a single rotation per six-month term. Trainees may not undertake more than **two (2)** calendar weeks on a night roster per six-month term unless prior approval has been granted by the Board.

4.1.5. Trainees are allocated rotations based on availability of accredited posts, and trainee preferences where these can be accommodated, but cannot be guaranteed.

4.1.6. Trainees will be required to fulfil any rotation allocated to them by the Training Committee. Trainees will not be permitted to change rotations unless prior approval has been granted by the Training Committee.

4.1.7. Trainees are required to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.

4.1.8. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one term.

4.1.9. Should a trainee be refused employment for a second rotation the following process will occur:

a. The Trainee will be requested to attend a meeting with a Panel consisting of the Training Committee Chair and one further member of the Training Committee.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review the reasons behind the refusal from the hospital.

c. The Trainee may invite a support person who is not a practicing lawyer.

d. The Trainee will be provided with an opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

e. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.

f. Where a Trainee has been duly notified of the meeting as per *Section 4.1.10b* and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

g. The Panel will make a recommendation to the Training Committee who will determine possible penalties. The Training Committee will make a final recommendation to the Board.

h. If dismissal is not recommended by the Training Committee, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a probationary term and Performance Management Plan.

i. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

j. The Board will make the final decision on whether or not the Trainee should be dismissed.

k. The Trainee will be notified of the Board's final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

l. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

4.2 Failure to Complete Training Requirements

4.2.1. At the commencement of the final maximum year of training, Trainees will be notified in writing of the outstanding requirements that must be met during the final year.

4.2.2. Trainees who do not complete all the training requirements in the time period specified in *Section 4.1.3* will be considered Time Expired.

4.2.3. Trainees who fail to meet any of the requirements by the maximum time period will be Time Expired and will not be permitted to continue on the Training Program.

4.3 Logbook of Surgical Experience

4.3.1. Trainees are required to maintain accurate and complete logbook of operative cases in SOLA

4.3.2. The total minimum operative experience to be gained in accredited terms in **SET2+** is **800** major cases. It is expected that Trainees will be involved in a minimum of 100 major cases per six-month term, with minimum primary operator experience as follows:

a. SET2, first six months : 20%

b. SET2, second six months : 25%

c. SET3, first six months : 30%

d. SET3, second six months : 40%

e. SET4, first six months : 50%

f. SET4, second six months : 50%

g. SET5, first six months : 60%

h. SET5, second six months : 60%

4.3.3. The primary operator is defined as the following logbook categories:

a. Surgeon Mentor Scrubbed

b. Surgeon Mentor in Theatre

c. Surgeon Mentor Available

4.3.4. The Trainee's logbook data will be reviewed at the Mid-term Assessment and evaluated as part of the End of Term Assessment. An accurate and complete logbook is required at the end of each six-month term. Trainees must provide the logbook data in the format displayed in SOLA.

4.3.5. The Hospital Surgical Supervisor may seek input from other members of the Unit in order to adequately evaluate and verify logbook data.

4.3.6. At the completion of each six-month term, the Trainee, Hospital Surgical Supervisor is required to approve the logbook through SOLA.

4.3.7. Trainees must use the "submit" function for their logbook in SOLA within **two (2)** weeks of the term ending.

4.3.8. Any unsatisfactory performance relating to the logbook data will be reported to the Training Committee and may result in non-accreditation of the term (refer to *Section 7.7.12*).

4.3.9. Non-submission of a complete, accurate and signed logbook summary by the due date will result in non-accreditation of the term.

4.4 Case Mix

4.4.1. The operative experience should adequately cover the major areas of General Surgical Training as defined in the curriculum *(*refer *Section 4.8)*.

4.4.2. Trainees are permitted to gain private hospital operative experience in addition to their normal public hospital posts, provided they are supervised by a RACS accredited training post Hospital Surgical Supervisor. The operative experience gained can contribute to overall logbook numbers, up to a maximum of **two (2)** lists per week. However, Trainees must only do this with the approval of their Hospital Surgical Supervisor.

4.5 Endoscopy Training

The New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy set the minimum training standards required prior to granting recognition of training in Upper Gastrointestinal Endoscopy, Colonoscopy and Endoscopic Retrograde Cholangiopancreatography (ERCP). The Board recognises the role of the CCRTGE in setting of minimum training standards and acknowledges that the CCRTGE provides the means of formal recognition and certification of gastrointestinal endoscopy training.

4.5.1. It is recommended that all Trainees register with the New Zealand Conjoint Committee upon acceptance of a place in the General Surgery Program.

4.5.2. As the CCRTGE requirements may change from time to time, Trainees are advised to check the CCRTGE websites before applying for recognition of training.

a. New Zealand Trainees should refer to https://nzsg.org.nz/training/endoscopy-training/ for their information and requirements.

4.5.3. The Board requires all Trainees to complete **100** upper gastrointestinal endoscopies and **50** colonoscopies before applying to sit the Fellowship Exam. The following categories will be used to calculate the total number of endoscopies and colonoscopies:

a. Endoscopy: Total Completed Unassisted

b. Colonoscopy: Total Completed Unassisted to Caecum/Ileum

4.5.4. Trainees are required to enter all gastrointestinal endoscopy experiences into SOLA.

4.5.5. In some cases, exemption from the requirements in *Section 4.5.3* may be granted. Trainees are advised to seek the approval of the Training Committee and the Board, by submitting an online Trainee request *(*refer *Sections 3.10 and 3.11).*

4.6 Research Requirement

4.6.1. All Trainees must complete the mandatory RACS Research Requirement as per the RACS *Research during Surgical Education and Training Policy*.

4.6.2. The mandatory Research Requirement must be certified as complete by the Training Committee, and notified to the Board, prior to applying for Fellowship in General Surgery.

4.6.3. The Trainee must contribute significantly to the conduct of the research activity. Activities that may satisfy the RACS Research Requirement are outlined in *Appendix 3*.

4.6.4. Trainees must have their research activity approved by the Training Committee by the end of SET3. Approval must be sought before commencing the research activity. Refer to *Appendix 3* for further details on the approval process.

4.6.5. Trainees who do not comply with *Section 4.6.4* will not be permitted to progress to SET4. Trainees will continue as a SET3 for six month terms until the requirement is met. RPL for the extension in training will not be approved upon completion of this requirement.

4.6.6. Trainees must demonstrate that they have commenced the approved research activity in order to be eligible to apply to sit for the Fellowship Examination. If a trainee's project does not proceed, or should another project commence, the trainee must submit a further Research Pre-approval Request.

4.6.7. It is the responsibility of the Trainee to provide documentation verifying completion of the Research Requirement and approved research project. This includes outlining the extent of involvement in the research activity, presentation and/or publication.

4.6.8. Following completion of the Research Requirement Trainees must submit an online Trainee request for review by the Training Committee *(*refer *Sections 3.10 and 3.11).*

4.7 Portfolio of Training

4.7.1. The Trainee will keep a portfolio of their training, which will include:

a. Complete the SOLA logbook throughout their training and provide paper logbooks as and when requested

b. Documentation relating to skills courses and research activities

c. Documentation relating to any period of Probationary Training

d. All Formative and Summative Assessment forms and results

4.7.2. To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Hospital Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

4.7.3. The Chair of the Training Committee will review the portfolio when applying to sit for the Fellowship Examination (refer *to Section 9)* and when applying for Fellowship (refer to *Section 10***)**.

4.8 Curriculum

Trainees are required to be familiar with the General Surgery curriculum. Details of the curriculum are available on the NZAGS website. The New Zealand and Australian Boards in General Surgery are responsible for the development, maintenance and updating of the General Surgery curriculum via the Bi-National Curriculum Conference (BCC). The curriculum will be reviewed every three (3) years.

4.8.1. The curriculum comprises both technical and non-technical modules.

4.8.2. The technical modules cover the following areas:

a. Abdominal Wall
b. Breast
c. Bariatric
d. Colorectal
e. Duodenum and Small Bowel
f. Emergency
g. Endocrine
h. Endoscopy
i. Head and Neck
j. HPB
k. Sepsis
l. Skin and Soft Tissue
m. Surgical Oncology
n. Transplantation
o. Trauma
p. Upper GI
q. Vascular

4.8.3. The non-technical issues cover the following areas:

a. Collaboration
b. Communication
c. Health Advocacy
d. Management and Leadership
e. Professionalism and Ethics
f. Scholar and Teacher

4.9 Training Committee Educational Activities

The Training Committee may coordinate, oversee or endorse tutorial programs, workshops, skills courses, examination preparatory courses, journal clubs, registrar paper days and other similar educational activities for the benefit of Trainees. These Training Committee activities are aimed at providing opportunities for Trainees to meet components of the General Surgery curriculum.

4.9.1. Trainees are required to participate in Training Committee educational activities.

4.9.2. The Training Committee will set the minimum attendance rate that Trainees are required to meet per year.

4.9.3. The Training Committee will have the discretion to grant exemption to *Section 4.9.2* for Trainees for whom who are not able to attend sessions due to geographical restrictions and/or illness.

4.9.4. The Training Committee may rate a rotation as unsatisfactory if a Trainee does not meet the minimum attendance rate and has not been granted an exemption from this requirement.

4.10 National Educational Activities

It is compulsory for all current Trainees in New Zealand to attend the applicable Specialty Society's Trainees' days as follows:

4.10.1. Trainees must attend **two (2)** New Zealand Association of General Surgeons (NZAGS) training days per year of training during SET2+. Training days are held in March and September annually.

4.10.2. Trainees who attend the Definitive Surgical Trauma Care (DSTC) Course during their SET training may, upon proof of attendance, count this course towards the Trainee Day requirement.

4.10.3. Six **(6)** Trainee Days must be attended before approval for Fellowship.

5. COURSES AND EXAMINATIONS

The following courses are a compulsory component of the General Surgery Training Program. Refer to *Section 2 - Program Overview* and *Section 6 – Program and Progression Requirements* for information on when courses must be completed in order to progress through the program.

5.1 Australian and New Zealand Surgical Skills Education and Training

5.1.1. The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory aspect of Surgical Training.

5.1.2. The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery. Information regarding the ASSET course can be found on the RACS website.

5.2 Care of the Critically Ill Surgical Patient

5.2.1. The CCrISP course assists Trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.

5.2.2. The course focuses on clinical knowledge, acumen, and procedural skills together with communication, responsibility and leadership. Information regarding the CCrISP course can be found on the RACS website.

5.3 Critical Literature Evaluation and Research

5.3.1. CLEAR is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials.

5.3.2. The course aims to make the language and methodology relevant to surgeons and their day to day activities. Information regarding the CLEAR course can be found on the RACS website.

5.3.3. Trainees may apply for exemption from the CLEAR Course if they hold a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.

5.3.4. Trainees who hold postgraduate qualifications may apply to the Board, via the relevant Training Committee via an online Trainee request (refer *Sections 3.10 and 3.11)*, for exemption from the CLEAR Course. Applicants must provide evidence of an acceptable Evidence Based Surgery component to the qualification. Trainees should refer to the RACS *Recognition of Prior Learning Policy* and *Section 5.9*.

5.4 Early Management of Severe Trauma

5.4.1. The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.

5.4.2. Information regarding the EMST course can be found on the RACS website.

5.5 Clinical Examination

5.5.1. Trainees who were selected on the training program during the 2016 and 2017 Selection process are subject to the following regulations:

a. SET2 Trainees must satisfactorily complete all components of the Clinical Examination within two (2) years of training in the SET program, with a maximum of four (4) attempts permitted for each Examination.

b. Failure to comply with *Section 5.5.1a* will result in dismissal from the Training Program in accordance with the RACS and *Conduct of the SET Clinical Examination Policy*.

5.5.2 Trainees who were selected on the training program during 2018 Selection process and onwards are not required to complete the Clinical Examination.

5.6 Surgical Education and Assessment Modules (SEAM)

5.6.1. Trainees who commenced on the program from 2014 (including Trainees who were on deferral in 2013) will be required to complete the Surgical Education and Assessment Modules (SEAM).

5.6.2. SEAM consists of the following eight (8) modules.

a. Acute Abdomen

b. Haematology

c. Anatomy

d. Operating Theatre

e. Nutrition

f. Peri-operative Care

g. Critical Care and Trauma

h. Post-Operative Care

5.6.3. Trainees must successfully complete the eight (8) modules during the first two (2) clinical years of SET in General Surgery as per below and *Section 5.6.13*:

a. Trainees who were selected during the 2013 or 2014 Selection Process (including trainees who were on deferral during 2013, 2014 or 2015) must complete the eight modules by SET2 as per *Section 5.6.13*

b. Trainees who were selected during the 2015 Selection Process and onwards must complete the eight modules by SET3 as per *Section 5.6.13*

5.6.4. Successful completion of each module is defined as achieving the minimum pass mark in the Summative Assessment for each module as defined in *Section 5.6.8*.

5.6.5. There is no specific order in which Trainees must complete the modules. Each module stands alone in terms of content and assessment.

5.6.6. Trainees are advised to undertake a minimum of two (2) modules per six-month term.

5.6.7. Trainees must pass the Formative Self-Assessment component within a module before being permitted to undertake the Summative Assessment for the module.

5.6.8. The Summative Assessment of each module will consist of 20 multi-choice questions. Trainees must pass 80% of the Summative Assessment questions in order to satisfactorily complete the module.

5.6.9. Trainees will have a maximum of four (4) attempts at the Summative Assessment for each module.

5.6.10. Trainees will be "locked" out of a module for a period of 48 hours if they do not pass the Summative Assessment for the module. During the "lock out" period, Trainees are able to review the content in the module but are unable to attempt the Summative Assessment.

5.6.11. Following the second and third unsuccessful attempt, the trainee will receive a feedback report outlining the topics of the questions answered incorrectly. Individual questions answered incorrectly will not be provided.

5.6.12. Following the third unsuccessful attempt at the Summative Assessment Trainees must discuss their preparation and study plan with their supervisor and submit this to the Training Committee Chair who will then approve a fourth and final attempt.

5.6.13. Trainees who do not pass the Summative Assessment of any individual module as per *Sections 5.6.8* **and** *5.6.9* will be dismissed from the Training Program.

5.6.14. Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program. Trainees who commenced in 2014 will be required to complete the eight (8) modules by the end of Mid-term in the second term of their third clinical year as per *Section 5.6.3*. Unsatisfactory or not assessable rotations do not extend the timeframe in which SEAM must be completed.

5.7 Recognition of Prior Learning

5.7.1. Recognition of Prior Learning (RPL) involves the evaluation of prior training or experience, which is comparable to the components of the General Surgery Program.

5.7.2. The regulations comply with the RACS *Recognition of Prior Learning Policy.*

5.7.3. There is no automatic entitlement to RPL. Trainees must submit documentation via an online Trainee request *(*refer *Sections 3.10 and 3.11)* for the components they wish to be exempt.

5.7.4. Requests for RPL will only be considered once a Trainee has commenced on the General Surgery Program.

5.7.5. RPL will only be considered for the following requirements of the Program:

a. Clinical Rotations based on Clinical Experience (refer to *Section 3.5.15 – 3.5.19* for RPL of Clinical Rotations based on Approved Research Interruption)

b. Research Requirement (refer to *Sections 13.5 and 13.6***)**

c. Skills Courses

d. SEAM Summative Assessment

5.7.6. As per the RACS Policy, the MRCS is not considered equivalent to the SSE and CE, therefore Trainees will not be given RPL for these examinations.

5.8 Recognition of Prior Learning for Clinical Rotations based on Clinical Experience

5.8.1. Requests for RPL for Clinical Rotations may be considered provided the experience was:

a. Undertaken in a recognised surgical unit that would meet the Board's Hospital Accreditation Standards.

b. For a continuous full time equivalent period of six (6) months or more.

c. Supervised by a specialist surgical consultant

d. Obtained within the last two years

e. Not undertaken during a period of deferral as per *Section 3.9.6* or interruption.

5.8.2. The Board requires documentation demonstrating and verifying the following, attached to all requests for RPL for Clinical Rotations:

a. Terms are on a General Surgery unit or one of its recognised disciplines (such as Upper GI, Colorectal, Vascular, Trauma, Breast and Endocrine, HPB);

b. Adequate level of consultant supervision (the consultant must be adequately credentialed);

c. Terms must be of minimum six-month duration, full time;

d. The operative logbook provided must reflect case mix and case load;

e. Operative logbook to reflect information in current General Surgery Trainee logbook;

f. Satisfactory performance assessment forms must demonstrate competencies equivalent to RACS competencies.

5.8.3. The Board may defer a decision on a request for RPL of Clinical Rotations for up to 12 months. This is to enable the adequate formative and summative assessments to confirm the claimed level of competency has been gained.

5.8.4. Former trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry at the level of SET2 may be considered for RPL of previous training time under the following circumstances:

a. Requests will only be reviewed following two satisfactory rotations, that is at the completion of SET2.

b. All SEAM modules, including the Summative Assessment component must be satisfactorily completed.

c. The Clinical Examination must be satisfactorily completed.

d. ASSET and CCrISP must be satisfactorily completed.

5.8.5. Requests must be made via an online Trainee request (refer *Section 3.11)* and must include all applicable information. Requests will follow the process and timelines as outlined in *Section 3.10*.

5.8.6. If a Trainee has been granted RPL for Clinical Training, the eligibility criteria to sit the Fellowship Examination, and the eligibility criteria for the awarding of a Fellowship in General Surgery, will be reduced by the equivalent number of terms granted. For trainees who commenced at SET1 all remaining criteria must be satisfied including logbook numbers. For trainees who commenced as SET2, the major logbook numbers will be reduced by 100 per term. That is if a trainee is provided with RPL for two terms, the major logbook numbers will be reduced by 200 for the purpose of Examination and Fellowship Eligibility. With regards to Endoscopy and Colonoscopy numbers, these will be reduced by the number that was undertaken during the trainee's previous rotations on the Training Program.

5.9 Recognition of Prior Learning for Skills Courses

5.9.1. The College publishes a list of courses that are considered equivalent to the following Skills Courses:

a. ASSET

b. EMST

c. CCrISP

d. CLEAR

5.9.2. RPL for Skills Courses will be considered when supported by a completion certificate displaying the trainee name and successful completion date.

5.9.3. Applications for RPL for non-College provided courses not recognised by the College may be considered. Such applications must be accompanied by a completion certificate displaying the trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology that reflects substantial comparability to the College skills courses.

5.9.4. Requests must be made via an online Trainee request (refer *Section 3.11)* and must include all applicable information. Requests will follow the process and timelines as outlined in *Section 3.10*.

5.10 Recognition of Prior Learning for Endoscopy and Colonoscopy Numbers

5.10.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry at the level of SET2 may apply for recognition of prior learning for Endoscopy and Colonoscopy undertaken whilst in an accredited training post on the General Surgery Training Program.

5.10.2. Requests must be made via an online Trainee request *(*refer *Section 3.11)* and must include previous General Surgery accredited logbooks. Requests will follow the process and timelines as outlined in *Section 3.10.*

5.11 Recognition of Prior Learning for SEAM Summative Assessment

5.11.1. For former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry, Recognition of Prior Learning (RPL) for SEAM will automatically be awarded for modules where the Summative Assessment was completed satisfactory in accordance with *Section 5.6.8* and within the five (5) years prior to recommencing SET.

6. PROGRAM AND PROGRESSION REQUIREMENTS

6.1 SET1 *(For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)*

6.2 SET 1 was removed from the SET Training Program in 2014.

6.3 Progressing from SET2 to SET3 *(For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)*

6.3.1. The requirements for successful completion of **SET2** and progression to **SET3** are:

a. Satisfactory completion of at least **two (2)** six-month terms

b. Satisfactory completion of any period of Probationary Training

c. Satisfactory surgical logbook data including primary operator rates and case mix (refer *Section 4.3.4* and *Section 4.4*)

d. Satisfactory completion of all components of the SSE package and Clinical Examination (refer *Section 5.5*).

e. Satisfactory completion of SEAM as detailed in *Section 5.6* for Trainees who commenced from 2014 onwards.

6.3.2. Satisfactory completion of the Clinical Examination. A maximum of **four (4)** attempts is permitted (refer *Section 5.5*).

6.3.3. Failure to meet the Examination and SEAM requirements will result in dismissal from the SET Program.

6.4 SET2 *(For Trainees who were selected onto the Training Program during the 2015 Selection Process and onwards and were selected into SET2)*

6.4.1. The requirements for successful completion of **SET2** are:

a. Satisfactory completion of at least **two (2)** six-month terms

b. Satisfactory completion of any period of Probationary Training

c. Satisfactory Completion of the ASSET Course *(*refer *Section 5.1)*

d. Satisfactory completion of the CCrISP Course *(*refer *Section 5.2)*

e. An attempt at the Clinical Examination must be made in **SET2** (refer *Section 5.5*).

f. Trainees are advised to complete a minimum of four (4) SEAM modules (refer *to Section 5.6***)**

6.5 Progressing from SET3 to SET4

6.5.1. The requirements for successful completion of **SET3** and progression to **SET4** are:

a. Satisfactory completion of at least **two (2)** six-month terms

b. Satisfactory completion of any period of Probationary Training

c. Satisfactory surgical logbook data including primary operator rates and case mix (refer *Section 4.3.4* and *Section 4.4*)

d. Pre-approval of research activity. Trainees who do not comply with this requirement will not progress as per *Section 4.6.5.*

6.5.2. For trainees who were selected during the 2015 Selection Process or onwards the following also applies:

a. Satisfactory completion of the SSE – Generic and Clinical Examinations

b. Satisfactory completion of SEAM as detailed in *Section 5.6***.**

c. Failure to meet the Examination and SEAM requirements will result in dismissal from the SET Program.

6.6 SET4-5

6.6.1. The requirements for successful completion of **SET4-5** are:

a. Satisfactory completion of **four (4)**, six-month terms (two (2) satisfactory six-month terms per SET level)

b. Satisfactory completion of any probationary terms

c. Satisfactory surgical logbook data including primary operator rates and case mix (refer *Section 4.3.4* and *Section 4.4)*

d. Satisfactory completion of the College Research Requirements *(refer Section 4.6* and *Appendix 3)*

e. Satisfactory completion of the CLEAR Course *(*refer *Section 5.3)*

f. Satisfactory completion of the EMST Course *(refer Section 5.4)*

7. ASSESSMENT

7.1 Direct Observation of Procedural Skills in Surgery (Surgical DOPS) Assessment

7.1.1. Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

7.1.2. The DOPS form can be found on the NZAGS website.

7.1.3. These assessments are formative and are aimed at guiding further development of surgical skills. Trainees may be required to undertake a surgical DOPS by their Hospital Supervisor Trainer to inform the Mid or End of Term Assessment.

7.1.4. Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

7.1.5. Trainees are advised to retain a copy of the assessment in their Training Portfolio.

7.2 Mini-Clinical Examination (Mini-CEX)

7.2.1. The Mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning.

7.2.2. The Mini-CEX form can be found on the NZAGS website.

7.2.3. These assessments are formative and are aimed at guiding further development of clinical skills. Trainees may be required to undertake a Mini-CEX by their Hospital Supervisor or Trainer to inform the Mid or End of Term Assessment.

7.2.4. Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

7.2.5. Trainees are advised to retain a copy of the assessment in their Training Portfolio.

7.3 Formative Assessment

7.3.1. **Formative** assessments aim to identify areas of good performance and areas of performance that require improvement to reach competence. Formative assessments also provide opportunities for improving performance.

7.3.2. The components of Formative Assessment during **SET2+** consist of:

a. Mid-term In Training Assessments

b. Mini-CEX and Surgical DOPS may still be recommended as part of a Performance Management Plan or as a continual assessment tool.

7.4 Summative Assessment

7.4.1. **Summative Assessments** are completed in **SET2+** and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training.

7.4.2. If unsatisfactory performance is reflected in a Summative Assessment, the period of training will not be accredited and the Trainee will be placed on Probationary Training (**refer** *Sections 7.8 and 7.9)*.

7.4.3. The Summative Assessment requires completion of an End of Term In Training Assessment form.

7.5 Conducting Assessments

7.5.1. Both the Formative and Summative Assessments of Trainees are conducted by the Hospital Supervisor or delegate, with the input of all other consultants on the Unit.

7.5.2. The Hospital Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).

7.5.3. If the Hospital Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the form at an earlier stage. For information regarding Hospital Surgical Supervisors, please refer to the RACS *Surgical Supervisors Policy*.

7.5.4. All consultant members of the Unit on which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each competency listed on the assessment form. Although the assessment form might be filled out in the absence of the Trainee, the Hospital Supervisor must subsequently meet with the Trainee to discuss the assessment.

7.5.5. Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a period of training, and commencement of Probationary Training in the following term.

7.6 Mid-term In Training Assessment

7.6.1. At the end of the first **three (3)** months of a six-month term, the Hospital Supervisor will seek the input of all consultants on the Unit, to reach consensus on the Formative Assessment of the Trainee's performance.

7.6.2. A review of the Trainee's logbook will be undertaken as part of the assessment.

7.6.3. The Hospital Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Supervisor that this meeting occurs *(*refer *Section 7.5)*.

7.6.4. The Board's Mid-term In Training Assessment Form must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the NZAGS website.

7.6.5. The forms must be dated and signed by the Hospital, the Trainee and the Trainer/s, and returned to the NZAGS office no later than two weeks after the Mid-term date.

7.6.6. The completed form must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.

7.6.7. The Trainee must sign the form and must indicate if they agree or disagree with the assessment.

7.6.8. It is the responsibility of the Trainee to ensure that the signed, completed assessment form together with any associated documentation is uploaded to SOLA by the due date.

7.6.9. If the signed and completed Mid-term In Training Assessment form and any associated relevant documentation are not submitted by the due date, the period of training may be deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing Probationary Training in the subsequent term.

7.6.10. When areas of performance are identified as "Borderline" or "Not competent" and/or "Unsatisfactory" grades are received, the Hospital Surgical Supervisor will discuss this with the Trainee and an appropriate remedial plan will be developed which may include a Performance Management Plan for the remainder of the term. The Performance Management Plan must be returned to the relevant the NZAGS office, by the Trainee, on a monthly basis until the end of term.

7.6.11. Where applicable, the Hospital Supervisor will notify the Training Chair of any concerns regarding the performance of the Trainee.

7.6.12. If the overall performance is deemed "Unsatisfactory", the Hospital Supervisor will undertake a further interview with the Trainee. An appropriate Performance Management Plan will be implemented for the remainder of the term. The Performance Management Plan must be returned to the NZAGS office, by the Trainee, on a monthly basis until the end of term.

7.6.13. Advice may be sought from members of the Unit in developing an appropriate Performance Management Plan for the Trainee.

7.6.14. Unsatisfactory grades in any part of the assessment will be reviewed by the Training Committee.

7.6.15. An unsatisfactory Mid-term Assessment is defined as:

a. an overall "Unsatisfactory" grade on the Mid-term In Training Assessment form based on receiving borderline and/or not-competent rating(s), and/or

b. one or more "Unsatisfactory" grades in any of the essential criteria and/or

c. non-submission of completed assessment form or any associated documentation more than two weeks after the Mid-term date.

7.7 End of Term In Training Assessment

7.7.1. Just prior to the completion of each six-month term, the Trainee will participate in an End of Term In Training (Summative) Assessment. This will consist of an evaluation of the operative logbook data, review of whether Research Requirements have been met and an assessment of performance against the expected competencies and essential criteria.

7.7.2. The Trainee must submit:

a. Self-assessment on the Board's End of Term In Training Assessment Form

b. SOLA logbook to the Hospital Supervisor for review and verification

c. Data reflecting progress with any research activities

d. SEAM progress if applicable

e. Performance Management Plans if applicable

7.7.3. The Board's End of Term In Training Assessment Form must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the NZAGS website.

7.7.4. The Hospital l Supervisor will seek the input of all consultants on the Unit to reach consensus on the assessment of the Trainee's performance (refer *Section 7.5)*.

7.7.5. The Hospital Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Surgical Supervisor that this meeting occurs (refer *Section 7.5)*.

7.7.6. The logbook must be submitted through SOLA and End of Term In Training Assessment forms are to be dated and signed by the Trainee, the Hospital Supervisor. and where applicable, the Trainer/s.

7.7.7. The Hospital Supervisor must indicate the following on the form:

a. Whether the overall performance is rated as satisfactory or unsatisfactory. If a trainee's performance is rated as satisfactory, the Hospital Supervisor may recommend that a Performance Management Plan is put in place for the following term to assist in addressing any deficiencies.

b. Whether the logbook is rated as satisfactory or unsatisfactory.

7.7.8. The completed form must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.

7.7.9. The Trainee must sign the form and must indicate if they agree or disagree with the assessment.

7.7.10. The Trainee is required to upload the assessment form in SOLA with any associated documentation the two weeks after the date the Term ends. Should a Trainee not comply:

a. the term may be deemed **unsatisfactory**, and may not be accredited, resulting in an extension of training, and

b. the Trainee will automatically commence Probationary Training for six-months, pending a review by the Training Committee.

7.7.11. The Training Committee is responsible for reviewing submitted assessments and logbook data, and may undertake further review in order to determine if a term is to be accredited.

7.7.12. The Training Committee may review any in-training assessment, logbook and any other documentation pertaining to performance in determining the final outcome of a term. The Training Committee may revise the final outcome of the term, based on its review, and the trainee will be advised in writing. The final outcome of the term may be one of the following:

a. Satisfactory: The Term will be accredited towards the required number of rotations as outlined **in** *Section 9.1.1a* **and** *Section 10.1.1a*

b. Unsatisfactory: If the Training Committee's initial review is to recommend that the term be made unsatisfactory, a panel must be formed and trainee interviewed.

c. Not accredited: If the term is deemed not accredited, the following will occur:

- The Trainee's term will not be accredited towards the required number of rotations as outlined in *Section 9.1.1a* **and** *Section 10.1.1a*
- The Trainee's logbook numbers may be counted towards the logbook numbers required as outlined in *Section 9.1.1c* **and** *Section 10.1.1b.* This will be determined by the Training Committee.
- The Trainee's period of training will be extended by a minimum of six months.

7.7.13. Trainees are required to retain copies of all assessments. All assessment reports will form part of the Trainee's portfolio that is to be presented to the Hospital Supervisor at the beginning of each term.

7.8 Unsatisfactory End of Term Assessment

7.8.1. An unsatisfactory End of Term Assessment is defined as:

a. an overall "Unsatisfactory" rating on the End of Term In Training Assessment form based on receiving borderline and/or not-competent rating(s), and/or

b. one or more "Unsatisfactory" rating in any of the essential criteria and/or

c. non-submission of completed, signed logbook data or assessment form or any associated documentation by the due date as **per** *Section 7.7.10* and/or

d. Unsatisfactory logbook rating following review of the Training Committee as per *Section 7.7.12*

7.8.2. Receipt of an unsatisfactory assessment will result in the automatic commencement of Probationary Training in the following term. The continuation of this period of Probationary Training will be decided by the Training Committee pending a review at the earliest possible time.

7.8.3. In accordance with the RACS *Assessment of Clinical Training Policy* **and these regulations**, upon receipt of an unsatisfactory assessment a formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative), the Hospital Supervisor and one additional member of the Training Committee or supervisor. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the interview are to be duly documented. The meeting will address the following:

a. Details of unsatisfactory performance

b. Response of the Trainee

c. Remedial action advised via a Performance Management Plan

d. Frequency at which performance plan must be submitted

e. Consequences of any further unsatisfactory assessments

7.8.4. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review *Section 7.8.3a* **to** *e***.**

7.8.5. The Trainee will be provided with an agenda and the opportunity to make a formal written submission to the panel. The submission must be received at least two (2) days prior to the meeting.

7.8.6. The Trainee and Panel will be provided with the minutes of the meeting and the Performance Management Plan. The Trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.

7.8.7. The following formal process will commence:

a. Probationary Training automatically commences at the start of the term immediately following the unsatisfactory term.

b. The Training Committee will undertake a review of the assessment at the earliest possible time. If it is agreed by the Training Committee that the assessment is unsatisfactory, the Training Committee will recommend to the Board that the period of training be deemed unsatisfactory.

c. This recommendation will be considered at the next meeting of the Board. If agreed that the period of training is deemed unsatisfactory and therefore not accredited towards training, the Trainee will be advised of this in writing. The Trainee will be required to continue with Probationary Training for the entire six-month term.

d. The Trainee's period of training will be extended by six months at a minimum.

e. The Trainee's logbook numbers will not be counted towards the logbook numbers required as outlined in *Section 9.1.1c* **and** *Section 10.1.1b***.**

7.8.8. Trainees may be considered for dismissal for unsatisfactory performance, in accordance with the RACS *Dismissal from Surgical Training Policy and these regulations*, if:

a. the Trainees' performance has been rated as unsatisfactory during a probationary period applied in accordance with the RACS *Assessment of Clinical Training Policy*; or,

b. the Trainees' performance has been rated as unsatisfactory for three (3) or more terms at any time during their SET program.

7.9 Probationary Training

7.9.1. Probationary terms are **six (6)** months in duration. During Probationary Training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement. The process should allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has achieved competency at the end of the probationary term.

7.9.2. Trainees will be required to satisfactorily meet the requirements of Probationary Training in order to have the probationary term accredited. If performance is considered satisfactory at the conclusion of the probationary period, the probationary status will be removed. Only when a probationary term is accredited will the Trainee be allowed to proceed in the SET program.

7.9.3. The End of Term Assessment in the probationary term may be conducted at a time within the final **six (6)** weeks of term, between the Hospital Supervisor and the Trainee, to finalise the assessment.

7.9.4. If a Trainee receives an unsatisfactory End of Term Assessment **while on** Probation, the probationary term will not be accredited and the Trainee will be placed on suspension for **six (6)** months pending review. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the review. The Trainee's continuation in the Program will be reviewed in accordance with the RACS *Dismissal from Surgical Training Policy and these regulations*.

7.9.5. If a Trainee receives an unsatisfactory End of Term Assessment as per *Section 7.8.1***,** having satisfactorily met the requirements of a prior probationary term:

a. the Trainee will commence a second six-month term of Probationary Training, pending a review by the Training Committee as outlined in *Section 7.8.7*, and

7.9.6. Trainees who are on Probation must remain in their allocated training post and are not permitted to commence Interruption of Training to undertake full time research.

7.10 Dismissal due to Unsatisfactory Performance

7.10.1. Trainees may be dismissed from the program for unsatisfactory performance in accordance with *Section 7.8.8* and the RACS *Dismissal from Surgical Training Policy*.

7.10.2. Following confirmation that a Trainee has had an unsatisfactory rotation in accordance with *Section 7.8.8* and RACS *Dismissal from Surgical Training Policy* the following process will occur.

a. The Trainee will be placed on suspension for a period of six months pending review by the Training Committee and the New Zealand Board in General Surgery.

b. The Trainee will be interviewed by a Panel.

7.10.3. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:

- Details of unsatisfactory performance
- Response of the Trainee
- Continuation in the General Surgery Training Program
- Process following interview

c. The Trainee may invite a support person who is not a practicing lawyer.

d. The Trainee will be provided with an agenda and the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.

e. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.

f. Where a Trainee has been duly notified of the meeting as per *Section 7.10.3b* and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

7.10.4. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

7.10.5. The Board will make the final decision on whether or not the Trainee should be dismissed. If dismissal is not recommended, the Board can stipulate any additional probationary periods or conditions the Trainee will be required to abide by upon resuming training.

7.10.6. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

7.10.7. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

7.11 Continual Assessment

7.11.1. Regular formative feedback and assessment of the Trainee by consultant members of the Unit is advisable, to identify and reinforce good performance and to review areas requiring improvement. These are in addition to the Formative Mid-term In Training Assessment. Trainees are encouraged to seek continual feedback.

7.11.2. Borderline or unsatisfactory performance identified during continual feedback and assessment should be discussed with the Trainee and documented to record the following:

a. Details of unsatisfactory performance

b. Response of the Trainee

c. Remedial action advised via a Performance Management Plan

d. Consequences of any unsatisfactory assessments

8. MISCONDUCT

8.1.1. Conduct identified as misconduct is defined in Section 3.1 of the RACS SET *Misconduct Policy*.

8.1.2. Incidents of alleged misconduct must be documented and verified as soon as possible. Once the supervisor, Fellow or other person has identified the misconduct, it should be reported in writing to the New Zealand Board in General Surgery.

8.1.3. The allegation may be put by the New Zealand Board to the trainee, in writing, for an initial response, including sufficient detail to enable a response.

8.1.4. If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process as per *Sections 8.1.6* **and** *8.1.7* will be followed.

8.1.5. If the trainee's response is viewed by the New Zealand Board as adequate, or if there is no documented proof of the allegation, no further action will be taken.

8.1.6. When regulation *8.1.4* applies, the process is as follows:

a. The Trainee may be placed on suspension pending review by the Training Committee and the Board in General Surgery. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the review.

b. The Trainee will be interviewed by a Panel.

8.1.7. The Panel and interview will proceed as follows:

a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.

b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:

- Details of the allegation
- Response of the Trainee
- Continuation in the General Surgery Training Program
- Process following interview

c. The Trainee may invite a support person who is not a practicing lawyer.

d. The Trainee will be provided the opportunity to make a formal written submission to the Panel. The trainee will be provided with a reasonable opportunity to be heard, produce evidence, have relevant persons contacted and make written submissions in relation to all allegations. The submission must be received at least two (2) days prior to the meeting.

e. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.

f. Where a Trainee has been duly notified of the meeting as per *Section 8.1.7b* and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

8.1.8. The Training Committee or Panel may determine possible penalties for the misconduct. The Training Committee or Panel will make a final recommendation to the Board.

8.1.9. If dismissal is not recommended by the Training Committee or the Panel, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a probationary term and Performance Management Plan.

8.1.10. Where the Training Committee or Panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

8.1.11. The Board will make the final decision on whether or not the Trainee should be dismissed.

8.1.12. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

8.1.13. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

9. FELLOWSHIP EXAMINATION

9.1 Eligibility to Present for Examination

9.1.1. Trainees will be **eligible** to present for the Fellowship Examination after meeting the following requirements:

a. Satisfactory completion of at least **six (6)**, six-month terms beyond **SET1**

b. Satisfactory completion of any period of Probationary Training

c. Completion of **600** major operative cases beyond **SET1**, in accredited and satisfactory terms, with an appropriate case mix and an overall satisfactory primary operator rate

d. Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies

e. Commencement of the approved research activity

f. Fully paid up dues and fees owed to the RACS

g. Presentation of a satisfactory Transcript of Training (refer *Section 4.7)* which will be undertaken by the NZAGS Training Manager at the time of Exam Application review. The Training Committee Chair will review the Training Portfolio.

9.1.2. A Trainee may sit the Fellowship Examination when the following has been undertaken:

a. Trainee has completed all eligibility requirements to sit the Fellowship Examination

b. Trainee submits the required application form by the due date with any required payment to the College

c. Trainee submits a letter of support from their current Board approved Hospital Supervisor, if in an approved SET post, directly to the Board via email at nzbigs@nzags.co.nz. Trainees must submit a letter of support before every attempt. For Trainees not in a SET Post refer to *Section 9.2.*

d. Training Committee submits a formal notification to the Board supporting the Trainee in presenting for the Fellowship Examination

e. Board formally approves the Trainee's application to present for the Fellowship Examination

f. Any further conditions that have been recommended by the Board or Training Committee as per the RACS *Fellowship Examination Eligibility, and Examination Performance Review* have been satisfactorily completed

9.1.3. Trainees who receive an Unsatisfactory End of Term Assessment or Unsatisfactory Mid-Term Assessment, in the term preceding the Fellowship

Examination attempt will not be approved to present for the Fellowship Examination.

9.1.4. Trainees who are deemed to be Poor Performers or Safety Concerns may not be approved to present for the following Fellowship Examination. Trainees will only be approved for a future Fellowship Examination following satisfactory completion of any conditions as per *Section 9.1.7*.

9.1.5. Success in the Fellowship Examination will result in awarding of a full Fellowship in General Surgery **pending** satisfactory completion of any remaining Training Program requirements *(*refer *Section 10)*.

9.1.6. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a report from the Court of Examiners. The Trainee will be invited to attend a meeting as per the RACS *Fellowship Examination Eligibility, and Examination Performance Review.*

9.1.7. Trainees who are unsuccessful in the Fellowship Examination will be required to participate in specified exam preparation activities including the use of the Exam Preparation Form, upon recommendation by the Training Committee or the Board. Trainees will be provided with conditional approval to present for a subsequent sitting of the Fellowship Examination contingent upon the Trainee meeting all recommendations relating to exam preparation. The Board may withhold approval or withdraw conditional approval for presenting for the Fellowship Examination if Trainees fail to comply with or do not satisfactorily fulfil the exam preparation recommendations.

9.2 Exam Pending Trainees

9.2.1. Trainees who have completed all training requirements including Clinical Rotations but are yet to complete the Fellowship Examination will be considered Exam Pending.

9.2.2. Exam Pending Trainees will be required to provide the Training Committee with the following information one (1) month prior to the due date for the RACS Fellowship Examination application as per *Section 9.1.2b:*

a. A description of clinical activities undertaken since completing Clinical Rotations in the General Surgery SET Program

b. A description of exam preparation activities undertaken since completing Clinical Rotations in the General Surgery SET Program

c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the General Surgery SET Program

d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Training Committee

e. A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination **and** is of Good Standing

9.2.3. Where an Exam Pending Trainee is unable to provide the required information or where the Training Committee deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the Training Committee may request further information or ask the Trainee to attend an interview.

9.2.4. The above documentation is **in addition** to the RACS Fellowship Examination Application form which must be completed and returned to the College as per the Application Process outlined on the College website and *Section 9.1.2b*

10. COMPLETION OF SURGICAL EDUCATION AND TRAINING

10.1 Fellowship Requirements and Process

10.1.1. A Trainee must meet the following requirements before being awarded the full RACS Fellowship in addition to *Section 9.1.1* :

a. Satisfactory completion of **eight (8)**, six-month terms in posts accredited by the Board (beyond **SET1**)

b. Satisfactory surgical logbook statistics consisting of a minimum of **800** major operative cases over **eight (8)** accredited and satisfactory terms (beyond **SET1**) and with satisfactory primary operator rates and case mix *(*refer *Sections 4.3 and 4.4)*

c. If trainees were provided with an exemption to the minimum number of colonoscopies and endoscopies during the Fellowship Examination Approval process, trainees must still complete the required numbers for Fellowship.

d. Satisfactory completion of the CCrISP Course

e. Satisfactory completion of the ASSET Course

f. Satisfactory completion of the EMST Course

g. Satisfactory completion of the CLEAR Course

h. Satisfactory completion of the RACS Research Requirement

i. Satisfactory completion of the General Surgery Fellowship Examination

j. Satisfactory attendance at the required number of NZAGS Trainee Days (This regulation is only applicable to Trainees who commenced training from 2011 onwards.)

k. Fully paid up dues and fees owed to the RACS

10.1.2. Once the Trainee has successfully completed all requirements of the Training Program, it is the Trainee's responsibility to complete a Fellowship Application form available by logging onto the RACS website, to commence the awarding process.

10.1.3. Trainees may be approved for provisional Fellowship following submission of a satisfactory Mid-term Assessment in the 8th rotation, providing all other requirements have been met.

10.1.4. The form requires approval from the Chair of the relevant Training Committee who will confirm successful completion of all components of the General Surgery Program.

10.1.5. Upon notification from the Training Committee, the Chair of the Board will recommend to the RACS awarding of the Full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.

Further information regarding the awarding process can be requested by the Trainee via an email to the NZAGS Training Manager.

11. GRIEVANCE AND APPEALS PROCESS

11.1.1. Any person adversely affected by a decision made by the Board, or Training Committee, may, within **one (1)** month of being notified of the decision apply in writing to the Board Chair to have the decision reviewed.

11.1.2. In submitting a written grievance the person must include the grounds for the grievance, and the remedy sought and any relevant supporting documentation.

11.1.3. Written grievances submitted to the Board must:

a. Outline where the Trainee believes the grievance lies, in accordance with the categories listed in *Section 11.1.7*

b. Demonstrate that reasonable attempts were made to address the situation at the earliest possible time

c. Not be from a legal practitioner or barrister

d. Not be regarding a decision being discussed with the RACS under the *Appeals Mechanism Policy*

e. Not be in relation to a decision already reconsidered by the Board

11.1.4. The written grievance will be considered by the Board at the next appropriate Board meeting.

11.1.5. The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate reasoning. The Board may also refer the matter to an independent panel to form a new decision.

11.1.6. Where the Board overturns or varies the original decision the reasoning must fall into one of the following categories and must be justified:

a. That the decision was based on a mistake of fact;

b. That an error in due process occurred;

c. That the relevant policies or procedures were not observed;

d. That relevant and significant information was not appropriately considered in the decision;

e. The grounds for special consideration as defined by the Board were established which justify the decision

11.1.7. Notwithstanding the above any person adversely affected by a decision made by the Board or a Hospital Supervisor may, within **three (3)** months of receipt of notice of such decision, appeal the decision in accordance with the RACS *Appeals Mechanism Policy*

All queries relating to clarification of these regulations can be addressed to **mailto:nzbigs.co.nz**

APPENDIX 1 – POLICIES

The Regulations are specific to the SET Program in General Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The Board advises that familiarity with the following RACS Policies is essential for Trainees, Board Members and General Surgery training administrators.

Documents can be found on the RACS website and following subheadings:

11.1.8. Education Board and Committees

a. Board of Surgical Education and Training Terms of Reference

b. New Zealand Board in General Surgery Terms of Reference

11.1.9. Examinations and Assessments

a. Conduct of the SET Clinical Examination

b. Conduct of the SET Generic Surgical Sciences Examination

c. Conduct of the Surgical Sciences Examination in General Surgery

d. Conduct of the Fellowship Examination

e. Fellowship Examination Eligibility and Examination Performance Review

11.1.10. Fellowship/Professional Standards

a. Code of Conduct

b. Complaints

11.1.11. Surgical Education and Training

a. Assessment of Clinical Training
b. College Surgical Education and Training (SET) Fee
c. Discrimination, Bullying and Sexual Harassment
d. Dismissal from Surgical Training
e. Former Trainees Seeking Permission to Reapply to Surgical Training
f. Ill, Injured and Impaired Trainees
g. Medical Registration for the Surgical Education and Training Program
h. Recognition of Prior Learning
i. Religious Observance
j. Research During Surgical Education and Training
k. SET Misconduct
l. Specialty Surgical Education and Training Fees
m. Surgical Supervisors
n. Surgical Trainers
o. Trainee Registration and Variation Policy
p. Training Agreement
q. Training Post Accreditation and Administration
r. Training Requirements and Curriculum Structure

12. APPENDIX 2 – CONTACTS

12.1 NZAGS

Address : PO Box 7451
Wellington South 6242
Fax: +64 4 384 5731
Tel: +61 4 384 3355
Helen Glasgow
Training Manager
Tel: +64 4 384 3355
Email: helen@nzags.co.nz

Claire Nicoll
Secretariat to NZBIGS
Email: claire@nzags.co.nz

13. APPENDIX 3 - RESEARCH REQUIREMENTS

13.1 Purpose

13.1.1. To enable a Trainee to gain competencies associated with scientific research in order to fulfil the requirements for General Surgery.

13.1.2. To define the Research Requirements for General Surgery Trainees.

13.1.3. To ensure education and training in research is aligned with the requirements of the General Surgery curriculum.

13.1.4. To assist Trainees to acquire competency in research.

13.1.5. To identify how research education and training can be delivered during the SET program.

13.2 Competencies

13.2.1. The following competencies will be met:

a. Professionalism

b. Scholar and Teacher

c. Medical Expertise

13.3 Approved Research Activities

13.3.1. The following are defined as approved activities that Trainees are required to complete in order to fulfil the Research Requirement:

a. Research, in the field of General Surgery, towards a higher degree **or** participation in a supervised research project in the field of General Surgery, not towards a higher degree. A case report will not be accepted.

b. Publication of research outcomes in a peer-reviewed scientific journal, as primary or major author **or** an oral or poster presentation of research outcomes at a recognised peer-reviewed scientific national or international meeting. The following regional meetings will also be accepted as appropriate forums to present at

- RACS New Zealand Meeting

An approved meeting is defined as one that has a competitive abstract selection process and is officially chaired.

13.4 Criteria for Research Projects

The following criteria must be met in order for a research project to be approved by the Training Committee:

13.4.1. The project must be undertaken either part-time or full time during SET

13.4.2. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)

13.4.3. Trainee has identified a Supervisor for the project

13.4.4. Estimated duration of project is specified and appropriate

13.4.5. Project design is appropriate

13.4.6. Trainee has significant involvement in project and contributes to all or a significant proportion of the project or to a significant part of the project including:

a. Project concept

b. Project design

c. Written project proposal

d. Ethics proposal and submission if required

e. Project implementation

f. Data collection

g. Data analyses

h. Data Interpretation

i. Translation of project results into clinical practice

13.4.7. Trainee may be involved from the start or at any point in a substantial project

13.4.8. Trainee has submitted a Trainee Research Approval as per *Section 14.7* by the end of SET3 (refer *Section 4.6 and Section 6.4)*

13.4.9. Satisfactory progress and performance as indicated by supervisor reports

13.5 Criteria for Recognition of Prior Learning (RPL) for Research Requirement

Satisfactory completion of the Research Requirement is detailed in *Section 13.8*. The following criteria must be met in order for RPL of the Research Requirement to be considered by the Training Committee.

13.5.1. The research project, and associated publications and/or presentations must be completed during a trainee's post graduate years and within the five years prior to commencing SET Training.

13.5.2. Research and associated publications and/or presentations for which a higher degree has been awarded (PhD or Masters by Thesis) will be considered irrespective of when it was completed.

13.5.3. All requests must be include the following details:

a. Project Title

b. Names of Supervisor(s)

c. Research design

d. Brief description of research

e. Relevance of research project to General Surgery

f. Details of any related publications

g. Details of any related presentations

h. Statement of verification by supervisor of satisfactory participation in, and completion of project.

13.5.4. The research project must also comply with all requirements as outlined in *Section 13.4* **except for 13.4.1 and 13.4.8.**

13.5.5. Trainees must make an RPL request for their Research Requirement via an online Trainee request (refer *Section 3.10 and Section 3.11)*.

13.6 Criteria for Recognition of Prior Learning (RPL) for the Project Component of the Research Requirement

As per *Section 13.8* the Research Requirement consists of two components – satisfactory participation in a research project and publications or presentations relating to the project. Where Trainees have participated in a research project prior to commencing SET training but are yet to publish or present work arising from the project, RPL may be considered for the project component of the Research Requirement.

13.6.1. The research project must also comply with all requirements as outlined in *Section 13.4* **except for** *13.4.1* **and** *13.4.8***.**

13.6.2. The research project must be completed during a trainee's post graduate years and within the five years prior to commencing SET Training. Research for which a higher degree has been awarded (PhD or Masters by Thesis) will be considered irrespective of when it was completed.

13.6.3. Trainees must make an RPL request for the research component of the requirement via an online Trainee request *(*refer *Sections 3.10 and 3.11)* using the Research Pre-approval form. Trainees must specify their involvement in the project and submit confirmation from the Research Supervisor.

13.6.4. If RPL is granted for the research component of the project, trainees must request approval for completion of the Research Requirement following publication and/or presentation via an online Trainee request *(*refer *Sections 3.10 and 3.11)***.**

13.7 Research Pre-Approval Process

13.7.1. To ensure projects are appropriate, and to provide a learning opportunity for submitting a research proposal, Trainees are required to seek approval from their Training Committee prior to undertaking a project.

13.7.2. A Trainee Research Approval form must be submitted no later than at the completion of SET3 (through the Trainee Requests section on SOLA. (refer *Section 4.6 and Section 6.4)*

13.7.3. The Training Committee will determine the appropriateness of a research activity and its design (refer *to Section 13.4***)**. Case reports will not be accepted.

13.8 Satisfactory Completion of the Research Requirements

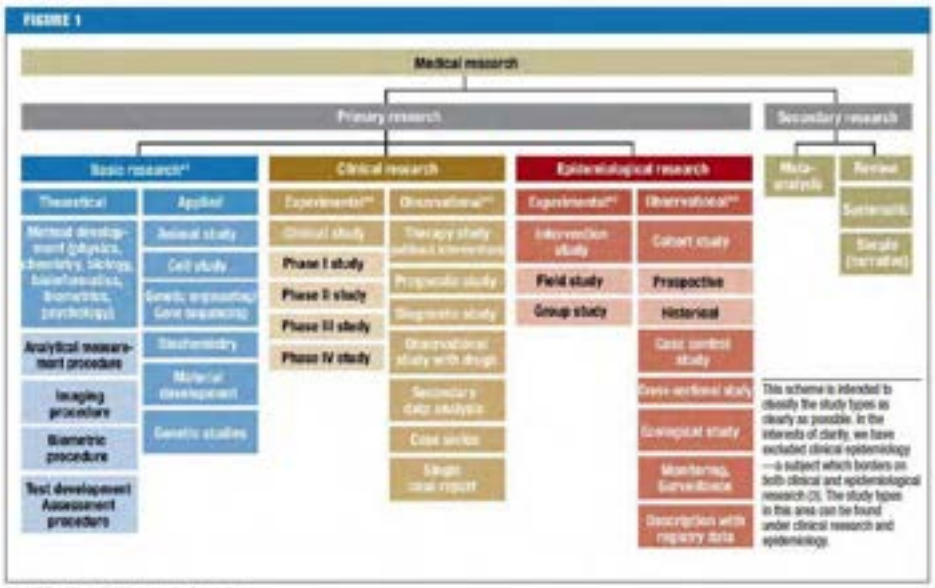
13.8.1. In order to fulfil the mandatory Research Requirement the following must be met:

a. Satisfactory research project participation *and* a publication or presentation or

b. Satisfactory completion of research towards a higher degree, which includes associated publication and/or presentations.

13.8.2. Once completed, Trainees must request formal approval of their Research Requirement via an online Trainee request *(*refer *Sections 3.10 and 3.11)*.

13.8.3. At the time of the request for formal approval trainees must provide documentation verifying their involvement from the supervisor of the project and proof of publication/presentation.



14. APPENDIX 4 – SURGICAL EDUCATION AND ASSESSMENT (SEAM) STANDARD SETTING

14.1 Purpose And Scope

14.1.1. This section provides the framework in which the Assessment component of the Surgical Education and Assessment Modules (SEAM) will be Standard Set.

14.1.2. As per *Section 5.6*, SEAM is a summative evaluation of a candidate's knowledge, understanding and application of following key areas of the practice of general surgery:

a. Acute Abdomen

b. Anatomy

c. Trauma and Critical Care

d. Haematology

e. Nutrition

f. Operating Theatre

g. Peri-operative Care

h. Post-Operative Care

14.1.3. The requirements for the completion of SEAM by General Surgery Trainees and pass mark (80%) required for satisfactory completion is specified in *Section 5.6.*

14.2 Format of SEAM

14.2.1. SEAM consists of two segments and is conducted online as an eLearning Module:

a. Content

b. Summative Assessment consisting of 20 randomly generated questions containing two easy, sixteen medium and two hard questions.

14.3 Method of Standard Setting Assessment Component

14.3.1. A modified Angoff Method will be used to standard set the assessment component of SEAM.

14.4 Subject Matter Experts (SME)

14.4.1. A minimum of six (6) to maximum of ten (10) subject matter experts will be selected to form the panel that will review a module.

14.4.2. Subject Matter Experts will be either New Zealand or Australian Board in General Surgery or Training Committee members.

14.5 Application

14.5.1. Each SME will review the questions and independently rate as easy, medium or hard.

14.5.2. The probability categorization of the ratings will be as follows:

a. Easy – 90%

b. Medium – 80%

c. Hard – 70%

14.5.3. The SMEs will be provided with the performance statistics for each question and will have the ability to review their rating.

14.5.4. The ratings for each question will be averaged at the completion of the reviews.

14.5.5. The questions will be rated to the closest probability categorization.

14.6 Review of Attempts

14.6.1. A trainee's attempt will be reviewed if they have not satisfactorily passed the assessment component of a module and the following situation occurs:

a. A question is deemed not suitable and therefore retired from the question bank.
b. A question is deemed to be considerably ambiguous such that a candidate would have been disadvantaged.

14.6.2. In the event of *14.6.1a* **or** *14.6.1b,* all trainees who meet *14.6.1* who were presented with the question will have their score adjusted by 1 mark.

14.6.3. In the event that the adjustment increases their attempt score to 80%, the trainee will be informed that they have passed the summative assessment component of the module.

14.7 Timeframe

14.7.1. Each module will be standard set every two years.

NEW ZEALAND ASSOCIATION
of Plastic Surgeons
Te Kahui Whakamōhou Kiri

Royal Australasian
College Of Surgeons

2020 Training Regulations

New Zealand Surgical Education and Training in Plastic and Reconstructive Surgery

Prepared by the New Zealand Board of Plastic and Reconstructive Surgery

Issued: January 2020

These Training Regulations supersede all previous versions

Contents

1. INTRODUCTION

The Royal Australasian College of Surgeons (RACS) is the body accredited to conduct Surgical Education and Training in Australia and New Zealand. RACS, via a Partnering Agreement, has delegated the administration of the training program in Plastic and Reconstructive Surgery (PRS) in New Zealand to the New Zealand Association of Plastic Surgeons (NZAPS).

The New Zealand Board of Plastic and Reconstructive Surgery (the Board) is responsible for the delivery of the Surgical Education and Training (SET) program for Plastic and Reconstructive Surgery. The Board is a RACS committee which consists of the following members, Chair, Deputy Chair, Senior Examiner (or nominee), Specialty Elected Councilor (or nominee), Supervisors of Training, President of NZAPS, an External Representative and a Trainee Representative. Supervisors of Training are appointed by RACS on the advice of the Board and the respective training unit. This is an official position with defined training duties. Trainees elect a fellow Trainee to act as their representative on the Board. This representative is appointed for a term of two years and reviewed annually. The External Representative is appointed on the recommendation of RACS.

The Board is responsible for the day-to-day administration of SET in PRS. The Board carries out the following responsibilities through the NZAPS office:

- Maintaining a file for each accredited Trainee
- Maintaining a current database with contact details and hospital placement for each Trainee
- Maintaining a list of hospitals with accredited training posts, specifying the number of accredited posts and unit inspection data (inclusive of history, caseload and case mix)
- Maintaining information on inspections and the Supervisors of Training (Supervisor)
- Determining the criteria for selection into the SET program in PRS New Zealand
- Liaising with jurisdictions regarding hospital placement for accredited PRS Trainees
- Provision of Trainee supervision
- The development and review of curriculum in conjunction with the Court of Examiners and the Oversight Committee
- The development of tutorial programs
- Guiding Trainees to and approving presentation for the required examinations
- Developing, implementing and monitoring cultural safety, sensitivity and competence in SET Selection, training and in training units.

RACS supports the Board in the following areas:

- Issuing of Trainee invoices
- Examinations and skills courses
- Managing hospital accreditation
- Administering the SET Selection process for Plastic and Reconstructive Surgery New Zealand
- Handling disputes and appeals that cannot be resolved at Board level

1.1 Objectives

The objectives of the training program are to build on the strengths of Trainees and develop high level competencies in PRS. At the completion of the SET program, graduates are expected to be highly skilled and professional Plastic and Reconstructive Surgeons who communicate well with patients and hospital staff, who are tolerant, compassionate and prepared to put something back into both the professional and wider communities.

2. CURRICULUM

The curriculum for Surgical Education and Training in Plastic and Reconstructive Surgery has been developed with a view towards competency based training and provides guidance on the knowledge and skills expected at various stages of training. The curriculum consists of three sections:

Section 1: Core Knowledge
Section 2: Plastic and Reconstructive Surgery Competencies
Section 3: Essential Surgical Competencies

Section 1: Core Knowledge

This section articulates the core knowledge required for all plastic surgery trainees to progress through training and will initially be assessed by the Plastic and Reconstructive Surgical Principles (PRSSP) Exam. This core knowledge has been further developed in each of the topic areas within Section 2 of the curriculum and will be assessed in greater depth in the clinical content of the Fellowship Examination.

Section 2: Plastic and Reconstructive Surgery Competencies

This section comprises the following topic areas of plastic and reconstructive surgery:

- Malignancies of Skin and Soft Tissue
- Other Skin and Soft Tissue and Cold Injury
- Aesthetic Surgery
- Craniomaxillofacial
- Head and Neck
- Hand and Upper Limb
- Breast Reconstruction
- Chest, Trunk and Perineum
- Lower Limb Trauma and Reconstruction.

Medical Expertise, Clinical Judgment and Decision Making are also documented in this section.

For each topic area the competencies have been grouped according to the stage of training; Early (SET 1-2), Mid (SET 3-4) and late (SET 5) and it is expected that the majority of trainees will have achieved the relevant competencies by the end of the corresponding stage of training.

Section 3: Essential Surgical Competencies

Essential Surgical Competencies addresses the key competencies identified by RACS that are expected of trainees at the time of selection and are further developed during training.

Each training unit may have a different emphasis or mode of teaching but the standardized curriculum ensures that each Trainee acquires the minimum level of knowledge and skills against which they will be finally assessed to obtain Fellowship in PRS.

3. TRAINING ADMINISTRATION

Trainee registration is outlined in RACS's Trainee Registration and Variation policy which is accessible on the RACS website and in these Regulations.

RACS is responsible for invoicing and collection of fees. Enquiries relating to fees are to be submitted to SET Enquiries via email SETenquiries@surgeons.org .

3.1 Hospital Placement Guidelines

- Placements for the forthcoming year will be determined by the Board at their June meeting
- No Trainee may spend more than 2 years in their SET 2-5 program in any one unit
- SET 4 and 5 Trainees will have priority in their placement requests
- Where available SET 4 and 5 Trainees will have the option of spending their last 2 years in one unit
- Trainees will be assigned to one training unit for SET 1 and SET 2
- There can be reasonable discussion and negotiation amongst Trainees regarding placements but no undue coercion
- Reasonable consideration should be given to ensuring a spread of experience amongst the units consistent with reasonable manpower requirements
- Training requirements for individual Trainees must be satisfactorily addressed.

3.2 Trainee Performance Standards

PRS Trainees are expected to:

- Complete all aspects of the SET training program
- Undertake all the duties associated with being a PRS Trainee conscientiously and with initiative
- Assimilate, assess and evaluate knowledge in order to apply it to the care of patients
- Have a commitment to self-improvement through ongoing self-directed learning and realistic self-assessment
- Be able to exercise sound clinical ability and judgment in a wide range of clinical settings
- Have the capacity to undertake complex work
- Demonstrate an appropriate degree of surgical dexterity
- Be able to communicate effectively and appropriately with colleagues, allied health care workers and members of hospital administration
- Have the ability to cope under pressure, managing a demanding workload in stressful situations
- Be able to work with colleagues in other branches of medicine in order to contribute PRS information to the management of patients with multiple medical problems

- Be interested in supporting and participating in the training of medical students, nurses and other PRS Trainees
- Be tolerant, understanding and compassionate when interacting with patients
- Demonstrate high ethical and moral standards in all interactions with patients, patients' relatives, colleagues and members of hospital administration
- Always be aware of their personal and professional limitations when managing patients and be able to recognize when to seek help and guidance from more experienced personnel
- Understand the responsibility assumed by a PRS surgeon in meeting the health and welfare needs of the community
- Participate collaboratively with peers in on-call rosters as specified by their individual employers.

3.3 Training Duration, Interruptions and Post Appointments

3.3.1 Training Duration

Trainees begin training at SET 1 and are required to satisfactorily complete five years of SET in PRS. Trainees will have a maximum of nine years from the time they are accepted onto the program in which to complete SET in PRS. Approved interruptions due to medical reasons (illness, family leave) shall not be included in the calculation of the maximum period of training. Trainees may be required to participate in training rotations in all available training units within New Zealand.

The recognition of appointments to accredited Australian plastic and reconstructive surgery posts or the conducting of formal research during SET training requires prospective application and approval by the Board.

3.3.2 Deferral, Interruption and Flexible Training

All applications for deferral, interruption or flexible training should be addressed to the Board in writing and forwarded to the Executive Officer Training for consideration by the Board at scheduled Board meetings.

Deferral of training

- Applications for deferral must be made at the time of accepting a position on the SET program. Trainees who have already commenced the SET program cannot apply for deferral but may apply for interruption of training.
- The Board may approve deferral of commencement of SET training by a fixed period of up to one year based on a consideration of the reasons for the request and logistical considerations.
- In exceptional circumstances the Board may approve a variation in excess of one year if it can be demonstrated that the varied period will not result in another applicant being

prevented from commencing training, and that any resulting vacancy is supported by the training hospital.

- Where a period of deferral in excess of one year is granted the maximum period of completion will be reduced by the amount of the extra time granted for deferral.
- Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.
- An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

Interruption of Training

- A Trainee who has commenced the SET program in PRS may apply for an interruption which is a period of approved absence from the program.
- With the exception of leave for medical or family reasons, Trainees cannot apply for leave in the first six months of their training program.
- Applications for interruption for non-medical reasons must be made to the Board at least six months prior to the commencement of the planned period.
- Applications for interruption for medical or family leave can be applied for at any time, if supported by medical evidence.
- Applications for interruption must be for periods of multiples of six months.
- The minimum period of interruption from training is six (6) months.
- When considering a request for interruption the Board will take into account the reasons for the request, the Trainee's progress to date and logistical considerations. In order to minimize vacancies on the training program and to not disadvantage other Trainees and applicants, the Board may require the period of interruption to be greater than that applied for.
- Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- Being on interruption from training does not preclude the Trainee from continuing in employment.
- Any Trainee returning to the training programme is to have a formal meeting with their Supervisor to develop a Learning Action Plan (LAP) and agree on an appropriate duration for the plan to ease transition into the training programme.
- Following a period of interruption the Board may apply a period of assessment to allow the Trainee to demonstrate their level and currency of skills. Professional Performance Assessments, DOPS and mini-CEX may be used to determine competency. The Board may extend the Trainee's program duration beyond five years within the maximum time of nine years or apply additional training conditions.

Flexible Training

Flexible Training is training undertaken on less than a full time equivalent basis (FTE), but no less than 50% of FTE in any one year when the Trainee is present every week.

- The overall duration of the training program must not exceed the maximum time for completion.
- Applications are to be received by 30 April, of the year prior to taking leave to coincide with Board meetings and hospital allocation decisions.
- Applications for Flexible Training will be considered by the Board on a case by case basis and will take into consideration the reasons for the request, the Trainee's progress to date and logistical considerations. In order to minimize vacancies on the training program and to not disadvantage other Trainees and Applicants, the Board may require the period of Flexible Training to be greater than that applied for.
- Flexible Training cannot be undertaken in SET 1 and is not recommended to be taken in SET 5.
- Trainees approved for Flexible Training will be registered with RACS for that period as completing Flexible Training and will be required to pay an applicable pro rata training fee in accordance with the RACS Surgical Education and Training Fee policy.

The following matters are relevant to, and will be considered, by the Board in relation to each application for Flexible Training:

- Trainee must have a satisfactory PPA immediately prior to application for Flexible Training.
- Trainee cannot be on probation during the term immediately prior to Flexible Training commencing.
- One year of Flexible Training is equivalent to six months accredited time. Flexible Training can only be approved in blocks of twelve (12) months, unless exceptional circumstances are presented to the Board. Training time is accredited in six (6) month blocks for Flexible Training equivalency.
- Time accredited would be 0.5 FTE and if training position is shared with another SET Trainee, the shared training time must an equal split of time over a 6 month rotation
- Trainees granted approval to undertake a period of Flexible Training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments. Flexible Training Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees and will be required to complete three-monthly assessments, with the six-month assessment being equivalent to a Mid-term and twelve-month assessment being the End of Term.
- Trainees approved for a period of Flexible Training are required to participate in pro rata surgical teaching programs.
- Applicants will be eligible to apply at all training units that offer Flexible Training as an

employment option with the following exclusions:

- Waikato Hospital unless there are two full time SET trainees present and no trainees under probation
- Middlemore Hospital – trainees cannot be on Flexible Training while on a Burns or Orthopaedic Hand Surgery rotations.

3.3.3 Post Appointments

Trainees are selected to the SET program with a recommendation as to the hospital post they should apply for. The employment process is the responsibility of the hospital authorities. It is the Trainee's responsibility to apply for the recommended hospital post and complete all the employment requirements. If a Trainee fails to gain employment the Trainee would be placed on interruption by the Board until a suitable placement can be arranged. Refer clause 6.6 of these Regulations.

3.4 Absence from Training

The Board allows a maximum of 30 days absence from training in any six months rotation. Periods beyond this may result in the term not being accredited towards training. This includes vocational leave entitlements. Leave taken to attend the SET 1 and SET 2-5 Registrar's Training Conference and the NZ Training weekend are not counted within the 30 days absence from training.

Trainees are entitled to all annual and study leave in accordance with the relevant MECA Award. Trainees must also ensure that leave is taken in accordance with their individual employment contract. Trainees are not required to make cover arrangements.

Leave Prior to the Examinations

Trainees are requested to consider proper planning and preparation for examinations and to avoid taking excessive leave immediately prior to presentation. Extended absences complicate proper assessment and negatively impact other Trainees. Trainees are also encouraged to discuss examination preparations with Supervisors of Training.

3.5 Withdrawal from Training

Trainees who wish to withdraw from the New Zealand Plastic and Reconstructive Surgery Training Programme must notify the Board in writing and this should include the effective date of withdrawal from training.

- For trainees who are in good standing and who have satisfactory PPAs the withdrawal from training would ideally be effective from the conclusion of the current rotation.
- For trainees who have unsatisfactory PPAs, who are on probation or suspended from training or in exceptional circumstances; the withdrawal can occur during a rotation with a recommended minimum 6 week notice period.

- The Trainee who withdraws without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.
- Trainees who resign from a training position without prior approval from the Board will be treated as withdrawn from the Plastic and Reconstructive Surgery Training programme. The Board will confirm the withdrawal by writing to the Trainee, the Supervisor of Training and the Training Unit.
- The Trainee who withdraws while on probation or under review for dismissal will not be considered in good standing.
- Trainees should contact their Supervisor of Training for advice, support and assistance before resigning from SET and employment.

The Employer is responsible for management of a trainee who has withdrawn from training once notice of withdrawal is accepted.

4. MANDATORY TRAINING REQUIREMENTS

Summary of Training Requirements					
	SET 1	**SET 2**	**SET 3**	**SET 4**	**SET 5**
• 4 x Performance Review Meetings (More may be required. Refer to section 4.5)	✓	✓	✓	✓	✓
• 4 x PPAs	✓	✓	✓	✓	✓
• 2 x Logbooks	✓	✓	✓	✓	✓
• 2 x DOPS	✓	✓			
• 2 x mini-CEX	✓	✓			
• Australasian PRS Registrars Conference	✓	✓	✓	✓	✓
• New Zealand Training Weekend	✓	✓	✓	✓	✓
• Clinical	**-- before end of SET 2 --**				
• PRSSP	**--------- before end of SET 4 ----------**				
• Fellowship					✓
• ASSET	✓				
• CCRISP	✓				
• EMST	✓				
• EMSB	**-- before end of SET 2**				
• TIPS	**--------- before end of SET 3 ----------**				
ASPS EDNET					
• Module 1	✓				
• Modules 2-6	**---------- before end of SET 3 --**				
• Modules 7-8	**---------- before end of SET 4 ----------**				
Burns Rotation	**---------- before end of SET 5 ----------**				
Research	✓	✓	✓	✓	✓

4.1 Courses

Trainees are required to complete skills courses during SET in PRS.

The following courses must be undertaken prior to the completion of SET 1 and progression to SET 2 is dependent on their successful completion. Information about these courses is available on the RACS website:

- Australian and New Zealand Surgical Skills Education and Training (ASSET).
- Care of the Critically Ill Surgical Patient (CCrISP).
- Early Management of Severe Trauma (EMST).

The following course is presented by the Australia and New Zealand Burn Association (ANZBA) and must be undertaken prior to the completion of SET 2 and progression to SET 3 is dependent on successful completion of the course. Information about this course is available on ANZBA's website:

- Emergency Management of Severe Burns (EMSB).

The following course, presented by RACS, must be completed by all PRS SET Trainees who commence training from December 2018. This course must be completed prior to the completion of SET 3 and progression to SET 4 is dependent on successful completion of the course. All current trainees are encouraged to attend the course.

- Training in Professional Skills (TiPS)

4.2 Direct Observation of Procedural Skills and Mini Clinical Evaluation Exercise

Direct Observation of Procedural Skills (DOPS) and Mini Clinical Evaluation Exercise (Mini-CEX) are formative assessments that are mandatory for all SET 1 and SET 2 Trainees and must be carried out once per rotation. The Board recommends that Trainees take advantage of this feedback opportunity beyond the minimum requirement as it generates significant feedback, provides a record of performance and involves a minimal time burden. On completion of every assessment the form must be discussed with and signed by the SoT before submission to the Executive Officer Training, NZAPS office.

- DOPS and mini-CEX are Trainee-initiated with the Trainer as the observer.
- Trainers must have completed SATSET training, OWR e-Module and the FSSE course to participate in this assessment.
- The Trainee or Supervisor(s) of Training selects the procedure to be observed and the Trainer to observe.
- The procedure should be appropriate to the level of experience of the Trainee.
- The Trainee will meet with the Trainer prior to the procedure and provide the DOPS or mini-CEX form. The Trainer will refer to the form as a guide and indicate performance based on the scale provided. Trainees who undertake a non-PRS surgical rotation must complete the DOPS or mini-CEX form relevant to the other specialty.
- The Trainee should inform the patient that the Trainer will be observing and evaluating the procedure and request permission for this from the patient.
- The Trainee and Trainer will meet following the procedure to discuss the Trainee's performance. The Trainer will provide performance feedback and answer any questions that the Trainee may have. This process often takes no longer than five minutes.
- If a Trainee's performance on a procedure is considered unsatisfactory, the Trainee must repeat the assessment monthly until a satisfactory outcome is observed or the rotation is completed.
- Multiple assessments may be used to capture performance on lengthy procedures.
- Trainees keep a copy of DOPS or mini-CEX forms and forward originals or a clear scanned copy to the Executive Officer Training.

A DOPS assessment can be applied to the following list of procedures (additional procedures may be assessed using DOPS if considered appropriate by the Trainer).

Master List of PRS DOPS	
Group	Procedure
Cosmetic	Blepharoplasty
	Fat Graft
Craniomaxillofacial	Application of IMF/arch Bars
	Fractured Zygoma
	Orbital Floor Fracture
Facial Soft Tissues	Abbe Flap
	Ear Wedge
	Eyelid Wedge
	Lip Wedge
	Suture Full Thickness Lip Laceration
Hand and Upper Limb	Carpal Tunnel Release
	Closed Reduction Hand # with k wire and splint or cast
	Dupuytrens Contracture
	Ganglion
	Nail Bed Repair
	Nerve Repair
	ORIF Hand #
	Tendon Repair
	Trigger Finger Release
Lower Limb and Foot	Leg Ulcer Management
	Skin Cancer Lower Leg
Paediatric	Accessory Digit Removal
	Excision and Closure of Naevus
	Excision Angular Dermoid
	Otoplasty
	Paediatric Hand Trauma Case
	Preauricular Skin Tag Removal
Skin and Integument	Harvest FTG
	Harvest SSG
	Local Flap
	Local Skin Flaps

The clinical exercises in the following list can be assessed using the mini-CEX form (additional exercises may be assessed using the mini-CEX form if considered appropriate by the Trainer).

Master List of Mini-CEX Exercises	
Group	Procedure
Cosmetic	Any Aesthetic Case
Craniomaxillofacial	Examination of Facial Fracture Rhinectomy and Nasal reconstruction
Facial Soft Tissues	Eyelid Reconstruction Lip Reconstruction
Hand and Upper Limb	Carpal Tunnel Syndrome Dupuytrens Ganglion/Hand Lump
Head and Neck	Examination of the Head and Neck Facial Palsy
Lower Limb and Foot	Leg Ulcer Diabetic Foot Ulcer Soft Tissue Defect Lower Limb
Paediatric	Cleft Lip or Palate Otoplasty Pigmented Lesions Vascular Malformations
Skin and Integument	Assessment and Management of Burns Skin Cancer/Lesions Diagnosis and Management (any site) Pressure Sore
Trunk, Perineum, and Breast	Abdominoplasty Breast Reconstruction Breast Reduction

4.3 Examinations

Trainees are required to complete the following examinations. Information about these examinations is available on the RACS website. Trainees are responsible for checking examination dates on the RACS website and registering within the appropriate timeframe:

- Clinical Examination (CE)
- Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)
- Fellowship Examination

The CE examination must be sat within SET and passed either within the first two active years of training or within four attempts (whichever occurs first). Trainees who have not passed within the stipulated timeframe will be dismissed from the SET program.

The purpose of the PRSSPE is to ensure that Trainees are equipped with knowledge of the basic sciences relevant to PRS early in their SET. This will help maximize the benefit of clinical and academic experiences available during SET. Trainees should sit the PRSSPE at the first opportunity after passing the CE examination or after successful completion of the first year of SET. Trainees must pass this examination by the end of SET 4 or within four attempts (whichever occurs first). If the PRSSPE is not passed within the stipulated timeframe the trainee will be dismissed from the SET progamme.

The **Fellowship Examination** includes written questions, long and short case clinical examinations, vivas in surgical anatomy, applied anatomy, operative surgery and pathology.

SET PRS Trainees can present for the Fellowship Examination in SET 5. Trainees who are SET 4.2 in Rotation 1 can apply to present for the May Fellowship Examination. Trainees may be considered for the Fellowship Examination based on their performance at the end of SET 4.

Trainees are to have a satisfactory PPA immediately prior to final sign-off to sit their exam.

The Board is responsible for determining whether a Trainee has met all training requirements, listed in Section 4 of these Regulations, to sit the examination. Applications to present for the Fellowship Examination are confirmed by the Board at the February and November Board meetings.

4.4 Logbooks

The Board requires that all Trainees maintain a logbook of their surgical experience. The operative logbook provides details about the Trainee's level of supervised and independent surgical operative experience.

All surgical procedures must be entered online via RACS's Morbidity Audit and Logbook Tool (MALT). Trainees must enter information on all procedures and must be entered within two weeks of it being done. All logged procedures are to be entered for each term prior to the Professional Performance Assessment and will be reviewed and discussed with the Supervisor(s) of Training during the Professional Performance Assessment. The logbook must be signed and dated by both the Trainee and the Supervisor as an accurate record of the operative experience gained. Trainees are required to keep a copy of their logbook for their training portfolio.

Falsification of logbook data will constitute misconduct.

Information on accessing and using MALT is available on the RACS website. The MALT team can be contacted for assistance by phone +61 8 8219 0900 or e-mail malt@surgeons.org .

4.5 Assessments

The assessment of a Trainee's performance by the Supervisor of Training is fundamental to their continuing satisfactory progression through the SET program.

4.5.1 Performance Review Meetings between the Supervisor(s) and Trainee

Supervisors of Training will formally review Trainee performance at the middle and at the end of each surgical term. Additional review meetings will be necessary when Trainees return from an interruption to training, or when a Learning Action Plan or Performance Management Plan is activated.

- Formal performance review meetings are arranged by the Trainee two weeks prior to the middle and end of each rotation and must take place before the end of the rotation.
- Where unsatisfactory performance is identified during the term refer to section 4.6.
- The Trainee must take a summary report of their surgical logbook, a PPA form and evidence of completed PSEN modules to the meeting where they will be discussed and the PPA form completed.
- Trainees must keep a copy of the logbook summary and completed PPA form for their training records and are responsible for forwarding a copy of the first two pages of the completed PPA form to the Executive Officer Training no later than two weeks after the end of rotation or by the communicated date. An email of a scanned copy is acceptable.

4.5.2 Professional Performance Assessment (PPA)

The PPA is a tool used by Supervisors for the assessment of Trainees and should reflect consensus opinion of Consultants in a unit.

PPAs outline the competencies to be assessed and provide a grade of Not satisfactory, Borderline, Satisfactory and Well above average for each competency. Each grade reflects a different level of skill and performance. The summative grade of satisfactory indicates the expected performance for the trainee's SET level has been achieved.

A grade of Borderline in any one competency will result in a Learning Action Plan being formulated to improve performance in that competency. The Board Chair will be notified of the action taken.

The PPA should reflect the expected level of skill and performance for the Trainee's particular year of training. The Supervisor will indicate whether or not the term was successful overall. Unsatisfactory terms will lead to disaccredited training periods, probation, and possible dismissal from the SET program.

Unsatisfactory performance is defined as:

- a grade of borderline in two or more competencies
- a single grade of not satisfactory in any competency

The PPA form should be completed during the performance review meeting and signed by ONLY the Supervisor and the Trainee. The completed assessment should reflect the discussions held during the performance review meeting. The form must be **dated** and the Supervisor and Trainee must complete the front cover including completion of mandatory requirements, absence from the training programme and if the logbook has been sighted and approved.

Signing the assessment report confirms it has been discussed but does not necessarily signify the Trainees' agreement with its content.

4.6 Unsatisfactory Performance

The Supervisor is responsible for notifying the Board of unsatisfactory performance of a Trainee as soon as practical. This can occur at any time and does not need to wait until formal assessments at the mid and end of term.

Should a Trainee present as being in difficulty or should unsatisfactory performance be identified, the Supervisor (s) will schedule a meeting with the Trainee as soon as possible following the identification of the performance deficiency to discuss.

The Supervisor (s) will appropriately and constructively counsel the Trainee. If this meeting does not resolve the concern of underperformance, performance management will be initiated. The action taken will depend on if underperformance is identified during rotation or at the end of the rotation.

4.6.1 Unsatisfactory Performance During a Rotation

If the meeting occurs during the rotation i.e. before the end of rotation PPA form has been completed, a performance review meeting will be held within 10 working days of the initial meeting. Areas of underperformance are to be discussed, a PPA form completed and a **Learning Action Plan** (LAP) developed. Both the PPA form and LAP are to be signed by both parties.

The Trainee is responsible for forwarding the completed PPA form and Learning Action Plan to the Executive Officer Training within one week of the meeting.

4.6.2 Unsatisfactory Performance at the End of Rotation

Where an end of rotation PPA form identifies unsatisfactory performance, as defined in section 4.5.2 of these regulations, the Trainee will be placed on probation and the training rotation will not be accredited.

4.7 Probation for Unsatisfactory Performance

Where a PPA form identifies unsatisfactory performance, the Supervisor must advise the Chair of the unsatisfactory performance in writing within one week of the performance meeting, informing of the areas of underperformance. The Board Chair must formally notify the Trainee, copied to the Supervisor(s) and the relevant Head of Department that the rotation is unsatisfactory and probationary status has been applied. Such notification should include:

- Identification of the areas of unsatisfactory performance
- Identification of the required standard of performance to be achieved
- Notification of the duration of the probationary period
- The frequency at which performance meetings must occur
- Possible implications if the required standard of performance is not achieved.

A probationary performance review meeting for an unsatisfactory rotation is to be held with the Trainee and is to include the Supervisor(s) of the unsatisfactory rotation, and the Supervisor(s) of the next rotation (where appropriate). This meeting should occur within two weeks of the assessment meeting where the unsatisfactory rotation was identified.

Based on the notification from the Chair and the assessment meeting, the Trainee is to prepare a remedial Performance Management Plan (PMP) for discussion and approval by the Supervisor(s).The PMP will be finalized at the performance review meeting and signed by all parties.

The probationary period should be no less than three months and no more than six months. During the probationary period the Trainee's performance is to be regularly reviewed by the Supervisor(s) of Training with the Trainee. The Trainee should be offered constructive feedback and support. **A Trainee on probation is responsible for organising monthly probationary meetings during their probationary period**. At these meetings the PMP must be updated and a PPA form completed. These forms are to be signed by both the Supervisor(s) and the Trainee and submitted to the Executive Officer Training by the Trainee.

The Executive Officer Training should attend all performance meetings during the period of probation, either in person or via teleconference, for the purpose of minute taking. Minutes of performance meetings must be signed by all parties as confirmation that they are an accurate record of the meeting. Signed minutes should be returned to the Executive Officer Training within five working days.

The end of rotation assessment in a probationary term may be conducted within the final four weeks of the rotation.

If, at the end of the rotation, the Trainee's performance has improved to the required standard the probationary status must be removed.

If the required standard has not been met by the end of probationary term, the term will be assessed as unsatisfactory and will not be accredited as training time. Should a probationary term be assessed as unsatisfactory, the Trainee may be suspended from the training programme for six months pending a review by the Board. The period of suspension will not be counted in the maximum time period permitted to complete the training requirements should the Trainee return to the training programme. The Board may review the trainees continued participation on the training program in accordance with these regulations (refer section 6)

4.8. Accreditation of Clinical Training Term

An accredited clinical term is six months full time continuous rotation within the terms dates specified in Section 13 of these Regulations; or 12 months flexible training which is equivalent to 6 months full time training. Exceptions to this may be obtained by applying for pre-approval from the Board or under exceptional circumstances presented to the Board.

A clinical term will be recorded as satisfactory when the PPA form and logbook have been submitted by the required due date and all other training requirements satisfy the Board's standards.

A clinical term will be recorded as unsatisfactory when:

4.8.1 A PPA form or logbook is not submitted by the due date or in accordance with instructions from the Board.

4.8.2 When a PPA form or logbook does not satisfy the Board standards (refer section 4.5.2).

4.8.3 If absence from training exceeds 30 working days in any six month term (or pro-rata).

If a clinical term has been recorded as unsatisfactory, the term will not be accredited and extension of training will be required. The length of the extension will be determined by the Board. If the term has been deemed unsatisfactory due to 4.8.2, the process for probation will be followed.

If a Trainee has taken in excess of 30 working days absence during the term, the Supervisor must notify the Chair.

If a term is recorded as unsatisfactory due to 4.8.1 or 4.8.3, the Chair will advise the Trainee in writing that the term has been unsatisfactory, and the term is not accredited.

Where a Trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the Board may record the term as "not assessed". Trainees may be provided with a Learning Action Plan to return competency to the required standard.

4.9 Regional Training Obligations

Trainees are strongly encouraged to attend regional teaching sessions. If Trainees encounter any conflict of timetables with teaching sessions they are to bring it to the attention of their Supervisor

4.10 Private/Aesthetic Session Attendance

It is recommended (but not mandatory) that private aesthetic practice attendance is set at a minimum of 1 full day (2 sessions) per Trainee per month.

4.11 Burns Rotation

It is mandatory that during SET the trainee will do a six month rotation in burn surgery in the National Burn Centre, Middlemore Hospital or equivalent experience to be approved by the Board Chair.

4.12 SET Registrars Conferences and NZ Training Weekend

4.12.1 Australasian SET Registrars Conference

The annual Australasian SET Registrars Conference is usually one week in duration and is typically held in March. The venue rotates around training centres of Australia and New Zealand. Full attendance is compulsory for SET 2 to 5 Trainees. SET 1 Trainees must attend a separate annual SET 1 training event. The majority of the course curriculum will be covered over a three year period, in a format determined by the conference convener.

- Trainees who are training overseas at the time of the conference are not required to attend. These Trainees are encouraged to attend training events within their host country.
- Trainees who have passed the Fellowship exam are not required to attend the Registrars Conference.

Trainees are encouraged to attend all SET 2-5 conferences and a minimum attendance at three conferences is expected in addition to attendance at the SET 1 Conference. Trainees who have not yet completed the Fellowship Examination should attend the SET 2-5 Conference. Non-attendance at an Australasian SET conference requires prior approval of the Supervisor of Training.

4.12.2 New Zealand PRS SET Training Conference

Trainees are also required to attend the annual New Zealand PRS SET Training Conference.

All Trainees are required to present a research paper at this event. These presentations will be awarded one point based on criteria detailed in section 4.13 (Research Requirement) of these Regulations. The best of these papers will be selected for competition at the Australasian SET 2-5 Registrars Conference where prizes are awarded for the best clinical and research presentations. Presentations are seven minutes in length with two minutes for questions.

A SET 5 trainee who has satisfactorily completed the research component of their training requirement may apply to the Board Chair for exemption from presenting a research paper. Requests for exemption are to be forwarded to the Chair via the Executive Officer Training.

The judging panel will forward to the Chair a summary of the presentations submitted, presenters and the scores for each presentation within two weeks of the training conference.

4.12.3 Other Courses and Meetings

The courses and meetings listed below are of educational significance and attendance should be encouraged but they are not mandatory:

- ACS Annual Scientific Congress
- NZAPS Annual Scientific Meeting
- PSC
- The Meeting – American SPS
- ANZBA Annual Scientific Meeting
- NZ Hand Society Meeting
- Australian Hand Society Meeting
- ANZHS
- British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)
- European Association of Plastic Surgeons (EURAPS)
- Australian Society of Aesthetics Plastic Surgeons ASAPS
- International Federation of Societies of Surgery of the Hand
- Melanoma Summit

4.13 PSEN Modules

The Plastic Surgery Education Network (PSEN) is a quality learning tool that is available to all New Zealand Plastic and Reconstructive Surgery SET Trainees. Trainees will have access to the PSEN from SET 1.

It is a mandatory requirement for PRS SET Trainees, who entered the SET program in December 2014 or later, to complete all of the online PSEN Modules prior to application to sit the Fellowship Examination.

- Modules can be accessed at https://ednet.plasticsurgery.org/ under Resident Education Center.
- There are a total of EIGHT modules – Module 1 is required to be completed by the end of SET 1, Modules 2 to 6 are to be completed by end of SET 3, and Modules 7 and 8 are to be completed by the end of SET 4 and prior to sitting the Fellowship Examination. It is noted that although some components of Module 8 (Non-Clinical) are not applicable to the NZ heath system, this module should nevertheless still be completed. Failure to complete the required number of modules in the above time frame will result in failure of the term.
- Trainees will have the opportunity to discuss any completed PSEN modules at their Performance Review Meetings. Trainees must keep a copy of their completed modules and forward to their Supervisor of Training for discussion at the meetings.
- Supervisors will approve satisfactory completion of modules on the Professional Performance Assessment (PPA) form.
- A criterion of approval to sit the Fellowship Examination is that all modules are completed.

Module	To be completed by
1.Core Surgery	End of SET 1
2.Plastic Surgery of the Head & Neck	End of SET 3
3.Plastic Surgery of the Upper Extremity	End of SET 3
4.Plastic Surgery of the Breast	End of SET 3
5.Plastic Surgery of the Trunk	End of SET 3
6.Plastic Surgery of the Lower Extremity	End of SET 3
7.Aesthetic Surgery	End of SET 4
8.Non-Clinical	End of SET 4

4.14 Research Requirement

Trainees must achieve four research points during their training.

4.14.1 Research Criteria

Research activities must satisfy the following criteria:

1. The work has been undertaken during SET in PRS. This excludes research undertaken prior to gaining entry onto the SET program.
2. The topic of research must be one of relevance to PRS. The decision on relevance is at the discretion of the Board.
3. The work has to be undertaken in a hospital or institution located in New Zealand.
4. The Trainee has to have been primarily responsible for initiating, executing and preparing the body of work submitted (i.e. primary author).
5. One research topic will be awarded points once.
6. The credit worthiness of research submitted for points is at the discretion of the Board.
7. Trainees must submit a completed Research Approval Form and supporting comprehensive evidence of research activities to the NZAPS office, once it is available. Evidence can be in the form of an event program, publication acceptance, or a letter from a research supervisor.

Research activities can be categorized as:

- Publication
- Presentation Oral /Poster
- Research Audit
- Full-time research study with enrolment in a higher degree

4.14.2 Research Points

Publications	**Points**
Publications	- maximum of 3 points
Book chapter	- eligible for 2 points
Presentation Oral/Poster	
Presentation at national meeting	- eligible for 1 point
Presentation at international meeting	- eligible for 2 points
Presentation at NZ Training Weekend is mandatory and if presentation is of a high enough standard, the trainee will be eligible for a research point	- eligible for 1 point
Literature Review	- eligible for 1 point
CLEAR Course (if completed within SET Training)	- eligible for 1 point
Research Audit	- eligible for 1 point
Full time research study with enrolment in a higher degree	- maximum of 5 points

4.14.3 Publications

Publications including book chapters may be submitted for research points. Letters to the editor are not considered publications and are therefore ineligible for submission.

Publications will be judged on the following criteria:

1. Publication in a recognized, peer reviewed, PRS journal. Other non-PRS journals may be considered for assessment of research points if the journal has an impact factor greater than 2.5 in the most current standings (see Journal Impact Factors).

List of Accepted PRS Journals

Aesthetic Plastic Surgery,
Aesthetic Surgery Journal,
Annals of Plastic Surgery,
Archives of Facial Plastic Surgery,
Australasian Journal of Plastic Surgery (AJOPS)
The Breast Journal,
Clinics in Plastic Surgery,
European Journal of Plastic Surgery,
Hand,
Journal of Craniofacial Surgery,
Journal of Hand Surgery (European),
Journal of Hand Surgery (US),
Journal of Plastic Reconstructive and Aesthetic Surgery (formerly British Journal of Plastic Surgery),
Journal of Plastic Surgery and Hand Surgery,
Ophthalmic Plastic and Reconstructive Surgery,
Oral and Maxillofacial Surgery (British),
Plastic and Reconstructive Surgery,
Scandinavian Journal of Plastic and Reconstructive and Hand Surgery,
ANZ Journal of Surgery,
Burns, Journal of Burn Care and Research, Microsurgery.

2. Quality of work based on level of evidence:

Level 1 Prospective randomised comparative controlled clinical trial
Level 2a Prospective comparative trial e.g. cohort or case - control
Level 2b Retrospective comparative trial cohort, outcomes based
Level 3 Case series or case report
Level 4 Expert opinion, descriptive studies, Committee report

3. Original laboratory-based scientific research.

A **maximum of 3 points** will be awarded to a high level PRS publication e.g. prospective comparative clinical trial published in the journal Plastic and Reconstructive Surgery.

4.14.4 Presentations

Oral presentations

For submission, an oral presentation accepted at the following scientific meetings may be considered for the allocation of research points, providing:

- The Trainee must be listed as the primary author
- The topic of the presentation must be related to PRS
- The Trainee must provide documentation e.g. program or abstract and letter of acceptance from scientific committee

Accepted Conferences

Annual Scientific Meeting of RACS
Plastic Surgery Congress (ASPS)
NZAPS ASM
AHSS
ASAPS (Australian)
Australasian Cleft Lip and Palate Association
Australian Hand Surgery Society
Australian & New Zealand Head and Neck Cancer Society
Australian & New Zealand Burns Association
New Zealand Society for Surgery of the Hand
Pacific Island Surgeons Association (PISA) (on application)

A **maximum of two points** are to be awarded for an oral presentation satisfying the above criteria. **One point** is awarded for a PRS paper presentation at a New Zealand or an Australia state College meeting.

Other international scientific meetings may be submitted for assessment.

Registrar Presentations (National)

All Trainees are required to present a research paper annually at the New Zealand PRS SET Conference. These presentations will be awarded **one point** based on the following criteria:

- The paper must be a research presentation; case reports are not eligible for research points.
- The Trainee presenting the research must be the lead author.
- The presentation must be of a professional standard, and meet the minimum standard set by the Board.
- The research must demonstrate comprehensive analysis and firm conclusions.

The best of these papers will be selected for competition at the Australasian SET 2-5 Registrars Conference and will be awarded **two points** once they have been presented at the SET 2-5 Conference.

Poster presentations

For submission, a poster presentation accepted at the following scientific meetings may be considered for the allocation of research points:

Accepted International/National Conferences
Annual Scientific Meeting of RACS
Plastic Surgery Congress (ASPS)
NZAPS ASM
AHSS
ASAPS (Australian)
Australasian Cleft Lip and Palate Association
Australian Hand Surgery Society
Australian & New Zealand Head and Neck Cancer Society
Australian & New Zealand Burns Association,
New Zealand Society for Surgery of the Hand
Pacific Island Surgeons Association (PISA) (on application)

A **maximum of one point** will be awarded to a poster presentation.

Other international scientific meetings may be submitted for assessment:

- Points will only be awarded when the Trainee is the primary author of the publication or presentation.
- If the Trainee is not the first (primary) author then a letter is required from the primary author confirming that the Trainee has made a significant contribution in planning, preparation, writing, collation and submission of the report/presentation, and the report has been published in an internationally recognised PRS journal or presented at an internationally recognised PRS conference.

4.14.5 Literature Review

A literature review is designed to find out what is already known about a topic, to identify main themes and trends, to identify gaps in current research, and to compare, contrast and critique various perspectives on the topic.

To gain a research point, a good literature review needs to offer assessment of various findings based on the above definition, and to demonstrate a critical approach to the material reviewed.

Awarding of a research point is at the discretion of the Board Chair.

In order to be eligible for one research point, the literature review must meet the following conditions:

An overview of the scientific literature pertaining to a specific problem, consisting of:

1. A thorough, defined literature search
2. A critical appraisal of the individual studies identified
3. A summary of these studies

4.14.4 CLEAR Course

The CLEAR Course will be eligible for one research point if completed within SET Training.

4.14.5 Research Audit

For an audit to be deemed of sufficient standard it would need to fulfil the expectations of any audit as detailed in RACS Guidelines on Audit i.e.

A Trainee should have:

1. Identified a standard, with evidence
2. Carried out a review of current practice
3. Compared the results to the standard
4. Implemented change with reflection
5. Initiated a plan to/ or completed a re-audit.

4.14.6 Full-Time Research

Trainees undertaking full-time research may apply to have research points awarded. The research topic must be related to PRS and be prospectively approved by the Board. Trainees must provide a certificate or letter from their research supervisor indicating satisfactory completion of their period of study. Trainees must provide certification of enrolment from their higher education institution. **Four points** will be awarded on satisfactory completion of a minimum of 12 months full-time research with enrolment in a higher degree (masters, PhD, MD) at an institution prospectively approved by the Board and located within Australia and/or New Zealand.

4.15 Trainees Undertaking Formal Research

Trainees must request prospective approval from the Board to undertake formal research. Any research must be related to plastic and reconstructive surgery. This process can be initiated through contacting the Executive Officer Training at the NZAPS office.

The following requirements will apply to requests to interrupt SET training for research:

- Accredited training time may be awarded for prospectively approved full-time research which includes a clinical workload.
- The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS.
- Requests must be prospective and in writing to the Board Chair for consideration by the Board.
- Such written requests must provide full details of the research including its relevance to PRS and that the research is under the auspices of a recognised formal entity and the research must be fully compliant with NHMRC standards and guidelines.
- Applications for clinical time to be accredited to SET time undertaken during the research period must provide formal evidence of approved equivalent clinical activity undertaken and the relevant percentage of research versus clinical time must be clearly documented.
- The Board has discretion in relation to granting its approval or otherwise of all requests by Trainees to interrupt SET for research.
- Where the Board in its absolute discretion resolves to approve research time in lieu of clinical time, the maximum time credited will be no more than six months.
- Accredited training time will be awarded on a pro-rata basis depending on the clinical workload and composition. Accreditation is at the Board's discretion.
- Trainees seeking accreditation during research must complete and submit to the NZAPS office a clinical research hours spreadsheet.
- Where a Trainee has been selected into SET and has been awarded a RACS research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.

4.16 Accreditation of Time in Clinical Training Whilst Undertaking Research

The Board will consider each proposal on its merits. Research undertaken prior to commencing SET in PRS cannot be submitted for consideration for time in lieu of clinical training.

4.16.1 Options for Postgraduate Surgical Research

1. Research degrees by coursework/treatise

These degrees are offered as part-time over two years at a number of institutions. The coursework is performed as modules to be completed over this period and a dissertation is required to be submitted:

- Master of Surgery (coursework)
- Master of Clinical Epidemiology
- Master of Medicine (coursework)

2. Research by laboratory investigation

These degrees are offered as one year full-time or two years part-time and candidates are required to submit a thesis at the completion of their study:

- Master of Surgery (research)
- Master of Medicine (research)
- Master of Philosophy (research)

These degrees are offered as three years full-time or up to six years part-time. Candidates are required to submit a thesis on completion of their study:

- PhD (research)
- MD (research)

For candidates who have applied for SET in their final year of study with a view to having a portion of their clinical training accredited by their time in research, the Board will only consider this in cases where the research has direct relevance to PRS.

4.16.2 Categories of Postgraduate Surgical Research

1. Full time research with no clinical exposure

The Board will assess each individual case and consider their performance and assessments to determine whether the research will be accredited towards clinical training.

2. Full time research with clinical exposure

Candidates who undertake research with clinical exposure can be classified into the following categories: (a) On-call participation, (b) Surgical assistance, (c) Participation in consulting/outpatients and elective surgery.

(a) On-call participation

On-call commitments allied to a recognised SET 1 post in PRS may apply to have this time accredited toward their clinical training. The minimum participation on the on call roster is 1 in 5 to claim a period of time accredited toward SET training. A logbook of cases assessed and treated will need to be presented for appraisal.

(b) Surgical assistance

Assistance in elective and emergency plastic and reconstructive cases may be taken into account when applying to have this time accredited toward SET. A minimum of one half-day operating session per week is required to claim a period of time accredited toward SET. A logbook of cases will need to be presented for appraisal. The type and number of cases will also be taken into consideration in determining the time allocated to SET.

(c) Participation in consulting/outpatients and elective surgery

Trainees undertaking regular consulting, outpatient and/or elective surgical procedures can apply to have this time recognised as SET. A minimum of one half-day a week must be spent in supervised clinical activities. Participation in an on-call roster allied to a recognised SET post is encouraged.

A logbook of operative cases and outpatient/consulting sessions must be presented for appraisal. Trainees seeking to structure this as part of their time in research will also need to nominate a clinical Training Supervisor to perform performance assessments.

Further Considerations

All Trainees wishing to have their clinical activities assessed must present proof of attendance at registrar teaching sessions and the annual Australasian SET 2 to 5 Registrars Conference. Research projects undertaken during the period of SET must be judged by the Board to have specific relevance to PRS for accredited training time to be granted. Clinical exposure must include:

- on-call participation
- surgical assistance
- participation in consulting/outpatients and elective surgery

The onus is on the Trainee to demonstrate how the research meets these three elements. A maximum of six months accredited training time will be granted for any clinical activity, based on the level of clinical activities and logbook data.

4.17 Supporting Documentation

It is the Trainee's responsibility to maintain a file containing evidence of completion of all training requirements.

5. FELLOWSHIP APPLICATION

Trainees must satisfactorily complete all of the training requirements to be eligible for Fellowship. All requirements must be completed in accredited training posts in New Zealand or formally accredited PRS posts in Australia.

Trainees can apply for Fellowship after passing the Fellowship Examination, during the final SET 5 surgical term. The support of the Trainee's current Supervisor and the Board Chair is required. Trainees should refer to the RACS website for details about how to apply for admission to Fellowship.

Fellowship applications are administered by RACS and information is available on the RACS website.

6. DISMISSAL FROM TRAINING

Unsatisfactory performance may result in a Trainee's dismissal from the SET program. Reasons for dismissal include:

- Unsatisfactory performance
- Falsifying case procedure details in their MALT logbooks
- Misconduct (see section 7)
- Failure to complete training requirements within the specified timeframes
- Failure to meet training requirements as specified in the Training Handbook
- Failure to comply with written direction of RACS, its Board and Committees;
- Failure to pay training related fees by due deadlines;
- Failure to maintain general medical registration or general scope registration;
- Failure to achieve or maintain employment in accredited training posts; and
- Other circumstances as specified by the Specialty Training Board.

6.1 Dismissal for Unsatisfactory Performance

Trainees may be considered for dismissal for unsatisfactory performance if:

6.1.1. A Trainee's performance has been rated as unsatisfactory during a probationary term

6.1.2 A Trainee's performance has been rated as unsatisfactory for three or more non-consecutive assessment terms at any time during their SET program.

If dismissal is considered under 6.1.2, the Trainee must have received written notification after the second unsatisfactory assessment period that a further unsatisfactory assessment period at any time during their SET program may result in dismissal.

6.2 Dismissal Committee

Where a Trainee is being considered for dismissal for unsatisfactory performance or misconduct, a dismissal committee will be established to review the Trainee's performance or alleged misconduct.

The dismissal committee must consist of a minimum of three and a maximum of five members who will be Fellows of RACS and should include at least one current member of the Board. Members of the dismissal committee should not be direct member of the Trainee's current team. The Board Chair will appoint one of the committee members as Chair.

The mandate of the dismissal committee is to review relevant documentation and to meet the Trainee, providing the Trainee with the opportunity to give their perspective both in writing and verbally. All documentation pertaining to the allegations of misconduct or documentation relating to unsatisfactory performance must be provided to all parties at this time. All documentation must be made available to

the Trainee. The committee will make a recommendation to the Board regarding the Trainee's ongoing participation on the training programme.

A Trainee will be provided with a minimum of ten working days' notice of the dismissal committee meeting and informed that the purpose of the meeting is to consider their continued participation in the SET program. Trainees may be accompanied by a support person who can provide support but cannot advocate for the Trainee and who is not a practicing lawyer. A Trainee can also elect to make a written submission to the dismissal committee which is to be submitted to the Executive Officer Training a minimum of three working days before the meeting. Where a Trainee is duly notified of the meeting and declines to attend, the dismissal committee may make a recommendation to the Board.

If the dismissal committee wishes to interview or seek clarification from another person, then these discussions must take place in the presence of the Trainee.

Minutes of the meeting must be taken and provided to the Trainee within ten working days and prior to any recommendation to the Board.

The minutes of the meeting and the recommendation of the dismissal committee must be forwarded to the Board for consideration. Any member of the Board who is also a member of the dismissal committee must withdraw from the deliberations of the Board. The Board will make the decision on whether or not the Trainee should be dismissed or any additional probationary periods or conditions that should be applied if the Trainee is not dismissed.

The Head of Department or delegated authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented

6.3 Failure to Complete Training Program Requirements

Trainees who fail to complete the training program requirements within the timeframe specified by the Board or RACS may be dismissed. Where initiated by the Board, the Board will follow the same procedure used for reviewing unsatisfactory performance (6.2).

6.4 Failure to Comply with RACS Direction

As the accredited training authority, Trainees are required to comply with any policy direction of RACS pertaining to training activities. Breaches of RACS Code of Conduct that are not misconduct are considered to be a failure to comply with RACS direction. Repeated failure to comply with directions during the life of the SET program may result in dismissal.

Trainees will receive written warnings, the second of which will advise that any further breach during the life of the SET program may result in dismissal.

6.5 Failure to Pay Outstanding Monies

Trainees who do not pay outstanding monies owed to RACS or NZAPS will be dismissed in accordance with RACS Specialty Surgical Education and Training Fee and the Surgical Education and Training (SET) Fee policies.

6.6 Failure to Satisfy Medical Registration or Employment Requirements

Trainees who, for any reason (excluding medical), do not have valid medical registration from the applicable medical council or board in their jurisdiction that enables full participation in the SET programme will be dismissed. Valid medical registration is defined as general medical registration without restriction in Australia and general scope registration (including restricted general scope registration in Plastic and Reconstructive Surgery) in New Zealand.

Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the Chief Executive Officer, Human Resources Director or equivalent) may be automatically suspended from the SET program.

Trainees must meet the employment conditions of the employing authority. If this is not met, dismissal proceedings may commence.

Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located will be considered for dismissal.

7. MISCONDUCT

Trainee misconduct will be addressed in accordance with RACS and these Regulations. Confirmed cases of misconduct can result in a warning, sanctions, penalty or dismissal depending on the type and severity of misconduct.

- Examples of misconduct include but are not limited to the following:
- Discrimination, harassment or bullying
- Abusive, violent, threatening or obscene behaviour
- Being found guilty of a criminal offence which results in a jail term or restrictions on the trainee's ability to practice medicine
- Theft, fraud or misappropriation of funds
- Being under the influence of alcohol or illegal drugs while at work
- Falsification of training records, patient documentation or patient treatment
- Serious breach of patient safety
- Gross insubordination or wilful disobedience in carrying out lawful requirements of the SET program
- Bringing RACS's name into disrepute
- Abandonment of employment or training post
- Dishonesty
- Academic misconduct (refer to Academic Misconduct Policy)

Incidents of misconduct must be documented as soon as possible after the Supervisor and/or Trainers are made aware of their occurrence and brought to the attention of the Trainee. The Trainee may be suspended from the SET program, pending an investigation.

The principles of natural justice will apply to all allegations and investigations concerning misconduct. This includes the right of the Trainee to understand, consider and respond to the alleged misconduct at a meeting with a Board review committee. Refer to section 6..2 Review Committee.

A Trainee may be dismissed for misconduct without undertaking a probationary period. Where misconduct is established but dismissal is not recommended the trainee may be counselled and placed on probation with a remedial action plan.

The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

8. RECONSIDERATION, REVIEWS and APPEALS

The RACS Reconsideration, Review and Appeal Policy apply to all Trainee requests for reconsideration, reviews and appeals regarding their training. The policy can be accessed via the RACS website.

9. VARIATIONS

The Board may, at any time, make variations to these Regulations which will take effect from the date of publication on the Plastic and Reconstructive Surgery section of the RACS website. It is the responsibility of the Trainee to ensure that they are familiar with the latest regulations. The latest version of these Training Regulations is the applicable version for all trainees.

10. HOSPITAL ACCREDITATION

- The Board conducts accreditation in line with RACS's Training Post Accreditation and Administration policy.
- The Board will assess each unit against the criteria outlined in RACS's 'Accreditation of Hospitals and Posts for Surgical Education and Training' process and criteria.
- Any post submitted by a hospital that meets the minimum criteria will be accredited for training. The usual period of accreditation is 5 years.
- The Board monitors the performance of posts throughout the period of accreditation by a review of Trainee assessments, complaints and Supervisor feedback.
- The Board may at any time, re-inspect an accredited post if there is a matter of concern. Refusal to assist the Board may result in the post having its accreditation suspended or withdrawn.

11. SUPERVISORS OF TRAINING

Each accredited training position has a RACS approved Surgical Supervisor or Supervisor of Training (SoT) nominated by the hospital and approved by the Board. The SoT is the main point of contact between the Unit and the Board, and is expected to relay relevant information from the Board to the unit. Should the Supervisor have any concerns regarding a Trainee they should signal this in writing to the Board or advise the Board at Board meetings.

If the SoT is absent for duration of time, a fellow Consultant will be appointed as Acting Supervisor and approved by the Board.

Supervisors of Training must comply with RACS policy on Surgical Supervisors http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/

11.1 Supervisor of Training Responsibilities

In accordance with the Policy on Surgical Supervisors, SoTs are responsible for:

i. The implementation of the SET program in accredited training posts
ii. Ensuring that training is delivered according to standards determined by RACS and the Board
iii. Undertaking formative and summative assessment that is fair, transparent and objective
iv. Representing the Board to the employer to ensure that minimum standards of training are maintained, promoting respect and improving patient safety in an environment that is free from unprofessional behavior
v. Participating in, and reporting to, the Specialty Training Board and its associated committees
vi. Monitoring Trainee operative experience and reviewing operating logbook summaries
vii. Identifying, documenting and remediating unsatisfactory trainee performance
viii. Undertaking other duties as specified by the Specialty Training Board.

11.2 Eligibility for Appointment as a Supervisor of Training

i. Supervisors of Training should be current Fellows of RACS, and must be compliant with RACS continuing professional development program. In exceptional circumstances a non-Fellow may be approved by the Board as a Supervisor of Training.
ii. Supervisors of Training are encouraged to be current members of the New Zealand Association of Plastic Surgeons.
iii. Supervisors of Training must be a member of staff at the institution in which the designated accredited training position(s) is located.
iv. Supervisors of Training must be familiar with the surgical education and training program and RACS training policies and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

11.3 Training and Continuing Education

i. Supervisors must undertake training required by RACS as per point 3.4 of the Surgical Supervisors Policy which can be found at http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/

ii. Supervisors of Training should undertake appropriate training in supervision as required by the Board. This may include RACS Surgeons & Trainers; Assessment & Management of Trainees Workshop (SAT SET) and RACS Surgical Teachers' Course.

11.4 Method of Appointment or Reappointment

i. Institutions with accredited training positions must nominate to the Board an appropriate Supervisor of Training who satisfies the eligibility requirements above.

ii. Nominations must be received when a new training position is accredited or when an existing Supervisor of Training resigns or is time expired.

iii. In reviewing a nomination the Board will consider compliance with the eligibility requirements, and general performance.

iv. The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for approval.

v. The Specialty Board reserves the right to review the appointment or reappointment of a Supervisor of Training at any time and put forward a revised recommendation to the BSET.

11.5 Tenure of Appointment

i. Supervisors of Training are appointed for three-year terms up to a maximum continuous period of 9 years.

ii. Towards the end of a Supervisor of Training's initial tenure, the Board will contact the institution and the Supervisor of Training to obtain a nomination for appointment of a new Supervisor of Training or confirm reappointment of the existing Supervisor of Training.

11.6 Trainers

Trainers are Plastic and Reconstructive Consultants who are FRACS or equivalent surgeons, or other Surgical Consultants, who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Supervisor of Training with monitoring, guiding and giving feedback to Trainees, as well as appraising and assessing their performance.

Surgical Trainers must complete the mandatory training specified in RACS Surgical Trainers policy http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/ and any other training specified by the Board.

12. RECOGNITION OF PRIOR LEARNING (RPL)

Applications for RPL for clinical experience may be considered provided the experience was:

- undertaken in a clinical location accredited by a state or national accreditation authority;
- in the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks;
- supervised by a clinician (surgeon or other appropriately qualified consultant); and
- obtained within the last two years;
- Supported by a logbook.

When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the nine RACS competencies.
In considering a request for RPL a retrospective assessment report will be requested from the supervising clinician. Where a report cannot be obtained no RPL will be granted.

The Board may defer a decision on an application for RPL of clinical experience for up to 12 months to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained. This would include results from Professional Performance Assessments, DOPS, mini-CEX, examinations and courses completed during the period.

RPL granted for clinical experience may lead to an overall reduction in the total duration of the SET Program, but will not exempt Trainees from completing all elements of assigned rotations. RPL may be granted for the PRSSP course where the Board assesses that the curriculum of the completed course is equivalent. Trainees seeking RPL for other mandatory courses should apply to the Board.

13. TRAINING CONTACTS AND TERM DATES

Training Contacts

Primary Contact for Training Related Enquiries

Executive Officer Training: New Zealand Board of Plastic and Reconstructive Surgery

New Zealand Association of Plastic Surgeons

E-mail: training@plasticsurgery.org.nz

Physical Address: Level 3, 8 Kent Terrace, Wellington, 6011 Postal Address:

Postal Address: P. O. Box 7451, Wellington, 6242

Hospital	Supervisor	Email Contact
Christchurch Hospital	Mr Terry Creagh	Terry.Creagh@cdhb.health.nz
Hutt Hospital	Dr Fiona Smithers	Fiona.Smithers@huttvalleydhb.org.nz
Middlemore Hospital	Dr Alessandra Canal	Alessandra.canal@middlemore.co.nz
Middlemore Hospital	Mr Jonathan Heather	Jonathan.Heather@middlemore.co.nz
Waikato Hospital	Mr Simon Chong	Simon.Chong@waikatodhb.health.nz

Term Dates

Term 1			Term 2		
Start Term	Mid Term	End Term	Start Term	Mid Term	End Term
09/12/2019	6/03/2019	5/06/2020	08/06/2020	4/09/2020	04/12/2020

14. LIST OF ABBREVIATIONS AND ACRONYMS

AMC Australian Medical Council

ANZBA Australian and New Zealand Burns Association

Applicant A doctor who applies for entry to the Surgical Education and Training program

ASPS Australian Society of Plastic Surgeons

ASSET Australian and New Zealand Surgical Skills Education Training

Board New Zealand Board of Plastic and Reconstructive Surgery

CCrISP Care of the Critically Ill Surgical Patient

CLEAR Critical Literature Evaluation and Research

CMF Craniomaxillofacial

CPD Continuing Professional Development

DOPS Direct Observation of Procedural Skills

EMSB Emergency Management of Severe Burns

FRACS Fellowship of the Royal Australasian College of Surgeons

IMG International Medical Graduate

MALT Morbidity Audit and Logbook Tool

MCNZ Medical Council of New Zealand

Mini-CEX Mini Clinical Evaluation Exercise

NZAPS New Zealand Association of Plastic Surgeons

PRS Plastic and Reconstructive Surgery

PPA Professional Performance Assessment

RACS	Royal Australasian College of Surgeons
Selection	the process for selecting doctors for entry into Surgical Education and Training
SET	Surgical Education and Training
Supervisor	Supervisor of Training
Trainer	Consultant surgeon who is FRACS or equivalent

15. FELLOWSHIPS AND SCHOLARSHIPS

15.1 The Emmett Prize

Professor Anthony Emmett donated the funds for this Prize in 1993. Initially the prize was given for original clinical research. His intention was to encourage "the habit of enquiry and good records in young Trainees", believing that it would "enrich their surgical lives for the rest of their careers".

1. The prize is for the best clinical paper and best research presentation at the Registrars' SET 2-5 Conference and is for publication.
2. The prize is awarded by a majority vote of a committee consisting of:
    - the Chair of the Australian Board of Plastic and Reconstructive Surgery (or nominee)
    - the Chair of the New Zealand Board of Plastic and Reconstructive Surgery (or nominee)
    - the President of the Australian Society of Plastic Surgeons (or nominee)
    - the President of the New Zealand Association of Plastic Surgeons (or nominee)
3. The prize will be announced at the end of the registrar presentations the Registrars' conference.
4. The convenor shall inform the ASPS Secretary who will arrange transfer of funds, following publication.

15.2 The Australasian Foundation for Plastic Surgery (the Foundation)

The Foundation organises an annual grant program to support the participation of a PRS registrar to accompany an Interplast mission for one week. All SET 4 and 5 PRS Registrars in New Zealand and Australia are eligible to apply. More information can be found at www.plasticsurgeryfoundation.org.au**.**

15.3 Foundation Plastic and Reconstructive Surgical Research Grant

The Foundation Plastic and Reconstructive Surgical (PRS) Research Grant, administered by the the Foundation is designed to support and promote early-career plastic surgery research. The Grant aims to support Trainees and younger Fellows initiate and sustain a research career in plastic surgery. Through its grant-making program, the Foundation is able to foster young talent in research by assisting them to build their own track record that underscores success in securing competitive funding in the future. More information regarding the Foundation PRS Research Grant can be found on the Foundation website (www.plasticsurgeryfoundation.org.au) or by contacting the Foundation secretariat.

SET Programme in Orthopaedic Surgery
Training Regulations

New Zealand Orthopaedic Association
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39 The Terrace, Wellington 6011
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INDEX

1. INTRODUCTION TO THE SET PROGRAM IN ORTHOPAEDIC SURGERY

1.1 Overview of the SET program in Orthopaedic Surgery

The Royal Australasian College of Surgeons (RACS or College) is the body accredited by the Medical Council of New Zealand and the Australian Medical Council to conduct surgical education and training in Australia and New Zealand. NZOA has a partnering agreement with RACS to deliver the Surgical Education and Training (SET) Program in Orthopaedic Surgery.

The Surgical Education and Training Program in Orthopaedic Surgery is designed to allow doctors to achieve competency in the ten Surgical Competencies outlined by the Royal Australasian College of Surgeons, leading to competent, independent practice as a specialist orthopaedic surgeon in New Zealand and Australia. While expertise in the technical aspects of orthopaedic surgery is essential, all other skills are regarded as fundamental aspects of which the surgeon must understand and be skilled in. These are:

Technical Expertise
Collaboration and Teamwork
Communication
Health advocacy
Judgement - clinical decision making
Management and Leadership
Medical expertise
Professionalism and Ethics
Scholarship and Teaching
Cultural Competency

The official website for the Orthopaedic Surgery SET Program in New Zealand is www.nzoa.org.nz

For assistance or information regarding the SET Program in Orthopaedic Surgery contact:

New Zealand Orthopaedic Association
Ranchhod House
Level 12, 39 The Terrace,
Wellington 6011
PO Box 5545, Lambton Quay
Wellington 6140
Ph: + 64 4 913 9891
Fax: + 64 4 913 9890

1.2 Definitions and Terminology

The following terms and abbreviations, and their associated definition, will be used throughout these Regulations.

Term	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training
BSET	Board of Surgical Education and Training
CbD	Case Based Discussion
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DHB	District Health Board
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Feedback App	The mobile app version of TIMS
Mini CEX	Mini Clinical Examination
MPA	Management Plan Assessment
NZOA	New Zealand Orthopaedic Association
NZSOTB	New Zealand Speciality Orthopaedic Training Board "The Board"
OPBS	Orthopaedic Principles and Basic Science Exam
OITE	Orthopaedic in Training Examination
PCA	Patient Consultation Assessment
RACS	Royal Australasian College of Surgeons
Rotation	Training post
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SSE	Surgical Sciences Examination (Generic)
Surgical Supervisor	Coordinates management, education and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments and identifies and documents performance management "Supervisor".
SSA	Surgical Skills Assessment
Surgical Trainer	Works with accredited Trainees in acute and elective settings "Trainer"
Term	A term is an allocated period of training which could be six months, four months or three months.
TIMS	Trainee Information Management System
TIPS	Training in Professional Skills
WBA's	Work Based Assessments

1.3 The Regulations encompass the rules and principles for the control and conduct of the SET Program in Orthopaedic Surgery. These Regulations are in accordance with the policies and strategic direction of the RACS and should be read in conjunction with the RACS policies governing Surgical Education and Training. All RACS policies can be found on the RACS website www.surgeons.org (also see Appendix 1 which lists the relevant policies).

1.4 The information in these Regulations is as accurate as possible at the time of printing. The NZOA Speciality Orthopaedic Training Board in consultation with the Royal Australasian College of Surgeons, reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the NZOA website. All persons are advised to ensure they are consulting the most current version.

1.5 Trainee information: NZOA will keep all trainee information secure. Trainee information such as assessments, exam results and contact details will be shared with New Zealand Orthopaedic Specialty Training Board Members, NZOA Education Committee Members, Surgical Supervisors, Trainers, Hospitals and RACS as necessary. At the end of training all trainee information and assessments will become the property of the Royal Australasian College of Surgeons.

2. PROGRAM OVERVIEW

Below are the overall requirements of the SET program in Orthopaedic Surgery

SET 1

Requirement	Description
Terms	Satisfactory completion of 4 three-month terms
eLogs	All trainees are required to use the TIMS eLogs. This must be completed by the end of each three, four or six-month term
Assessments	Trainees are required to complete Work Based Assessments in each run as outlined in TIMS including PCA, MPA, CbD, SSA and QRA.
Feedback App	Trainees will have Feedback given through the Feedback App by Assessors, Supervisors and Consultants to a minimum number as outlined in TIMS.
Skills courses	ASSET CCrISP EMST

	CLEAR All by end of SET 2
Training Activities	SET 1 Training Weekend Orthopaedic History and Examination Course

SET 2-4

Requirement	**Description**
Terms	Satisfactory completion of two six-month terms or three four-month terms per year. Each term – six month or four months must have a midterm assessment and end of term assessment completed
eLogs	All trainees are required to use the TIMS eLogs. This must be completed by the end of each three, four or six-month term
Assessments	Trainees are required to complete Work Based Assessments in each run as outlined in TIMS including PCA, MPA, CbD, SSA and QRA.
Feedback App	Trainees will have Feedback given through the Feedback App by Assessors, Supervisors and Consultants to a minimum number as outlined in TIMS.
Examinations	OPBS – to be completed by end of SET 3
Skills courses	ASSET CCrISP EMST CLEAR All by end of SET 2 TIPS during SET 2 or 3
Training Activities	SET 2-5 Training Days held in Spring and Autumn Mock Exam – SET 4 Pre-Exam – SET 5
Research	As per requirements – see appendix 2

SET 5

Requirement	**Description**
Terms	Satisfactory completion of two six-month terms or three four-month terms. Each term six-month or four-month must have a midterm assessment and an end of term assessment completed.

eLogs	All trainees are required to use the TIMS eLogs. This must be completed by the end of each three, four or six-month term
Assessments	Trainees are required to complete Work Based Assessments in each run as outlined in TIMS including PCA, MPA, CbD, SSA and QRA.
Feedback App	Trainees will have Feedback given through the Feedback App by Assessors, Supervisors and Consultants to a minimum number as outlined in TIMS.
Fellowship Examination	FRACS Fellowship Exam
Research	As per requirements – see appendix 2

3. TRAINEE ADMINISTRATION

3.1 Registration and Training Fees

3.1.1 Trainees selected to the SET program will be registered with the RACS in accordance with the RACS **Trainee Registration and Variation Policy**.

3.1.2 Surgical training fees are approved by RACS and NZOA in October each year and published on the website. Invoices are issued at the beginning of Term 1 of each training year. The College is responsible for collecting the training fee.

3.1.3 Trainees who fail to pay outstanding monies owed to RACS by the due date may be dismissed in accordance with the Dismissal from Surgical Training policy and these regulations.

3.2 Leave

3.2.1 Trainees undertaking fulltime training are entitled to a maximum of six weeks' leave including annual, sick, parental, study and bereavement leave per six-month rotation subject to approval by the employing authority. Periods beyond this may result in the rotation being not assessed. Trainees wishing to take more than six weeks leave must apply for interruption of training. In extraordinary circumstances the NZOA Education Committee may allow extra leave per six-month term or pro rata for 3 or 4-month terms taking into account consultant feedback and logbook numbers. Application for leave is subject to the approval of the employing authority.

3.3 Deferral, Interruption and Flexible Training

RACS Policy Training Registration and Variation sets out the principles for Variation to registration. Decisions relating to requests for deferment, interruption or flexible training will be the responsibility of the NZOA Education

Committee. The decision may be reviewed or appealed in accordance with the RACS Appeals Mechanism.

3.3.1 Interruption is a period of approved absence by a Trainee from the SET Program following commencement of Training. Deferral is delaying the start time of training. Trainees on interruption are still required to complete five years of SET clinical training (SET 1-5).

3.3.2 The NZOA training programme is a five-year full-time equivalent programme. If a trainee has more than 6 months of interruption, they will be deemed to move from their current SET year of training to the previous year (e.g. move from SET 3 to SET 2). This is to ensure that a trainee has adequate clinical experience to sit the Fellowship Exam in SET 5. This will apply for each period of interruption.

3.3.3 Flexible training refers to training that is less than a full-time training commitment. Trainees on flexible training are still required to complete five years of SET clinical training (SET 1-5). If a trainee has a total time of more than 6 months of flexible training or it is determined that interruption is more than 6 months on a pro-rata basis, they will be deemed to move from their current SET year of training to the previous SET year of training. Time on flexible training is accredited on a pro-rata basis.

3.3.4 Application for leave by deferral, interruption or flexible training may be approved for the following circumstances.

a. Medical
b. Family (parental or caregiving)
c. Approved Research

3.3.5 Applications for deferral, interruption or flexible training must be made in writing to the chair of the NZOA Education Committee and outline the reason for the request and the time required. Trainees must also apply for appropriate leave from their employer and Committee approval does not compel a Trainee's employer to grant leave.

3.3.6 Applications for deferral must be made at the time of accepting an offer to the SET program and is for a fixed period of a year. In exceptional circumstances the Chair of the NZOA Education Committee may approve a variation to the standard period of deferral. Approval will only be given if the varied period will not result in another applicant being prevented from commencing training. Trainees who have commenced training cannot apply for deferral and may only apply for interruption of training.

3.4 Interruption of Training

3.4.1 The minimum period of interruption from training is six months.

3.4.2 Applications for interruption must be made a minimum of six months prior to the start of the next training year which begins in December.

3.4.3 Applications for interruption for medical or family leave can be applied for at any time if supported by medical or other relevant evidence.

3.4.4 The NZOA Education Committee is not an employer and the trainee must apply for appropriate leave from their employer.

3.4.5 With the exception of leave for medical or family reasons, trainees cannot apply for leave in the first six months of training.

3.4.6 Interruption will not be granted if the trainee has received notice of dismissal.

3.4.7 Trainees will be required to pay the applicable fee to the College and NZOA while on interruption. Trainees will be notified of this fee.

3.4.8 The NZOA Education Committee may set conditions that require trainees to demonstrate currency of skills before returning to training or in the first few months of re-commencing training. Assessments may include but are not limited to an interview, attendance at a training weekend, completion of a Mini CEX, DOPs or clinical observation.

3.4.9 Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required. In addition, trainees will have to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training.

3.5 Flexible Training

3.5.1 Trainees who wish to apply for flexible training must apply to the NZOA Education Committee at least six months prior to the proposed commencement of flexible training.

3.5.2 Applications for flexible training must have a training commitment of at least 50% of a full-time trainee in any one training year.

3.5.3 The NZOA Education Committee will make the determination on the approval or otherwise taking into consideration the availability of a suitable flexible training position.

3.5.4 Trainees approved for a period of flexible training are required to participate in surgical teaching programs and attend the mandatory training events. All trainees will be required to satisfactorily complete all components of the SET program to be eligible for Fellowship.

3.5.5 Trainees will pay a pro-rata fee for the period that they are on flexible training.

3.6 Approved Research Interruption

3.6.1 A period of full-time research relevant to Orthopaedic Surgery during the SET program is encouraged.

3.6.2 Approved research interruption must be for a minimum of 1 year however it may be longer than one year.

3.6.3 Applications for this interruption must be made in writing and include documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree.

3.6.4 Trainees must be performing satisfactorily at the time of interruption to training. Approved research interruption will not be approved if the trainee is on probation or the trainee's most recent term was not competent.

3.6.5 Trainees must have completed the required exams/skills courses by year level prior to going on research interruption.

3.6.6 Trainees on research interruption are required to provide a six-monthly report to the NZOA Education Committee on the progress of the research.

3.6.7 Trainees must notify the Board if they are unable to proceed with or complete their research. Approved research interruption may be withdrawn, and trainees will recommence training at the beginning of the next term if a training post is available.

3.6.8 The NZOA training programme is a five-year full-time equivalent programme. Trainees on research interruption are still required to complete five years of SET clinical training (SET 1-5).

4. DURATION AND STRUCTURE

4.1 The SET Program in Orthopaedic Surgery is normally completed in 5 years SET 1-5 and it is expected that trainees will complete their training in a number of DHBs in accredited training posts. Trainees must have completed the training program 9 years after commencing SET 1 excluding time taken off for parental, medical leave, time taken off for approved interruption or approved flexible training.

4.2 It is mandated that trainees will progress through the stages of knowledge and skill acquisition.

4.3 On occasion a trainee may request to repeat a year if they believe this is in the best interest of their Education and Training. This will not incur probationary conditions however they will not be able to request this if they are on probation or have not completed the OBPS exam by the end of SET 3. The Education Committee may approve or deny any such application.

5. CURRICULUM

The Curriculum is based on education of a trainee to be competent in all aspects of orthopaedic surgery and proficient in each of the nine RACS competencies as detailed in Item 1.1.

5.1 The curriculum specifies the scope of surgical practice for orthopaedic surgery and contains the specific content for the assessment of the nine RACS competencies.

5.2 The curriculum incorporates formative and summative assessment as detailed in Item 6. Summative assessment determines the progress of trainees through the SET program and the ultimate Fellowship examination.

5.3 The curriculum will be reviewed on a regular basis by the NZOA Education Committee to ensure currency and relevance.

5.4 The latest version of the curriculum will be available on the NZOA website. Those in SET training will be notified of any changes.

6. ASSESSMENT OF CLINICAL TRAINING

6.1 **Work Based Assessments:**

There are 4 Workplace Based Assessments (WBA) in TIMS:

a. Patient Consultation Assessment (PCA)

b. Management Plan Assessment (MPA)

c. Case Based Discussion (CbD)

d. Surgical Skills Assessment (SSA)

WBA's are a method of assessing:

6.1.2 Competence in performing diagnostic and interventional procedures during surgical practice, competencies essential to the provision of good clinical care.

6.1.3 Competencies essential to surgery – before, during and after surgery. identify areas of good performance and areas of performance that require improvement to demonstrate competence.

6.1.4 Formative assessments also provide opportunities for improving performance.

6.1.5 WBA's facilitate feedback in order to drive learning.

6.1.6 The following are accessed through the NZOA TIMS App or Desktop:

a. Patient Consultation Assessment (PCA)

b. Management Plan Assessment (MPA)

c. Case based Discussion (CbD)

d. Surgical Skills Assessment (SSA)

e. Quarterly Run Assessment (QRA)

f. Feedback Entries

6.1.7 All Trainees are required to participate in 3 WBA's and 12 Feedback Entries per 3 months or per quarter.

6.1.8 All Trainees are required to complete a QRA at the mid and end of run.

6.1.9 These assessments are formative and are aimed at guiding further development of surgical skills.

6.1.10 Assessments due dates will be notified at the beginning of the trainee year.

6.1.11 All assessments are completed on TIMS. Failure to complete assessments may result in the term being deemed not assessed and therefore the term may not be counted towards training.

6.1.12 Multiple scores of "Borderline" or a single score of "not competent" indicates a need for significant improvement in performance. Trainees should be provided with constructive feedback and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

6.1.13 Trainees will have individual logins for TIMS, with access to WBA's, QRA's, eLog and Research.

6.2. Formative Assessment

The components of Formative Assessment during **SET 1-5** consist of:

a. Patient Consultation Assessment (PCA)

b. Management Plan Assessment (MPA)

c. Case Based Discussion (CbD)

d. Surgical Skills Assessment (SSA)

6.3. Summative Assessment

6.3.1 Summative Assessments are completed in **SET 1** and **SET 2-5** and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training.

6.3.2 If not competent performance is reflected in a Summative Assessment, the period of training will not be accredited, and the Trainee will be placed on Probationary Training.

6.3.3 The Summative Assessment is completed at the end of each quarter.

6.3.4 Quarterly Run Assessment (QRA) – a not competent midterm assessment will not affect the trainees progress through SET or result in probation

6.4. Conducting Assessments

6.4.1 Both the Formative and Summative Assessments of Trainees are conducted by Surgical Trainers and Surgical Supervisors. The input of all other Surgical Trainers on the Unit will be sought for summative assessments.

6.4.2 The Surgical Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, administrative staff).

6.4.3 If the Surgical Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the form at an earlier stage.

6.4.4 All Surgical Trainers of the Unit to which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's summative assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each competency listed on the assessment form. Although TIMS might be filled out in the absence of the Trainee, the Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment.

6.4.5 Formative assessments may be conducted by the Surgical Supervisor on a one-to-one basis with the trainee.

6.4.6 Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a period of training, and commencement of Probationary Training in the following term.

6.5. Quarter Run Assessment (QRA) SET 1-5

6.5.1 At the end of a three-month quarter or six-month rotation, the Surgical Supervisor will seek the input of all Surgical Trainers on the Unit, to reach consensus on the Summative Assessment of the Trainee's performance.

6.5.2 A review of the Trainee's eLog will be undertaken as part of the assessment.

6.5.3 The Surgical Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Surgical Supervisor that this meeting occurs.

6.5.4 The QRA (and completed WBA's) must be used to guide and document the feedback and assessment of the Trainee.

6.5.5 The completed QRA must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.

6.5.6 The Trainee must acknowledge the assessment in TIMS and indicate if they agree or disagree with the assessment and include comments.

6.5.7 The NZOA Education Committee will determine the final assessment for the rotation.

6.5.8 If the target of WBA's, Feedback and QRA's are not completed and acknowledged including any associated relevant documentation by the due date, the period of training may be deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing Probationary Training in the subsequent term.

6.5.9 When areas of performance are identified as "Borderline" on the summative QRA, the Surgical Supervisor should discuss this with the Trainee and an appropriate remedial plan will be developed which will include a Performance Management Plan for the following term. The Performance Management Plan must be returned to the Education and Training Manager at the NZOA office to confirm, by the Trainee at the beginning of the process then on a monthly basis, adherence to the remedial plan.

6.5.10 Where applicable, the Surgical Supervisor will notify the regional Education Committee member of any concerns regarding the performance of the Trainee.

6.5.11 If the overall performance is assessed as "not competent", the trainee's following term will be a probationary term in accordance with regulation 10. An appropriate Performance Management Plan will be implemented as part of

Probationary Training. The Performance Management Plan must be returned to the Education and Training Manager at the NZOA office, by the Trainee, on a monthly basis until the end of Probationary Training.

6.5.12 Advice may be sought from the Supervisor and other Surgical Trainers in the Unit in developing an appropriate Performance Management Plan for the Trainee.

6.5.13 Borderline or not competent grades in any part of the assessment will be reviewed by the Education Committee who may place the trainee on probation – as per 10.

6.5.14 A not competent Summative Assessment is defined as:

a. an overall "not competent" grade QRA based on receiving borderline and/or not-competent rating(s), and/or

b. non-submission of completed assessment or any associated documentation within **two (2)** weeks of the end of rotation.

6.5.15 A rating of performance concerns at a Training Weekend will not result in probation.

7. CLINICAL TRAINING POSTS

7.1 Accredited clinical training posts facilitate workplace hands on learning and exploration in a range of training environments to develop the requisite skills, knowledge and attributes to become a competent independent orthopaedic surgeon.

7.2 Trainees can only complete the clinical program in accredited clinical training posts. The Hospital accreditation process is outlined in regulation 16.

7.3 The NZOA Education Committee may allocate trainees to a range of accredited clinical training posts to ensure optimal exposure to the full scope of orthopaedics during their training.

8. RESEARCH DURING SURGICAL EDUCATION AND TRAINING

Exposure to research is an important objective of the College's Surgical Education and Training (SET) Programs. Research assists trainees in developing the necessary skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices, the principles of which are outlined in RACS Research During Surgical Education and Training Policy and these regulations.

8.1 Trainees are required to complete the SET research requirements as outlined in the document 'Research Requirements during Orthopaedic Surgery SET' – Appendix 2.

8.2 Trainees wishing to pursue an extended research period may apply to the NZOA Education Committee for Interruption to their training program (see 3.6).

8.3 Application should be made in writing to the NZOA Education Committee and include the research topic, method, benefit to orthopaedic surgery, funding, research supervisor and any other relevant details. Receipt of a RACS or RACS Foundation for Surgery funded scholarship does not guarantee that the Research will be accredited to the SET program. However, trainees who receive a RACS or RACS Foundation for Surgery funded scholarship may be granted an appropriate period of leave from the training program at the discretion of the NZOA Education Committee to complete the scholarship.

9. EXAMINATIONS

9.1 All examinations are conducted by RACS. Trainees must register to sit all required examinations. All information, including closing dates is available on the RACS website.

9.2 Trainees must fund the expenses incurred to sit all examinations.

9.3 Trainees must complete the OPBS exam by the end of SET 3 in accordance with the RACS **Conduct of the Orthopaedic Principles and Basic Science Examination** policy.

9.4 The Fellowship Examination is a mandatory component of the SET program and sat in SET 5.

9.5 Recognition of Prior Learning for examinations will be considered in accordance with the RACS Recognition of Prior Learning policy.

10. PROBATIONARY STATUS FOR 'NOT COMPETENT" PERFORMANCE

10. 1 Where an overall rotation is assessed as "not competent", the Trainee will be placed on probation by the Education Committee. The Education Committee must notify the Trainee in writing, copied to the Surgical Supervisor and the relevant employing authority, that probationary status has been applied. Such notification should include:

10.1.1 Identification of the areas of not competent performance

10.1.2 Confirmation of the remedial action plan or performance management plan

10.1.3 Identification of the required standard of performance to be achieved

10.1.4 Notification of the duration of the probationary period

10.1.5 The frequency at which assessment reports must be submitted and specific date/s of submission

10.1.6 Possible implications if the required standard of performance is not achieved

10.2 The probationary period should usually be no less than three months and no more than six months.

10.3 During the probationary period the Trainee's performance should be regularly reviewed by the surgical supervisor against the remedial action plan and the Trainee should be offered constructive feedback and support.

10.4 An End of Term summative assessment will be undertaken. If performance is considered competent at the conclusion of the probationary period, the probationary status must be removed.

10.5 If performance is determined by the Committee to be not competent at the conclusion of the probationary period the Committee may initiate dismissal proceedings in accordance with the College policy on Dismissal from Surgical Training and the Committee's training program regulations.

11. DISMISSAL FROM SURGICAL TRAINING

11.1 Not Competent Performance

11.1.1 A trainee may be considered for dismissal for not competent performance if:

a. The trainee's performance has been rated as not competent in the End of Term QRA Assessment whilst undertaking a probationary period as per 10.5

b. the Trainee has received three or more not competent summative assessments over the duration of their SET program.

11.1.2 The Education Committee will appoint a Subcommittee to consider dismissal.

11.1.3 The Trainee will be provided with a minimum ten (10) business days' notice of the interview and the proceedings.

11.1.4 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

11.1.5 The Trainee will be given the opportunity prior to the interview to make a written submission to the Subcommittee. The submission must be received by the Education Committee at least five (5) business days prior to the hearing.

11.1.6 The Trainee will be provided with all documentation to be considered by the committee at least 10 business days prior to the interview.

11.1.7 Where the Trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision on the basis of the documentation before it and will make a recommendation as to the Trainee's continued participation on the training program and the reasons for the recommendation.

11.1.8 The decision must be recorded in writing together with reasons. The decision must be provided to the Trainee within ten (10) business days and prior to any recommendation to the Education Committee by the Subcommittee.

11.1.9 The Education Committee (excluding all members of the Subcommittee and any other members with a conflict of interest), will accept or reject the Subcommittee recommendation regarding dismissal of the Trainee from SET. This should be done within 10 business days of the Education Committee receiving the Subcommittee's recommendation.

11.1.10 The Education Committee must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

11.1.11 Substantiating documentation must demonstrate that the Trainee had appropriate meetings to discuss performance and had a performance management plan addressing known deficiencies.

11.1.12 A final dismissal letter must be issued to the Trainee under the signature of the Chair of the NZSOTB.

11.1.13 The employing authority will be advised of the dismissal of the Trainee from the training program.

11.2 Failure to pay outstanding monies

A trainee who does not pay outstanding monies may be dismissed in accordance with the College and Specialty Surgical Education and Trainee Fee policies.

11.3 Failure to satisfy medical registration or employment requirements

11.3.1 Trainees who, for any reason do not have valid medical registration from the Medical Council in their jurisdiction that enables full participation in the training program will be dismissed.

11.3.2 Valid medical registration is defined as general medical registration and unrestricted, unconditional general scope registration.

11.3.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.

11.3.4 Where employment is refused, the trainee must be informed within 10 business days and provided with copies of the employer's correspondence to the College (or its agent).

11.3.5 The final dismissal letter must be issued to the trainee under the signature of the Chair of the NZOSTB or delegate.

11.4 Failure to complete training requirements within specified timeframes

12. <u>MISCONDUCT</u>

12.1 Conduct identified as misconduct is defined in the RACS Misconduct Policy.

12.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the supervisor, Fellow or other person has identified the misconduct, a Subcommittee will be formed with no less than three (3) members.

12.3 The allegation should be put to the Trainee, in writing, by the Subcommittee, for an initial written response by the trainee including relevant documentation.

12.4 If initial consideration by the Subcommittee determines that the alleged conduct is not misconduct, or if the Trainee's response is viewed as adequate, no further action will be taken.

12.5 If the Trainee's response is viewed by the Subcommittee as inadequate, or a response is not received, the process set out in the following regulations will be followed.

12.6 A hearing will be convened, and the Trainee will be given a minimum of 10 business days' notice of the hearing. The proceedings will cover the following:

a. Details of the allegation including all relevant documentation

b. Hear the response of the Trainee

c. Possible consequences

d. Process following hearing

12.7 The trainee will be provided with all documentation to be considered by the Subcommittee at least five (5) business days prior to the hearing.

12.8 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

12.9 The Trainee will be given the opportunity prior to the hearing to make a further written submission to the Subcommittee. The submission must be received by the Subcommittee at least five (5) business days prior to the hearing.

12.10 Where the Trainee has been duly notified of the hearing and declines or fails to attend, the Subcommittee will consider the allegation of misconduct on the basis of the documentation presented to it and make a finding as to the misconduct and in the case of a finding that the misconduct occurred, a recommendation as to any penalty, with written reasons.

12.11 The Subcommittee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:

a. the allegations need to be amended

b. new allegations are added

c. new evidence or facts emerge.

12.12 Within 10 business days following the hearing, the Subcommittee will make a written finding as to whether or not misconduct occurred. The finding together with all documentation relied on, will be given to the NZOA Education Committee by the Subcommittee. The trainee will be provided with a copy of the finding and recommendation (if any) and written reasons of the committee.

12.13 The Education Committee (excluding the Subcommittee members and any other members with a conflict of interest) will accept or reject the Subcommittee determination as to penalty from 12.14

12.14 Possible penalties for misconduct may be, but are not limited to:

a. formal censure, warning or counselling; and/or

b. limitation of progression to the next level of training for up to one year; and/or

c. suspension of the trainee for a period of up to one year; and/or

d. prohibition from sitting the Fellowship Examination for a period of up to one year;

e. Probationary term with a performance management plan; or

f. dismissal from the training program.

12.15 Where the Subcommittee recommends dismissal to the NZOA Education Committee, the NZOA Education Committee (excluding the Subcommittee members and any other members with a conflict of interest) must be satisfied that the recommendation can be justified and that the correct processes have been followed and adequately documented.

12.16 The NZOA Education Committee will notify New Zealand Orthopaedic Specialty Training Board. The Specialty Board will instigate the penalty recommended by the NZOA Education Committee, which will be issued under the Chair of the NZOSTB.

12.17 The trainee will be notified of the NZOA Education Committee's decision within ten (10) business days of the NZOA Education Committee meeting.

13. FELLOWSHIP EXAMINATION

13.1 To present for the Fellowship Examination in Orthopaedic Surgery trainees must have met the following requirements:

a. Be in SET 5
b. Satisfactorily completed at least 6 six-month terms beyond SET 1
c. Completed any period of Probationary Training
d. Fully paid up fees owed to RACS

13.2 Trainees must register with the RACS Examinations Department to sit the Fellowship Examination by the due date after approval by their current Surgical Supervisor.

13.3 A trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor or local representative on the NZOA Education Committee.

13.4 A trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counselled in accordance with the RACS Fellowship Examination Eligibility and Examination Performance Review policy. The trainee will continue to be supported and mentored as they seek to pass the Fellowship Exam. This will include attendance at the Mock Exam and the Pre-Exam Course.

14. ADMISSION TO FELLOWSHIP

14.1 Upon successful completion of all aspects of the SET program trainees apply to RACS for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.

14.2 Application for admission to Fellowship is made by submitting the appropriate form available on the RACS website.

14.3 The Trainee must complete the required form which is approved by their current supervisor and the Board Chair.

14.4 Applications for admission to Fellowship are processed on a monthly basis. The closing date for submission is the first business day of each month. Trainees should be aware that the process takes a month to complete. Trainees in SET 5 may apply for expedited Fellowship providing they meet the criteria documented on the RACS website. Prior to applying for expedited Fellowship trainees are required to complete a Mid Term Assessment form.

15. VARIATIONS

15.1 Any variation to these Regulations must be approved by the RACS Education Board or its Executive.

16. HOSPITAL ACCREDITATIONS

16.1 The NZOA Education Committee conducts hospital accreditation in line with the RACS Training Post Accreditation and Administration policy, the Accreditation of Hospitals and Posts for Surgical Education and Training guidelines and these regulations.

16.2 The NZOA Education Committee will assess each unit against the criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training guidelines and the NZOA application for Accreditation/Reaccreditation of Orthopaedic SET Training posts.

16.3 If the standards are met the NZOA Education Committee may accredit a hospital for a period of twelve (12) months to five (5) years.

16.4 The NZOA Education Committee monitors the performance of hospitals throughout the period of accreditation through trainee assessments.

16.5 The NZOA Education Committee may at any time, re-inspect an accredited post if there is a matter of concern relating to conditions of orthopaedic training. Refusal to meet the requirements or assist the NZOA Education Committee may result in the post being disaccredited.

16.6 Trainees are recommended to employers for appointment to accredited posts; however, the employers retain the right to not employ recommended trainees.

17. SUPERVISORS OF TRAINING

The purpose of this is to outline the requirements and responsibility for Surgical Supervisors participating in accredited training positions that form part of the College Surgical Education and Training programs, as per Surgical Supervisors Policy and these regulations.

17.1 Each hospital with an accredited training post must have an approved Supervisor. The Supervisor is the main point of contact for the trainee whilst in the unit and will oversee all trainees' learning and development.

17.2 Supervisors are Fellows of the College. Supervisors must be familiar with both the surgical education and training program and, College policies, and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

17.3 Supervisors are appointed on a four-year rota and may at the discretion of the Orthopaedic department and the Education Committee be granted a further four years.

17.4 Supervisors are consultant surgeons in the Unit who normally interact with trainees in the operating theatre, outpatient department and during clinical and education sessions.

17.5 Supervisors will work closely with Surgical Trainers within their unit to facilitate Trainee education and training.

17.6 Supervisors are the main point of contact between the hospital and the Education Committee. As such the Supervisors are expected to relay relevant information from the NZOA Education Committee to the hospital and vice versa.

17.7 Where appropriate, the Supervisors will receive a copy of correspondence from the Education Committee to the trainee to assist in the training and development of the trainee.

17.8 The main method of correspondence between the NZOA Education Committee and the Supervisor is via email.

17.9 Should the Supervisor have any concerns regarding a trainee they should signal this in writing to the NZOA Education Committee.

18. RECOGNITION OF PRIOR LEARNING

18.1 Trainees in the College Surgical Education and Training (SET) Programs have the opportunity to receive Recognition of Prior Learning (RPL) and Credit Transfer (CT) as defined in the Recognition of Prior Learning Policy and these regulations.

18.2 Recognition of Prior Learning (RPL) is the formal recognition of the skills and knowledge that a person has obtained external to their College training program. Credit Transfer (CT) is an arrangement to give a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to the College. Credit transfer assesses a course or component to determine the extent to which it is comparable to a College course. It is recognised that trainees entering surgical training may have received prior medical training which is comparable to components of Surgical Education and Training.

18.3 RPL and CT is not available for the Fellowship Examination or the OPBS. RPL and CT maybe granted for courses that are equivalent to ASSET, CCriSP, EMST and CLEAR as published on the RACS website. Recognition of Prior Learning and Credit Transfer processes will be timely, fair, transparent, accountable and subject to appeal. RPL and CT assessment will be based on evidence and fair, flexible, valid and reliable.

18.4 Applications for RPL for clinical experience may be considered, provided the experience was:

a. Undertaken in a clinical location accredited by a state or national accreditation authority; and
b. In the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
c. Supervised by a clinician (surgeon or other appropriately qualified consultant); and
d. Obtained within the last two years; and
e. Supported by a logbook.

18.5 RPL may be granted for the course where the NZOA Education Committee assesses that the curriculum of the completed course is equivalent.

18.6 Trainees seeking RPL for other mandatory courses should refer to the College website for details of how to apply. Where an application for RPL or CT requires investigation a published processing fee will be payable.

APPENDIX 1 – POLICIES

The Regulations are specific to the SET Program in Orthopaedic Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The NZOA Education Committee advises that familiarity with the following RACS Policies is essential for Trainees, Committee Members and training administrators.

Documents can be found on the RACS website and following subheadings:

Education Board and Committees

9.4.1.1 Board of Surgical Education and Training (BSET) Terms of Reference

9.4.1.2 Specialty Boards and their Regional Subcommittees Terms of Reference

Examinations and Assessments

9.4.1.3 Assessment of Clinical Training

9.4.1.4 Conduct of the SET Clinical Examination

9.4.1.5 Conduct of the Orthopaedic Principles and Basic Science Examination

9.4.1.6 Fellowship Examination Eligibility and Examination Performance Review

Fellowship

9.4.1.7 Complaints Policy

Surgical Education and Training

9.4.1.8 Surgical Education and Training (SET) Fee

9.4.1.9 Discrimination, Bullying and Sexual Harassment

9.4.1.10 Dismissal from Surgical Training

9.4.1.11 Former Trainees Seeking Permission to Reapply to Surgical Training

9.4.1.12 Ill, Injured and Impaired Trainees

9.4.1.13 Recognition of Prior Learning

9.4.1.14 Research During Surgical Education and Training

9.4.1.15 SET Misconduct

9.4.1.16 Surgical Supervisors

9.4.1.17 Surgical Trainers

9.4.1.18 Specialty Surgical Education and Training Fee

9.4.1.19 Trainee Registration and Variation Policy

9.4.1.20 SET Training Agreement

APPENDIX 2 – RESEARCH REQUIREMENTS DURING SET

Trainees are required to receive **a minimum of 5 points** out of the maximum of 10 to be considered as completing their research requirements on the SET program. All accepted research activities are at the discretion of the NZOA Education Committee.
The mandatory research requirements are: -

- Completion of CLEAR (or equivalent)
- Satisfactory project participation **and** a publication **or** presentation
  Or
- Satisfactory completion of research towards a higher degree, which includes associated publication or presentations

Activity	Points awarded	To be completed by:
CLEAR (or equivalent)	**1 point**	Before SET 2
Higher degree completed while on the SET training program	**3 points**	Before applying to sit Fellowship
Research project participation and completion	**3 points**	Before applying to sit Fellowship
Publication* (if not presented)	**2 points**	Before applying to sit Fellowship
Presentation^	**1 point**	Before applying to sit Fellowship

* Acceptable publication is limited to peer-reviewed scientific journals as a primary or major author. Documentation confirming acceptance for publication is acceptable.

^ Acceptable meetings are those that select papers against criteria, are peer-reviewed, have chaired sessions, accept registrants nationally/internationally and have a published program, e.g. NZOA ASM – however, regional meetings and journal club presentations are **not** acceptable.

Further details on the research requirements are available on the NZOA website – www.nzoa.org.nz

APPENDIX 3 - RECOMMENDED COURSES

a. Basic Arthroscopy (SET 2 or 3 and depending on availability of the course)
b. Advanced Arthroscopy (SET 4 or 5 and depending on availability of course)
c. Biennial Orthopaedic Pathology (All SET levels)
d. APOS/POSNZ ICL Registrar Course (All SET levels)
e. Basic Principles and Advanced Principles (All SET levels)
f. Australian Limb Lengthening and Reconstruction Society (ALLRS) Deformity Course (All SET levels)

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ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Training Regulations

Board of Paediatric Surgery

Last updated May 2020

These regulations are specific to the SET program in Paediatric Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies. The Board advises that these regulations should be read in conjunction with RACS policies

1. INTRODUCTION

These regulations are specific to the SET program in Paediatric Surgery and have been certified as being compliant with RACS policies. The Board advises that these regulations should be read in conjunction with RACS policies.

1.1 Definition of terms for the purpose of these Regulations

- **ANZAPS** is the Australian and New Zealand Association of Paediatric Surgeons
- **Board** is the Royal Australasian College of Surgeons Board of Paediatric Surgery. The Terms of Reference for the Board is available on the RACS website.
- **College/RACS** is the Royal Australasian College of Surgeons.
- **SET Program** is the Surgical Education and Training (SET) Program in Paediatric Surgery as approved by the Royal Australasian College of Surgeons Board of Paediatric Surgery, and accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ).
- **Supervisor** is a Surgical Supervisor of an accredited training position approved by the Royal Australasian College of Surgeons Board of Paediatric Surgery.
- **Rotation** is a period of summative clinical training, sometimes also referred to as term. A rotation is three (3) months for Early SET One and 6 months for all other phases of training.
- **Trainee** is a registered Surgical Education and Training Trainee in Paediatric Surgery of the Royal Australasian College of Surgeons.
- **Training Calendar** is the published calendar of submission dates, training and examination events and other deadlines which can be obtained from the Executive Officer of the Board and on the RACS website
- **VRPS** is a Vocationally-registered Paediatric Surgeon in New Zealand

1.2 Purpose

The purpose of these Regulations is to set forth and establish the terms and conditions of the Royal Australasian College of Surgeons Surgical Education and Training (SET) Program in Paediatric Surgery.

The training requirements of the SET Program in Paediatric Surgery may be refined from time to time. Trainees will be notified at a sufficiently early stage of any changes to the training program which may affect them.

1.3 Administration and Ownership

1.3.1 The RACS is the body accredited and authorised by the AMC and MCNZ to conduct Surgical Education and Training in Australia and New Zealand.

1.3.2 The Board is responsible for the delivery of the SET Program in Paediatric Surgery, the accreditation of hospital posts and the supervision and assessment of Paediatric Surgery Trainees.

1.4 Purpose and Objective of the Training Program

1.4.1 A Trainee successfully completing the SET program in Paediatric Surgery will have demonstrated proficiency in the Surgical Competencies outlined by RACS. The SET Program in Paediatric Surgery is designed to provide Trainees with clinical and operative experience to enable them to manage children with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.

1.4.2 At the conclusion of the SET Program it is expected that Trainees will have a detailed knowledge of surgery of those conditions recognised as belonging to the specialty of Paediatric Surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Paediatric Surgery. This should include knowledge of the embryology, anatomy, physiology and pathology related to the discipline of these conditions.

2. DURATION OF THE SET PROGRAM

2.1.1 The Paediatric SET program is based on the attainment of a standard of competency specified by the Board.

2.1.2 Maximum training times apply from the commencement of approved clinical rotations.

2.1.3 It is expected that the average Trainee who commenced training after 2020 will take six (6) years to attain the required standard of competency. The maximum period for completion of the Paediatric SET program is 10 years from the commencement of approved clinical rotations.

2.1.4 It is expected that the average Trainee who commenced between the 2012 and 2020 training year will take seven (7) years to attain the required standard of competency owing to the necessity to complete their Early SET 'surgery in general' training (as detailed in the Training Regulations dated November 2019). The maximum period for completion of the Paediatric SET program is 11 years from the commencement of approved clinical rotations.

2.1.5 It is expected that the average Trainee who commenced prior to the 2012 training year will take six (6) years to attain the required standard of competency. The maximum period for completion of the Paediatric SET program is 10 years from the commencement of approved clinical rotations.

2.1.6 Leave taken for illness or family leave will not be included in the calculation of the maximum period for completion.

2.1.7 The time taken by each individual Trainee to complete the training program will depend on attainment of competency but cannot exceed the period specified in 2.1.2-4.

2.1.8 As the SET Program in Paediatric Surgery is a competency based program the Board does not accept applications for recognition of prior learning and does not grant time credits for Paediatric rotations based on prior learning alone. Prior learning is implicit in the ability of a Trainee to demonstrate the attainment of competence.

3. REQUIREMENTS OF SURGICAL EDUCATION AND TRAINING (SET) PROGRAM IN PAEDIATRIC SURGERY

3.1 Program Overview

The below depicts the overall requirements of the Paediatric Surgery Training Program. Further information on each component is detailed in the various sections of the Regulations.

Trainees are expected to meet the following requirements during the course of the SET Program:

3.1.1 Satisfactorily complete Paediatric Surgical training in three SET phases accomplished in the following order: Early SET, Mid SET and Senior SET.

3.1.2 Submit satisfactory In Training Assessment Forms at the conclusion of each quarter.

3.1.3 Submit completed Logbook reports at the end of each quarter by the due date.

3.1.4 Submit a completed Progressive Non-Operative Logbook form by the due date at the conclusion of each rotation as required.

3.1.5 Satisfactorily complete the mandatory research requirement.

3.1.6 Attend the Registrar Annual Training Seminar (RATS) held each year.

3.1.7 The Early Management of Severe Trauma (EMST) Course.

3.1.8 The Care of the Critically Ill Surgical Patient (CCrISP) Course.

3.1.9 The Advanced Paediatric Life Support (APLS) Course.

3.1.10 The Emergency Management of Severe Burns (EMSB) Course.

3.1.11 The Training in Professional Skills (TIPS) course.

3.1.12 Paediatric Anatomy & Embryology Examination.

3.1.13 Paediatric Pathophysiology Examination.

3.1.14 Paediatric Fellowship Examination.

3.2 Early SET

Early SET will usually be completed in two (2) years. Early SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved. The first year of Early SET is designated as Early SET One.

Early SET One

Early SET One is usually completed in one year and is considered an extension of the selection process during which Trainees assess whether they are confident in their choice of Paediatric Surgery and the Board examines their ability to acquire training competencies at a rate expected for Paediatric Surgery SET.

3.2.1 Early SET One is divided into four (4) three (3) month rotations.

3.2.2 Early SET One Trainees are required to submit in-training assessment forms at the conclusion of each rotation.

3.2.3 All Early SET One end of rotation assessments are summative assessments.

3.2.4 Failure to show acquisition of competencies as demonstrated by completion of satisfactory Early SET One assessments (e.g. all assessment forms and logbooks) will result in an unsatisfactory rotation and a Structured Learning Cycle (SLC) will be implemented for the following three (3) months.

3.2.5 Two unsatisfactory rotations (a total of 6 months) in Early SET One will result in dismissal from SET.

3.2.6 There is no probationary status in Early SET One.

3.2.7 The following items are to be satisfactorily completed by the end of Early SET One:

a. Measure of Understanding and Surgical Expertise (MOUSE), Mini Clinical Evaluation (Mini-CEX), mandatory presentations and 360 Degree Evaluation Surveys as directed by the Board.

b. As the SET Clinical Examination must be completed within the first two years of clinical SET training, or four attempts, Trainees are expected to prepare for or sit the examination during Early SET One.

EARLY SET One Assessment Plan Record

The Early SET One Assessment Plan Record outlines the minimum set of assessments to be successfully completed in Early SET One.

3.2.8 Trainees are required to download a copy of the Early SET One Assessment Plan Record from the RACS website at the commencement of rotation one.

3.2.9 All mandated areas of Perioperative Management must be formally assessed by either Mini-CEX (mini clinical evaluation) or a presentation.

3.2.10 The specified mandated paediatric conditions in the Early SET One Assessment Plan Record should be assessed by presentation.

3.2.11 Each category of mandatory Early SET One procedures will be formally assessed by MOUSE.

3.2.12 All assessments must be successfully completed within the timelines indicated in the Early SET One Assessment Plan Record.

3.2.13 Failure to adhere to the timelines indicated in the Early SET One Assessment Plan Record will result in the rotation being assessed as unsatisfactory.

Measure Of Understanding and Surgical Expertise (MOUSE)

3.2.14 There should be a progression of complexity of procedural MOUSE from the beginning of the year to the end of the year (from category one to category six).

3.2.15 Trainees are required to complete MOUSE in Early SET One according to the schedule outlined in the Early SET One Assessment Plan Record.

3.2.16 Trainees must perform a minimum of one successful MOUSE per month.

3.2.17 All assessors of MOUSE must be Paediatric Surgery Fellows of RACS or Board approved Vocationally-registered Paediatric Surgeons in New Zealand. All MOUSEs should be submitted to the Board.

3.2.18 Poor performance and progress when identified should result in more frequent MOUSE and should form part of a Structured Learning Cycle (SLC) established in order to learn these skill sets.

Mini Clinical Evaluation (Mini-CEX)

3.2.19 Trainees are required to complete a minimum of eight (8) successful Mini-CEX.

3.2.20 Trainees are required to submit a minimum of two (2) successful Mini-CEX at the end of each quarter or as directed by the Board.

3.2.21 Successful Mini-CEX need to be performed on different conditions to demonstrate acquisition of perioperative management competency across all mandatory areas.

3.2.22 All assessors of Mini-CEX forms must be Fellows of RACS or Board approved Vocationally-registered Paediatric Surgeons in New Zealand.

Mandatory Presentations

3.2.23 Early SET One Trainees are required to present on topics as outlined in the Early SET One Assessment Plan Record. The Supervisor or a FRACS/VRPS Consultant Trainer will sign that satisfactory completion of each presentation has occurred in the Trainee's Early SET One Assessment Plan Record.

3.2.24 Presentations are to be 5 – 10 minutes in length and are to be given by the Trainee without reference to notes. Audio-visual aids are to be restricted to pictures of radiology or patients to illustrate a significant symptom or sign.

3.2.25 Minimum audiences for presentations are a FRACS Paediatric surgical Consultant or VRPS and one other medical member of the surgical team.

3.2.26 Presentations for perioperative management should demonstrate a safe working knowledge of diagnosis, investigation and management of those conditions in children. Presentations for perioperative management should be in the following format:

- Key pathological features of condition
- Key presenting features
- Key diagnostic features and investigations
- Essential perioperative management steps

3.2.27 Presentations for specific mandated paediatric conditions should demonstrate knowledge of key features of presentation, pathogenesis and diagnosis of those conditions. In depth knowledge of management of these specific mandated conditions at a Fellowship level is not required in Early SET One. Presentations should be in the following format:

- Key pathological features of condition
- Key presenting features
- Key diagnostic features and investigations

Early SET continued

3.2.28 The Board will approve progression to Mid SET once all Early SET competencies have been achieved including the following:

a. All courses listed under section 7.

b. Measure of Understanding and Surgical Expertise (MOUSE), Mini Clinical Evaluation (Mini-CEX) and 360 Degree Evaluation Surveys at the direction of the Board.

c. The SET Clinical Examination.

d. The Paediatric Anatomy and Embryology Examination.

3.3 Mid and Senior SET

3.3.1 Mid SET would normally be completed in two (2) years when compulsory assessments examinations and competencies identified in curriculum are satisfactorily achieved.

3.3.2 Senior SET would normally be completed in two (2) years when compulsory assessments, examinations and competencies identified in curriculum are satisfactorily achieved.

Trainees must complete Paediatric Surgical Training in posts accredited by the Board in order to demonstrate the competencies as identified in the curriculum, usually over four (4) years, including the following:

a. Measure of Understanding and Surgical Expertise (MOUSE).

b. Critical Appraisal Tasks (CATs).

c. Directed Online Group Studies (DOGS).

d. 360 Degree Evaluation Surveys at the direction of the Board.

e. The Training in Professional Skills (TIPS) course by the end of Mid SET.

f. The Paediatric Pathophysiology Examination by the end of Mid SET.

g. Fellowship Examination in Paediatric Surgery.

3.4 Summary of Assessments

The below depicts the overall requirements of the Paediatric Surgery Training Program. Further information on each component is detailed in the various sections of the regulations.

Assessment	Early SET ONE	EARLY SET TWO	MID SET	Senior SET
Paediatric Surgery Training	✓	✓	✓	✓
In Training Assessment Forms	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓
MALT Logbooks	✓	✓	✓	✓
Progressive Non-Operative Logbook	✓	✓	✓	✓
Registrar Annual Training Seminar	✓	✓	✓	✓
TIPS Course	✓	✓	✓	
APLS Course	✓	✓		
CCrISP Course	✓	✓		
EMSB Course	✓	✓		
EMST Course	✓	✓		
Mini-CEX	8 per year	4 per year		
360 Degree Evaluation Survey	✓			
MOUSE	As per Early SET One assessment plan record	✓ X 12 per year	✓ X 12 per year	✓ X 12 per year
CATs			✓	✓
DOGS			✓	✓
Mandatory Presentations	✓			
Clinical Examination	✓	✓		
Paediatric Anatomy & Embryology Examination	✓	✓		
Paediatric Pathology & Pathophysiology Examination			✓	
Paediatric Fellowship Examination				✓

3.5 Research

3.5.1 Trainees must complete at least one of the following research activities, in addition to 3.6.4 to satisfy the Research Requirement of the Paediatric SET program:

a. A research higher degree – at Masters level or above.

b. A specific research project prospectively approved by the Board. It is expected that a peer-reviewed publication will result from such research.

c. A publication in a journal which referees all manuscripts. To qualify for approval of completion of the research requirement:

- The article must be published in a journal that is listed in the National Center for Biotechnology Information (NCBI) database; and
- Be a minimum level 4 publication (i.e. Level 5* publications do not fulfil the research requirements); and
- The Trainee must be first or second author if the publication is level 4 or 3*; or.
- The Trainee must be a contributing author, able to demonstrate that contribution, for level 1 or 2* publications.

3.5.2 Evidence of completion of a higher degree (3.6.1a) and/or a publication (3.6.1c) must be submitted to the Board for approval of the Research Requirement. Trainees prospectively approved for a research project (3.6.1b) will be advised in writing of the evidence required on completion for approval of the research requirement.

3.5.3 Trainees may apply to the Board to have research undertaken prior to commencing SET assessed for recognition as fulfilling the Paediatric SET research requirement.

3.5.4 All Paediatric Surgical Trainees must attend the ANZAPS Annual Scientific Meeting once during these phases of SET training (Early, Mid and Senior) and must present a paper at one of these meetings.

3.5.5 While Early SET One Trainees are not required to attend the ANZAPS Annual Scientific Meeting during Early SET One they are encouraged to attend to further their learning.

3.5.6 Trainees presenting at the ANZAPS Annual Scientific Meeting are encouraged to enter the ANZAPS Registrar Prize.

3.6 Academic Pathway

3.6.1 Approved Academic Pathway must be for a minimum of six (6) months and a maximum of three (3) years. Requests for extensions will be considered prospectively and must be made in writing.

3.6.2 Requests for Academic Pathway must be made in writing to the Board as part of the allocation process (as per the due date on the training calendar) no less than six (6) months prior to the commencement of which the Academic Pathway will occur.

3.6.3 At the time of applying for the Academic Pathway Trainees must submit applicable documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree.

3.6.4 Trainees will not be approved for the Academic Pathway until there has been satisfactory completion of the following requirements:

- Satisfactory completion of Early SET One
- Satisfactory completion of the SET Clinical Examination
- Current term assessed as satisfactory

3.6.5 Trainees must be performing satisfactorily prior to entering the Academic Pathway. The Academic Pathway will not be approved if the Trainee's preceding term was unsatisfactory or the Trainee is currently on probation.

[1] As per Oxford definitions

3.6.6 Attendance at RATS and the ANZAPS Annual Scientific meeting is mandatory, except in the case of a Trainee undertaking an International higher degree.

3.6.7 Trainees on approved Academic Pathway must submit a progress report for each three-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the Board within two (2) weeks of the completion of each three-month period. The Board will review the progress report and confirm with the Trainee if they deem the progress satisfactory.

3.6.8 The Supervisor will be required to submit to the Board a document outlining:

a. Personal background in supervising research
b. Outline of the proposed project or degree
c. Planned level of supervision of Trainee

The purpose of this document is to allow the Board to assess prospectively the quality of the academic environment into which the Trainee is entering.

3.6.9 A final report must be provided by the Trainee and Supervisor of research to the Board within two (2) weeks of the completion of the research.

3.6.10 Prior to returning to SET, the Trainee must provide proof of thesis submission, coursework or planned research completion is required.

3.6.11 Trainees returning from a period of Academic Pathway will be assessed for the retention of competency.

3.6.12 When a Trainee has not demonstrated retention of the competencies commensurate with the SET level prior to interruption the Board may record the rotation as “not assessed summatively”. The Trainee’s SET level will be revised to reflect competencies demonstrated. Following this assessment, the Trainee will be advised of the revised SET level and will be expected to demonstrate acquisition of competency commensurate with that level.

3.6.13 Clinical work may be undertaken during approved Academic Pathway but cannot exceed two clinical sessions per week and two after hour shifts per week.

3.6.14 Trainees are still required to meet the approved research requirement under section 3.6 of these Training Regulations.

3.6.15 Participation in the Academic Pathway will increase the maximum duration of training. The maximum duration of training will be increased by the average time it takes to complete the higher degree plus one (1) year. For example, completion of a PhD will increase the maximum duration by an additional four (4) years.

3.6.16 The Board will confirm the revised maximum duration to the Trainee at the time of application.

3.7 Registrar Annual Training Seminar

Overview

3.7.1 The Registrar Annual Training Seminar (RATS) is held annually (usually in October/November) over four consecutive days and is compulsory for all active Trainees and optional for Trainees on interruption (inactive).

3.7.2 The Board may consider any requests for exemption from attending the RATS. Any requests for exemption must be forwarded in writing to the Board Chair no later than six (6) weeks prior to the RATS detailing the exceptional circumstances requiring an exemption.

3.7.3 By accepting accreditation as a Paediatric SET post, hospital management has agreed that accredited Trainees will be granted appropriate leave to attend the RATS and no Trainee should be required to perform clinical duties or meet on-call requirements whilst the RATS is in progress (including the night before the RATS commences). Trainees not approved by their employer for appropriate leave must contact the Board Chair.

3.7.4 It is the individual Trainee’s responsibility to cover their costs while at the RATS. The RATS is organised to provide Trainees with the opportunity for personal and

professional development, through activities with peers and under the guidance of the Board of Paediatric Surgery. The RATS comprises two major activities:

a. The Registrar Conference; and

b. Trainee Interviews

3.7.5 **Registrar Conference**

The purpose of the Registrar Conference is to:

a. Conduct educational sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can provide training on issues pertinent to surgical practice.

b. Conduct personal development sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can address Trainees on work/life balance issues and other areas of personal development.

c. Participate in the Trainee forum where Trainees engage in open discussion over (suggested) one whole day or two half day sessions regarding training program issues; including preparation of an agenda for these issues to be discussed with the Board of Paediatric Surgery, election of a Trainee Representative to sit on the Board of Paediatric Surgery for the duration of two years and election of a Trainee Organiser and location for the following year's RATS.

d. Provide opportunities to engage in peer-to-peer teaching, with presentations or prepared activities discussing areas of research, case studies, or a medical topic in which they have an interest. The format and scheduling of these activities are the responsibility of the RATS co-ordinator and the Trainee Representative. The program should be presented to the Board for approval.

3.7.6 **Board of Paediatric Surgery Meetings and Trainee Interviews**

a. Concurrently the Board of Paediatric Surgery conducts a full Board Meeting where it will discuss relevant issues and review Trainees performance including consideration of logbook, assessment forms, progressive non-operative logbook, Mini-CEX, 360 Degree Surveys, MOUSE, CATs and DOGS.

b. The Board meets with the current Trainees as a group to discuss training program issues.

c. Representatives of the Board will meet with current Trainees on an individual basis to discuss SET program progression.

3.8 Curriculum

3.8.1 The curriculum of the Paediatric SET program is published on the Paediatric Surgery page of the RACS website.

3.8.2 Trainees must satisfactorily complete each module of the curriculum of the SET program.

3.8.3 The curriculum provides Trainees and supervisors with a guide as to the scope and competency levels expected to be achieved by the end of the SET program. The Fellowship Examination in Paediatric Surgery will be directly based on the curriculum.

3.8.4 The outline of the required competencies for the SET program is listed on the RACS website.

3.8.5 The SET program reading list is on the RACS website.

4. TRAINEE ADMINISTRATION

4.1 Deferral, Interruption and Flexible Training

4.1.1 Requests for deferral must be made before or at the time of acceptance of an offer of a place on the Paediatric SET program. Requests submitted after this time will only be considered in exceptional circumstances.

4.1.2 The standard period of deferral is twelve (12) months. In exceptional circumstances, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.

4.1.3 Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period of completion will be reduced by the extra time granted for deferral.

Interruption

Interruption is a period of approved absence by a Trainee from the SET program in Paediatric Surgery.

4.1.4 Requests for an interruption to participation in the Paediatric SET program must be made in writing to the Board as part of the allocation process (as per the due date on the training calendar), unless that interruption is for family or medical reasons.

4.1.5 An interruption for family or medical reasons can be made at any time if supported by appropriate evidence in the form of a statutory declaration or medical certificate.

4.1.6 Trainees returning from a period of interruption will be assessed for the retention of competency.

4.1.7 When a Trainee has not demonstrated retention of the competencies commensurate with the SET level prior to interruption the Board may record the rotation as “not assessed summatively”. The Trainee’s SET level will be revised to reflect competencies demonstrated. Following this assessment the Trainee will be advised of the revised SET level and will be expected to demonstrate acquisition of competency commensurate with that level.

4.1.8 Additional time after interruption will be counted towards the total maximum duration of time to complete training.

Flexible Training

Flexible training is a period of training undertaken on a less than full time equivalent basis (i.e. undertaking clinical training in a post between 50% and 100% of full time equivalent) as part of the SET program in Paediatric Surgery.

The Board fully supports the concept of flexible training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that flexible accredited training posts can be identified and requests fulfilled.

4.1.9 Applications for flexible training must be made as part of the allocation process (as per the due date on the training calendar). Approval of such an application will be subject to approval of the employing hospital.

4.1.10 Applications for flexible training must have a training commitment of at least 50% of a full time Trainee. The overall duration of the training program must not exceed the published expected minimum duration of training plus 4 years (see section 2.1.2).

4.1.11 The Board will make a decision to approve or otherwise taking into consideration the availability of a suitable flexible training position.

4.1.12 Trainees granted approval to undertake a period of flexible training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments and logbook data. Flexible Trainees are required to complete formative and summative Assessments at the end of each quarter and submit them at the same time as full time Trainees (as per the due date on the training calendar).

4.2 Leave

4.2.1 Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per six-month rotation or three (3) weeks per three (3) months in Early SET, subject to approval by the employing authority. Leave beyond this may result in the rotation being recorded as “unsatisfactory” or “not assessed”.

4.2.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer’s leave.

4.2.3 Trainees taking their employment leave entitlements to a total of six (6) weeks do not need to make a separate application to the Board.

4.2.4 Trainees wishing to take more than six (6) weeks’ leave during a six-month rotation or three (3) weeks per three (3) months in Early SET , must seek prospective approval from the Board and the employing authority.

4.2.5 Where a Trainee takes more than six (6) weeks leave during a six-month rotation, the rotation may be deemed assessable if the supervisor and consultants are able to confirm that the rotation objectives will still be met.

4.2.6 Trainees may seek leave from the training program without taking leave of employment at the allocated post. The Board will consider whether leave without vacating a post impacts on the appointment of another Trainee.

4.3 Withdrawal from Training Program

4.3.1 Trainees who do not wish to continue on the Paediatric Surgery Training Program must notify the Board of their withdrawal in writing; stipulating when the withdrawal will be effective.

4.3.2 Following withdrawal, former Trainees are recommended to honour the terms of their employment contract.

4.3.3 Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

4.3.4 Trainees who resign from a position without the prior approval of the Board will be deemed to have withdrawn from the Paediatric SET program. The Board will confirm the withdrawal in writing.

4.3.5 Trainees should contact their Hospital Surgical Supervisor or the Specialty Board Chair for support, advice, and assistance before resigning from employment.

4.4 Extension of Training

4.4.1 Requests for an Extension to Training beyond Senior SET 2 must be made in writing to the Board.

4.4.2 The Board may also require a Trainee to undertake an extension of training based on performance.

4.4.3 Requests must be made in writing and outline the following:

- Length of extension
- Reason for the extension
- Areas the Trainee does not feel competent in

4.4.4 Extensions of training will only be granted if a suitable post is available.

4.4.5 If an extension of training has been approved, the Trainee must participate in all assessment processes as outlined these Regulations.

4.5 Trainee Portfolio

4.5.1 All Trainees are required to maintain a Trainee portfolio throughout their training.

4.5.2 The Trainee portfolio should contain: copies of received RACS and Board correspondence regarding their training progress, logbook summaries, Trainee assessment forms, updated Progressive non-operative logbook, DOGS and CAT results, DOGS and CAT submissions, MOUSEs, evidence of completion of compulsory courses, and other relevant training documentation.

4.5.3 The Trainee portfolio should be accessible during any formal meetings between the Trainee and the Board.

4.5.4 The Trainee portfolio should also be accessible during the beginning of rotation meeting with Surgical Supervisors to assist with the needs assessment of the Trainee and subsequent setting of goals for the forthcoming rotation.

4.5.5 The Trainee portfolio must be available to be discussed with the Surgical Supervisor and Trainers at face to face feedback meetings.

5. PAEDIATRIC SURGERY TRAINING POSITIONS

It is the aim of the Board to facilitate optimal clinical exposure to the breadth and depth of Paediatric surgical practice by directing placement of Trainees to appropriate accredited hospital posts. Hospital posts are accredited to the standards set by RACS.

5.1 Training Position Placement

5.1.1 Rotation of Trainees between units will occur in SET training and Trainees may be assigned to a unit anywhere in Australia or New Zealand.

5.1.2 The Board of Paediatric Surgery believes that diversity of training experience is acquired by spending time in a number of training centres. This facilitates exposure to the full scope Paediatric Surgery practice, and the breadth of training experiences. Trainees in Paediatric Surgery should, in consultation with the Board of Paediatric Surgery, devise a training rotation plan for Mid and Senior SET based on the following principles:

a. Mid and Senior SET training **must** be undertaken for a minimum period of twelve (12) months in at least two (2) training regions. The Paediatric Surgery training regions are New Zealand, New South Wales/Australian Capital Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia.
b. A minimum of one (1) year of satisfactory Senior SET training must be undertaken at an institution with more than one Senior SET training position.
c. Trainees are encouraged to spend a minimum of one (1) year in an accredited training position in a regional paediatric surgical centre.
d. Posts are accredited as Early/Mid or Mid/Senior SET. Any post can be utilised as an Early SET One position if there is an eligible Supervisor.
e. Some posts are accredited as only Early SET One in units that may not provide a training environment to support a further Mid or Senior SET Trainee.

5.1.3 In certain circumstances in order to meet a particular educational requirement identified by a Trainee or the Board, a Trainee may be allocated into an accredited training position in another speciality.

a. For Trainee initiated requests it is the Trainee's responsibility to secure appointment and furnish all information required for approval. The Board is under no obligation to approve such requests.

b. Trainee initiated proposals for such allocation must be made in writing to the Board as part of the allocation process (as per the due date on the training calendar).

c. Such allocations will be for 6-12 month duration only.

5.1.4 Following such an allocation the Trainee will be assessed for the retention of competency on return to an accredited Paediatric Surgical SET position.

a. Such allocations would not be for the purpose of remediation and if a Trainee is on a Structured Learning Cycle (SLC) or probation an application will not be approved.

5.2 Allocation process

5.2.1 The Board reviews the Trainee's progress within the SET program in relation to the training regulations to identify any deficiencies to be addressed. If particular deficiencies must be addressed by training at a certain accredited hospital, this will be identified by the Board and communicated to the Trainee during their Registrar Annual Training Seminar interview.

5.2.2 Trainees advise the Board of their training preferences for the remaining years of their SET program prior to the selection process as per the due date published in the training calendar.

5.2.3 The Board allocates Trainees according to training requirements identified for each Trainee and in order of seniority in the SET program. The order of seniority by training phase is as follows:

a. Senior SET,

b. Mid SET

c. Early SET

Should an additional year of training occur, phase of training will take precedence (e.g. S1>M3).

5.2.4 Early SET One allocation will account for availability of Early SET One supervision.

5.2.5 The Board will endeavour to finalise all hospital allocations for the following year by mid-term of rotation two.

5.2.6 Every endeavour will be made to accommodate preferences for allocation to posts; however this is not always possible due to limitations in the number of posts available.

5.2.7 It is understood that Trainees' individual preferences may alter during their progression through the SET program. The Board will endeavour to accommodate Trainees' preferences as they are advised but cannot guarantee that all requests will be fulfilled.

5.2.8 Trainees who have notified the Board of their intention to defer or interrupt training or take up an alternative position (5.1.3) for twelve (12) months will not be allocated to a paediatric surgical training position for that period. Any subsequent change to the preference of Trainees requiring placement in an accredited clinical position may not be able to be accommodated.

5.2.9 It is the Trainee's responsibility to contact the employing hospital to make the appropriate application for appointment to the allocated Paediatric Surgery training position. The hospital to which a Trainee is allocated will be the employing body and as such may require documentation to complete the appointment process such as a full structured curriculum vitae, confirmation of medical registration or completed criminal record checks.

5.2.10 A Trainee who resigns from their accredited clinical post without the permission of the Board will be considered to have withdrawn from the SET program

5.2.11 Should a Trainee refuse to commence employment in their Board allocated training post dismissal proceedings for failure to follow RACS direction will be initiated.

6. ASSESSMENT OF PERFORMANCE DURING CLINICAL TRAINING

6.1 Overview and Process

6.1.1 It is the responsibility of the Trainee to read the Training Calendar and communicate any queries they have regarding the due dates in a timely manner.

6.1.2 Each accredited training position has an approved Surgical Supervisor nominated by the hospital and approved by the Board of Paediatric Surgery. Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of Trainees rotating through their designated accredited training posts. Early SET One posts will usually have a Surgical Supervisor different to the Supervisor responsible for Mid and Senior SET Trainees.

6.1.3 Where a Trainee is placed in an accredited post of another specialty a Surgical Supervisor of that specialty will be nominated by that Specialty Training Board and will assume overall responsibility for the assessment of performance during that period of clinical training.

6.1.4 Trainers are Fellows of RACS or VRPS as approved by the Board who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers assist the Surgical Supervisor with monitoring, guiding and giving feedback to Trainees, as well as appraising and assessing their performance.

6.1.5 The assessment of a Trainee's performance by the Surgical Supervisor in conjunction with other Trainers is fundamental to their continuing satisfactory progression through the SET program.

6.1.6 A Trainee Assessment form must be completed for each Trainee in an accredited clinical training position as per the training calendar:

a. or as soon as is practical any time after the identification of unsatisfactory performance as determined by the Surgical Supervisor (see section 9).

b. or at the end of the probationary period or at more frequent intervals during a probationary period where requested by the Board (see section 9).

6.1.7 Trainees in an accredited post of another specialty will use the Trainee assessment form of the relevant specialty. Trainees in Early, Mid and Senior SET will use the Paediatric Surgery Trainee Assessment Form.

6.1.8 At the start of each rotation the Surgical Supervisor will meet with each Trainee to develop training goals and objectives for that rotation.

6.1.9 Signing the assessment form by the Trainee confirms the assessment form has been discussed but does not signify agreement with the assessment. A clinical rotation will be recorded as unsatisfactory when an assessment form or logbook is not signed or submitted by the due date or in accordance with instructions from the Board.

6.1.10 The Board is responsible for the review of the assessment form and the subsequent determination of a satisfactory or unsatisfactory clinical rotation.

6.1.11 A clinical rotation will be recorded as unsatisfactory when an assessment form or logbook does not satisfy the Board's performance standards.

6.1.12 A clinical rotation will be recorded as unsatisfactory if leave exceeds six (6) weeks in any six-month rotation (or pro-rata).

6.1.13 Trainees with an unsatisfactory rotation will be advised as per the requirements of Section 9.

6.1.14 Trainees are required to retain copies of all assessments and logbook summaries. All assessment reports will form part of the Trainee's portfolio that is to be presented to the Surgical Supervisor at the beginning of each term.

6.2 Assessment of Operative Experience during Clinical Training

6.2.1 From the commencement of SET, Trainees will maintain a logbook by using the MALT system according to RACS processes. Data entry should not be delayed more than four weeks at any one time and must be completed and submitted to the Board with each Trainee assessment form as per the training calendar.

6.2.2 Trainees are required to submit the following three (3) MALT logbook reports with their mid and end of term rotation assessments by the dates specified in the training calendar:

a. Logbook Summary Report

b. Operative Experience Report

c. Major and Minor Totals Report

6.2.3 Those Trainees in surgical posts of other specialties will use the relevant specialty logbook summary form.

6.2.4 The Logbook Summary Report must be signed by the Surgical Supervisor and Trainee. Reports not signed by both parties will be considered invalid and that period of training will be assessed as unsatisfactory.

6.2.5 A Surgical Supervisor's signature on the Logbook Summary acknowledges that it is the logbook information the Trainee is presenting for that period of training but responsibility to ensure the accuracy of the data remains with the Trainee.

6.2.6 The Trainee is responsible for forwarding the completed logbook summary and other two logbook reports to the Board by the communicated due date or within one week of signing of them whichever is sooner.

6.2.7 If the logbook reports are not signed or received by the due date that period of training will be assessed as unsatisfactory by the Board.

6.2.8 The Board will assess Trainee logbooks to ensure they adequately cover the major areas of the curriculum.

6.2.9 At its discretion, the Board may extend the duration of the Trainee's SET program if the exposure or level of participation are considered deficient or marginal in any area.

6.2.10 The Board is responsible for the review of logbook and accreditation of clinical rotation.

6.2.11 Adequate operative experience must be evident to the Board Chair prior to any Trainee presenting for the Fellowship Examination in Paediatric Surgery.

6.2.12 Inaccurate recording of procedures in the operative logbook may be treated as misconduct and may form grounds for dismissal in accordance with the RACS Dismissal from Surgical Training policy, Misconduct policy and these regulations.

6.3 Early SET One Trainee Assessment Form

6.3.1 Summative assessments are completed at the end of each three (3) month rotation in Early SET One and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies.

6.3.2 Ongoing feedback should be sought by Trainees from their Early SET One Surgical Supervisor and their Trainers during each quarter, so that problems related to training can be identified and remedies sought as a constant and regular process during Early SET One.

6.3.3 When areas of performance are identified as "Unsatisfactory" or "Borderline", the assessment will be assessed as unsatisfactory. The Early SET One Surgical Supervisor will discuss this with the Trainee and a Structured Learning Cycle will be developed for the subsequent rotation (following three months).

6.3.4 If a Trainee's performance has been assessed as unsatisfactory, the Board will follow the process outlined in Section 9.

6.4 Early SET Two, Mid and Senior SET Trainee Assessment Form

6.4.1 Trainees in an accredited post of another specialty will use the Trainee assessment form of the relevant specialty.

6.4.2 Formative assessments are completed at the middle of each rotation as proscribed in the training calendar and are aimed to identify areas of good performance and areas of performance that require improvement to reach competence.

6.4.3 Summative assessments are completed at the end of each rotation and indicate whether a Trainee has demonstrated satisfactory performance in the RACS competencies for that period of training.

6.4.4 When areas of performance are identified as "Borderline" or "Unsatisfactory" in the summative assessment, the following assessment at the middle of the next rotation (or earlier if directed by the Board) will be treated as a summative assessment.

6.4.5 Where deficiencies or training issues are identified, the Board will assist in co-ordinating a remedial action or a Structured Learning Cycle with the Trainee and Surgical Supervisor.

6.4.6 Where a deficiency is identified, the Board may request more frequent submission of a Trainee evaluation report.

6.4.7 Where areas are identified and recorded on the Trainee assessment form as “Borderline” or “Unsatisfactory”, the Surgical Supervisor will discuss this formally with the Trainee and agree to an appropriate remedial action plan or Structured Learning Cycle. Advice may be sought from the Board in developing a Structured Learning Cycle.

6.4.8 The areas of deficiency that resulted in the unsatisfactory assessment are identified by the Board and advised in writing to the Trainee. The Trainee is also advised that he/she is on probation and of the duration of the period of probation. The current Surgical Supervisor will be informed.

6.5 Conducting an Assessment

6.5.1 Trainees in Early SET One must complete a face-to-face assessment at the end of each (3 month) rotation. There are no mid-rotation assessments in Early SET One.

6.5.2 Trainees in Early SET Two, Mid and Senior SET must complete a face-to-face mid-term assessment (at a time such that the assessment can be submitted by the date specified in the training calendar) and an end-of-term assessment (at the end of the six (6) month rotation) with their Surgical Supervisor, in which any deficiencies or areas of potential improvement should be discussed with mechanisms for correction identified. Positive feedback is equally advisable in the assessment process.

6.5.3 Areas of above or below average performance should be highlighted with constructive comment as to further development. Development of a Structured Learning Cycle may be considered by the Supervisor of Training at this stage for deficient areas of performance or may be directed by the Board. This meeting should include a review of the Goals and Objectives established at the start of the rotation.

6.5.4 Just prior to the completion of each rotation:

a. A Trainee makes a request of the Surgical Supervisor at least two weeks prior to the Board due date to complete the Trainee Assessment Form. The Surgical Supervisor (or RACS notified delegate in case of leave) will then coordinate the subsequent process.

b. The Trainee Assessment Form should be a consensus statement by the Department. Therefore, all Consultants within the Department who have clinical interactions with the Trainee are required to contribute to the Trainee’s assessment.

c. The Surgical Supervisor (or delegate) is responsible for documenting the contribution of all Surgical Trainers or reasons for not contributing (e.g. absence for leave).

d. Where a consensus cannot be reached by a Department, any dissenting Department member/s must prepare a separate Trainee Assessment Form which also must be discussed with the Trainee.

e. A meeting is arranged between the Trainee, the Surgical Supervisor (or RACS notified delegate in case of leave) and/or other appropriate consultant/s within the department, to discuss the training documentation, following which the Surgical Supervisor and Trainee must sign the forms, prior to the Trainee forwarding a copy of the complete set of forms to the Executive Officer on or before the due date. Reports not signed by both parties will be considered invalid.

6.5.5 The Trainee is responsible for forwarding completed training documentation to the Executive Officer at the conclusion of each quarter and ensuring receipt on or before the communicated due date. If the documentation is not received by the communicated due date that period of training will be assessed as unsatisfactory and the Trainee will be placed on probation.

6.6 Unsatisfactory Assessment

6.6.1 With respect to the summative Trainee Assessment Form, an overall unsatisfactory assessment is defined as

- Two or more Unsatisfactory (N) ratings
- One or more Unsatisfactory (N) ratings in the same criterion as identified in a previous assessment period
- Two or more Borderline (B) ratings in criteria assessed as Borderline (B) in a prior assessment period (i.e. persisting or recurrent deficiencies)
- Failing to submit completed training documentation, signed logbook and assessments by the due date

6.6.2 If a Trainee's performance in a clinical rotation has been assessed as unsatisfactory, the Board will follow the process outlined in Section 9.

6.7 Structured Learning Cycle (SLC)

6.7.1 The purpose of the SLC is to:

- Support Trainees who have areas requiring improvement or who have received an unsatisfactory assessment to set objectives that will assist in achieving a satisfactory term
- Provide Supervisors and Trainers with a list of objectives the Trainee must meet
- Assist Supervisors and Trainers in providing opportunities to the Trainee to assist in meeting the objectives

6.7.2 The Structured Learning Cycle must include:

- Identification of the areas of unsatisfactory performance
- Identification of the required performance standard(s) to be achieved

6.7.3 The SLC is to be completed as follows:

a. During the meeting held with the Supervisor a discussion will occur regarding the Trainee's assessment and in particular any unsatisfactory or Borderline competencies.

b. At the meeting objectives will be discussed and set. These will need to be documented on the SLC. Instructions for designing a SLC and a SLC template are to be downloaded from the RACS website.

c. The Supervisor and Trainee are to meet at least monthly to review the objectives and determine the outcome. They may meet more frequently if required or if recommended by the Board.

d. The Trainee should undertake a self-evaluation first and then present this to their Supervisor 24 hours before the meeting. This enables the Trainee to undertake a self-reflection and assess his/her own performance.

e. The Supervisor and Trainee are then to confirm the final outcome.

f. The monthly review is also an opportunity to modify, delete or add new indicators to the SLC and to discuss developmental opportunities.

g. At each review both the Trainee and Supervisor have the opportunity to make further comments.

h. The form is to be returned to the Executive Officer following each review.

6.7.4 Trainees on a SLC are not permitted to apply for interruption from the training program.

6.8 Progressive Non-Operative Logbook

6.8.1 The Progressive Non-Operative Logbook has been developed to provide Trainees, Surgical Supervisors and the Board with a summary of the Trainee's progress and to identify strengths and weaknesses.

6.8.2 Trainees are required to take their completed form to any meeting with their Surgical Supervisor.

6.8.3 Trainees are required to submit an updated form at the conclusion of each rotation in addition to other in-training assessment forms, by the due date.

6.8.4 The Trainee will be responsible for forwarding the completed form to the Board by the due date. If the form has not been received by the communicated due date the training rotation will be assessed as unsatisfactory.

6.8.5 Trainees must keep a copy of their current Progressive Non-Operative Logbook in their training portfolio.

6.9 Mini Clinical Examination (Mini-CEX) Forms

6.9.1 Eight (8) Mini-CEX performed on mandated peri-operative management cases are to be submitted in Early SET One as outlined in the Early SET One Assessment Plan Record.

6.9.2 A minimum of four (4) Mini-CEX per year are to be submitted in Early SET Two.

6.9.3 A minimum of one (1) form must be submitted at the end of each quarter in Early SET Two or as directed by the Board.

6.9.4 Mini-CEX forms are to be completed by FRACS Consultants or VRPS unless otherwise directed by the Board.

6.9.5 Failure to submit all completed forms by the due date may result in an unsatisfactory rotation assessment.

6.10 Other workplace based assessment

When a Trainee is in an accredited training position outside of paediatric surgery (as per 5.1.3) they will undergo the workplace based assessments as per the Regulations of that specialty unless advised otherwise by the Board in writing.

6.11 360 Degree Evaluation Surveys

6.11.1 Two (2) surveys are to be completed in Early SET One.

6.11.2 Completed 360 Degree Evaluation Surveys must be submitted at the end of rotation one (1) and rotation three (3) in Early SET One or as directed by the Board.

6.11.3 Trainees in Early SET Two, Mid and Senior SET may be also be directed by the Board to complete 360 Degree Evaluation Surveys after review of their Trainee Assessment reports.

6.11.4 Relevant Trainees will be required to nominate a minimum of eight (8) contacts with a minimum of one from each of the following positions:

- Registrar equivalent or similar level as the Trainee
- Registrar from a different specialty
- Resident
- Medical/Clinical Nurse
- Administration staff (non-medical)

6.11.5 Trainees are advised to obtain approval from prospective participants in the surveys before nominating them.

6.11.6 The Trainee will also be required to complete a self-assessment, which is to be included with their assessment reports by the due date.

6.11.7 The forms are scored in the following categories: Technical Expertise, Scholar and Teacher, Communication, Collaboration, Management and Leadership, Health Advocacy and Professionalism.

6.11.8 All scores, including the Trainee's, are collated onto a summary sheet which is reviewed by the Board. The summary sheet is provided to the Trainee's Surgical

Supervisor and the Trainee at the conclusion of each rotation to discuss the feedback.

6.12 Measure of Operative Understanding and Surgical Experience (MOUSE) Forms

6.12.1 Early SET One Trainees must submit a minimum of three (3) MOUSE as outlined in the Early SET One Assessment Plan Record at the end of each quarter or as directed by the Board.

6.12.2 Additional MOUSE in paediatric surgical procedures may be submitted to demonstrate competency or formative feedback.

6.12.3 Early SET Two, Mid and Senior SET Trainees are required to complete a minimum of six (6) MOUSE forms at regular intervals (monthly recommended) throughout each six-month rotation. Three (3) completed MOUSE need to be submitted at the end of each quarter and end of term assessment period, by the due date. Trainees may be directed to complete more frequent MOUSE forms.

6.12.4 All paediatric surgical procedures may be considered for MOUSE assessment and feedback at any stage of training.

a. Early SET Two Trainees are required to complete MOUSE forms for procedures listed as Early SET competencies in the curriculum.

b. Mid SET Trainees are required to complete MOUSE forms for procedures listed as Mid SET competencies in the curriculum -such as appendicectomy and non-neonatal herniotomy or more advanced procedures such as neonatal herniotomy and orchidopexy.

c. Senior SET Trainees are required to include more advanced cases especially neonatal index cases.

d. Failure to demonstrate competency (as defined in the curriculum) will result in failure to satisfactorily complete the current SET Phase.

6.12.5 Trainees are required to initiate the assessment.

6.12.6 Trainees are advised to discuss with the assessing Consultant how areas of deficiency could be improved during the next procedure.

6.12.7 All assessors of MOUSE must be Paediatric Surgery Fellows of RACS or Board approved Vocationally-registered Paediatric Surgeons in New Zealand. All MOUSEs should be submitted to the Board.

6.12.8 Failure to submit all completed forms by the due date may result in an unsatisfactory rotation assessment.

6.13 Critical Appraisal Tasks (CATs)

A Critical Appraisal Task (CAT) is a training tool designed to enable Trainees to address a clinical question using the best available evidence. Trainees are expected to appraise the relevant literature and, based upon this, to concisely provide a rationale for their chosen management. These tasks equip the Trainee to continually adjust management approaches during their career as a paediatric surgeon, as new information becomes available. CATs are designed to approximate the framework expected during written components of the Fellowship Examination.

6.13.1 CATs must be completed by Mid and Senior SET Trainees. Early SET Trainees may choose to complete CATs, however, they will be marked at a Mid SET level.

6.13.2 If a Trainee receives two or more unsatisfactory CATs the Board will follow the process outlined under section 9.2 Unsatisfactory performance in In-Training Assessments.

6.13.3 If a Trainee has been approved to present for the FEX, they can prospectively apply to the Board for exemption from CATs prior to the FEX.

6.13.4 If a Trainee receives a Borderline result they can resubmit their CAT for marking within two weeks of being notified of their CAT result.

6.13.5 Two (2) CATs per year are conducted. Trainees must submit their CAT electronically by the due date.

6.13.6 The submission must include a cover sheet with the following information:

- CAT title,
- due date,
- Trainee RACS ID.

6.13.7 The submission must answer all questions clearly identified and referenced where appropriate. A bibliography must be included in the submission.

6.13.8 A Board member is allocated the role of CAT coordinator and authors CAT topics.

6.13.9 The CAT coordinator is tasked with recruiting other authors and assessors from the ANZAPS membership. CATs are assessed by the author and one other nominated ANZAPS member using the prescribed assessment template.

6.13.10 Assessment templates are used for Mid SET Trainees and Senior SET Trainees.

6.13.11 Representative answers will be made available to all Trainees, to assist improvement of future submissions.

6.13.12 CATs are not completed by interrupted Trainees unless a specific request is made and approved by the Board.

6.13.13 Failure to submit the CAT by the due date will result in an unsatisfactory assessment.

6.14 Directed Online Group Studies (DOGS)

DOGS have been designed to encourage discussion and understanding of management plans related to clinical paediatric surgical problems and are based on our curriculum modules. The answer will be in the style of a medium or short clinical exam question, either in the written paper or viva section of the Fellowship Exam. Marking will take into account the SET level of the candidate and performance will be used by the Board to determine progress through the program.

6.14.1 Two (2) DOGS are to be completed annually, and each will be available on the RACS website for a period of three (3) weeks as specified in the training calendar.

a. Session 1:

Trainees are asked to read the case presentation and submit responses to case questions which require both core knowledge and clinical judgement. Trainees are notified of the broad assessment criteria and they are encouraged to refer to it in order to help form their responses. Session 1 is open for seven (7) days.

b. Session 2:

Allows Trainees to access a feedback forum. During this session Trainees are asked to identify a clinical issue related to the case from their own clinical experience and submit it to a “Practice Issues Forum”. The role of the facilitators at this point is to monitor and respond to feedback, to probe Trainees’ responses and to pose further questions to generate discussion. Session 2 is open for seven (7) days.

c. Session 3:

Requires Trainees to select at least two of the issues submitted by their colleagues and to provide comments based on their own experience. The facilitator joins in the discussion as required. New clinical issues may be raised in this session. Session 3 is open for seven (7) days.

6.14.2 DOGS are compulsory for all Mid and Senior SET Trainees. Early SET Trainees may choose to complete DOGS, however, they will be marked at a Mid SET level.

6.14.3 If a Trainee receives two or more unsatisfactory DOGS the Board will follow the process outlined under section 9.3 Unsatisfactory performance in In-Training Assessments.

6.14.4 If a Trainee has been approved to present for the FEX, they can prospectively apply to the Board for exemption from DOGS prior to the FEX.

6.14.5 A Board member is allocated to the role of DOGS coordinator. The DOGS coordinator is tasked with authoring DOGS topics and recruiting other authors and assessors from the ANZAPS membership.

6.14.6 Following completion of the DOGS, the Trainee submission and discussion forum is accessed from the RACS website and forwarded to the facilitator(s) for marking.

6.14.7 DOGS are not completed by interrupted Trainees unless a specific request is made and approved by the Board.

6.14.8 Failure to complete DOGS by the due date will result in an unsatisfactory assessment.

7. COURSES

7.1 Advanced Paediatric Life Support (APLS) Courses

7.1.1 Trainees must satisfactorily complete the APLS Course prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.

7.1.2 Trainees should visit the RACS website for more details on the course.

7.2 Early Management of Severe Trauma (EMST) Course

7.2.1 Trainees must satisfactorily complete the RACS EMST Course either prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.

7.2.2 Trainees should visit the RACS website for more details on the course.

7.3 Care of the Critically Ill Surgical Patient (CCrISP) Course

7.3.1 Trainees must satisfactorily complete the RACS CCrISP Course either prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.

7.3.2 Trainees should visit the RACS website for more details on the course.

7.4 Emergency Management of Severe Burns (EMSB) Course

7.4.1 Trainees must satisfactorily complete the Australian and New Zealand Burns Association (ANZBA) EMSB Course either prior to their training or by the end of Early SET.

7.4.2 Trainees should visit www.anzba.org.au for more details on the course.

7.5 Training in Professional Skills (TIPS) Course

7.5.1 Trainees must satisfactorily complete the RACS Training in Professional Skills (TIPS) Course either prior to their training or by the end of Mid SET.

7.5.2 Trainees should visit the RACS website for more details on the course.

8. EXAMINATIONS

It is advisable that the Trainee discuss with their Surgical Supervisor their preparedness prior to applying for and sitting any Examination in the SET program.

8.1 SET Clinical Examination

8.1.1 Trainees will be required to complete the SET Clinical Examination as set by the RACS Examinations Department by the end of the first two years of SET training.

8.1.2 Trainees must pass the examination within the limits as specified in the *Conduct of the SET Clinical Examination* policy. Failure to do so will result in dismissal from the program, in accordance with the relevant policy.

8.1.3 All inquiries regarding the SET Clinical Examination should be directed to the Examinations Department at RACS.

8.1.4 A Trainee will not progress to Mid SET until they have successfully completed the SET Clinical Examination.

8.2 Paediatric Anatomy and Embryology Examination

8.2.1 The Paediatric Anatomy and Embryology Examination can be taken by the Trainee at any time during Early SET.

8.2.2 Trainees must complete the Paediatric Anatomy and Embryology Examination in order to progress to Mid SET.

8.2.3 The approval of the Board of Paediatric Surgery is required to sit the examination.

8.2.4 Candidates who receive a result of less than 50%, or repeatedly fail will be placed on probation.

8.2.5 The conduct of the Paediatric Anatomy and Embryology Examination is the responsibility of a sub-committee of the Board in Paediatric Surgery.

8.2.6 The sub-committee is responsible for setting the questions and defining the standards of the examination.

8.2.7 The exam questions are drawn from the Paediatric Surgery Syllabus. More detail can be found in the Curriculum Modules available on the RACS Website.

Trainees should refer to the RACS policy *Conduct of the Paediatric Anatomy and Embryology Examination* on the RACS website for details of the examination, including eligibility, structure and timelines. The examination date and application closing date/s are published on the Examinations page of the RACS website.

8.3 Paediatric Pathophysiology Examination (PPE)

8.3.1 The PPE can be taken by the Trainee at any time once they have commenced Mid-SET. Trainees are required to apply for the examination no later than the second year of Mid-SET.

8.3.2 Trainees will be required to complete the PPE by the end of Mid SET. Trainees will not be permitted to enter Senior SET training if they have not been successful in the PPE.

8.3.3 The approval of the Board of Paediatric Surgery is required to sit the examination.

8.3.4 Candidates who receive a result of less than 50%, or repeatedly fail will be placed on probation.

8.3.5 The conduct of the PPE examination is the responsibility of a sub-committee of the Board in Paediatric Surgery.

8.3.6 The sub-committee is responsible for setting the questions and defining the standards of the examination.

8.3.7 The exam questions are drawn from the Paediatric Surgery Syllabus. More detail can be found in the Curriculum Modules and the Specific Syllabus for the Pathophysiology Exam both available on the RACS Website.

8.3.8 Trainees should refer to the RACS policy *Conduct of the Paediatric Pathophysiology Examination* on the RACS website for details of the conduct of the examination, including structure and timelines. The examination date and

application closing date/s are published on the Examinations page of the RACS website.

8.4 Fellowship Examination in Paediatric Surgery

The Examination is coordinated by the Examinations Department of RACS. Trainees should refer to policies relating to the Fellowship Examination on the RACS website.

A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a report from the Court of Examiners. The Trainee will be invited to attend a meeting as per the Fellowship Examination Eligibility, Review and Feedback policy.

8.5 Eligibility to Apply and Present for Fellowship Examination

8.5.1 A Trainee will be eligible to present for the Fellowship Examination in Paediatric Surgery when they have:

a. Lodged an application to present with the RACS Examinations Department and paid the Examination fee; and

b. Satisfactorily completed Early and Mid-SET, and satisfactory progression in Senior SET; and

c. Completed all other examinations and courses in the Paediatric SET program; and

d. Completed the approved research requirement; and

e. Fully paid up dues and fees owed to RACS

8.5.2 A Trainee requires approval of the Board Chair (or Deputy Chair in the Chair's absence) to apply for the Fellowship Examination. In order to do so they must complete the Paediatric Surgery Fellowship Examination (FEX) Sign Off form available on the RACS website.

8.5.3 A Trainee on probation cannot apply for the Fellowship Examination

8.6 Format of the Fellowship Examination

Please refer to the Information to Candidates for the Paediatric Surgery Fellowship Examination available on the RACS website.

8.7 Exam Pending Trainees

8.7.1 Trainees who have completed all clinical training requirements including Clinical Rotations but are yet to complete the Fellowship Examination are considered Exam Pending.

8.7.2 If failure in the Fellowship Examination is assessed by the Board as reflecting a failure to demonstrate competencies normally obtained during Paediatric SET, then continuation of SET training will occur rather than the Trainee being designated as "Exam Pending", as long as the maximum duration of training will not be exceeded. The Board will make every effort to allocate a suitable training post for this purpose, recognising that this may be difficult if it is the second Fellowship Examination sitting in that year as by this stage allocations of Trainees for the subsequent year will have already been made.

8.7.3 Exam Pending Trainees will be required to provide the Board with the following information two (2) months prior to the application to present for the Fellowship Examination:

a. A description of clinical activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.

b. A description of exam preparation activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.

c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.

d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Board Subcommittee.

e. A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing.

8.7.4 Where an Exam Pending Trainee is unable to provide the required information or where the Board deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the Board may request further information or ask the Trainee to attend an interview.

8.7.5 In the event of review by Board or Board Subcommittee after an Exam Pending Trainee fails the Fellowship Examination, the Board may recommend that the Exam Pending Trainee re-enter formal training in an accredited training post before having any further examination applications approved. Location and timing of this post will be dependent on availability and the educational needs of the Trainee. The Trainee's preference for a particular post may not be able to be accommodated.

8.7.6 Should such an exam pending Trainee be time expired as per section 2.1.6 they will be ineligible to re-enter training or represent for the Fellowship Examination.

8.7.7 The Exam Pending Trainee on commencement of employment in the accredited training post and re-entering formal training will be referred to as a Senior SET Paediatric Surgical Trainee and be subject to the usual training fees and regulations.

9. UNSATISFACTORY PERFORMANCE AND PROBATION

9.1 Unsatisfactory performance in Early SET One

9.1.1 Early SET One Trainees commence training with an Early SET One Assessment Plan Record, applicable to all Trainees in that phase of training. The plan outlines requirements of assessment for the Early SET One year.

9.1.2 Trainees who receive an unsatisfactory assessment for a rotation will meet with the supervisor to discuss the areas of deficiency. The Supervisor will inform the Trainee of the minimum requirements to be completed in the next rotation. This will be confirmed in writing and will constitute a remedial Structured Learning Cycle.

9.1.3 If performance has not improved to the required standard of the Structured Learning Cycle generated after section 9.2.2 the Board will initiate dismissal proceedings in accordance with the RACS *Dismissal from Surgical Training* policy and these regulations.

9.1.4 There is no probationary status in Early SET One.

9.2 Unsatisfactory performance in In-Training Assessments

9.2.1 Poor performance or repeated failure in either the Anatomy and Embryology or Pathophysiology exams will constitute unsatisfactory performance during that training period. The Board will institute a Structured Learning Cycle and/or probation as described below with a view to remediating the Trainees performance in subsequent exam presentations.

9.2.2 When a Trainee performs poorly on an in-training assessment (such as CATS/DOGS/or repeated MOUSE) written feedback around areas of concern will be provided by the Board. Where there is repeated poor performance the training period will be assessed as unsatisfactory and a Structured Learning Cycle and/or probation as described below can be instituted.

9.3 Unsatisfactory performance and Probation in Early, Mid and Senior SET

9.3.1 The Probationary period is designed to allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has received a satisfactory assessment at the end of the probationary rotation or the Structured Learning Cycle related to other unsatisfactory performance (9.2) has been unsuccessful in remediating performance

9.3.2 During Probationary training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.

9.3.3 Upon reviewing any assessment resulting in a performance standard being unsatisfactory; the Board will formally notify the Trainee that a probationary period

and probationary status has been applied. A copy of this correspondence is sent to the Supervisor and such notification will include:

- Notification of the duration of the probationary period
- The frequency at which assessment reports must be submitted
- Notification of any additional performance standards or conditions
- Possible implications if the required standard of performance is not achieved

9.3.4 The Trainee and Supervisor will meet within ten (10) working days of notification to prepare a Structured Learning Cycle addressing areas of deficiency.

9.3.5 The probationary period set by the Board will be no less than three months and no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.

9.3.6 If the required performance standard(s) identified in the probationary notification letter and any additional conditions have been satisfied at the conclusion of the probationary period, the probationary status will be removed and the Trainee will be allowed to progress in the SET program.

9.3.7 If performance has not improved to the required standard at the conclusion of the probationary period the Board may initiate dismissal proceedings in accordance with the RACS Dismissal from Surgical Training policy and these regulations.

9.3.8 If a Trainee receives an unsatisfactory End of Rotation In Training Assessment having satisfactorily met the requirements of a prior probationary rotation: the Trainee will commence a second six-month rotation of probationary training, pending a review by the Board, and if the Trainees' performance has been rated as unsatisfactory for two consecutive or three non-consecutive assessment periods at any time during the SET Program, the Trainee's continuation in the Program will be reviewed in accordance with the RACS *Dismissal from Surgical Training* policy and these regulations. The Trainee will be placed on interruption to training for six (6) months pending review.

9.3.9 If probation has been applied as per Section 9.3.7 a formal interview will be convened with the Trainee, Board representatives and the Surgical Supervisor. The proceedings of the interview are to be duly documented. The interview will address the following:

- Details of unsatisfactory performance
- Response of the Trainee
- Remedial action advised via a Structured Learning Cycle
- Consequences of any further unsatisfactory assessments

9.3.10 Trainees who are on Probation are not permitted to apply for interruption from the training program.

10. MANAGEMENT OF MISCONDUCT

10.1.1 Misconduct means conduct defined as misconduct in clause 3.1 of the RACS *Misconduct* policy.

10.1.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Surgical Supervisor, Fellow or other person has identified the misconduct, it should be reported to the Board via the Surgical Supervisor.

10.1.3 The Board will form a committee to investigate the alleged misconduct and to make a recommendation to the Board.

10.1.4 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.

10.1.5 The allegation should be put to the Trainee, in writing, by the committee, who will be invited to provide a written response within ten (10) working days.

10.1.6 Having considered the Trainee's response the committee may schedule a hearing, or may proceed to making a recommendation to the Board.

10.1.7 If a hearing is convened the Trainee will be provided with a minimum ten (10) working days' notice of the hearing and the proceedings will cover the following:

a. Details of the allegation including all relevant facts, reasoning and evidence

b. Hear the response of the Trainee

c. Possible consequences

d. Process following hearing.

10.1.8 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

10.1.9 The Trainee will be given the opportunity prior to the hearing to make a further written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.

10.1.10 Where the Trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.

10.1.11 The Trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the hearing.

10.1.12 The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:

a. the allegations need to be amended

b. new allegations are added

c. new evidence or facts emerge.

10.1.13 The hearing may be recorded. The Trainee will be informed in advance if the hearing is recorded.

10.1.14 Within ten (10) days of the hearing, the committee will make a finding as to whether misconduct occurred and if it did will make a recommendation as to penalty, supporting both finding and recommendation with written reasons. The finding, recommendation and written reasons, together with all documentation relied on, will be given to the Board by the committee.

10.1.15 Possible penalties for misconduct may be, but are not limited to:

a. formal censure, warning or counselling; and/or

b. limitation of progression to the next level of training for up to one year; and/or

c. suspension of the Trainee for a period of up to one year; and/or

d. prohibition from sitting the Fellowship Examination for a period of up to one year;

e. probationary rotation with a Structured Learning Cycle; or

f. dismissal from the training program.

10.1.16 The Board will meet and make a decision on the recommendation of the committee.

10.1.17 The Trainee will be notified of the Board's decision within five (5) working days of the decision being made.

10.1.18 Where the Board dismisses a Trainee due to misconduct the Board will inform the RACS Chief Executive Officer who will decide if a mandatory notification to medical registration authorities is required.

11. DISMISSAL FROM THE TRAINING PROGRAM

11.1 Unsatisfactory Performance

Early SET One

11.1.1 Early SET One Trainees who have two unsatisfactory rotations will be dismissed from the program.

11.1.2 When an Early SET One Trainee has had one unsatisfactory rotation recorded and they submit a Trainee Assessment form that records unsatisfactory performance the Executive Officer will notify the Board Chair and the Trainee that a dismissal process has been initiated.

11.1.3 The Trainee may make a written submission on their continuation of training no later than 5 working days prior to the ensuing Board meeting.

11.1.4 The Board will review all Trainee assessment documents and make a decision after taking into consideration any submission received from the Trainee.

11.1.5 The Board may confirm a second unsatisfactory rotation and dismissal from training, or record the rotation as satisfactory or unassessed and allow training to continue.

11.1.6 In the event the rotation is recorded as unassessed, the Trainee will be required to complete a further 3 month period of Early SET One in the following training year prior to progression to Early SET Two.

11.1.7 The Trainee will be informed in writing of the decision of the Board within 5 working days of the decision being made.

All other SET levels

11.1.8 A Trainee will be considered for dismissal for unsatisfactory performance if the Trainee's performance has been rated as unsatisfactory in two (2) or more rotations.

11.1.9 The Board will form a subcommittee (or subcommittees) to review any Trainee who has received two (2) or more unsatisfactory rotations, to provide the Trainee with the opportunity to give their perspective in writing and/or verbally.

11.1.10 The subcommittee shall consist of a minimum of three (3) and a maximum of five (5) members who shall be Fellows of RACS. The subcommittee must not include a practising lawyer.

11.1.11 The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program.

11.1.12 The Trainee may be accompanied by a person who can provide support but cannot advocate for the Trainee. The support person cannot be a practicing lawyer.

11.1.13 No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the Trainee.

11.1.14 Where a Trainee elects to make a written submission it should be submitted three (3) working days before the meeting.

11.1.15 The meeting will be recorded and the Trainee (if in attendance) and subcommittee will be provided with the minutes of the meeting. The Trainee will be asked to confirm that the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information may be submitted to the subcommittee at this time by the Trainee for inclusion in the minutes.

11.1.16 Where a Trainee is duly notified of the meeting and declines or fails to attend, the subcommittee may make a recommendation to the Board regarding dismissal.

11.1.17 The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.

11.1.18 The Subcommittee will make a recommendation to the Board as to the continued participation of the Trainee in the Paediatric Surgery SET Program. The recommendation may include any additional probationary periods or conditions that should be applied if the Trainee continues in the program.

11.1.19 The Board will make the final decision on the recommendation of the subcommittee.

11.1.20 The Trainee will be informed in writing of the decision of the Board within five (5) working days of the decision being made.

12. FAILURE TO SATISFY MEDICAL REGISTRATION OR EMPLOYMENT REQUIREMENTS

12.1.1 Trainees who fail to maintain appropriate medical registration as defined in the RACS *Medical Registration of the Surgical Education and Training Program* policy will be suspended and may be dismissed. Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.

12.1.2 Where employment is refused, the Trainee must be informed within ten (10) working days and provided with copies of the employer's correspondence to RACS.

12.1.3 Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located may be dismissed.

12.1.4 After thirty (30) working days of the date of notification to the Trainee of the second refusal of employment, dismissal proceedings may commence.

12.1.5 Before making any decision on possible dismissal the Trainee will be invited to make a written submission as to why they should continue on the training program.

12.1.6 The final dismissal letter must be issued to the Trainee under the signature of the Chair of the Board of Paediatric Surgery.

12.2 Other Dismissals

12.2.1 Trainees may also be considered for dismissal for other reasons including, but not limited to:

a. Failure to complete training requirements within specified timeframes; or

b. Failure to comply with RACS direction

12.2.2 Where the Board decides that there is a prima facie case for dismissal a committee will be formed to investigate the issue and make a recommendation to the Board.

12.2.3 The Trainee will be informed by the committee of the investigation and of the process to be followed, including timeframes, written submissions and hearings (if required).

12.2.4 Before making any decision on its recommendation to the Board the committee must provide the Trainee with the opportunity to make a submission regarding their continued participation on the training program.

12.2.5 The Board will meet and make a decision on the recommendation of the committee.

12.2.6 The Trainee will be informed in writing of the decision of the Board within five (5) working days of that decision being made.

13. FINAL ASSESSMENT OF COMPLETION OF THE SET PROGRAM

On successful completion of the total SET Program the Board Chair shall recommend to the RACS Education Board the awarding of the Full Fellowship in Paediatric Surgery in accordance the RACS Admission to Fellowship policy on the RACS website.

14. REVIEW, RECONSIDERATION AND APPEALS

Please refer to the RACS Reconsideration, Review and Appeal policy on the RACS website.

15. BOARDS DISCRETION

The Board may in its discretion take individual circumstances into account when making decisions under these Regulations.

16. OTHER INFORMATION

16.1.1 The Board of Paediatric Surgery advises that entry onto the SET Program does not equate to guaranteed employment at the completion of training.

16.1.2 Enquiries regarding any variations to training should be directed to the Executive Officer, Board of Paediatric Surgery.

16.1.3 Trainees are eligible to be Provisional Members of ANZAPS and are afforded relevant membership rights as set out by the ANZAPS constitution.

16.1.4 Regulations and assessment forms are regularly revised. Current forms should be obtained from the RACS website or the Executive Officer.

16.1.5 Where Trainees are required by these regulations to submit forms, information and other documents to the Board or the Board Chair, it must be done via the Board Executive Officer.

16.1.6 Contact details for the Board of Paediatric Surgery are:

Executive Officer
Board of Paediatric Surgery
Royal Australasian College of Surgeons
College of Surgeons' Gardens
250- 290 Spring Street
East Melbourne VIC 3002
AUSTRALIA

Ph: +61 3 9276 7416
Email: paediatric.board@surgeons.org

UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

RACS LET'S OPERATE WITH RESPECT

TRAINING REGULATIONS

SURGICAL EDUCATION AND TRAINING IN UROLOGY (nSET)

These Regulations apply to trainees who commenced after 2016

1. INTRODUCTION

1.1 Administration and Ownership

1.1.1 The Royal Australasian College of Surgeons (College) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and Training (nSET) Program in Urology is the accredited training program to obtain the Fellowship of the College in the specialty of Urology and operates in Australia and New Zealand. The administration and management of the nSET Program is delegated to the Urological Society of Australia and New Zealand (USANZ) as an agent of the College. The Board of Urology (the Board) has dual reporting roles and represents both the College and the USANZ on all matters relating to the nSET Program in Urology.

1.1.2 The official website for the nSET Program in Urology is the USANZ website at www.usanz.org.au. The website is the main form of communication and outlines all relevant information pertaining to the training program.

1.1.3 For assistance or information on the nSET Program in Urology, please contact:

Education and Training Manager
USANZ
Suite 512, Eastpoint, 180 Ocean Street
Edgecliff NSW 2027
Phone + 61 2 9362 8644
Fax + 61 2 9362 1433
Email education@usanz.org.au

1.2 Overview of the Regulations for the nSET Program in Urology

1.2.1 The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the nSET Program in Urology. These Regulations are in accordance with the policies and strategic direction of the College and should be read in conjunction with the College policies governing Surgical Education and Training. At times these Regulations will refer directly to a College policy. In such instances these policies can be found on the College website www.surgeons.org.

1.2.2 These Regulations comply with College policy.

1.2.3 All trainees must be familiar with the applicable College policies.

1.2.4 All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations at all times.

1.2.5 No supervisor, trainer or individual Board member may grant an exemption from these Regulations. Any exemption must be approved by the Board and communicated to the trainee in writing from the Board Chair.

1.2.6 As the Regulations change all persons are advised to ensure they are consulting the most current version. The most current version is the one that will be referred to and is available on the USANZ website.

1.2.7 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of College policies~~,~~ these Regulations shall prevail.

1.3 Definitions and Terminology

1.3.1 The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

Term	Definition
ASSET	Australian and New Zealand Skills Education and Training
Board (the Board)	Board of Urology
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
College	Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
MALT	Morbidity Audit and Logbook Tool
Mini-CEX	Mini-Clinical Examination
Quarter	3 month period
Rotation	Determined by the Board to be 3 months duration
RPL	Recognition of Prior Learning
nSET	Surgical Education and Training Program (commencing in 2016)
SSE (Urol)	Surgical Science Examination in Urology
TA&E	Sectional Training Accreditation and Education Committee
Training Supervisor	Co-ordinates management, education and training of a trainee in an accredited training position within a teaching hospital. Monitors performance, completes assessments, identifies and documents performance management. Member of relevant Sectional Training Accreditation and Education Committee (TA&E)
USANZ	Urological Society of Australia and New Zealand

2. PROGRAM ADMINISTRATION

2.1 Registration for Training

2.1.1 Trainees selected to the nSET Program in Urology in accordance with the Selection Regulations, will be registered with the College in accordance with the **College *Trainee Registration and Variation Policy***.

2.1.2 Trainees who wish to alter their registration status must apply to the Board for a variation in accordance with these Regulations.

2.2. nSET Program Duration

2.2.1 In accordance with the College ***Trainee Registration and Variation Policy***, the total time permitted to complete the requirements of the entire nSET Program in Urology is 7 years, unless RPL has been granted, in which case the maximum time is reduced according to the period of RPL granted.

2.2.2 Approved family, carers or sick leave or approved leave to undertake research shall not be included in the calculation of the maximum period of training.

2.2.3 The Board has the discretion to shorten training based on a review of prior learning and experience, demonstration of attainment of the required competencies and performance.

2.3 Training Fees

2.3.1 Trainees on the nSET Program in Urology will be charged by RACS a fee with two components – The College SET Fee (CSET) Fee and the Specialty Surgical Education and Training Fee (SSET) Fee, which is the training fee for the nSET Program in Urology. The College is responsible for determining the CSET Fee. The USANZ is responsible for determining the SSET Fee. The CSET Fee is approved by College Council in October each year and is published on the College website. The SSET Fee is published on the College website.

2.3.2 The College is responsible for invoicing and collection of the CSET and SSET fees and invoices are issued prior to the commencement of the training year. All enquiries regarding the CSET and SSET fees must be submitted to SET Enquiries via email to SETenquiries@surgeons.org.

2.3.3 The USANZ charges an additional and separate fee for educational opportunities that enhance the training program but are not funded from the SSET fees. This fee (USANZ Trainee Subscription Fee) is determined each year by the USANZ.

2.3.4 The USANZ Trainee Subscription Fee comprises Trainee Membership to the USANZ and may also incorporate a contribution to a range of educational services and innovations delivered by the USANZ (e.g. Trainee Week, affiliations with international Urology organisations).

2.3.5 Trainees who fail to pay outstanding training related fees to the College or the USANZ will be dismissed in accordance with the ***College Surgical Education and Training (CSET) Fee policy.***

2.3.6 By application and acceptance into the training program administered by the USANZ on behalf of the College, a trainee becomes a Trainee Member of the USANZ.

2.4 Deferral of Clinical Training

2.4.1 Applicants offered a position on the nSET Program in Urology may make an application to the Board for deferral in accordance with these Regulations.

2.4.2 Requests for deferral must be submitted in writing at the time of acceptance of offer. Requests submitted after this time will only be considered in exceptional circumstances, at the discretion of the Board.

2.4.3 Where a trainee defers entry to the nSET Program in Urology, the rules, regulations and pre-requisites that apply to that trainee will be those that apply at the time of commencing clinical training. The possibility of variation in specific rules, regulations and pre-requisites of the cohort they join must be considered by the trainee when a request for deferral is made.

2.5 Interruption from Clinical Training

2.5.1 Interruption is a period of approved absence by a trainee from the nSET Program in Urology.

2.5.2 Neither the College nor USANZ is an employer of trainees and approval of a period of interruption from training does not compel an employer to grant leave. Trainees must apply for appropriate leave from their employer.

2.5.3 Interruption will not be granted if a trainee has received notice of dismissal from Surgical Training.

2.5.4 Applications for leave other than medical or family leave must be received and approved by the Board at least six (6) months prior to the period of interruption. Requests submitted after this date will only be considered in exceptional circumstances. Requests for interruption in Term 2 (last 6 months) in any given year will only be approved in exceptional circumstances.

2.5.5 Applications for interruption for medical or family reasons can be submitted to the Board at any time. In circumstances of ill-health, the application must be accompanied by a comprehensive report from the trainee's treating doctor. In order to allow the Board to make an informed assessment as to the trainee's suitability to recommence training, the details requested may include information regarding the treatment being offered and an expected prognosis as well as an assessment as to the likelihood of the trainee being able to resume the nSET program in all its facets and an expected timeframe for doing so.

2.5.6 Applications for interruption for trainees who receive a scholarship from the College or the Foundation for Surgery will be granted in order to complete the scholarship.

2.5.7 All requests must be considered and approved by the Board by 30 June each year.

2.5.8 The Board will make a decision to approve or otherwise, taking into consideration the reasons for the request, the trainee's progress to date and logistical considerations. In order to minimise vacancies on the training program and to not disadvantage other trainees and new appointees, the Board may require the period of interruption to be greater or less than that applied for.

2.5.9 Interruptions for any purpose may only be granted in 12 month increments to coincide with the training years.

2.5.10 Trainees will be formally notified by the Board as to whether their request has been approved or otherwise. Trainees are advised not to undertake any action until formal, written notification from the Board has been received.

2.5.11 Any periods of interruption (excluding interruption for approved medical, family or research leave) will count towards the maximum period for completion of the program.

2.5.12 Where a trainee takes an interruption from training, the rules, regulations and pre-requisites that apply to that trainee will be those that apply at the time of returning to the training level that they return to. The possibility of the variation in specific rules, regulations and pre-requisites of the cohort they join must be considered by the trainee when the leave request is made.

2.5.13 The Board may set conditions that require trainees returning from interruption to demonstrate currency of skills. This may include the satisfactory completion of an assessment process comprising an interview and practical assessment, performed by the TA&E Committee to determine current competencies and other criteria as determined by the Board.

2.5.14 Trainees who return from interruption of greater than 12 continuous months may be required to complete additional periods of training or other requirements, as determined by the Board.

2.6 Part-Time Training

2.6.1 Part time training is a period of training undertaken on less than a full time equivalent basis as part of the nSET Program in Urology

2.6.2 The Board fully supports the concept of part time training while recognising the complexities in arranging the logistics to make the nSET Program feasible on a part time basis. The Board is unable to guarantee that part time accredited training positions can be identified and requests fulfilled.

2.6.3 All requests for part-time training must be made in writing to the Board at least six (6) months prior to the proposed commencement of the part time training. Requests must include all relevant information.

2.6.4 Applications for part time must have a training commitment of at least 50% of a full time trainee in any one training year. The overall duration of the training program must not exceed the published expected minimum duration of training plus 3 years.

2.6.5 The Board will make a decision to approve or otherwise taking into consideration the availability of a suitable part time training position.

2.6.6 Trainees approved for a period of part time training are required to participate in pro rata out-of-hours work and surgical teaching programs. The Board will determine the components of the nSET Program that must be undertaken during the approved period of part time training. All trainees will be required to satisfactorily complete all components and competencies of the nSET Program to be eligible for Fellowship.

2.6.7 Trainees approved for a period of part time training will be registered with the College for that period as part time and will be required to pay an applicable pro rata training fee in accordance with the College policy for Surgical Training Fees.

2.7 Leave

2.7.1 All leave applications must be discussed with the Training Supervisor. The impact the leave will have on Trainee education and clinical skill acquisition must be considered.

2.7.2 A trainee must have an exceptional reason (e.g. imminent birth of a child) to be granted leave to miss a mandatory component of the education program (e.g. Sectional teaching session, USANZ ASM, Trainee Week). Requests for leave of this nature must be forwarded prospectively, in writing, to the Sectional TA&E Chairperson for consideration.

2.7.3 Trainees undertaking full-time clinical training are permitted a maximum of six (6) weeks leave per six month period or nine (9) weeks in twelve months. Periods beyond this may affect the accreditation of that term and an extension of training may be required.

2.7.4 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carer's leave.

2.7.5 In the rare instance a Trainee wants or needs to take more leave than the above recommendation, the situation will be individually considered by the Board of Urology. The competence and performance of the Trainee will be the key issues that determine the need for extension. The need for an extension of training time may not be finalised until after the Trainee returns from the leave.

2.8 Withdrawal from Training

2.8.1 Trainees who do not wish to continue on the nSET Program in Urology must formally notify the Board of their withdrawal.

2.8.2 The Trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated terms for the training year.

2.8.3 Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

2.8.4 Should a Trainee resign from their position of employment, they will also be considered to have resigned from the Training Program. Trainees must not resign from employment before contacting their Training Supervisor for support, advice or assistance. The Head of Department should be made aware of by the trainee of such action.

2.9 Completion of the nSET Program

2.9.1 On successful completion of the nSET Program, and relevant examinations, the Chair of the Board shall recommend to the College the awarding of the College Fellowship in Urology. The Fellowship process once signed off by the Board is coordinated by the College.

3. nSET PROGRAM - GENERAL REQUIREMENTS

3.1 Overview of Program Requirements

3.1.1 The nSET Program in Urology is designed to allow trainees to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, safe, independent practice as specialist urologists.

3.1.2 The nSET Program in Urology is a minimum of five levels as outlined below:

nSET1	Core surgery in general skills
nSET2	1st year of advanced clinical urology training
nSET3	2nd year of advanced clinical urology training
nSET4	3rd year of advanced clinical urology training
nSET5	Senior Registrar level, progressing to independent clinical practice and awarding of the FRACS (Urol)

3.1.3 Each level of the nSET Program has training requirements that must be satisfied. The training requirements are used to assess performance and make a determination on progression and suitability to continue training.

3.1.4 Where indicated in these Regulations, some training requirements can be completed at an earlier level or exemption or credit granted through recognition of prior learning (refer Regulation 11).

3.3 Clinical and Surgical Requirements for nSET1

3.3.1 nSET1 trainees are required to develop the following **clinical** skills:

a) gain competence in the assessment and diagnosis of the acute abdomen.
b) gain competence in assessment and coordinated management of trauma.
c) gain experience and skill in the resuscitation and management of the acutely unwell, unstable or shocked surgical patient, due to such as blood loss, fluid loss, toxaemia, or sepsis.
d) learn resuscitation, fluid balance, and nutrition in the surgical patient.
e) develop mature judgement in the role of surgery, and realistic expectations of surgery in the well, acutely unwell, co-morbid and dying patient.
f) develop sound judgement in the use of peri-operative interventions (anti-coagulation, antibiotics, fluids, nutrition) through an awareness of the indications and contra-indications for their use.
g) gain experience in the early recognition and appropriate investigation and management of post-operative complications.
h) appraise and manage ward/emergency surgical patients
i) understand team work, group management, collaboration and delegation concepts
j) demonstrate broad based general medical knowledge and application (including judgement)
k) demonstrate professional, ethical & responsible behaviour
l) demonstrate awareness of basic leadership roles
m) demonstrate awareness of health care issues including preventive measures as they apply to everyday care
n) demonstrate awareness of the importance of continuing professional development, clinical governance and audit
o) demonstrate communication ability including respect of others and confidentiality
p) demonstrate an ability to learn from peers and seniors but also to teach juniors in the team

3.3.2 nSET1 trainees are required to develop the following **open surgical** skills:

a) acquire confidence, familiarity, and sound technique in surgical access to the abdomen, pelvis, and inguino-scrotal regions through a variety of surgical incisions.
b) develop sound technique in wound closure in all of the above exposures.
c) learn a familiarity with anatomical land-marks, anatomical relations, and anatomical and surgical planes in the open abdomen.
d) learn to recognise normal and diseased abdominal and pelvic organs.
e) learn safe tissue handling, mobilisation, dissection, and transection techniques.
f) learn the vascular supply of the intestine, and be familiar with the techniques of isolating a vascularised bowel segment, and performing a variety of hand sewn and stapled enteric anastomoses.
g) be familiar with the techniques of performing an ileostomy, and a colostomy.
h) be familiar with the techniques of performing a safe splenectomy, and lymph node biopsy.

3.3.3 nSET1 trainees are required to develop the following **laparoscopic surgical** skills:

a) develop the ability to safely, confidently, and fluently gain laparoscopic access to the abdomen and the pelvis. Develop an awareness of anatomical landmarks, and laparoscopic orientation.
b) develop familiarity with laparoscopic instruments, applicators, and stapling devices.
c) acquire a level of expertise in laparoscopic tissue manipulation, dissection, and haemostasis.
d) develop introductory skills in laparoscopic suturing and intra-corporeal knot tying.

3.3.4 nSET1 trainees are required to learn the following **vascular surgery** skills:

a) anatomy, principles and technique of safe mobilisation and isolation of major abdominal and pelvic vasculature.
b) principles and technique of safe arterial and venous repair and anastomosis.

3.4 Clinical and Surgical Requirements for nSET2 – nSET3

3.4.1 Trainees in nSET2 and nSET3 are required to pursue increasingly advanced skills including mastering the nSET1 requirements, general pre & post-surgical care, as well as care of the critically ill patient.

3.4.2 Trainees in nSET2 & nSET3 are required to demonstrate acquisition of the following surgical skills:

a) basic (nSET2) to advanced (nSET3) endourological skills
b) performance of common procedures;
- all cystoscopic procedures (biopsy, fulguration, TURBT, RGPG, stents)
- all ureteroscopy (including flexible URS/laser where available)
- endoscopic prostatectomy (small nSET2/complex nSET3) to completion (TURP or equivalent)
- basic (nSET2) to advanced (nSET3) complex stone surgery
- basic laparoscopy (nSET2) to acquiring advanced laparoscopic skills (nSET3)
- basic major open urology skills (nSET2) to acquiring advanced open urology skills (nSET3)
- all minor open skills (e.g. peno-scrotal surgery, inguinal)
- other skills – e.g. urodynamics, TRUS prostate biopsy, continence procedures, implant surgery, etc.

3.5 Clinical and Surgical Requirements for nSET4

3.5.1 Trainees in nSET4 are required to demonstrate complete mastery of the nSET1 to nSET3 levels, progressing to a leadership role and demonstrate completion of core urological skill acquisition.

3.5.2 nSET4 trainees are required to finalise their urological skill base and be performing <u>most</u> aspects of all common urological surgery safely and competently.

3.5.3 By the end of nSET4, trainees must be established in their ability to understand and undertake elective and emergency urological care.

3.6 Clinical and Surgical Requirements for nSET5

3.6.1 Trainees in nSET5 are required to demonstrate complete mastery of the nSET1 to nSET4 levels. They will be involved in a leadership role within the team and demonstrate full completion of core urological skill acquisition.

3.6.2 nSET5 trainees are required to have completed their urological skill base and be performing all aspects of all common urological surgery safely and competently. They should be proficiently performing appropriately selected procedures independently.

3.6.3 By the end of nSET5, trainees must be demonstrating all aspects of advanced independent, safe, competent urological performance and may be acquiring sub-specialised advanced skills.

3.7 Curriculum

3.7.1 All trainees are expected to read widely to develop a sound knowledge base.

3.7.2 The Modular Curriculum Portfolio sets out the requirements and objectives of the nSET Program in Urology. The Portfolio also outlines the relevant sources of educational content for each curriculum component.

3.7.3 Trainees are expected to be familiar with the Modular Curriculum Portfolio, which is available on the USANZ website.

3.7.4 The Board is responsible for developing, maintaining and updating the curriculum. The curriculum is reviewed every three (3) years.

3.7.5 The Fellowship Examination in Urology is based on the Modular Curriculum Portfolio and assesses the assimilation of knowledge into clinical practice.

3.7.6 The curriculum is presented as a portfolio and allows the trainee and trainer to document the training process together and chart ongoing coverage of the curriculum.

3.7.7 Trainees are recommended to use the Modular Curriculum Portfolio as a study guide and/or mechanism to document the multitude of informal and formal teaching events that occur throughout their training.

3.7.8 Surgical competence is assessed by Training Supervisors as part of the quarterly assessment process.

3.7.9 Trainees are recommended to be signed-off for each curriculum component once they have reached a satisfactory level of competence for their level of training, as judged by the trainer.

3.7.10 Urology is a rapidly changing field and although the Board aims to provide a comprehensive, relevant and current curriculum there may be instances when major changes or new advances in urology require the trainee develop an understanding not encompassed by the most recent version of the curriculum.

3.8 Research Requirement

3.8.1 Research is a mandatory component of the nSET Program in Urology.

3.8.2 A research project must be:
a) completed prior to presenting for the Fellowship Examination, and
b) undertaken whilst undertaking the nSET Program in Urology.

3.8.3 One or more of the following are acceptable research projects:

a) a presentation of a paper or poster display at the USANZ Annual Scientific Meeting or at an alternative national or international meeting approved by the Board where abstracts are subject to competitive selection. A presentation at a USANZ Sectional meeting will not be accepted.
b) an article (not a case report or abstract) published in a peer reviewed scientific journal where the trainee is listed as the primary author
c) a dissertation with a written review of a clinical problem, together with a critical literature review; this would be assessed by the relevant TA&E Committee, with other advice from experts or the Board if necessary
d) a 6 month (or more) period of full-time research
e) a higher degree
f) significant research that in the opinion of the Board is equivalent to (a) to (f) above.

3.8.4 Trainees must provide documentation to the Board verifying completion of an acceptable research project before being approved to present for the Fellowship Examination. Acceptable forms of documentation include:

a) a letter from the meeting organisers at which a presentation was given. The letter must confirm that the trainee personally presented the paper and the title of the same.
b) a copy of the article as published or if the article has been accepted for publication, but not yet published, a copy of the article accepted and a letter from the publisher, on the publisher letterhead, confirming acceptance of the article.
c) a letter from the Sectional TA&E verifying that a dissertation has been completed, that it fulfils requirements of 3.8.3(c) and that it is of an acceptable standard.
d) a letter from the supervisor of research verifying the research was full time and the period of time of the research.
e) a certificate verifying that a higher degree has been awarded.
f) a letter from the Board of Urology stating that the trainee has undertaken equivalent research to one of the Sections above.

3.9 Trainee Portfolio

3.9.1 All trainees are required to maintain a comprehensive trainee portfolio throughout their training.

3.9.2 The trainee portfolio should contain:
a) copies of all College and Board correspondence regarding their training progress
b) logbook summaries
c) completed assessment reports
d) completed DOPS and Min-CEX assessments
e) evidence of completion of compulsory courses
f) any other training documentation

3.9.3 To facilitate continuity of training, it is the responsibility of the trainee to present their portfolio to the Training Supervisor at the commencement of each term. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

4. TRAINING POSTS

4.1 Overview

4.1.1 The role of clinical training posts are to facilitate workplace experience through hands on learning and service commitment in a range of training environments that provide the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist urologist.

4.1.2 Clinical training posts are accredited in accordance with the SET Urology ***Post Accreditation Regulations*** available on the USANZ website.

4.1.3 Each training post has its own profile for patient case mix, staffing levels, specific working requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to varied working environments during training.

4.2 Allocation Process

4.2.1 The Board (or as required the Sectional TA&E Committee on behalf of the Board) conducts the allocation of trainees to accredited posts during nSET1-nSET4 and oversees the process for appointment/allocation to accredited nSET5 posts.

4.2.2 All trainees are appointed/allocated to accredited posts within Australia or in New Zealand.

4.2.3 New trainees appointed to the nSET Program are allocated to a Section and nSET level. Section allocations are based on selection rankings and consideration is given to Section preferences.

4.2.4 Existing nSET2-nSET4 trainees may be offered the opportunity to indicate their post preferences for the forthcoming year. Whilst these preferences are considered, the Sectional TA&E Committee allocates trainees according to the training requirements of each individual and trainees may not be allocated to their preferred posts. The decision of the TA&E Committee is absolute and final and trainees are not permitted to swap or enter into their own arrangements for post allocations.

4.2.5 The Board encourages trainees to move out of Section for nSET5 given the substantial benefits gained by experiencing a different structure of health care delivery.

4.2.6 In some Sections, trainees may undertake nSET5 in the same hospital (in a different role) as they have undertaken in nSET2-nSET4. In other Sections, it is preferable for trainees to undertake nSET5 in a different hospital but there may be extenuating circumstances where this will be permitted. This will be determined by the Board on a case by case basis.

4.2.7 It is the trainee's responsibility, once post allocation has occurred to contact the employing hospital to make the appropriate application for appointment to the allocated training post. The hospital is the employing body and as such makes the decision to employ (or not). The hospital may require documentation to complete the appointment process such as structured curriculum vitae, confirmation of medical registration or completed criminal record checks.

4.2.8 On occasions a trainee may be required to change Sections to continue training due to availability of posts. Whenever this occurs, the process of determining the trainee(s) for relocation will be based on factors including but not limited to selection ranking and performance in training to date.

4.2.9 Whilst it is understood that the personal circumstances of trainees are likely to change during the training program the Board cannot alter allocated Sections of trainees based on these circumstances. If personal circumstances are serious, deferral from training may need to be considered.

4.2.10 Should a trainee refuse to commence employment in their Board allocated training post they will be dismissed from Training in accordance with the College ***Dismissal from Surgical Training*** Policy and these Regulations.

5. ASSESSMENT

5.1 Overview and Process

5.1.1 The assessment of trainees is conducted in accordance with the College ***Assessment of Clinical Training*** Policy and these regulations.

5.1.2 The assessment of a trainee's performance by the Training Supervisor in consultation with other trainers is fundamental to a trainee's continuing satisfactory progression through the nSET Program in Urology.

5.1.3 Assessments are focused on the workplace application of the necessary knowledge, skills, behaviours and professional interactions for the particular level of the nSET Program in Urology.

5.1.4 Regular feedback and assessment of the trainee by the Training Supervisor and other members of the Unit is required, to identify and reinforce good performance and to review areas requiring improvement. These are in addition to the formal assessments. Trainees are also encouraged to seek continuous feedback and informal assessment.

5.2 Assessment Report

5.2.1 An assessment report must be completed quarterly during each year of clinical training on the prescribed form applicable to the relevant nSET level.

5.2.2 In addition, an assessment report must also be completed:

a) as soon as is practical any time after the identification of unsatisfactory or borderline performance as determined by the Training Supervisor, Board of Urology or Sectional TA&E Committee
b) at the end of a probationary period or at more frequent intervals during a probationary period where requested by the Board of Urology or Sectional TA&E Committee

5.2.3 Assessment reports must be completed by the Training Supervisor following discussion with other consultants in the Unit.

5.2.4 Where a trainee is allocated to a non-urological rotation (e.g. General Surgery), the relevant Training Supervisor for that rotation is responsible for the assessment of the trainee's performance during that period.

5.2.5 The Training Supervisor should also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).

5.2.6 Although the assessment form can be completed in the absence of the trainee, the Training Supervisor must subsequently meet with the trainee face to face to discuss the assessment report.

5.2.7 The completed assessment report must be signed and dated by both the trainee and the Training Supervisor and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment on the part of the trainee.

5.2.8 Trainees are required to participate in the assessment process. Failure of a trainee to participate or adhere to the requirements of the assessment process in a timely manner may result in non-accreditation of a period of training, and commencement of probationary training. It may also exclude the trainee from applying for specific grants and scholarships.

5.2.9 Trainees are responsible for ensuring that the completed assessment report is submitted in the prescribed manner by the due date. Trainees are also required to retain a copy of each assessment report for their records.

5.2.10 Failure to submit assessment reports by the due date in accordance with instructions from the Sectional TA&E Chairperson or Board of Urology may result in a probationary period or non-accreditation of a period of training. It may also exclude the trainee from applying for specific grants and scholarships.

5.2.11 The Sectional TA&E Committee is responsible for the review of an assessment report and for making recommendations to the Board for accreditation of a clinical rotation. The final decision of accreditation for a clinical rotation rests with the Board.

5.3 Assessment of Operative Experience

5.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mix and caseloads, are essential learning opportunities for trainees to acquire the necessary technical and decision making skills and expertise to practise as an independent urologist.

5.3.2 Accurate reporting of the operative experience in an accredited clinical training post is required. The operative logbook provides details about the trainee's level of supervised surgical operative experience.

5.3.3 From the commencement of the nSET Program in Urology, trainees must maintain a logbook by using the RACS MALT system. This includes non-urological terms. Data entry should not be delayed more than four weeks at any one time, and must be completed each quarter in time for the submission of the assessment report and logbook summary report.

5.3.4 A completed logbook summary report must be generated and submitted to the Training Supervisor when assessment reports are being completed at the end of each quarter.

5.3.5 The logbook summary report must be signed by the Training Supervisor to verify that it is an accurate record.

5.3.6 Trainees are responsible for forwarding the completed logbook to the Sectional TA&E Chairperson by the communicated due date. Failure to submit a logbook summary report by the due date in accordance with the instructions from the Sectional TA&E Chairperson may result in a probationary period or non-accreditation of a period of training. It may also exclude the trainee from applying for specific grants and scholarships.

5.3.7 The Sectional TA&E Chairperson is responsible for reviewing logbook summary reports and reporting to the Board on a trainee's operative exposure.

5.3.8 Inaccurate recording of procedures in the operative logbook is classified as misconduct and forms grounds for dismissal in accordance with the College ***Dismissal from Surgical Training*** policy and Regulation 9 of these regulations.

5.3.9 Trainees are required to keep a copy of their signed logbook summaries for their training portfolio.

5.4 Direct Observation of Procedural Skills in Surgery (Surgical DOPS) Assessment

5.4.1 Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

5.4.2 These assessments are formative and are aimed at guiding further development of surgical skills.

5.4.3 All nSET1-nSET3 trainees are required to complete at least one (1) DOPS assessment per quarter. The DOPS form can be found on the USANZ website.

5.4.4 Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.

5.4.5 The DOPS must be completed in time for review by the Training Supervisor during the in-training assessment meeting. The completed DOPS form must be submitted together with the quarterly assessment documentation. Failure to return a completed DOPS form may result in disciplinary action, which could include Probation or non-accreditation of the term being assessed. It may also exclude the trainee from applying for specific grants and scholarships.

5.4.6 Trainees are advised to retain a copy of all completed DOPS forms in their Training Portfolio.

5.5 Mini-Clinical Examination (Mini-CEX)

5.5.1 The Mini-CEX is designed to assess competencies essential to the provision of high quality clinical care. It also facilitates feedback in order to drive learning.

5.5.2 These assessments are formative and are aimed at guiding further development of clinical skills.

5.5.3 All nSET1-nSET3 trainees are required to participate in at least one (1) Mini-CEX assessment per quarter. The Mini-CEX form can be found on the USANZ website.

5.5.4 Multiple scores of "Borderline" or a single score of "Below Expectations" indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.

5.5.5 The Mini-CEX assessment must be completed in time for review by the Training Supervisor during the in-training assessment meeting. The completed Mini-CEX forms must be submitted with all quarterly assessment documentation. Failure to return the form may result in disciplinary action, which could include Probation or non-accreditation of the term being assessed. It may also exclude the trainee from applying for specific grants and scholarships.

5.5.6 Trainees are advised to retain a copy of all completed Mini-CEX forms in their Training Portfolio.

5.6 Accreditation of Clinical Training Rotations

5.6.1 The Board is responsible for the review of assessment reports and for confirming that Training Supervisors have applied appropriate standards of assessment. As the committee responsible for confirming the accreditation of clinical rotations, the Board may substitute its own rating of assessment reports.

5.6.2 A rotation will be recorded as **Satisfactory** when the assessment report and logbook summary satisfies the Board's performance standards.

5.6.3 A rotation will be recorded as **Borderline** when the assessment report or logbook summary does not completely satisfy the Board's performance standards

5.6.4 A rotation will be recorded as **Unsatisfactory** when an assessment report or logbook is below the Board's performance standards.

5.6.5 A rotation may be recorded as **Unsatisfactory** if:

a) leave exceeds six weeks in any six month period, or
b) if a trainee has received two consecutive Borderline assessments, or
c) if a trainee has received three non-consecutive Borderline assessments

5.6.6 During nSET5, an **Unsatisfactory** assessment will lead to an extension of training. A **Borderline** assessment during nSET5 may lead to an extension of training.

5.6.7 Where an assessment report is rated as **Borderline**, the Sectional TA&E Committee will review the report and make a recommendation to the Board in terms of whether the rotation is to be recorded as Unsatisfactory, Satisfactory or remain Borderline.

5.6.8 If a rotation has been recorded as **Unsatisfactory,** the rotation may not be accredited and the trainee may be required to undertake an extension of training. The length of the extension will be determined by the Board.

5.6.9 Where the Board has made or ratified an amendment to the overall rating of an assessment report in accordance with Clause 5.6.1 the trainee will be notified in writing of the change in decision.

5.6.10 The Board may record a rotation as 'not assessed' for a trainee who returns from interruption and has not demonstrated retention of the competencies commensurate with the nSET level prior to the interruption. The trainee may be provided with a remedial plan to return competency to the required standard. In certain circumstances, the trainee will be required to revert to a lower nSET level. This is to ensure a safe and satisfactory level of acquisition of knowledge and skill base within the limits of what can be achieved in any time period.

5.7 Extension of Training

5.7.1 The Board may extend the duration of a trainee's nSET program at any time for any of the following reasons:

a) to match the progress of attainment of competencies;
b) if the trainee receives any Unsatisfactory assessment;
c) If the trainee receives Borderline assessments for greater than 3 months of any training year;
d) if the trainee receives a Borderline assessment during the nSET5 level of training;
e) if there is loss of training time due to illness or other problems;
f) if the trainee fails to satisfactorily complete any of the requirements of the nSET Program in Urology, including failure to submit any form of assessment reports by the time specified.

5.7.2 The Board will extend the duration of a trainee's nSET program if they receive an Unsatisfactory assessment during the nSET5 level of training.

5.7.3 When a trainee is required to undergo an extension of training, the rules, regulations and pre-requisites that apply will be those that apply at the time of returning to the training level that they return to and to the cohort of trainees that they join not what may have applied previously to that trainee.

6. COURSES & EDUCATIONAL ACTIVITIES

6.1 Australian and New Zealand Surgical Skills Education and Training (ASSET)

6.1.1 The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory component of the nSET Program in Urology.

6.1.2 The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery. Information regarding the ASSET course can be found on the College website.

6.1.3 All trainees must satisfactorily complete the ASSET course before the end of nSET1. Failure to do so may result in failure to progress to the next nSET level.

6.2 Care of the Critically Ill Surgical Patient (CCrISP)

6.2.1 The CCrISP course assists trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.

6.2.2 The course focuses on clinical knowledge, acumen, and procedural skills together with communication, responsibility and leadership. Information regarding the CCrISP course can be found on the College website.

6.2.3 All trainees must satisfactorily complete the CCrISP course before the end of nSET1. Failure to do so may result in failure to progress to the next nSET level.

6.3 Early Management of Severe Trauma (EMST)

6.3.1 The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.

6.3.2 Information regarding the EMST course can be found on the College website.

6.3.3 All trainees must satisfactorily complete the EMST course before the end of nSET2. Failure to do so may result in failure to progress to the next nSET level.

6.4 Critical Literature Evaluation and Research (CLEAR)

6.4.1 The CLEAR course is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials.

6.4.2 The course aims to make the language and methodology relevant to surgeons and their day to day activities. Information regarding the CLEAR course can be found on the College website.

6.4.3 Trainees may be granted RPL in relation to the CLEAR course and should refer to Section 11 for further information.

6.4.4 All trainees must satisfactorily complete the CLEAR course before the end of nSET2. Failure to do so may result in failure to progress to the next nSET level.

6.5 USANZ Trainee Week

6.5.1 The USANZ Trainee Week is an intensive and interactive education program held in November each year and hosted by a different Section of USANZ. The Board determines the location.

6.5.2 The USANZ Trainee Week is compulsory for all trainees in nSET1-nSET4.

6.5.3 Under exceptional circumstances (e.g. imminent birth of a child), the Board will consider requests for exemption from attending the USANZ Trainee Week. Any requests for exemption must be forwarded in writing to the Board Chair no later than 1st September each year.

6.5.4 It is a requirement of hospital post accreditation that all trainees be granted the necessary leave by their institutions to attend the USANZ Trainee Week. No trainee should be required to perform clinical duties or meet on-call requirements whilst the USANZ Trainee Week is in progress (including the night before the USANZ Trainee Week commences).

6.5.5 All trainees must pay a fee to attend the USANZ Trainee Week.

6.5.6 Trainees are responsible for their own accommodation, travel arrangements and expenses.

6.5.7 Trainees are expected to behave in a responsible and professional manner at all times during Trainee Week, including social functions whether or not they be official Trainee Week functions. Failure to do so may constitute misconduct and result in disciplinary action as determined by the Board.

6.6 Scientific Meetings

6.6.1 All trainees are required to attend certain scientific meetings each year as outlined below:

a) nSET1 trainees are **expected** to attend at least one scientific meeting (e.g. College ASC, Registrar Paper Day, USANZ ASM)
b) nSET2-nSET4 trainees **must** attend the USANZ ASM
c) nSET5 trainees **may** attend the USANZ ASM or another urological meeting (conditional upon leave approval)

6.6.2 Quality educational meetings should be attended to broaden the educational experience of the SET Program. The Board encourages trainees to attend any worthwhile educational meeting depending on leave availability and service requirements of the post.

6.7 Section Meetings

6.7.1 All trainees are required to attend the relevant Section Meeting of the USANZ each year as outlined below:

a) nSET1 trainees are **expected** to attend the relevant Section meeting
b) nSET2-nSET4 trainees **must** attend the relevant Section meeting
c) nSET5 trainees **may** attend the relevant Section meeting (conditional upon leave approval)

6.7.2 Sectional TA&E Committees may mandate specific requirements regarding the presentation of research for particular nSET levels at Section meetings.

6.8 Sectional Educational Activities

6.8.1 Sectional TA&E Committees may coordinate, oversee or endorse tutorial programs, workshops, skills courses, journal clubs and other similar educational activities for the benefit of Trainees. These activities are aimed at providing educational opportunities for trainees to meet the components of the Urology curriculum.

6.8.2 Trainees are required to participate in Sectional TA&E educational activities and a number of components of these activities may be compulsory as defined by correspondence sent to trainees at the beginning of each year. These may include but are not limited to submission and presentation of research and attendance at specified teaching sessions.

6.8.3 Under exceptional circumstances (e.g. imminent birth of a child), the Sectional TA&E Chairperson will consider a request for a leave of absence from a compulsory Sectional education activity. Requests must be forwarded in writing to the Sectional TA&E Chairperson no less than 4 weeks prior to the educational activity.

6.9 Local Education Activities

6.9.1 A trainee's day to day education is provided by their hospital post. This will include tutorials, uro-radiology meetings, uro-pathology meetings, journal club meetings and quality assurance meetings.

6.10 Attendance at Meetings

6.10.1 Attendance at meetings where stated may be a compulsory activity. Unless prior written approval has been gained prior to the even, attendance is expected. Non-attendance under any other circumstances may impact on a trainee's progress in training and may result in disciplinary action (pursuant to Regulation 9 – Misconduct). It may also exclude the trainee from applying for specific grants and scholarships.

7. EXAMINATIONS

7.1 Compulsory Examinations

7.1.1 The nSET Program in Urology requires successful completion of three examinations:

a) Clinical Examination (CE)
b) Surgical Science Examination in Urology
c) Fellowship Examination in Urology

7.1.2 Recognition of prior learning for the examinations may be considered in accordance with Regulation 11.

7.1.3 Registration for and delivery of the examinations is managed by the College with a fee charged. There are strict closing dates for applications with full details available on the College website.

7.2 Clinical Examination (CE)

7.2.1 The Clinical Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. Examples of tasks includes but is not limited to patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills. The recommended reading list and further advice is available on the College website.

7.2.2 Trainees must complete the Surgical Science (Generic) Examination in accordance with the College ***Conduct of the SET Clinical Examination Policy.***

7.3 Surgical Science Examination in Urology

7.3.1 The Surgical Science Examination in Urology has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to urology. The recommended reading list and further advice is available on the USANZ website.

7.3.2 Trainees must complete the Surgical Science Examination in Urology in accordance with the College ***Conduct of the Surgical Science Examination in Urology Policy.***

7.4 Fellowship Examination

7.4.1 Information regarding examination dates, application forms and format of the Fellowship Examination can be obtained via the College website.

7.5 Eligibility to Present for Fellowship Examination

7.5.1 To present for the Fellowship Examination in Urology, a trainee must fulfill all of the following criteria:

a) be in nSET4 or nSET5
b) have completed a research project in accordance with Regulation 3.8
c) have fully satisfied the requirements of the nSET program to their level
d) have demonstrated core reading that confirms a knowledge base that is broad based and an ability to integrate core knowledge into clinical practice.
e) have demonstrated clinical performance with core skill base at a safe and competent level.
f) have no outstanding disciplinary issues
g) have no unsatisfactory technical or non-technical competency issues

7.5.2 A trainee will have their general skill base and clinical (including operative) skill base assessed by their current Training Supervisor to determine their readiness to sit the Fellowship Examination.

7.5.3 A trainee's **general skill base** will be assessed in terms of:

a) Demonstrating team work, group management, collaboration and delegation concepts
b) Demonstrating broad based general medical knowledge and application (including judgement)
c) Demonstrating professional, ethical & responsible behaviour
d) Awareness & undertaking leadership roles
e) Awareness of health care issues including preventive measures as they apply to everyday care
f) Awareness of the importance of continuing professional development, clinical governance and audit
g) Demonstrating communication including respect of others and confidentiality
h) Demonstrating an ability to learn from peers and seniors but also to teach juniors in the team

7.5.4 A trainee's **clinical skill base** will be assessed in terms of:

a) Managing ward duties, emergency caseload, theatre lists, outpatient clinics, multidisciplinary team meetings, junior staff
b) Managing all aspects of pre & post-operative surgical care
c) Demonstrating endoscopic competence - (Cystoscopy, RGPG, stents, URS, pyeloscopy, TURBT, TURP or equivalent)
d) Performing all scrotal, basic penile, minor urological open surgery, TRUS Bx

e) Performing most aspects of advanced urological surgery with demonstration of understanding of the principles of major surgery
f) Acquiring other skills – e.g. urodynamics, , continence procedures, implants

7.5.5 A trainee must be approved by the Board to sit the Fellowship Examination in Urology on each occasion.

8. PROBATION

8.1 A trainee will be placed on Probation upon receipt of an unsatisfactory assessment report for a training term.

8.2 The probationary period is designed to allow trainees the opportunity to learn from their mistakes and to improve their attitudes, behaviours, knowledge and skills where appropriate. It provides them with the opportunity to implement strategies to improve their performance including remedial plans and to monitor their progress.

8.3 Where the Board determines that a trainee is to undergo a probationary period the Board will formally notify the trainee that a probationary period and probationary status has been applied. A copy of this correspondence is sent to the Sectional TA&E Chair, Training Supervisor and the relevant employing authority. Such notification will include:

a) Identification of the reason for the probationary period (e.g. unsatisfactory performance)
b) Confirmation of the remedial action plan
c) Identification of the conditions or required standards of performance to be achieved during the probationary period
d) Notification of the duration of the probationary period
e) The frequency at which assessment reports must be submitted (if applicable)
f) Possible implications if any one of the conditions or required standards of performance are not satisfied

8.4 If Probation has been applied as per regulation 8.3 the trainee will be required to attend a formal interview with a panel comprising a minimum of two people that may include the Training Supervisor, other hospital trainers or representatives of the Board. The proceedings of the interview are to be minuted. The interview will address the following:

a) Details of unsatisfactory performance
b) Response of the trainee
c) Remedial action advised via a remedial plan
d) Timing of further meetings to review progress, performance and progression of remedial plan
e) Consequences of any further unsatisfactory or borderline assessments

8.5 The probationary period set by the Board will be no less than three months and generally, no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.

8.6 During the probationary period, the trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.

8.7 During the probationary period, the Training Supervisor must regularly review the trainee's performance and the trainee should be offered constructive feedback and support. The details of these reviews must be documented by the trainee, approved by the Training Supervisor and returned to the Sectional TA&E Chair. The trainee must take the initiative and be responsible for arranging the reviews.

8.8 If the required performance standard(s) and any additional conditions have been satisfied at the conclusion of the probationary period the probationary status will be removed and the trainee will be notified in writing.

8.9 If performance has not improved to the required standard or additional conditions have not been met at the conclusion of the probationary period the Board may proceed with dismissal in accordance with these Regulations and College policy.

8.10 If a trainee receives an unsatisfactory assessment having satisfactorily met the requirements of a prior probationary term, the trainee will commence a second term of probationary training, pending a review by the Board.

8.11 Trainees who are on Probation are not permitted to apply for interruption from the training program.

9. MANAGEMENT OF MISCONDUCT

9.1 Misconduct is defined in, the College ***Misconduct Policy***. It includes but is not limited to:

a) theft
b) assault
c) fraud
d) cheating
e) intoxication and/or substance abuse at a SET program event (including surgical rotations)
f) a breach of the College's Code of Conduct or Policies;
g) disobedience of a lawful and reasonable instruction given by a supervisor
h) repetition of acts of misconduct for which the trainee has been counselled
i) abuse of or threatening an employee, student or member of the public
j) bullying or harassment (including sexual harassment);
k) abandonment of training post;
l) falsification of training records, patient documentation or patient treatment;
m) malicious damage to College or Society property or reputation;
n) repeated refusal to carry out a lawful or reasonable instruction that is consistent with the trainee's contract of employment and training agreement.

9.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Training Supervisor, Fellow or other individual has identified the alleged misconduct, it must be reported directly to the Board via the Training Supervisor or Sectional TA&E Chair.

9.3 The allegation should be put to the trainee, in writing, by the Board, for an initial response, including relevant facts, evidence, reasoning and documentation.

9.4 If initial consideration by the Board determines that the alleged conduct does not constitute misconduct, or if the trainee's response is viewed as adequate, no further action will be taken.

9.5 If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out in the following regulations will be followed.

9.6 The trainee may be placed on interruption pending investigation of the misconduct by the Sectional TA&E Committee and the Board of Urology. Should this occur, the period of interruption will not be counted in the maximum time period permitted to complete all requirements of the program should the trainee return to clinical training following the investigation.

9.7 The Board will establish a panel to meet with the trainee. The general purpose of this meeting will be to determine whether the allegations against the trainee are proven on the basis of the evidence.

9.8 The panel will consist of a minimum of three (3) members of the Board or Sectional TA&E Committee as appropriate. The Board will appoint one of the members of the panel as Chair. In addition the USANZ Education and Training Manager may attend to take minutes.

9.9 The trainee will be provided with a minimum ten (10) working days' notice of the meeting and the proceedings and will be informed that the purpose of the meeting is to review:

a) Details of the allegation including all relevant facts, reasoning and evidence
b) Response of the trainee
c) Possible consequences
d) Process following the meeting.

9.10 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted. Should the panel require a lawyer to be present to advise the panel on legal issues arising during the hearing (but not to participate in the proceedings), the trainee will be notified and may invite a lawyer as support person.

9.11 The trainee will be provided the opportunity to make a formal written submission to the panel. The trainee will be provided with a reasonable opportunity to be heard, produce evidence, and make written submissions in relation to all allegations. The submission must be received at least five (5) days prior to the meeting.

9.12 Where the trainee has been duly notified of the meeting and declines or fails to attend, the Sectional TA&E Committee will submit a recommendation to the Board regarding dismissal.

9.13 The trainee will be provided with the relevant documentation to be considered by the panel at least five (5) days prior to the meeting.

9.14 The panel will advise the trainee in writing and give the trainee a reasonable opportunity to respond if at any stage during the investigation:

a) the allegations need to be amended
b) new allegations are added
c) new evidence or facts emerge.

9.15 The trainee and the panel will be provided with the minutes of the meeting. The trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time for inclusion in the minutes.

9.16 Following the meeting, the panel will make a finding as to whether the allegation of misconduct is substantiated and if so, the panel will make a recommendation to the Board as to the penalty, supporting both the finding and recommendation with written reasons.

9.17 The finding and recommendation (if any) and written reasons, together with all documentation relied on, will be forwarded to the Board by the panel within 20 (twenty) working days.

9.18 The Board will consider the finding and recommendation (if any) within 20 (twenty) working days of receipt of recommendation from the panel.

9.19 The trainee will be informed of the Board's' decision including a copy of the finding, recommendation (if any) and written reasons of the panel within 10 working days of the date of the Board's decision.

9.20 Possible penalties for misconduct may be, but are not limited to:
a) formal censure, warning or counselling; and/or
b) limitation of progression to the next level of training for up to one year; and/or
c) suspension of the trainee for a period of up to one year; and/or
d) prohibition from sitting the Fellowship Examination for a period of up to one year; and/or
e) Probationary term with a remedial plan; or
f) dismissal from the training program.

9.21 The Board will make the final decision as to the penalty for misconduct including whether or not the trainee should be dismissed.

9.22 The trainee will be notified of the Board's decision within ten (10) working days of the Board meeting.

9.23 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

10. DISMISSAL

10.1 Overview

10.1.1 Trainees may be considered for dismissal in accordance with the College ***Dismissal from Surgical Training*** Policy and these regulations.

10.2 Dismissal for Misconduct

10.2.1 The process for dismissal of a trainee for misconduct is outlined in Regulation 9.

10.3 Dismissal for Unsatisfactory Performance

10.3.1 Trainees will be considered for dismissal for unsatisfactory performance if:

a) they have been assessed as unsatisfactory in two consecutive or three non-consecutive clinical rotations at any time during the nSET Program in Urology; or
b) their performance has been rated as unsatisfactory during a probationary period; or
c) they have failed to satisfy a condition of a probationary period;

10.3.2 In accordance with 10.3.1(a) a trainee must receive written notification after the first unsatisfactory assessment that they will be considered for dismissal if they receive an unsatisfactory assessment in the consecutive rotation.

10.3.3 In accordance with 10.3.1(a) a trainee must receive written notification after the second non-consecutive unsatisfactory assessment that they will be considered for dismissal for any further unsatisfactory assessment at any time during their remaining time on the nSET Program in Urology.

10.3.4 A panel of the Board must meet with the trainee to provide the trainee with the opportunity to give their perspective verbally and to review documentation that may be submitted prior to the meeting including written submission from the Trainee.

10.3.5 The panel will consist of a minimum of three (3) members of the Board or Sectional TA&E Committee as appropriate. The Board will appoint one of the members of the panel as Chair. In addition the USANZ Education and Training Manager may attend to take minutes.

10.3.6 No person invited to assist the panel in matters of fact can appear before the panel without the presence of the trainee.

10.3.7 The trainee will be provided with a minimum of ten (10) working days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program.

10.3.8 The trainee may be accompanied by a support person who can provide support but cannot advocate for the trainee. The support person cannot be a practising lawyer. Legal representation is not permitted. Should the panel require a lawyer to be present to advise the panel on legal issues arising during the hearing (but not to participate in the proceedings), the trainee will be notified and may invite a lawyer as support person.

10.3.9 The trainee will be provided with the opportunity to make a formal written submission to the panel. The submission must be received at least five (5) working days prior to the meeting.

10.3.10 Where a trainee is duly notified of the meeting and declines or fails to attend, the Sectional TA&E Committee will submit a recommendation to the Board regarding dismissal.

10.3.11 Minutes of the meeting must be kept. The trainee and panel will be provided with the minutes of the meeting. The trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at that time for inclusion in the minutes.

10.3.12 Following the meeting, the panel will make a recommendation to the Board as to whether or not dismissal should occur. Where the panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation.

10.3.13 The Board will make the final decision as to whether or not the trainee should be dismissed or whether there will be additional probationary periods or conditions the trainee will be required to abide by.

10.3.14 The trainee will be notified of the Board's decision. The trainee will be provided with a copy of all documentation relied upon during the dismissal process.

10.3.15 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

10.4 Failure to complete training program requirements within specified timeframes.

10.4.1 The nSET Program in Urology must be completed within 7 years from the date of commencement of clinical training. Any interruption from training granted for family or health reasons will extend the maximum period for completion of training.

10.4.2 Trainees who fail to complete the training requirements within the timeframe specified by the Board, including individual elements of the program such as mandatory courses and examinations, may be dismissed.

10.4.3 Trainees who have not completed the full program, or individual elements (excluding examinations) within the specified timeframe may be invited by the Board to make a written submission as to why they should not be dismissed from training.

10.4.4 The Board will consider the submission of the trainee and will make a decision whether or not the trainee should be dismissed or any probationary periods or conditions that should be applied if dismissal is not recommended.

10.5 Failure to comply with College or USANZ Direction

10.5.1 As the accredited training authority, trainees are required to comply with any policy direction of the College, its Boards and Committees or agents (including but not limited to the USANZ) that pertain to training activities.

10.5.2 Breaches of the College Code of Conduct that are not misconduct (refer 9.1) are considered to be a failure to comply with College direction.

10.5.3 Repeated failure to comply with directions during the nSET Program in Urology will constitute a dismissible offence.

10.5.4 Trainees will receive written warnings, the second of which will advise that any further breach during the nSET Program in Urology may result in dismissal.

10.5.5 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to comply with College or USANZ direction.

10.6 Failure to pay outstanding monies

10.6.1 Trainees who do not pay outstanding training related fees by due deadlines to the College or the USANZ will be dismissed.

10.6.2 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to pay outstanding monies.

10.7 Failure to satisfy medical registration

10.7.1 Trainees who fail to maintain registration as specified in the College ***Medical Registration for the Surgical Education and Training Policy*** may be dismissed.

10.7.2 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to satisfy medial registration.

10.8 Failure to meet employment obligations

10.8.1 Trainees who fail to be employment by, or are dismissed from, the institution in which their allocated training position is located (as notified by the CEO, HR Director or equivalent) may be automatically suspended and subsequently dismissed from the training program.

10.8.2 Where a trainee is refused employment by the institution in which their allocated training position was to be located, the Board is not obliged to reallocate the trainee.

10.8.3 The trainee must be informed within ten (10) working days and provided with copies of the employer's correspondence to the Board.

10.8.4 After 30 working days of the date of notification to the trainee of the second refusal of, or dismissal from employment, dismissal proceedings may commence.

10.8.5 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed meet their employment obligations.

11. RECOGNITION OF PRIOR LEARNING

11.1 Introduction

11.1.1 These Regulations should be read together with the College ***Recognition of Prior Learning Policy***.

11.1.2 Recognition of Prior Learning (RPL) is the formal recognition of the skills and knowledge, which a person has obtained external to the nSET Program in Urology. Credit Transfer (CT) is an arrangement to give a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to the College. Credit transfer assesses a course or component to determine the extent to which it is comparable to a College course.

11.1.3 Trainees entering the nSET Program in Urology may have gained prior medical training or experience, which is comparable to components of the nSET Program in Urology in terms of learning outcomes, competency outcomes and standards.

11.1.4 The RPL assessment process assesses an individual's experiences and abilities to determine the extent to which that individual has achieved the required learning and/or competency outcomes for partial or total completion of a qualification, experience or comparable course offered by the College.

11.1.5 RPL and CT may only be granted for specific components as identified within these regulations.

11.2 Applications

11.2.1 Applications for RPL and CT will only be considered once a trainee has commenced the nSET Program in Urology and must be made at least three months prior to the commencement of the year in which the specific component is scheduled to take place.

11.2.2 Applications for RL or CT must be made in writing to the Chair, Board of Urology via the Education and Training Manager and must be supported by all relevant documentation.

11.2.3 Applicants must demonstrate and provide evidence of the comparability of the prior training or experience in the activity from which the exemption is sought.

11.2.4 In assessing RPL and CT applications, the Board of Urology will assess the comparability of the prior training or experience to nominated components of nSET Program in Urology in terms of learning outcomes, competency outcomes, assessment and standards.

11.2.5 Trainees will be notified in writing by the Board of Urology of the outcome of their RPL/CT application.

11.3 Clinical Experience

11.3.1 Applications for RPL for clinical experience may be considered provided the experience was:

a) undertaken in a clinical location accredited by a state or national accreditation authority; and
b) in urological rotations for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
c) supervised by at least 2 clinicians (surgeons or other appropriately qualified consultants); and
d) obtained within the last two years; and
e) supported by a logbook.

11.3.2 When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of College competencies for that component.

11.3.3 In considering a request for RPL, the Board of Urology will request from the supervising clinician a retrospective assessment report aligned with the College competencies. Where a report cannot be obtained no RPL will be granted.

11.3.4 The Board of Urology may defer a decision on an application for RPL of clinical experience for up to 12 months of the nSET Program in Urology. This is to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained.

11.3.5 RPL granted for clinical experience may lead to an overall reduction in the total duration of the nSET Program in Urology, but will not exempt trainees from completing all elements of assigned rotations.

11.4 Skills Courses

11.4.1 CT will be automatically granted for trainees who have satisfactorily completed the following College accredited skills courses:

a) The Australian and New Zealand Surgical Skills Education and Training (ASSET) Course; and
b) The Care of the Critically Ill Surgical Patient Course (CCrISP); and
c) The Early Management of Serve Trauma Course (EMST); and

11.4.2 Applications for RPL for the CLEAR Course may be considered if a trainee holds a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.

11.4.3 Trainees who hold postgraduate qualifications that include work completed in clinical epidemiology may apply to the Board, via the relevant TA&E Committee for RPL in relation to the CLEAR Course. Applicants must provide evidence of an acceptable evidence based surgery component to the qualification.

11.4.4 The College from time to time independently recognises skills courses that are equivalent to those listed in 12.4.1. These courses are listed on the College website and CT will automatically be granted when supported by a certificate of completion.

11.4.5 RPL or CT for skills courses not listed in 11.4.1 but which form part of the nSET Program in Urology may be considered at the discretion of the Board. Such applications must be accompanied by a certificate displaying the trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology. The course provider must certify all documentation.

11.5 Examinations

11.5.1 Trainees who have satisfactorily completed the CE prior to commencement on the nSET Program in Urology will be granted credit for this component.

11.5.3 RPL and CT are not available for the Surgical Sciences Examination in Urology or the Fellowship Examination.

11.5.4 Membership of the UK or Irish based Royal Surgical Colleges (e.g. MRCS, MRCSI) is not considered equivalent to the CE and RPL will not be granted for completion of these examinations.

11.6. Research

11.6.1 RPL and CT will not be granted for research undertaken prior to commencement of the nSET Program in Urology.

13. TRAINING POST ACCREDITATION

13.1 The Board conducts accreditation of nSET Urology Training Posts in line with the College ***Training Post Accreditation and Administration*** policy and the ***SET Urology Training Post Accreditation Regulations***.

14. REVIEW AND APPEALS PROCESS

14.1 Any person adversely affected by a decision that is inconsistent with these Training Regulations and that is made by the Board, a Sectional TA&E Committee or a Training Supervisor may, within 3 months of being notified of the decision apply in writing to the Board Chair to have the decision reviewed.

14.2 In submitting a request for review the person must include the grounds for the review, the remedy sought and any relevant supporting documentation.

14.3 If the grounds for the review rely on special consideration, the person should address this specifically. The Board defines special circumstances as abnormal, rare or extreme events that are beyond the person's control, have a prolonged impact and which would not normally be expected or planned for.

14.4 The Board will make a decision on the basis of the evidence taking into account the quality and relevance of supporting documentation. It is the person's responsibility to ensure all the evidence available to support their submission accompanies the submission.

14.5 Where the review involves a third party or parties they will be advised of the submission and given the opportunity to consider and respond to the same. The Board will consider any such response.

14.6 The Board may conduct interviews and obtain additional documentation or evidence as it sees fit to explore the issues relating to the review.

14.7 The written submission will be considered by the Board and a decision made within thirty (30) business days of its receipt.

14.8 The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision. Where the original decision is modified or reversed the decision of the Board will take effect from the date of notification.

14.9 Notwithstanding the above any person adversely affected by a decision made by the Board, Sectional TA&E Committee or a Training Supervisor may appeal the decision in accordance with the RACS Appeals Mechanism Policy. Timeframes in the policy should be noted.

14.10 In any appeal or reconsideration the appellant/person will carry the onus of proof to establish the grounds of appeal or review.

15. VARIATIONS

15.1 The Board may, at any time, make variations to the Regulations which will take effect from the date of publication on the USANZ website.

Training Regulations Handbook

For the SET Program in Vascular Surgery

Approved: 26 Oct 2019

Table of Contents

1 Introduction

1.1 Definitions and Terminology

The following terms, acronyms, abbreviations, and their associated definitions will be used throughout these Regulations:

Term	Definition
ANZSVS	Australian and New Zealand Society for Vascular Surgery
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the)	Board of Vascular Surgery
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
College (the)	Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Mini-CEX	Mini Clinical Examination
Post	Training position accredited by the Board of Vascular Surgery
RACS	Royal Australasian College of Surgeons
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SET 2+	The years from SET 2 onward
SSE	Surgical Sciences Examination (Generic and Specific)
Supervisor	The Surgical Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Surgical Supervisor is appointed and approved by the Board and BSET and is a member of the ANZSVS.
Term	The training year consists of two terms. The first term is from 1 February – 31 July, and the second term is from the 1 August – 31 January.
Training Year	Consists of two (2) six month terms.

1.2 Overview of the Regulations for the SET Program in Vascular Surgery

1.2.1 These Regulations establish the processes and principles for the SET Program in Vascular Surgery. These Regulations are in accordance with the policies of the Royal Australasian College of Surgeons.

1.2.2 All Trainees, Surgical Supervisors, and Board Members are required to comply with these Regulations.

1.2.3 The training requirements of SET Program in Vascular Surgery may be changed from time to time. Trainees will be given notice of changes which may affect them.

1.3 Administration

1.3.1 The administration of the Vascular SET Program is delegated to the Australian and New Zealand Society for Vascular Surgery in accordance with the Partnering Agreement.

1.3.2 RACS has approved policies and procedures that apply to all trainees and should be read in conjunction with these Regulations.

2 SET in Vascular Surgery Program Requirements

2.1 Program Overview

2.1.1 The purpose of the SET Program in Vascular Surgery is to achieve proficiency and competency in the nine Surgical Competencies outlined by RACS. The SET Program in Vascular Surgery is designed to provide trainees with clinical and operative experience to enable them to manage patients with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline. At the conclusion of the SET Program trainees will have a detailed knowledge of the surgery conditions recognised as belonging to the specialty of Vascular surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Vascular surgery.

2.1.2 The SET Program in Vascular Surgery is normally for a period of five years.

2.1.3 The maximum term for completion of the SET Program in Vascular Surgery is the published expected minimum duration (5 years) of training plus four (4) years.

2.1.4 The Board may, in consultation with the trainee, extend the duration of a trainee's SET Program at any time if there is evidence of not achieved or borderline performance in one or more sections of the Trainee Assessment, if there is any incident of sufficient concern, loss of training time, or failure to satisfactorily complete any of the requirements these Regulations.

2.1.5 The Board may grant an extension to the duration of training upon request from the trainee.

2.1.6 The Board has the discretion to shorten training on the basis of a review of prior learning and experience, demonstration of attainment of the required knowledge, skills and competencies and exemplary performance as set out in 4.7 of these Regulations.

2.2 Program Requirements

2.2.1 Successfully complete the Early Management of Severe Trauma (EMST) Course by the end of SET2.

2.2.2 Complete the Australian and New Zealand Surgical Skills Education and Training (ASSET) Course by the end of SET1.

2.2.3 Successfully complete the Care of the Critically Ill Surgical Patient (CCrISP) Course by the end of SET2.

2.2.4 Submit In Training Assessment Forms, Mini-CEX, DOPS, and logbooks on the following dates each year

- 30 April (mid-term, formative)
- 31 July and (end of term 1, summative)
- 31 January (end of term 2, summative)

The Board expects all logbooks to be generated from the Australasian Vascular Audit (AVA).

2.2.5 Satisfactorily complete the Board of Vascular Surgery research requirement set out in section 2.3 of these Regulations.

2.2.6 Satisfactorily complete the Clinical Examination, the Surgical Science Examination in Vascular Surgery and the Fellowship Examination in Vascular Surgery in accordance with College policies:

- Conduct of the Clinical Examination
- Conduct of the Surgical Science Examination in Vascular Surgery
- Conduct of the Fellowship Examination

2.2.7 Attend the annual Trainee Skills Course.

2.3 Research

2.3.1 Trainees must complete at least five (5) points of the Research Requirements prior to being approved to sit for the Fellowship Examination in Vascular Surgery.

2.3.2 The breakdown of points allocated for research requirements are as follows:

- Presentation at state registrar meeting (1 point)
- Presentation at ANZSVS meeting, RACS ASC, or International meeting, 2 points (to a maximum of 4 points)
- Poster presentation at ANZSVS meeting, RACS ASC, or International meeting, 1 point (to a maximum of 2 points)
- Publication in refereed medical journal 2 points (Max. 4 points)
- Higher Degree: MS 2 points
- Higher Degree PhD MD 3 points
- Publication in non-refereed journal/online article (1 point)
- Publication of a case study (0.5 points)

2.3.3 Approved research projects completed by the Australian and New Zealand Vascular Trial Network (ANZVTN) may be considered for research requirements. The breakdown of points allocated for an ANZVTN research project are as follows:

- Presentation of ANZVTN project at state registrar meeting (1 point) (to a maximum of 1 point)
- Presentation of ANZVTN project at ANZSVS meeting or RACS ASC (1 point) (to a maximum of 2 points)
- Publication of ANZVTN project in refereed medical journal (first author) (2 points) (to a maximum of 2 points)
- Publication in refereed medical journal (as collective author of ANZVTN project) (1 point) (to a maximum of 2 points)

2.3.4 Trainees presenting ANZVTN projects are required to have consensus and permission from the ANZVTN collective prior to submission of abstracts and nomination of the trainee to present the project will be voted upon based on the relative merit and participation of the trainee in that project.

2.3.5 One presentation or publication must be completed during the course of the SET program.

2.3.6 Trainees are expected to provide documentary evidence of completion of the research requirement.

2.4 Ultrasound

2.4.1 Trainees must complete at least 100 hours of ultrasound scanning which must cover a wide variety of ultrasound examinations prior to being approved to sit the Fellowship Examination in Vascular Surgery.

2.4.2 No more than 20 ultrasound hours can be procedure-based ultrasound. e.g. Ultrasound guided puncture, endovenous procedures, ultrasound guided sclerotherapy.

2.4.3 Before being approved to sit the Fellowship examination, candidates shall provide evidence of ultrasound hours in the form of a logbook and a casebook containing ten cases.

2.5 Curriculum

2.5.1 Trainees must satisfactorily complete each section of the curriculum for the SET program. The Board may extend a trainee's training program duration if insufficient progression is evident.

2.5.2 The aim of the Board in developing the curriculum is to provide trainees and supervisors with a guide to the scope and competency levels required at the end of each year of the SET program.

2.5.3 The curriculum modules for the SET program are listed on the RACS website www.surgeons.org.

2.6 Fellowship Examination in Vascular Surgery

2.6.1 Candidates must have satisfactorily completed the EMST, ASSET, and CCrISP course, Clinical Exam, Specialty Specific Exam, the online modules, the ultrasound requirement, and the research requirement prior to seeking approval from the Board to sit the Fellowship Examination. Trainees must also have submitted all training documentation, including evidence of completion of the on-line modules, the ultrasound requirement, and must submit a support letter from his or her supervisor to confirm their preparedness for the Examination and independent consultancy practice.

2.6.2 Completion of 600 major vascular operative cases in accredited terms and an overall satisfactory primary operator rate as defined in the vascular in-training assessment form.

2.6.3 Satisfactory completion of any probationary period.

3 Training Post Administration

3.1 Accredited Training Posts and Rotations

3.1.1 Hospitals are accredited to the standards set by the College. Training in the Vascular Surgery SET program is undertaken only in accredited training posts.

3.1.2 The training program is a bi-national program and trainees are expected to spend at least one year in an interstate or overseas post. Trainees may be assigned to an accredited post anywhere in Australia or New Zealand.

3.1.3 In consultation with the trainee the Board of Vascular Surgery will devise a training plan.

3.1.4 Trainees may spend a maximum of one (1) year at any one institution from SET 2 – 5.

3.1.5 Each Trainee is allocated to one accredited training post per term.

3.1.6 Each training year consists of two six month terms with three assessments periods (2.2.5). The April assessment is a mid-term assessment.

3.1.7 These requirements may be modified by the Board in accordance with each trainee's experience and individual requirements.

3.2 Allocation to Accredited Training Posts

3.2.1 The Board reviews the trainee's progress within the SET program specifically with regard to addressing deficiencies and in relation to the training regulations. If particular deficiencies must be addressed by training at a certain accredited post, this will be identified by the Board and communicated to the trainees during their interview with Board member/s during the Trainee Skills Course.

3.2.2 Trainees may advise the Board of their training preferences for the remaining years of their SET program during their interview with Board at the Trainee Skills Course.

3.2.3 Trainees may be allocated to posts anywhere in Australia or New Zealand. Allocations may be amended prior to the commencement of the training year. Consideration may be made for training requirements, trainee's performance and available posts.

3.2.4 The trainee and surgical supervisor will be notified of placement for the following year by July each year.

3.2.5 Every endeavor will be made to accommodate the trainee's post preference, however this may not always be possible due to limitations in the number of posts available.

3.2.6 While posted at a hospital, the trainee becomes an employee of the hospital and must adhere to the hospitals rules and regulations.

It is the trainee's responsibility to contact the relevant hospital supervisor and medical administration department to arrange employment documents and employment start dates.

3.2.7 The trainee portfolio, which consists of all previous assessment forms, logbooks, and performance management plans will be provided to the supervisor of training each year.

3.3 Supervisors of Training

3.3.1 Each accredited Vascular Surgery training post has a Board and College approved surgical supervisor responsible for the supervision and assessment of each trainee rotating through the position.

3.3.2 Surgical Supervisors are required:

a. To coordinate the management, education and training of trainees;

b. To conduct assessment meetings and complete assessment reports as required.
c. To monitor the trainee's operative experience and regularly review the operative logbook summary.
d. To identify, document and advise the trainee and the Board of any under-performance at the earliest possible opportunity.
e. Understand, apply and communicate College polices relevant to Surgical Education and Training.
f. Conduct themselves in accordance with the College's Code of Conduct.

3.3.3 As per delegation by the Board, surgical supervisors are required:

a. To participate in the hospital accreditation process.
b. To notify the Board of any change in circumstances which may impact on the accreditation status of the training post(s).
c. To make a recommendation to the Board regarding the eligibility of trainees to present for the Fellowship Examination.
d. To make a recommendation to the Board regarding the eligibility of trainees to be recommended for admission to Fellowship.

3.3.4 Inform hospital management and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.

3.3.5 Surgical supervisors must be current Fellows of RACS, must be compliant with RACS continuing professional development program, and must be a member of the ANZSVS.

3.3.6 Surgical supervisors must complete the following RACS courses:

Supervisors and Trainers for SET (SAT SET)
Keeping Trainees on Track (KTOT)
Foundation Skills for Surgical Educators
Operating with Respect advanced course

3.3.7 Institutions with accredited training posts must nominate a surgical supervisor to the Board who satisfies the eligibility requirements.

3.3.8 Nominations must be received when a new training post is accredited or when an existing surgical supervisor resigns or is time expired.

3.3.9 The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for approval.

3.3.10 Surgical supervisors shall hold the position for three years after appointment and are eligible for reappointment for two further periods of three years up to a maximum continuous period of nine years.

3.3.11 Where consultant numbers on the unit allow, it is the Boards preference that the Supervisor of Training is not also the Head of Unit.

4 Assessment of Clinical Training

4.1 Conducting Assessments

4.1.1 An assessment report must be completed by a supervisor for each trainee in an accredited training post:

a. on the communicated due date, and
b. at the end of a probationary period or at more frequent intervals where requested by the Board or surgical supervisor.

4.1.2 The trainee and the surgical supervisor must have a performance assessment meeting to discuss the assessment report.

4.1.3 The completed assessment report must be signed and dated by the trainee, the surgical supervisor, and, where practical all surgeons on the unit and reflect the discussions held during the performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed, but does not signify, on the part of the trainee, agreement with the assessment.

4.1.4 The trainee is responsible for forwarding the completed assessment report to the Board by the communicated due date or within one week of the signing of the assessment report, whichever is sooner.

4.1.5 A trainee is required to keep a copy of the assessment report for their personal records.

4.1.6 At the commencement of a term the Supervisor will be provided with a trainee portfolio that comprises of all in-training assessments, mini-CEX, DOPS, and logbook summaries.

4.2 Assessment of Operative Experience during Clinical Training

4.2.1 Accurate reporting of the operative experience by each trainee in an accredited training post is required. The operative logbook (the logbook) provides details about the trainee's level of supervised and independent surgical operative experience.

4.2.2 The logbook must be reviewed by the surgical supervisor and an accurate record of the operative, endovascular and ultrasound experience must be entered on the trainee assessment form.

4.2.3 The trainee is responsible for forwarding the completed logbook to the Board by the due date.

4.2.4 A trainee is required to keep a copy of his/her logbook for their personal records.

4.2.5 Inaccurate recording of procedures in the operative logbook is treated as misconduct and may form grounds for dismissal in accordance with these regulations and the College's Misconduct Policy.

4.3 Accreditation of Clinical Training Rotations

4.3.1 A clinical rotation will be recorded as satisfactory when the assessment report and logbook have been submitted to the Board by the communicated due date and satisfy the Board's performance standards.

4.3.2 A clinical rotation will be recorded as not achieved when an assessment report or logbook is not submitted by the due date or in accordance with instructions from the Board.

4.3.3 A clinical rotation will be recorded as not achieved when an assessment report or logbook does not satisfy the Board's performance standards.

4.3.4 A clinical rotation may be recorded as not achieved if leave exceeds four weeks in any six-month term.

4.4 Mid-term Assessment – Competency at SET level Borderline or Not Achieved

4.4.1 Where a mid-term assessment report identifies competency is borderline or not achieved, the Board must notify the trainee in writing, copied to the surgical supervisor stating that a performance management plan is to be applied. Notification should include:

a. Identification of the areas of under performance
b. Confirmation of the performance management plan
c. Identification of the required standard of performance to be achieved
d. The frequency at which assessment reports must be submitted
e. Possible consequences if the required standard of performance is not achieved

4.4.2 The Board may meet with the trainee to discuss the mid-term assessment and the performance management plan requirements.

4.4.3 During the period in which the performance management plan is applied, the trainee's performance should be regularly reviewed by the surgical supervisor in accordance with the performance management plan.

4.5 Borderline End of Term Assessment

4.5.1 Where an end of term assessment report is rated as borderline the Board will meet with the trainee and surgical supervisor to review the report and determine if competency as SET level is achieved or not achieved.

4.5.2 The trainee will be invited to make a submission for the Board's consideration.

4.5.3 The Board will confirm the final rating in writing.

4.5.4 Trainees who have borderline assessments that are rated as 'not achieved' by the Board will have a performance management plan implemented and will be placed on probation in accordance with regulation 4.6.

4.5.5 The Board may implement a performance management plan for borderline assessments rated as 'achieved' to support the trainee during the next term.

4.6 Probationary Status for Competency Not Achieved at End of Term Assessment

4.6.1 Where an end of term assessment reports competency is 'not achieved', the Board must notify the trainee in writing, copied to the surgical supervisor stating that probationary status has been applied. Such notification should include:

a. Identification of the areas of performance not achieved
b. Confirmation of the performance management plan

c. Identification of the required standard of performance to be achieved
d. Notification of the duration of the probationary period
e. The frequency at which assessment reports must be submitted
f. Possible consequences if the required standard of performance is not achieved

4.6.2 If the probationary period will be undertaken in a different training post, the new surgical supervisor will be included in the notification set out in 4.5.1 and 4.6.1.

4.6.3 The probationary period will be applied for the term following the assessment.

4.6.4 During the probationary period the trainee's performance should be regularly reviewed by the surgical supervisor in accordance with the performance management plan.

4.6.5 A term that has been recorded as competency 'not achieved' will not be accredited and the trainee will be placed on probation for the following term. The trainee will be required to repeat the term until competency is achieved.

4.6.6 If the trainee has achieved competency at the conclusion of the probationary period the probationary status will be removed.

4.6.7 If the trainee has not achieved competency at the conclusion of the probationary period, the Board may instigate dismissal proceedings in accordance with section 7 of these Regulations.

4.7 Management of Exceptional Performance

4.7.1 Trainees may request reduction of time (2.1.2) on the training program for achieving competency or reclassification of SET level based on exceptional performance.

4.7.2 To be eligible, as a minimum all competency standards must be either achieved or exceeds as set out in the in-training assessment performance descriptors for a SET level. A trainee may make a written request for a performance review based on exceptional performance to the Board. The supporting documentation should include:

4.7.3

a. A current in-training assessment indicating exceptional performance and letter of support from the current surgical supervisor, co-signed by all trainers in the unit.

b. In-training assessments, a summary of total logbook data demonstrating the breadth and scope of clinical practice performed during the previous twelve-month period that adequately encompasses the competencies set out in the in-training assessment

c. Research requirement as set out in section 2.3

d. Ultrasound requirement as set out in section 2.4

4.7.4 The Board will review the request and may recommend:

a. A reduction of time in the SET program

b. Reclassification of SET level

c. Reconfirmation of current SET level and time requirement

5 Training Program Administration

5.1 Registration and Training Fees

5.1.1 Trainees on the SET Program will be registered with RACS in accordance with RACS *Trainee Registration and Variation Policy.*

5.1.2 RACS is responsible for invoicing and collecting fees. All enquiries regarding fees can be submitted to SET Enquiries via email SETenquiries@surgeons.org

5.1.3 Trainees who fail to pay outstanding money to RACS may be dismissed from training in accordance with *RACS Dismissal from Surgical Training Policy.*

5.2 Deferral of Training

5.2.1 It is expected that applicants to the SET Program in Vascular Surgery will be ready to commence training in the year after selection.

5.2.2 The Board of Vascular Surgery can approve deferral of commencement of a SET Program by a fixed period of one year. Trainees who have already commenced on the SET Program cannot apply for deferral and may only apply for interruption of training.

5.2.3 In exceptional circumstances the Board of Vascular Surgery may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prevented from commencing training, and that any resulting vacancy is supported by the training hospital.

5.2.4 Where an extended period of deferral is granted the maximum period of completion (2.1.3) will be reduced by the extra time granted for deferral (i.e. time in excess of 1 year).

5.2.5 Applicants offered a position on a SET Program in Vascular Surgery who wish to defer entry must apply for deferral at the time the offer of the position is accepted.

5.2.6 Where an applicant has been awarded a College research scholarship an application for deferral must be made at the time of acceptance. The deferral will be automatically approved. Where the scholarship is for more than one year, approval required in 5.2.3 will be automatic.

5.2.7 Existing trainees on a SET Program offered a position on the SET Program in Vascular Surgery may defer commencement of the program by one year to complete their current SET Program. Notification of deferral must be made at the time of accepting the offer.

5.2.8 Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.

5.2.9 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

5.3 Interruption of Training

5.3.1 Interruption is a period of approved absence by a trainee from the SET Program following commencement.

5.3.2 A period of interruption approved by the Board does not compel an employer to grant leave. Trainees must apply for appropriate leave from their employer.

5.3.3 With the exception of leave for medical or family reasons, Trainees cannot apply for leave in the first six months of their training program.

5.3.4 Trainees must apply to the Board by the 1 June in the year prior to the proposed commencement of the training in which the interruption will commence. Trainees applying for interruption due to medical reasons (illness, family leave) may do so at any time if supported by medical evidence.

5.3.5 Trainees who have applied to, or may apply to, undertake an activity that would require interruption to training (e.g. research) must apply to the Board for provisional approval to interrupt training.

5.3.6 Applications for interruption must be for a period of one training year.

5.3.7 In order to minimise vacancies on the training program and to not disadvantage other trainees and applicants, the Board may require the period of interruption to be greater than that applied for.

5.3.8 Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

5.3.9 Where a trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the board may adjust the trainee SET level.

5.3.10 Interruption will not be granted if the trainee has received notice of dismissal.

5.3.11 Trainees approved for interruption will be registered with RACS as interrupted and will be required to pay an applicable fee in accordance with the RACS *Trainee Registration and Variation Policy.*

5.4 Flexible Training

5.4.1 Flexible training is training undertaken at a minimum of 50% full time equivalent. The Board of Vascular Surgery can only approve requests for flexible training for a fixed period of one training year.

Trainees approved for periods of flexible training are required to complete all requirements of the SET program in Vascular Surgery (2.6.1) within the maximum term for completion of the program (2.1.3)

5.4.2 Flexible training is available to trainees after satisfactory completion of 12 months of training.

5.4.3 Trainees must apply to the Board in writing by the 1 June in the year prior to the proposed commencement of flexible training.

5.4.4 Applications for less than full time training must have a training commitment of at

least 50% of a full-time trainee in per training year. Twelve (12) months of part-time training will be accredited as one (1) term if rated as achieved.

5.4.5 Trainees approved for a period of less than full time training are required to participate in pro rata out of hours worked and surgical teaching programs.

5.4.6 Trainees approved for a period of flexible training will be registered with the College as part time and will be required to pay the applicable pro rata training fee.

5.4.7 Flexible training posts will be available only where there is a vacancy in a Board approved accredited flexible training post.

5.4.8 Trainees undertaking a period of flexible training are required to complete the program requirements set out in 2.2 of these regulations, including attending the annual Trainee Skills Course.

6 Misconduct

6.1 Conduct identified as misconduct is defined in clause 3.1 of the RACS Misconduct Policy.

6.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the supervisor, Fellow or other person has identified the misconduct, it should be reported to the Board via the Surgical Supervisor.

6.3 The allegation should be put to the trainee, in writing, by the Board, for an initial response, including relevant facts, reasoning and documentation.

6.4 If initial consideration by the Board determines that the alleged conduct is not misconduct, or if the trainee's response is viewed as adequate, no further action will be taken.

6.5 If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out in the following regulations will be followed.

6.6 The Board will establish a committee to interview the trainee at a hearing. The general purpose of the hearing will be to determine whether the allegations against the trainee are proven on the basis of the evidence.

6.7 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.

6.8 The trainee will be provided with a minimum ten (10) working days' notice of the hearing and the proceedings will cover the following:

a. Details of the allegation including all relevant facts, reasoning and evidence
b. Hear the response of the trainee
c. Possible consequences
d. Process following hearing.

6.9 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

6.10 The trainee will be given the opportunity prior to the hearing to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.

6.11 Where the trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.

6.12 The trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the hearing.

6.13 The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:

a. the allegations need to be amended
b. new allegations are added
c. new evidence or facts emerge

6.14 Following the hearing, the committee will make a finding as to whether misconduct occurred, and if it did will make a recommendation as to penalty, supporting both the finding and the recommendation with written reasons. The finding and the recommendation (if any) and written reasons, together with all documentation relied on, will be given to the Board by the committee. The trainee will be provided with a copy of the finding and the recommendation (if any) and written reasons of the committee.

6.15 Possible penalties for misconduct may be, but are not limited to:

a. formal censure, warning or counselling; and/or
b. limitation of progression to the next level of training for up to one year; and/or
c. suspension of the trainee for a period of up to one year; and/or
d. prohibition from sitting the Fellowship Examination for a period of up to one year;
e. Probationary term with a performance management plan; or
f. Dismissal from the training program.

6.16 The Board will make the decision on the penalty to be imposed on the trainee. If the Board takes any new material into consideration a copy must be given to the trainee and the trainee given an opportunity to respond.

6.17 The trainee will be notified of the Board's decision within ten (10) working days of the Board meeting.

6.18 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

7 Dismissal

7.1 Competency Not Achieved

7.1.1 A trainee may be considered for dismissal for if:

a. the trainee has not achieved competency during a probationary period applied in accordance with the RACS Assessment of Clinical Training Policy and these Regulations.
b. the trainee has not achieved competency for three or more end of term assessment periods at any time during their SET Program.

7.1.2 The Board will establish a sub-committee to interview the trainee prior to a decision being made regarding the trainee's continued participation on the training program. The general purpose of the interview is to provide the trainee with the opportunity to give their perspective in writing and verbally.

7.1.3 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.

7.1.4 The trainee will be provided with a minimum ten (10) working days notice of the interview and the proceedings will cover the following:

a. Details of the unsatisfactory performance including all relevant facts, reasoning and evidence
b. Hear the response of the trainee
c. Process following hearing.

7.1.5 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

7.1.6 The trainee will be given the opportunity prior to the interview to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.

7.1.7 The trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the interview.

7.1.8 Where the trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision on the basis of the documentation before the committee and will make a finding and recommendation as to the trainee's continuity on the training program and the reasons for the recommendation.

7.1.9 Minutes of the meeting must be kept. The minutes must be provided to the trainee within ten (10) working days and prior to any recommendation to the Board.

7.1.10 Following the interview, the committee will make a finding as to whether dismissal is warranted and with written reasons. The finding and recommendation and written reasons, together with all documentation relied on, will be given to the Board by the committee. The trainee will be provided with a copy of the finding and recommendation and written reasons of the committee.

7.1.11 The Board will make the recommendation on whether or not the trainee should be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.

7.1.12 Where dismissal is recommended the trainee may be suspended from training pending the Board's consideration of the recommendation.

7.1.13 The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.

7.1.14 The employing authority should be advised of the dismissal of the trainee from the training program.

7.2 Dismissal - Failure to complete training program requirements

7.2.1 A trainee will be dismissed for failure to complete the examination requirements within the maximum timeframes outlined the respective examination policy (2.2.6)

7.2.1 A trainee who fails to complete all other training requirements within the maximum timeframe (2.1.3) may be dismissed by the Board.

7.2.2 Where a trainee has failed to complete training requirements, the Board will form a subcommittee and follow the above process outlined in Unsatisfactory Performance. Should dismissal not be recommended, the subcommittee will determine any probationary periods or conditions that should be applied.

7.2.3 The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

7.2.4 In all instances the final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.

7.3 Failure to pay outstanding monies

7.3.1 A trainee who does not pay outstanding monies owed to RACS or the Board of Vascular Surgery will be dismissed in accordance with the RACS Specialty Surgical Education and Training Fee policy.

7.4 Failure to satisfy medical registration and employment requirements

7.4.1 Trainees who, for any reason, do not have valid medical registration from the applicable Medical Board or Council in their jurisdiction that enables full participation in the training program will be dismissed.

7.4.2 Valid medical registration is defined as general medical registration without restriction or conditions in Australia, and unrestricted, unconditional general scope registration (including restricted general scope registration in Vascular Surgery) in New Zealand.

7.4.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.

7.4.4 Where employment is refused, the trainee must be informed and provided with copies of the employer's correspondence to the College.

7.4.5 Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located may be eligible for dismissal by their Specialty Board.

7.4.6 After 30 working days of the date of notification to the trainee of any second refusal of employment, the Board may commence dismissal proceedings as outlined above in Unsatisfactory Performance.

7.4.7 The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.

8 ANZSVS

8.1 Trainees are considered provisional members of the Australian and New Zealand Society for Vascular Surgery (ANZSVS) and are afforded relevant membership rights as set out by the ANZSVS constitution.

9 Contact Details

9.1

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Regulations
for Selection to the AOA 21 Training Program in Orthopaedic Surgery for 2021

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Contents

Contents

Introduction

1 Introduction

1.1 Definition of terms and acronyms for the purpose of these Regulations:

1.1.1 AHPRA - Australian Health Practitioner Regulation Agency.

1.1.2 AOA - Australian Orthopaedic Association.

1.1.3 Applicant - a person who has submitted an application for the AOA 21 Training Program.

1.1.4 ASC - Annual Scientific Congress.

1.1.5 ASM - Annual Scientific Meeting.

1.1.6 ASSET - Australian and New Zealand Surgical Skills Education and Training Course.

1.1.7 ATLS - Advanced Trauma Life Support Course.

1.1.8 BSET - Royal Australasian College of Surgeons Board of Surgical Education and Training.

1.1.9 BSS - Basic Surgical Skills Course.

1.1.10 BST - Basic Surgical Training.

1.1.11 CCrISP - Care of the Critically Ill Surgical Patient Course.

1.1.12 COE - Continuing Orthopaedic Education.

1.1.13 College or **RACS** - The Royal Australasian College of Surgeons.

1.1.14 CV or **Curriculum Vitae** - the scored components of the application for Selection.

1.1.15 DOT - Director of Training

1.1.16 EMST - Early Management of Severe Trauma Course.

1.1.17 FTC - AOA Federal Training Committee.

1.1.18 GSSE - Generic Surgical Sciences Exam.

1.1.19 Interview - the semi-structured panel interview conducted as part of the Selection process.

1.1.20 Learn@AOA - the AOA eLearning platform.

1.1.21 MBBS - Bachelor of Medicine and Bachelor of Surgery.

1.1.22 PGY - Post Graduate Year.

1.1.23 Referee - a person who evaluates the applicant's workplace performance.

1.1.24 Referee Report - the in-depth Referee Report conducted as part of the Selection process.

1.1.25 Regulations - these Regulations.

1.1.26 RTC - AOA Regional Training Committee.

1.1.27 Selection - the process of being selected into the AOA 21 Training Program.

1.1.28 Trainee - orthopaedic surgical trainee.

1.1.29 A **Year** - a calendar year (1 January to 31 December), unless otherwise specified.

1.2 Purpose of these Regulations

1.2.1 These Regulations describe the principles, terms and conditions of the Selection process for the AOA 21 Training Program in orthopaedic surgery for the 2021 intake. This is a public document.

1.3 Administration

1.3.1 The AOA 21 Training Program is designed to train surgeons as competent, independently practicing specialists. AOA is responsible for the delivery of the AOA 21 Training Program in partnership with the Royal Australasian College of Surgeons (RACS).

1.3.2 AOA is the peak professional body in Australia for advancing excellence in orthopaedic practice in the interests of patients and the community, and in the training of surgeons to world-class standards.

1.3.3 AOA and the College collaborate in the delivery of the AOA 21 Training Program in Australia.

1.3.4 AOA is responsible for the selection, training, supervision and assessment of trainees in Australia.

1.3.5 For further information refer to the AOA website.

1.4 Objective of the AOA 21 Training Program

1.4.1 The overall objective of the AOA 21 Training Program is to produce competent independent specialist surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

1.4.2 The AOA 21 Training Program is structured to ensure trainees achieve competencies in:

- Communication
- Teamwork and Conflict Management
- Professionalism
- Leadership and Organisational Skills
- Advocacy
- Education and Research
- Medical and Surgical Expertise

Principles

2 Principles of Selection

2.1 The aim of the Selection process is to select trainees of the highest calibre for the AOA 21 Training Program on the basis of merit through a fair, open and accountable process.

2.2 The Selection process will be documented, transparent and objective with applicants having access to eligibility criteria, information on the Selection process, general Selection criteria and a Reconsideration and Review Process.

2.3 The Selection process will be subject to continuous review to ensure its continued validity and objectiveness.

Please note: The Selection Regulations change on an annual basis. It is imperative that Applicants read these Regulations in detail. Incomplete or incorrect applications may result in ineligibility or failure to progress through the Selection process.

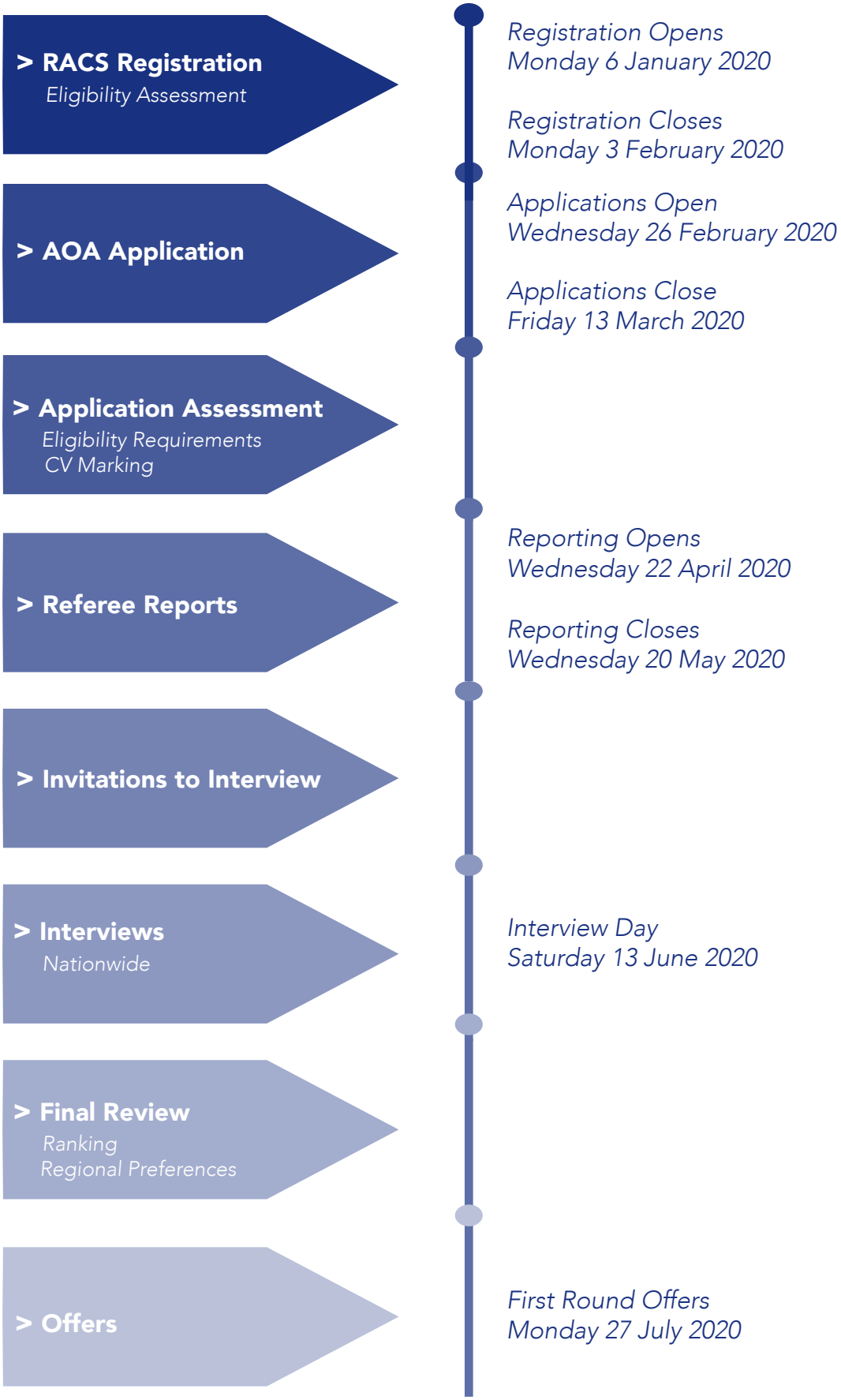
2.4 To assist in preparations, the AOA website will make available the updated Regulations, important dates, and a Frequently Asked Questions document.

2.5 The Selection process will abide by the principles of the RACS Selection to Surgical Education and Training Policy.

2.6 The number of trainees selected in any year will depend on the number of accredited training posts available.

Overview

3 Overview of the Selection Process



4 Application Eligibility

4.1 RACS Eligibility

4.1.1 Applicants wishing to apply to the AOA 21 Training Program must first register with the College and fulfill all of the RACS generic eligibility criteria. Applicants who do not register, or who do not meet the generic eligibility criteria, will not progress to the next stage of the Selection process.

4.1.2 Applicants will be asked to consent to a full criminal history check during this process. Applicants that do not consent to this check will be deemed ineligible for Selection and will not be considered further in the Selection process.

4.1.3 For further information regarding registration, including fees and eligibility criteria, please refer to the Registration for Selection into Surgical Education and Training Policy available on the College Website.

4.2 AOA Eligibility

4.2.1 In addition to the RACS generic eligibility criteria, applicants must fulfill the AOA specialty specific eligibility criteria by the date AOA applications open (26 February 2020). AOA specialty specific eligibility criteria are outlined below.

4.2.2 All applicants will be allowed a maximum of three attempts at selection into the AOA 21 Training Program.

AOA SPECIALTY SPECIFIC ELIGIBILITY CRITERIA		
Requirement	**Notes**	**Documentary Evidence**
4.2.3 Completion of at least ***26 working weeks of orthopaedic surgical experience*** within the last two (2) years (commencing 26 February 2018 at the earliest), at PGY 3 or higher.	Experience within the last five (5) years will be accepted if a period of full time study for the purposes of completing a Doctorate is demonstrated within application (commencing 26 February 2015 at the earliest). Experience within the last five (5) years will be accepted if a period of parental leave of 12 months or longer is claimed. Experience must be in a public hospital with an Emergency Department and an on-call roster. Orthopaedic surgery terms with a minimum duration of six (6) continuous weeks can be added together for a cumulative total. Experience must be at PGY 3 or higher. In this context, PGY 3 means the third year following completion of primary Medical Degree. Eligible orthopaedic experience completed part-time will be accepted on a pro-rata basis.	A retrospective letter must be provided by hospital administration or Head of Department, on hospital letterhead with the appropriate signature, detailing work history. Evidence must include commencement and end dates, position held and hospital. Evidence must specify that the term completed was in orthopaedic surgery. Prospective evidence, including a work contract, will not be accepted. Assessment forms will not be accepted.
4.2.4 Successful completion of the ***Generic Surgical Sciences Exam (GSSE)***.	For more information regarding registration for the GSSE, please visit the RACS website. A pass in the February 2020 sitting of the GSSE will **not** be accepted for the 2021 intake.	An official Certificate of Completion or retrospective letter on RACS letterhead, with the appropriate signature, confirming successful completion must be provided. Prospective evidence will not be accepted.
4.2.5 Successful completion of a ***state-licenced Radiation Safety Course***.	Any radiation safety course that has been licenced or approved by the relevant state body will be accepted.	An official academic transcript, Certificate of Completion/Attendance or retrospective letter on the relevant institution's letterhead, with appropriate signature, confirming completion/attendance from the course organiser must be provided. Evidence should include details of the course licencing status/information. Prospective evidence, including confirmation of registration and receipt of payment, will not be accepted.

4.3 Applicants who do not meet the specialty specific eligibility criteria will be deemed ineligible and will not progress to the next stage of the Selection process.

5 Online Application

5.1 Applications must be submitted via the AOA online application system during the published dates. No other form of application will be accepted.

5.1.1 Applications will only be invited from those applicants who have registered with RACS in the current Selection round and fulfilled all of the RACS generic eligibility criteria. Invitations to apply will be sent based on eligibility confirmation from RACS.

5.1.2 Applications must be submitted by the closing date (13 March 2020). No extensions will be granted.

5.1.3 Applicants are responsible for ensuring that they allow enough time to complete the application. Only complete applications will be considered.

5.2 Applicants who satisfy the eligibility and application requirements in accordance with AOA and College policy will be considered in open competition for Selection to the AOA 21 Training Program.

5.3 The online application includes the following components:

5.3.1 Personal Profile - Applicants will be required to provide personal profile information, including a current passport photo. Applicants will also be given the opportunity to record whether they identify as Aboriginal or Torres Strait Islander. Applicants will not be able to submit an application without completing all mandatory fields.

5.3.2 Eligibility Criteria - Applicants will need to demonstrate that they meet the specialty specific eligibility criteria (please refer to Section 4.2) in order to progress to the next stage of the Selection process.

5.3.3 CV - Applicants will have the opportunity to outline their achievements against scored CV components (please refer to Section 6).

5.3.4 Professional Experience - Applicants must provide contact details for specific individuals at their current and previous training sites, who will be asked to complete a Referee Report (please refer to Section 7).

5.3.5 Regional Preferences - Applicants must indicate in which regions they are willing to undertake training, in order of preference (please refer to Section 8).

5.3.6 Application Fee - Applicants will be required to pay an application fee. Applicants will not be able to submit an application without providing payment details. The fee is non-refundable.

5.3.7 Applicant's Statement - Applicants will be required to confirm their compliance with these Regulations.

5.4 Applicants must attach documentary evidence for all claims made in the application.

5.4.1 Applicants are responsible for ensuring their evidence meets the verification requirements.

5.4.2 Applicants are responsible for ensuring that all necessary evidence is included in their application.

5.4.3 All evidence must be provided at the time of application.

5.4.4 In most cases evidence must be retrospective. Prospective evidence will not be accepted. Exceptions to this are noted in Section 6.

5.4.5 Forms of evidence other than what is outlined will not be accepted.

5.4.6 The Selection process changes on an annual basis and no data is carried over from one year's Selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current Selection process.

5.4.7 Achievements that do not include the necessary evidence, or which include evidence that does not meet the verification requirements will not be accepted. These applications may be considered ineligible or incomplete.

5.5 During the published application dates, online applications may be commenced, saved, printed and re-accessed. However applications must be submitted prior to the closing date. Saved, un-submitted applications will not be considered.

5.5.1 It is strongly recommended that applicants print their draft application for careful review prior to submitting.

5.6 Applicants will receive an email confirmation when they have successfully submitted their application.

5.7 Once an application has been submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct.

5.8 Each application will be assessed and marked as submitted. No active follow up will take place in instances where the application (or verification) is incorrect or absent.

5.9 Achievements that are not listed in the correct section of the application will not be accepted.

5.10 By submitting an application, applicants certify that the information provided is correct and in accordance with these Regulations.

5.10.1 The FTC may verify the information provided within the application with external institutions or individuals.

5.10.2 If at any point during the Selection process it is discovered that an applicant has provided incorrect or misleading information, that applicant will be withdrawn from the Selection process and their application will not be considered further.

5.10.3 If at any point during the Selection process it is discovered that an applicant has submitted fraudulent evidence as part of their application, that applicant will be withdrawn from the Selection process and their application will not be considered further. In addition, the applicant will be reported to AHPRA.

5.10.4 By submitting an application, applicants are consenting to the collection, use, disclosure and storage of the information by the FTC or its agent. The AOA is committed to maintaining the privacy of individuals who interact with AOA. Click here to view and download a copy of AOA's Privacy Collection Notice.

5.11 On request, applicants must provide further information regarding previous professional conduct or performance issues. The FTC reserves the right to contact previous supervisors or institutions regarding such issues.

5.12 Separate applications must be made for the AOA 21 Training Program in Australia and the training program in New Zealand.

6 Curriculum Vitae

6.1 Candidates must achieve a minimum score of six (6) points on the CV in order to progress to the next stage of Selection. The components scored are:

6.1.1	Surgical and Medical Experience	(Maximum 4 points)
6.1.2	Skills Courses	(Maximum 3 points)
6.1.3	Higher Education Qualifications	(Maximum 3 points)
6.1.4	Research Presentation	(Maximum 2 points)
6.1.5	Research Publications	(Maximum 4 points)

6.2 The requirements for each component are outlined in the table below.

CV COMPONENTS			
Requirement	**Notes**	**Point Allocation**	**Documentary Evidence**
6.2.1 Surgical and Medical Experience			
List acceptable terms that have been completed within the last five (5) years (commencing 26 February 2015 at earliest), with a minimum duration of six (6) continuous weeks, excluding experience listed to meet eligibility criteria.	Terms must be completed at the date AOA 21 Training Program applications open (26 February 2020). Acceptable terms include orthopaedic surgical terms, and non-orthopaedic surgical terms in Plastic Surgery, Vascular Surgery, Neurosurgery or General Surgery only. No other terms will be accepted. Only terms undertaken within Australia or New Zealand will be accepted. Acceptable terms cannot be combined with an unacceptable term. Orthopaedic surgical terms cannot be combined with non-orthopaedic surgical terms. Experience must be at PGY 3 or higher. PGY 3 means the third year following completion of primary Medical Degree. Applicants will be awarded a maximum of two (2) CV points for experience gained in one hospital/training site.	**4 points maximum** 0.5 points per 12 week term 3 points maximum for orthopaedic surgical experience 1 point maximum for non-orthopaedic surgical experience	A retrospective letter must be provided by hospital administration or Head of Department, on hospital letterhead with the appropriate signature, detailing work history. Evidence must include commencement and end dates, position held and hospital. Evidence must specify that the term completed was in an acceptable position. Prospective evidence, including a work contract, will not be accepted. Assessment forms will not be accepted.

CV COMPONENTS *(continued)*			
Requirement	**Notes**	**Point Allocation**	**Documentary Evidence**
6.2.2 Skills Courses			
Points may be claimed for completion of BST, ASSET, CCrISP or EMST, or attendance at an AOA National Annual Scientific Meeting.	This experience must have been completed at the date AOA 21 Training Program applications open (26 February 2020). The following courses are recognised by AOA as equivalent: • BSS completed in the United Kingdom = ASSET; • CCrISP completed in the United Kingdom and other countries = CCrISP; • ATLS completed in the United Kingdom, United States and other countries = EMST. No other meetings will be accepted. ASM attendance must be within the last 5 years (i.e. 2015 AOA ASM onwards).	**3 points maximum** 1 point per course or ASM	An official academic transcript, certificate of completion/attendance or retrospective letter on the relevant institutions letterhead, with the appropriate signature, confirming completion/attendance from conference/course organiser must be provided. Prospective evidence including confirmation of registration including receipt of payment will not be accepted as evidence of meeting attendance.
6.2.3 Higher Education Qualifications			
Successful completion of a Masters, relevant to the practice of orthopaedic surgery, or Doctorate.	Must have been completed at the date AOA 21 Training Program applications open (26 February 2020). Any primary Medical Degree, whether undergraduate or postgraduate, will not be eligible for points. Only postgraduate degrees from Australia and New Zealand (or equivalent) will be accepted. Masters of Public Health, Health Science, Reproductive Medicine, and Health Management will not be eligible for points. No other higher education qualifications will be accepted.	**3 points maximum** 2 points per acceptable Masters degree 3 points per Doctorate	An official academic transcript showing course code, research project title and completion date must be provided. Online transcripts and testamur certificates will not be accepted. Prospective evidence will not be accepted.

CV COMPONENTS *(continued)*			
Requirement	**Notes**	**Point Allocation**	**Documentary Evidence**
6.2.4 Research Presentation			
Presentations personally delivered by Applicant at national AOA (ASM or COE) or RACS (ASC) meetings, internationally equivalent national orthopaedic association meetings, AOA regional meetings or AOA national sub-specialty society meetings.	Must have been personally delivered by Applicant at the date AOA 21 Training Program applications open (26 February 2020). Poster presentations will not be eligible for points. Presentations at AORA meetings, industry meetings and internationally equivalent College meetings will not be eligible for points. Applicants may only claim one presentation of the same research. Applicants cannot claim points for both presentation and publication of the same body of research.	**2 points maximum** 2 points per presentation at national AOA or RACS meeting 2 points per presentation at internationally equivalent national orthopaedic association meeting 1 point per presentation at AOA regional meeting (up to a maximum of 1 point) 1 point per presentation at AOA national sub-specialty society meeting (up to a maximum of 1 point)	For national and international meetings, a meeting program (including cover page, contents pages, index pages and abstract page where these are available) showing meeting name and Applicant's name printed against presentation title, date and location must be provided. Alternatively, a letter on the conference organiser letterhead, with the appropriate signature, notifying of acceptance to present or confirming presentation will be accepted. For presentations at an AOA regional branch meeting, a retrospective letter on AOA letterhead, with the appropriate signature from the RTC Chair or Scientific Secretary stating that the Applicant's presentation was of an acceptable standard must be provided. No other forms of evidence will be accepted.

CV COMPONENTS *(continued)*			
Requirement	**Notes**	**Point Allocation**	**Documentary Evidence**
6.2.5 Research Publication			
Article in a peer-reviewed journal, with a minimum impact factor of one (1) or above, where the Applicant is a published author.	Must be published, or accepted for publication, at the date AOA 21 Training Program applications open (26 February 2020). Articles accepted for publication pending revisions will not be accepted. Literature reviews, systematic analyses and Cochrane Reviews are eligible for points. Abstracts, case reports, case series, letters to the editor and book chapters will not be eligible for points. Applicants cannot claim points for both presentation and publication of the same body of research.	**4 points maximum** 3 points per article where applicant is the first author 1 point per article where applicant is a latter (i.e. not the first) author	A PubMed citation and link to article, or full citation and ISBN, or retrospective letter of acceptance for publication on publisher letterhead, with the appropriate signature, must be provided. The letter of acceptance must specify Applicant's authorship. Provision of a web link or application shortcut only will not be accepted, as these cannot be accessed from the application. Applicants must embed the link in Word and/or PDF document.

6.3 Applications must be accompanied by appropriate documentary evidence, as advised for each of the CV components above and in Section 5 of these Regulations. Points will not be awarded for achievements claimed on the CV where the required evidence is not provided.

6.4 Where a signature is required on documentary evidence, the signature must be either a physical, handwritten signature or an electronic scanned version of such a signature. Address blocks, typed signatures and email signatures are not acceptable.

6.5 Letters of evidence must be dated.

6.6 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.

6.7 The full name on documentary evidence must match the full name of the applicant as specified on the online application. If any documentary evidence bears a different name, proof of name change (e.g. marriage certificate) must also be provided.

6.8 Applications that do not include the required evidence, or which include evidence that does not meet the verification requirements, may be considered incomplete and will therefore not progress to the next stage of the Selection process.

6.9 Each CV will be independently scored twice using a structured scoring system. From these independent scores, a consensus score will be determined.

6.9.1 Where any discrepancy occurs in the two (2) scores, the National Education Manager (or representative) will score the CV to identify the anomaly and determine the correct score. Further advice may be sought from the FTC if necessary.

7 Referee Reports

Referee Reports are collected to obtain information, in confidence, about the history of the applicant.

7.1 Applicants must list each site at which they have worked during the previous two (2) clinical years (since the start of 2018 and including current post).

Note: Applicants who are on a period of extended leave at the time of application (e.g. parental leave) are not required to list a current post.

7.2 Only referees for surgical terms at PGY3 or higher are required to be listed.

7.3 Where the site is not an AOA accredited training site, the applicant must list their Head of Department and include contact information.

7.4 It is the applicant's responsibiliity to seek consent for inclusion of current contact details as required in these Regulations.

7.5 Where an applicant has had a serious conflict or disciplinary action with a potential referee listed in documenting their professional experience, and would prefer to exclude them from the referee process, they will have the opportunity to indicate this within the application.

Note: The applicant will be required to supply written documentation in relation to this request. These requests will be reviewed on a case-by-case basis in complete confidence. The Selection Committee reserves the right to contact this person as part of the review or for the purposes of a Referee Report.

7.6 AOA will collect one departmental Referee Report from each site at which the applicant has worked in the previous two (2) years. The departmental Referee Report will represent the consensus opinion of the surgical team and will incorporate non-surgical colleagues.

7.7 If an applicant elects not to provide contact details as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, the applicant may be automatically withdrawn from the Selection process and their application will not be considered further.

7.8 Referees may be asked to verify compliance with these Regulations.

7.9 Referees will be asked to rate applicants against a series of behavioural descriptors based on the AOA 21 competencies (please refer to Section 1.4.2).

7.10 Applicants should not attempt to ascertain which colleagues gave input to their Referee Report, or the outcomes of their Referee Reports. Applicants attempting to discuss their Referee Reports in this manner may be considered in breach of Section 9.1.

7.11 Referee Reports are collected in confidence. Applicants will not be provided with updates on the Reports collected, nor will they be involved in the collection process in any way.

7.11.1 All referees contacted as part of the Selection process will be advised of the confidential nature of the reports.

7.12 Referee reports will be scored out of 100.

7.13 The FTC may choose to scale referee report scores across regions to ensure statistical reliability.

Regions

8 Regional Preferences

8.1 Applicants must indicate their preference to train in the following regions:

8.1.1 New South Wales/Australian Capital Territory

8.1.2 Queensland

8.1.3 South Australia/Northern Territory

8.1.4 Victoria/Tasmania

8.1.5 Western Australia

8.2 Applicants must indicate their primary preference and may also indicate a secondary regional preference.

8.3 Applicants who select New South Wales/Australian Capital Territory as their primary or secondary preference will also be required to numerically indicate their preference to train in one of the following regions:

8.3.1 New South Wales - Newcastle

8.3.2 New South Wales - Northside

8.3.3 New South Wales - Southside

8.4 Where there are positions in a region that are not filled based on primary preferences, additional offers will be made based on applicants' secondary preferences.

8.5 Applicants will only be considered for interviews and offers in the regions selected as their first or second preference.

Progress

9 Progress of Application

9.1 Harassment of any kind of any individual involved in the Selection process is a serious matter and may result in an applicant being deemed unsuitable for Selection and removed from the Selection process.

9.1.1 Harassment includes, but is not limited to: repeated requests by an applicant to any referee, RTC Chair, Committee member or AOA staff member.

9.1.2 Inappropriate, aggressive or bullying behavior will not be tolerated.

9.2 If the FTC receives evidence that an applicant has behaved in such a way that would be in breach of the AOA Code of Conduct or the AOA Bullying, Harrassment and Discrimination Policy, the applicant may be withdrawn from the Selection process. This includes refusal to provide further information and/or documentation regarding previous professional conduct or performance issues.

9.3 Applicants who meet the minimum CV score will be scored and ranked according to their Referee Report score.

9.4 Applicants who do not meet the minimum CV score will not be considered further in the Selection process. These applicants will be notified in writing that they have not been invited to interview and will not be considered further in the Selection process.

9.5 Applicants who achieve a referee score ranking in the first or second decile will not be considered further in the Selection process. These applicants will be notified in writing of the following:

9.5.1 That they have not ranked highly enough to be invited to interview and have therefore been unsuccessful.

9.5.2 Their referee report decile.

9.6 The FTC will determine the number of interviews to be conducted based on the number of applications received. Approximately 75% of candidates will be invited to present for an interview based on national ranking.

9.7 Applicants who meet the minimum CV score and referee report score but do not rank highly enough to be invited to interview will not be considered further in the Selection process. These applicants will be notified in writing of the following:

9.7.1 That they have not ranked highly enough to be invited to interview and have therefore been unsuccessful.

9.7.2 Their referee report decile.

9.8 Should an applicant desire further feedback, they may request this by emailing selection@aoa.org.au. A member of AOA staff will contact the applicant as soon as possible to provide further appropriate information. Only enquiries lodged through this email address will be accepted. Phone enquiries will not be accepted.

Interview

10 Interview

10.1 The Interview has been designed to assess the suitability of applicants for the AOA 21 Training Program by addressing the key attributes deemed important to the practice of orthopaedic surgery, including:

10.1.1 The ability to interact effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.

10.1.2 The ability to contribute effectively as a member of the health care team.

10.1.3 The ability to act ethically, responsibly and with honesty.

10.1.4 The capacity to care, demonstrate concern and sensitivity to the needs of others.

10.1.5 Effective oral communication.

10.1.6 The ability to assimilate and organise information and to adapt accordingly.

10.1.7 The ability to present concisely within a time frame.

10.1.8 Commitment to a career in orthopaedic surgery.

10.1.9 The ability to recognise and respond appropriately to ethical issues.

10.1.10 The ability to promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

10.1.11 Relevant medical and technical expertise.

10.2 Interviews are conducted nationally in up to five (5) regional locations.

10.2.1 Interview regions may include Melbourne, Sydney, Brisbane, Adelaide and Perth.

10.2.2 Applicants will be invited to participate in an interview based on their national ranking and region of first preference.

10.2.3 If a candidate accepts an interview in their region of second preference, they will only be considered for an offer to train in that region.

10.2.4 Applicants are responsible for all costs incurred by attending an interview.

10.3 Applicants will be notified of the date, time and location of the interview in writing, via email, at least ten (10) business days prior.

10.3.1 Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview at the scheduled time will not be considered further in the Selection process and their application will be withdrawn.

10.3.2 Applicants will be provided with a brief on the structure of the interview at the time of notification.

10.4 Interviews will be conducted by a series of six (6) interview panels, each comprised of at least two (2) members.

10.4.1 Interview panels are comprised of AOA members, surgeons from other specialties and non-surgical representatives. Panels may also include a jurisdictional representative and/or an observer.

10.4.2 Applicants will spend a maximum of ten (10) minutes with each panel.

10.4.3 Each panel will conduct a designated section of the interview, with applicants rotating between panels.

10.5 During the interview, applicants will be asked standard initiating questions by each panel, with follow-up probing questions to explore the breadth and depth of the applicant's experience and insight in relation to selection criteria.

10.5.1 Interviewers will have attended interviewer training prior to being involved on the panel.

10.5.2 The interview panel will use a criterion referenced marking guide with embedded point scoring options referenced to defined attributes.

10.5.3 The score for each panel will be the mean of the interviewer scores.

10.6 The scores for the six interview panels will be combined and converted to a score out of 75.

10.7 The total score for the interview will comprise 75% of the overall Selection score.

10.8 The FTC may choose to scale interview scores across regions to ensure statistical reliability.

Outcome

11 Application Outcome

11.1 Applicants will be scored on their Referee Reports and interview. The addition of scores for these two tools will determine an applicant's overall score as follows:

11.1.1 Referee Reports 25%

11.1.2 Interview 75%

11.2 Applicants will be ranked according to their overall score.

11.3 The Selection Committee will conduct a final review of applications where applicants have ranked highly enough to be considered for an offer.

Note: AOA endorses RACS 'Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative' policy. Where scores are statistically equivalent at the cut off for offers, the Selection Committee will determine which candidates receive an offer and in making any such determination will have regard to promoting diversity within the training program.

11.4 Applicants who successfully progressed to interview, but who did not rank highly enough to be made an offer of a position on the AOA 21 Training Program will be classified as 'Unsuccessful'. These applicants will be notified in writing of the following:

11.4.1 That they have not ranked highly enough to be made an offer of a position on the AOA 21 Training Program and have therefore been unsuccessful.

11.4.2 Their overall decile and the cut off decile.

11.4.3 Should an Applicant desire further feedback, they may request this by emailing selection@aoa.org.au. A member of AOA staff will contact the applicant as soon as possible to provide further appropriate information. Only enquiries lodged through this email address will be accepted. Phone enquiries will not be accepted.

11.5 Applicants who rank highly enough to be made an offer of a position on the AOA 21 Training Program will be classified as 'Successful'.

11.5.1 A list of successful applicants will be posted on the AOA website after all applicants have been notified of their selection outcome.

11.6 Successful applicants will be notified in writing of the following:

11.6.1 That they have been deemed successful in the Selection process and are being offered a position on the AOA 21 Training Program.

11.6.2 Their regional allocation.

Note 1: Successful applicants will only be offered a training post in the region in which they interviewed.

Note 2: Successful applicants are required to accept or decline the training region post allocated to them.

Note 3: Where a successful applicant declines the offered training post, they will not be considered further in the Selection process.

11.6.3 Their expected commencement date.

Note 1: No scores or ranking will be provided.

Note 2: No verbal feedback will be provided.

11.7 It is expected that due to deferral and interruption requests, there may be several rounds of offers to the AOA 21 Training Program.

11.7.1 Applicants who were invited to interview but who do not receive a first round offer to the AOA 21 Training Program will be considered eligible for subsequent rounds of offers made by the FTC.

11.8 Once an offer has been accepted, the relevant RTC will allocate the successful applicant to an accredited training post.

11.9 Acceptance of the offer to the AOA 21 Training Program will be conditional on the following:

11.9.1 Applicants holding unconditional general registration with AHPRA.

11.9.2 Applicants being employed by the relevant health areas and/or the allocated hospital.

11.9.3 The information submitted in the application form being true and correct.

11.9.4 Return of an acceptance of offer form and signed training agreement to AOA by the stipulated deadline.

11.10 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.

11.11 Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

11.12 Applicants who return the acceptance of offer form by the stipulated deadline and who satisfy the conditions will be contacted by AOA with regard to Learn@AOA access, post information and induction session opportunities.

11.13 Applicants are encouraged to apply for Selection in the year prior to which they intend on commencing the AOA 21 Training Program (i.e. apply in 2020 for commencement in 2021). Deferral requests will be considered by the FTC, but will only be granted in exceptional circumstances.

11.14 All applications for deferral of training must comply with the AOA Flexible Training Policy.

12 Reconsideration and Review of Selection Decisions

12.1 Requests for reconsideration and review can only be made on the grounds outlined in Section 13 of the AOA Reconsideration, Review and Appeal of Training Decisions policy, which have been reproduced below:

12.1.1 The original decision was the result of an error of law or error in due process.

12.1.2 That relevant and significant information, available at the time of the original decision, was not considered or not properly considered in the making of the original decision.

12.1.3 That the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

12.1.4 That irrelevant information was considered in the making of the original decision.

12.1.5 That procedures that were required by AOA to be observed in connection with the making of the decision were not observed and this could have had a material impact on the decision.

12.1.6 That the original decision was made in accordance with a rule or policy without regard to the merit of the particular case.

12.1.7 That the original decision was made for an improper purpose.

12.1.8 A copy of this policy is available on request by emailing selection@aoa.org.au.

12.2 To the extent of any inconsistencies between the provisions of the AOA Reconsideration, Review and Appeal of Training Decisions Policy, and these Regulations, then these Regulations shall prevail.

12.3 Reconsideration:

12.3.1 An applicant adversely affected by a Selection decision of AOA may, within five (5) business days of receipt of notice of the decision, request a copy of the written reasons for the original decision and apply to have the decision reconsidered by the original decision makers.

12.3.2 Applications for reconsideration are to be made in writing to the Chair of Education and Training and must be accompanied by all relevant information or grounds upon which the applicant seeks to rely in respect of the reconsideration. Applicants should submit their applications for reconsideration to the Chair by emailing selection@aoa.org.au.

12.3.3 The applicant will bear the onus of proof to establish the grounds of the reconsideration application. If AOA determines in its absolute discretion that grounds have not been established, or that information provided in order to establish grounds is not relevant to the decision or policy, the reconsideration will not proceed.

12.3.4 The original decision maker(s) will form a Reconsideration Panel and will convene to review the original decision and material associated with that decision. The Reconsideration Panel will also consider information the applicant provides to establish grounds for reconsideration.

12.3.5 The reconsideration will be conducted with as little formality as possible, but otherwise the Reconsideration Panel will have full power to regulate its conduct and operation.

12.3.6 The reconsideration of the decision by the Reconsideration Panel must be undertaken in accordance with the rules of natural justice and each reconsideration will be reviewed on its merits.

12.3.7 Minutes of the meeting shall only record the Reconsideration Panel's decision, the reasons for the decision, and any recommendations made.

12.3.8 The Board may delegate its powers and duties in respect of any reconsideration as it determines.

12.3.9 The outcome of the reconsideration and the reasons for the outcome will be provided to the applicant in writing within five (5) business days of receipt of the request for reconsideration.

12.4 Review:

12.4.1 An applicant adversely affected by a Selection decision of AOA and having had the decision reconsidered by the original decision maker(s) by the process outlined in these Regulations may, within five (5) business days of receipt of notice of the reconsideration decision, apply to have the decision reviewed by an AOA internal independent Review Panel.

12.4.2 Applications for review are to be made in writing to the National Education Manager and must be accompanied by all relevant information or grounds upon which the applicant seeks to rely in respect of the review. Applicants should submit their applications for review to the National Education Manager by emailing selection@aoa.org.au.

12.4.3 The applicant will bear the onus of proof to establish the grounds of the review application. If AOA determines in its absolute discretion that grounds have not been established, or that information provided in order to establish grounds is not relevant to the decision or policy, the review will not proceed.

12.4.4 An independent review panel will be established. AOA will provide administrative and procedural assistance. The Review Panel will be made up of at least three (3) Fellows of the Association.

12.4.5 The Review Panel will convene to review the original decision and material associated with that decision and will also consider information the applicant provides to establish grounds for review.

12.4.6 The review will be conducted with as little formality as possible, but otherwise the Review Panel will have full power to regulate its conduct and operation.

12.4.7 The review of the decision by the Review Panel must be undertaken in accordance with the rules of natural justice and each review will be reviewed on its merits.

12.4.8 The Review Panel may uphold or overturn the decision. Where the decision is overturned, the Review Panel may not make a determination as to whether the applicant should progress in the selection process. The Panel may only refer the matter back to the original decision maker with directions, terms or conditions regarding the process for the making of a new decision

12.4.9 Minutes of the meeting shall only record the Review Panel's decision, the reasons for the decision, and any recommendations made.

12.4.10 The applicant must pay a fee, which shall be the current fee as determined by the Board from time to time.

12.4.11 The Board may delegate its powers and duties in respect of any review as it determines.

12.4.12 The applicant will receive an acknowledgement within five (5) business days of receipt of the request for review and subsequently a written response detailing the outcome of the Review within a reasonable time frame.

13 Continuous Review

13.1 The Selection Committee is comprised of members of the FTC.

13.2 The Selection Committee is bound by these Regulations and will be held accountable for their processes and decisions.

13.3 The Selection process will be reviewed annually, and feedback will be given to the FTC on potential quality improvements.

13.3.1 The completed national selection data is sent to an independent statistician for objective scrutiny.

13.3.2 As a result of the process of continuous review, the Selection Regulations change on an annual basis. It is imperative that applicants read these Regulations in detail. Incomplete or incorrect applications may result in ineligibility or failure to progress through the Selection process.

13.4 Applicants will be asked to complete an online evaluation form during the Selection process.

13.5 AOA may trial additional selection tools during the selection process for the 2021 intake. By submitting an application for the 2021 intake, applicants consent to participating in these trials as directed by AOA. Data collected as part of the trials will not contribute to selection scores.

2021 Selection Regulations

2021 Regulations for Selection into 2022 Plastic & Reconstructive Surgical Education and Training.

Version 1

Version 1 16 November 2020

1. Introduction

1.1. Definitions of Terms

1.1.1. **AMC** means the Australian Medical Council.
1.1.2. **Applicant** means an individual who applies for selection into the Australian Plastic and Reconstructive Surgical Education and Training Program.
1.1.3. **ASPS** means the Australian Society of Plastic Surgeons.
1.1.4. **AQF** means the Australian Qualifications Framework.
1.1.5. **Board** means The Australian Board of Plastic and Reconstructive Surgery.
1.1.6. **College or RACS** means the Royal Australasian College of Surgeons.
1.1.7. **P&RS** means Plastic and Reconstructive Surgery.
1.1.8. **RRA** means the Reconsideration Review and Appeals
1.1.9. **Selection** means selection into the accredited Plastic and Reconstructive Surgical Training Program.
1.1.10. **SET** means Surgical Education and Training.
1.1.11. **SJT** means Situational Judgement Test

1.2. Selection Rationale

The Australian Board of Plastic and Reconstructive Surgery selects surgical trainees annually. Two separate selection processes are conducted, one occurs in Australia, the other in New Zealand. Applicants who are applying to the New Zealand training program are not eligible to apply to the Australian training program in the same year.

The aim of the College and the Board is to select surgical trainees who possess the attributes outlined in the College Competencies. The Competencies are as follows:

- Professionalism
- Scholar/Teacher
- Health Advocacy
- Management and Leadership
- Collaboration
- Communication
- Medical Expertise
- Judgment and Clinical Decision Making
- Technical Expertise

The selection of Plastic and Reconstructive Surgery Trainees in Australia is conducted by ASPS, as a component of the service agreement between RACS and ASPS.

We endeavour to maintain the fairest possible best practice selection process for the benefit of patients, applicants and the training program. This is accomplished through the Board's annual review and refinement of the process.

1.3. Purpose of Regulations

These selection regulations, in combination with the RACS Policies "Selection to Surgical Education and Training" and "Aboriginal and Torres Strait Islander (ATSI) Surgical Trainee Selection Initiative" (available at www.surgeons.org), are the final authority governing the Plastic and Reconstructive Surgical Selection Process.

2. Application Process Overview

2.1. **Relevant dates** - Unless otherwise stated, all references to dates within these Selection Regulations refer to dates published in clauses 2.1.1. through 2.1.9.:

2.1.1. **Registration opening date** means Wed. 6 January 2021 12:00pm AEDT.

2.1.2. **Registration closing date** means Wed. 3 February 2021 5:00pm AEDT.

2.1.3. **Application opening date** means Wed. 24 February 2021 12:00pm AEDT.

2.1.4. **Application closing date** means Wed. 24 March 2021 12:00pm AEDT.

2.1.5. **Offer date** means Mon. 26 July 2021.

2.1.6. **Last five (5) years** means 25 March 2016 to 24 March 2021, inclusive.

2.1.7. **Last three (3) years** means 25 March 2018 to 24 March 2021, inclusive.

2.1.8. **Last two (2) years** means 25 March 2019 to 24 March 2021, inclusive.

2.1.9. **Notification date** means the date that correspondence is sent either by ASPS staff or a system used to manage the selection process.

2.2. **Step 1 – Registration to RACS**

2.2.1. To be eligible to apply for selection, an applicant must first register online at the RACS website between **Registration opening date** (see 2.1) and **Registration closing date** (see 2.1) and satisfy the RACS generic eligibility requirements posted on the RACS website and in the Registration For Selection Into SET Regulation (*ETA-SET-004*) available on RACS website www.surgeons.org.

2.2.2. Details of eligible registrants who indicate an intention to apply to the SET in Plastic and Reconstructive Surgery (Australia) will be forwarded to the ASPS by RACS.

2.3. **Step 2 – Application to ASPS**

2.3.1. Applications will be accessed online via an email link sent by ASPS. General selection information is available on ASPS website www.plasticsurgery.org.au. **Application opening date** (see 2.1) and **Application closing date** (see 2.1).

2.3.2. The Board applies three selection tools in assessing an applicant's suitability for the training program: the Structured Curriculum Vitae, the Online Referee Report, and the Semi-Structured Interview. In 2020, the weighting of each of these tools is as follows:

2.3.2.1. Structured CV = 20%
2.3.2.2. Referee Reports = 35%
2.3.2.3. Interview = 45%

Refer to the relevant sections of this document for further details on each selection tool.

2.3.3. The maximum possible composite score for selection is 1,000 points.

2.4. Step 3 – Interviews

2.4.1. The minimum standard for being offered an interview is defined in 7.3.3. All shortlisted applicants are entitled to an interview.

2.4.2. Interviews will be held in **June / July**.

2.4.3. Interview notifications will be sent out at least five (5) working days prior to the interview date.

2.4.4. Applicants may not necessarily be interviewed in their state of residence.

2.5. Step 4 – Minimum Standard for Selection

2.5.1. Applicants will be considered to have met the minimum standard for selection where it can be demonstrated that the applicant has progressed through each selection tool and achieved at least the minimum weighted score of 65% (650 points) out of the maximum possible score in 2.3.3.

2.6. Step 5 – Outcome

2.6.1. Interviewed applicants will be informed of the outcome of their application via email. For further information, refer to the Applicant Feedback section of this document.

2.6.2. Announcement of offers will made on the **offer date** (see 2.1).

2.6.3. The number of training positions offered in Australia is determined by the number of available training positions available in the following year, and is subject to change during selection. It is estimated that between approximately twelve (12) to sixteen (16) training positions will be offered annually.

2.7. Selection Administration

2.7.1. All Selection correspondence will be by email. Applicants are responsible for providing a correct and secure email address.

2.7.2. The following Australian Board of Plastic and Reconstructive Surgery members participate in and are responsible for all Australian selection decisions:

2.7.2.1. Chair of the Board
2.7.2.2. Five (5) Regional Subcommittee Chairs
2.7.2.3. Executive of the Board
2.7.2.4. Other Board members as determined appropriate by the Board

2.7.3. The Board approves ASPS management the right to appoint application Assessors as determined appropriate for the selection process.

2.7.4. The persons identified in 2.7.2. may consult other persons, including administrative Assessors, as determined appropriate for the selection process.

2.7.5. Applicants are responsible for the submission of all supporting documentation requested prior to the application deadline. Insufficient supporting documents may result in a reduced selection score or the exclusion of the application from the selection process.

2.7.5.1. All documentation must be retrospective, except where noted.
2.7.5.2. Evidence must be on letterhead and dated, and should be signed where applicable.
2.7.5.3. All documentation must be in English, or be accompanied by a certified English translation. Translation services are available from the National Accreditation Authority for Translators and Interpreters.
2.7.5.4. Further information regarding documentation can be found in *Section 5: Curriculum Vitae (CV)*.

2.7.6. By submitting the application, the applicant certifies that the information is correct to the best of his or her knowledge. Any intentionally misleading or falsified information will result in the application being excluded from the selection process.

2.7.7. The Board has the right to contact all supervisors and employers to confirm that the information provided in the application is correct.

2.7.8. Applicants must notify the ASPS office, via education@plasticsurgery.org.au, of any changes during the process.

2.7.9. Feedback to applicants is provided in accordance with *Section 8*.

2.8. Maximum attempt limit

2.8.1. Every applicant who submits an eligible application via the online application system will have that attempt counted towards a maximum attempt number (2.8.2).

Eligible means, having satisfied the minimum eligibility criteria for selection (refer to section 5.6).

2.8.2. The maximum eligible attempt limit is three (3) eligible attempts. Thereafter an applicant will become ineligible for selection.

2.8.3. Applications made prior to 2020 will not count towards the maximum limit.

2.9. Research into Selection Tools and Processes

2.9.1. To improve the quality and efficacy of selection into surgical training, RACS and ASPS may conduct research and evaluate the performance of selection instruments and processes, Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the RACS context. Applicants to SET may be invited or mandated to participate in selection research or evaluation.

2.9.2. Situational Judgement Test pilot:
The selection process for entry to SET in 2022 includes a mandated pilot of a Situational Judgement Test (***SJT***). All registrants who are eligible to apply for the SET program will be required to take a mandated Situational Judgment Test in April 2021. The test will be administered online using remote proctoring under secure test conditions and applicants will be able to sit the test from a location of their choice. Further instructions will be communicated by RACS.

Applicants that do not sit the mandated SJT will not be eligible to proceed further in the 2021 selection process. Exemptions will only be granted in exceptional circumstances, and at the discretion of the Specialty Training Board.

As a pilot, the results will be analysed to inform RACS of the tool's validity and utility in the context of selection. Data from the pilot SJT will not contribute to selection scores and will not be used to determine selection outcome during the 2021 selection process.

The scores and rank for the SJT will not be provided to applicants but de-identified analyses may be shared with Specialty Training Boards and other RACS Committees to inform future selection policy.

3. Regional Preferences

3.1. Regional Preferences form part of the application to the Australian SET Program in Plastic and Reconstructive Surgery. Regional Preferences are not scored.

3.2. Applicants to the Australian SET Program in Plastic and Reconstructive Surgery may indicate their preferences for up to two (2) of the following training regions:

3.2.1. New South Wales (includes Australian Capital Territory)

3.2.2. Victoria (includes Tasmania)

3.2.3. Queensland

3.2.4. South Australia (includes Northern Territory)

3.2.5. Western Australia

3.3. Applicants will be considered for available training posts in all regions. The Board endeavours to give successful applicants their first preference of training region but cannot guarantee this.

3.4. Applicants must be willing to accept a post in any region and are expected to accept a post in any region offered, even if not listed as a preference.

3.5. Regional preferences cannot be altered after the application has been submitted.

4. Aboriginal and Torres Strait Islander Selection Initiative

4.1. RACS Council approved the Aboriginal and Torres Strait Islander (ATSI) Surgical Trainee Selection Initiative policy (ETA-SET-046). The Australian Board of Plastic and Reconstructive Surgery implemented the initiative in the 2018 selection process for the 2019 intake.

4.2. It is expected that there will be no less than one (1) initiative post and no more than 10% of the available training posts set aside for each annual intake.

4.3. Where there are more applicants eligible for an initiative post than posts available, those applicants shall be ranked against each other based on their composite selection score out the maximum points in 2.3.3. The applicant who is ranked highest will be considered for this initiative post. The remaining applicants will be considered for selection in accordance with *Section 8*.

4.4. Any initiative posts unfilled under this initiative will be returned to the general pool and offered to applicants in accordance with these Selection Regulations.

4.5. An Applicant will be considered for the initiative post if:

4.5.1. They have identified themselves as Aboriginal and Torres Strait Islander during the RACS registration process, and

4.5.2. They have satisfied the eligibility requirements for membership of Australian Indigenous Doctors' Association, and

4.5.3. They have satisfied the minimum standard for selection as per Selection Regulation 2.5.1.

5. Curriculum Vitae (CV)

5.1. The Curriculum Vitae (CV) forms part of the application to the Australian SET program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 200 points.

5.2. The CV scoring process is designed to capture information on aspects of the applicant's surgical experience, publications and presentations, research and educational qualifications, and special skills.

5.3. Evidence claimed in the wrong section of the online application will not be counted towards the correct activity. Applicants are responsible for uploading their documentation correctly.

5.4. Applicants who are unsure whether an activity will attract points, or where to claim an activity to attract maximum points, should contact the ASPS office via education@plasticsurgery.org.au.

5.5. CVs are scored independently by at least two (2) scorers (ASPS employees) and marks are compared for discrepancy. In the instance of a discrepancy of more than five (5) points between scorers, the final scoring decision will be made by a person specified in 2.7.2.

5.6. Minimum Eligibility Criteria

5.6.1. Applicants who meet the minimum eligibility criteria will be considered competitive in the selection process. The minimum eligibility criteria do not receive points.

5.6.2. **Emergency or Critical Care Rotation**

Applicants must complete a rotation that meets the following criteria:

Emergency/ Critical Care Rotation	**Evidence required:**
Post-graduate level (PGY1+) rotation in Emergency or Critical Care **prior to the Application closing date** (see 2.1). The term must be **at least eight (8) working weeks in length**.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.6.3. The following conditions apply for Emergency and Critical Care experience:

5.6.3.1. Applicants will be exempt from this requirement who are in year 3 SET or higher of a non-Plastic & Reconstructive SET training program.

5.6.3.2. Emergency or Critical Care includes the following:

- Emergency Department (ED)
- Intensive Care Unit (ICU)

5.6.3.3. Trauma, Burns, Cardiothoracic and Vascular unit experience are not considered as being an Emergency or Critical Care rotation.

5.6.3.4. Emergency or Critical Care experience may be acquired within Australia or overseas.

5.6.3.5. No credit will be given for any Emergency or Critical Care experience acquired after **the Application closing date** (see 2.1).

5.6.3.6. Combination and part-time terms will be adjusted pro-rata. For example, 20 weeks 0.5FTE in a part-time Emergency rotation will be credited as 10 weeks of Emergency experience.

5.6.4. **Plastic and Reconstructive Surgery Rotation**

Applicants must complete a rotation that meets the following criteria:

P&RS Rotation	**Evidence required:**
Post graduate level (PGY1+) rotation in Plastic & Reconstructive Surgery **within the last five (5) years** (see 2.1). The term must be **at least ten (10) working weeks in length, including a minimum of five (5) continuous weeks**.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.6.5. The following conditions apply for surgical experience:

5.6.5.1. Surgical experience may be acquired within Australia or overseas.

5.6.5.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).

5.6.5.3. Combination and part-time terms will be adjusted pro-rata. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.6.6. Applicants will be exempt from this requirement who are:

5.6.6.1. In year 3 SET or higher of a non-Plastic & Reconstructive SET training program.

5.6.6.2. Possess a non-Plastic & Reconstructive Surgery FRACS.

5.6.6.3. Possess an overseas specialist surgical qualification.

5.6.7. **Surgery In General Rotation**

Applicants must complete a rotation that meets the following criteria:

Surgery in General Rotation	**Evidence required:**
Post graduate level (PGY2+) rotation in any surgical specialty **within the last five (5) years** (see 2.1). The rotation/s must be **at least twenty-six continuous (26) working weeks in length** and must be **completed prior to the Application Closing date** (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.6.8. The following conditions apply for surgical experience:

5.6.8.1. Surgical experience may be acquired within Australia or overseas.

5.6.8.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).

5.6.8.3. Combination and part-time terms will be adjusted pro-rata. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.6.8.4. The same surgical rotation may be claimed for more than one minimum requirement. For example, a 26 week rotation in Plastic and Reconstructive Surgery would satisfy both the "Plastic and Reconstructive Surgery Rotation" and the "Surgery In General Rotation" requirements.

5.6.9. Applicants will be exempt from this requirement who are:

5.6.9.1. In year 3 SET or higher of a non-Plastic & Reconstructive SET training program.

5.6.9.2. Possess a non-Plastic & Reconstructive Surgery FRACS.

5.6.9.3. Possess an overseas specialist surgical qualification.

5.6.10. **Surgical Examinations**

Applicants for selection must pass the following examination(s) prior to the **Application closing date** (see 2.1):

Examination	**Evidence required:**
RACS Surgical Sciences Exam (SSE)	Certificate of completion or letter on organisation letterhead. Prospective evidence is not valid.

Note: The Clinical Exam (**CE**) will become a minimum eligibility requirement for the 2022 selection (2023 intake) and future rounds. Please refer to RACS examination page for updates.

5.6.11. **Referee Reports**

Applicants must nominate the minimum number of referees in the valid date range as per selection regulation 6.3 and its subclauses.

5.7. Surgical Experience & Qualifications Section

5.7.1. The maximum available score for this section is 60 points.

5.7.2. **Surgical Experience**

Points will be awarded for the following surgical experience, not including experience counted towards the minimum eligibility criteria:

Surgical Experience	Evidence required:
Resident level or higher (PGY2+) experience in P&RS over the **last five (5) years** (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.
Accredited SET experience NOT in P&RS over the **last five (5) years** (see 2.1).	SET Transcript from RACS or correspondence from appropriate Specialty Society. Evidence must identify location of training, length of employment and specialty working in. Prospective evidence is not valid.
Registrar level or higher (PGY3+) experience NOT in P&RS and NOT in SET, over the **last five (5) years** (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.7.3. The following conditions apply for surgical experience:

5.7.3.1. Surgical experience may be acquired within Australia or overseas.

5.7.3.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).

5.7.3.3. Credit will only be given for experience in excess of the minimum weeks required for eligibility.

5.7.3.4. Combination and part-time terms will be adjusted pro-rata. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.7.3.5. Maximum credit available for surgical experience not already used for minimum eligibility is fifteen (15) points per half year in unaccredited P&RS experience or accredited non-P&RS SET experience; five (5) points per half year experience not in P&RS and not in SET (PGY3+); three (3) points per 10 week rotation in P&RS (PGY2+).

5.7.4. **Surgical Qualifications**

Points will be awarded for the following surgical qualifications:

Surgical Qualification	Evidence required:
Non P&RS FRACS	FRACS certificate / Correspondence from RACS verifying award of Fellowship
FRACDS	FRACDS certificate / Correspondence from RACDS verifying award of Fellowship

5.7.4.1. Maximum credit available for surgical qualifications listed above is sixty (60) points.

5.7.5. **Surgical Examinations**

Points will be awarded for applicants passing the following examinations prior to the **Application closing date** (see 2.1):

Examination	Evidence required:
RACS Clinical Examination (CE)	Certificate of completion or letter on organisation letterhead. Prospective evidence is not valid.

5.7.5.1. Maximum credit available for surgical examinations listed above is two (2) points.

5.8. Publications & Presentations Section

5.8.1. The maximum available score for this section is 60 points.

5.8.2. **Research Publications**

Points will be awarded for the following publications:

Publication	Evidence required:
Article in a listed P&RS journal	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.8.4.
Article in other journals meeting the conditions below	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.8.4.
Case report in either a listed P&RS journal, or another journal meeting the conditions listed below	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.8.4.
Chapter in a medical or surgical textbook	A letter from the publisher showing level of contribution, plus a copy of the book chapter or full bibliographic details.

5.8.3. Articles and case reports published in a recognised peer reviewed Plastic and Reconstructive surgery journal will attract full points. The list of accepted PRS journals is:

- Aesthetic Plastic Surgery
- Aesthetic Surgery Journal
- Annals of Plastic Surgery
- ANZ Journal of Surgery
- Archives of Facial Plastic Surgery
- Australasian Journal of Plastic Surgery
- The Breast Journal
- Burns
- Clinics in Plastic Surgery

- European Journal of Plastic Surgery
- Hand
- Journal of Burn Care and Research
- Journal of Craniofacial Surgery
- Journal of Hand Surgery (European)
- Journal of Hand Surgery (US)
- Journal of Plastic, Reconstructive and Aesthetic Surgery (formerly British Journal of Plastic Surgery)
- Journal of Plastic Surgery and Hand Surgery
- Journal of Reconstructive Microsurgery
- Microsurgery
- Ophthalmic Plastic and Reconstructive Surgery
- Oral and Maxillofacial Surgery
- Plastic and Reconstructive Surgery
- Scandinavian Journal of Plastic and Reconstructive and Hand Surgery

5.8.4. Articles and case reports published in other medically-related, peer-reviewed printed journals will also attract points, provided that the Journal Impact Factor is 2.5 or greater, as published in Journal Citation Report.

5.8.5. The following conditions apply for all research publications:

5.8.5.1. Full credit will be given for eligible publications where the applicant is the principal author. Credit may be given in increments of five (5) points to a maximum of fifteen (15) points per publication.

5.8.5.2. Partial credit will be given for eligible publications where the applicant is a subsequent author. Credit may be given in increments of two and a half (2.5) points to a maximum of seven and a half (7.5) points per publication.

5.8.5.3. An article is considered creditworthy if it is medically related and peer-reviewed containing critically assessed data and results. Book reviews, study protocols, letters to journals and abstracts will not be scored and must not be submitted.

5.8.5.4. Multiple publications with duplicate or similar topics or content will only attract credit for one (1) publication or presentation.

5.8.5.5. Publications that have been accepted for publication will be scored as if they have been published, if written proof of acceptance for publication is submitted.

5.8.6. **Research Presentations**

Points will be awarded for the following presentations:

Presentation	**Evidence required:**
Oral or poster presentation at a conference (*) listed below.	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference. Evidence must include the topic of the presentation.
Oral or poster presentation at an international medical and surgical science conference, other than those listed below.	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference.

(determined by the type of event, not the location)	Evidence must include the topic of the presentation.
Oral presentation at another Australian or New Zealand surgical science conference, including all RACS specialties and Obstetricians and Ophthalmologists.	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference. Evidence must include the topic of the presentation.

5.8.7. (*) Accepted events for row 1 of the table above include:

- ASPS Plastic Surgery Congress (PSC)
- Australasian Society of Aesthetic Plastic Surgery (ASAPS) annual conference
- Australian and New Zealand Burn Association (ANZBA) annual conference
- Australian Hand Surgery Society (AHSS) annual conference
- Australasian Cleft Lip and Palate Association
- Australian & New Zealand Head and Neck Cancer Society Meeting
- Asian Pacific Craniofacial Association
- International Perforator Flap Course
- New Zealand Association of Plastic Surgeons Annual Scientific Meeting (NZAPS ASM)
- Plastic Surgery, The Meeting (American ASPS' annual meeting)
- RACS Annual Scientific Congress (ASC)

5.8.8. The following conditions apply for all research presentations:

5.8.8.1. Applicants will receive credit for presentations and posters at events that involve competitive selection over the **last five (5) years** (see 2.1) only.

5.8.8.2. Where the same article has been used as a journal article and also as a presentation or poster presentation it must be submitted once only, either as a publication or a presentation. It will be allocated points once only either as a journal article, presentation or poster presentation.

5.8.8.3. A presentation is considered creditworthy if it is medically-related. No points will be awarded for presentations at in-house hospital meetings, Hospital Grand Rounds, Morbidity Meetings, Unit Audits or similar "domestic" venues.

5.8.8.4. The applicant must be the first author of the presentation or poster and deliver the presentation. Presentation may be given a maximum of eight (8) points credit, and poster may be given a maximum of four (4) points credit.

5.8.8.5. Presentations and posters must be directly relevant to medicine for credit to be granted.

5.8.8.6. Presentations at meetings are classified for credit purposes by the target audience, and not the geographical location, of the meeting.

5.8.8.7. Multiple presentations with duplicate or similar topics will only attract credit for one (1) presentation only.

5.8.8.8. A presentation or poster that is based on a credited publication will attract no further points and is not to be submitted.

5.8.8.9. Presentations that have been accepted for presentation at a meeting will be scored as if they have been presented, only if written proof of acceptance for presentation is provided.

5.8.8.10. Evidence must include a conference logo and/or a signature of the organiser.

5.9. Educational Qualifications Section

5.9.1. The maximum available score for this section is 40 points.

5.9.2. Points will be awarded for the following degrees to the maximum indicated:

Qualification	Evidence required:	Maximum Points
PhD (Medically related) (AQF = 10)	**If completed with thesis:** Transcript or testamur from University confirming awarding of the degree, plus details of thesis submitted. **If completed without thesis:** Transcript or testamur from University confirming awarding of the degree. **If currently enrolled:** Proof of enrolment in the PhD from the University.	Forty Twenty Fifteen
PhD (Non- medically related) (AQF = 10)	**If completed with thesis:** Transcript or testamur from University confirming awarding of the PhD, plus details of thesis submitted. **If completed without thesis:** Transcript or testamur from University confirming awarding of the PhD.	Twenty Ten
Doctor of Medicine (MD), **except MD awarded after 2012 from UNSW** (AQF = 10)	**If completed with thesis:** Transcript or testamur from University confirming awarding of the Doctorate degree, plus details of thesis submitted. **If completed without thesis:** Transcript or testamur from University confirming awarding of the Doctorate degree. **If currently enrolled:** Proof of enrolment in the MD award from the University.(*)	Thirty five Fifteen Ten
Master of Surgery (MS) **OR** Master of Surgical Science, **awarded by University of Adelaide or awarded by University of Edinburgh** (AQF = 9)	**If completed with thesis:** Transcript or testamur from University confirming awarding of the degree, plus details of thesis submitted. **If completed without thesis:** Transcript or testamur from University confirming awarding of the degree.	Twenty five Ten

Bachelor of Science (Medicine) **with thesis** **OR** Bachelor of Medical Science **with thesis** **OR** Bachelor of Medicine / Bachelor of Surgery (MBBS) **with thesis** **OR** Doctor of Medicine (MD) with thesis, **awarded after 2012 from UNSW** **OR** Master of Medicine, **awarded by University of Queensland** (AQF = 8 and 9)	Transcript or testamur from University confirming awarding of the degree, *plus* details of thesis.	Ten
Diploma in Surgical Science **awarded by University of Edinburgh** (AQF = 8)	Transcript or testamur from University confirming awarding of the diploma.	Two

5.9.3. (*) = Points will not be awarded for enrolment in a Doctor of Medicine (MD) at the following institutions:

5.9.3.1. University of Melbourne if commenced after 1 January, 2010

5.9.3.2. University of New South Wales if commenced after 1 January, 2013

5.9.3.3. University of Western Australia if commenced after 1 January, 2014.

5.9.4. Unless specified in 5.9.2, points **will not** be awarded for degrees with AQF equivalent to 7 or below or for any pre-medical course leading to an undergraduate medical degree like MBBS (for example, B. Biomedical Science).

5.9.5. The following conditions apply for all educational qualifications not listed in 5.9.2:

5.9.5.1. Overseas qualifications must have been assessed by the relevant Australian authority (Department of Education and Training, Australian Government) as being equivalent to the relevant Australian Qualifications Framework (AQF) as per the table in 5.9.2.

5.9.5.2. For a Master of Surgery done overseas, this degree is considered equivalent if the candidate has completed a minimum 12 months of full time study and completed a thesis. A letter from the supervisor outlining these criteria must be provided. A clinically based MS degree is not accepted.

5.9.5.3. For a Doctor of Medicine done overseas, the degree is considered equivalent if the candidate can outline the thesis presented for completing the degree. A letter from the university and/or supervisor outlining the work undertaken must be provided. An MD equivalent of an undergraduate qualification is not accepted.

5.9.5.4. For a PhD done overseas, it is considered equivalent if the candidate has completed a minimum of 3 years full time study and completed a thesis. A letter from the supervisor and/or institution outlining these criteria must be provided and proof of thesis shown.

5.10. Special Skills Section

5.10.1. The maximum available score for this section is 40 points.

5.10.2. **Undergraduate Academic Awards, Medical & Surgical Awards, and Non-Medical Awards**

Applicants will receive credit for the following awards and achievements:

Award	Evidence required:
One or more of: University Medal **OR** First Class Honours **OR** Second Class Honours **OR** Recognition from the university with acknowledgement on a merit list / dean's list	Academic transcript outlining the level of honours achieved, or university recognition for academic achievement.
Golden Key Society Membership	Gold Key Society membership or correspondence on letterhead from the university outlining achievement.
Medical Awards	Correspondence from the awarding institution for medical achievement.
Surgical Awards	Correspondence from the awarding institution for surgical achievement.
Non-medical awards with state, regional or national recognition	Correspondence from the awarding authority, or certificate of award.
Non-medical awards with local recognition	Correspondence from the awarding authority, or certificate of award.

5.10.3. The following conditions apply for awards and achievements:

5.10.3.1. Awards and achievements not listed will not attract points.

5.10.3.2. Completion of tertiary qualifications (including degrees, masters degrees, etc) will not attract points in this section.

5.10.3.3. Prospective evidence or evidence dated after the **Application closing date** is not valid.

5.10.3.4. A maximum total of five (5) credit points will be awarded for each category 'Undergraduate Awards' and 'Medical and Surgical Awards'.

5.10.3.5. A maximum total of four (4) credit points will be awarded for the category 'Non-medical Awards'.

5.10.4. **Positions Held**

Applicants will receive credit for the following positions held:

Position	Evidence required:
Paid medical manager or assistant medical manager (minimum 6 months)	Letter from the employer on letterhead detailing the applicant's managerial responsibilities during the time spent in the position.
Leadership position on a medical or surgical committee / board (minimum 6 months)	Letter from the organisation detailing the applicant's position on the committee, time spent on the committee undertaking community work, and details of the organisation.
Clinical teaching or anatomy demonstrating position in an accredited higher education institution (minimum 6 months)	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking clinical teaching or anatomy demonstrating, and details of the organisation.
Unpaid part-time volunteer work in a not-for-profit organisation (minimum 6 months)	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking volunteer work, and details of the organisation.
Continuous, full-time unpaid volunteer work in a not-for profit organisation (minimum 2 weeks) *Examples include volunteer humanitarian missions to developing nations.*	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking volunteer work, and details of the organisation.

5.10.5. The following conditions apply for positions held:

5.10.5.1. Medical management positions must be paid.

5.10.5.2. Organisational leadership, clinical teaching and anatomy demonstrating positions are subject to investigation by the Board. Points will be awarded at the Board's discretion.

5.10.5.3. Membership of a charity only will not attract points. Applicants must demonstrate active participation over a period of at least 6 months.

5.10.5.4. Cash donations will not attract points.

5.10.5.5. Blood or organ donation will not attract points.

5.10.5.6. Paid work in a not-for-profit organisation will not attract points.

5.10.5.7. Mandatory service will not attract points.

5.10.5.8. Prospective evidence or evidence dated after the **Application closing date** is not valid

5.10.5.9. Offers for positions without proof of service fulfilled is not valid.

5.10.5.10. A maximum total of four (4) credit points will be awarded for each category of 'Leadership position' and 'Clinical Teaching or Anatomy Demonstration' position.

5.10.5.11. A maximum total of three (3) credit points will be awarded for each category of 'Medical or Surgical Leadership' and 'Volunteer' positions.

5.10.6. **Post-Secondary Skills**

Applicants will receive credit for the following skills:

Skill	Evidence required:
Sporting achievements (National representative level)	Certificate of participation or accomplishment award on organisation letterhead.
Sporting achievements (State representative level)	Certificate of participation or accomplishment award on organisation letterhead.
Language Skills	Applicants must provide evidence of course completed (with level) and/or a certificate of proficiency, on organisation letterhead.

5.10.7. The following conditions apply for skills:

5.10.7.1. Only post-secondary awards are eligible for points.

5.10.7.2. Coaching achievements at a State or National representative level will attract points.

5.10.7.3. Individual (non-team) sports will not attract points.

5.10.7.4. Casual sporting activities will not attract points.

5.10.7.5. Language skills must be at a minimum of "conversational". This is equivalent to a Certificate III in the Australian Qualifications Framework (AQF = 3), or level B in the Common European Framework of Reference for Languages. The discretion of the markers will be used to determine the equivalent level for evidence presented.

5.10.7.6. English language skills will not attract points.

5.10.7.7. Prospective evidence or evidence dated after the **Application closing date** is not valid

5.10.7.8. A maximum combined total of three (3) credit points will be awarded for language skills and sporting achievements.

5.10.8. **Medical Courses & Conferences Attended**

Applicants will receive credit for the following courses and conferences:

Course / Conference	Evidence required:
Medical courses including (or equivalent to): • ASSET • BSS • CCrISP • CLEAR • EMSB • EMST • Statistics for Surgeons	Certificate of completion or RACS transcript outlining courses completed.
Any surgical skills course, medically-related ethical skills course, medical management course, or anatomy course not outlined above.	Certificate of completion or RACS transcript outlining courses completed.

Plastic Surgery Congress (PSC)	Proof of registration or attendance at the meeting.
Other Plastic Surgery meeting or conference (state, national or international) that meets the conditions below	Proof of registration or attendance at the meeting.
RACS Annual Scientific Conference (ASC)	Proof of registration or attendance at the meeting.

5.10.9. The following conditions apply for courses and conferences:

5.10.9.1. Mandatory basic knowledge courses (such as radiation safety or x-ray interpretation) will not attract points.

5.10.9.2. The BASIC course will not attract points.

5.10.9.3. The EMSB Instructor course will not attract points.

5.10.9.4. Operating with Respect e-module will not attract points.

5.10.9.5. No points will be awarded for attendance at hospital grand rounds, morbidity meetings, unit audits or other such “domestic” venues.

5.10.9.6. Other Plastic Surgery meetings which attract points include meetings relating to:

- Aesthetic surgery
- Burns surgery
- Craniomaxillofacial surgery
- Hand surgery
- Head & neck surgery
- Microsurgery.

5.10.9.7. Virtual meetings or conferences will attract points at the same rate as physical meetings.

5.10.9.8. A maximum combined total of eight (8) credit points will be awarded for Medical Courses attended.

5.10.9.9. A maximum combined total of five (5) credit points will be awarded for Medical Conferences attended over the **last five (5) years** (see 2.1).

6. Referee Reports

6.1. The Referee Reports (RR) form part of the application to the Australian SET program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 350 points.

6.2. The Referee Report is a confidential report gathered from several evaluators who are familiar with the professional and/or technical capabilities of the applicant. The report is an indicator of applicant skills and is divided into several categories of professionalism.

6.3. Contacts Required for the Referee Report

6.3.1. Applicants must provide the following information:

Referees	Evidence required:
All Consultant Plastic Surgeons from the most recent plastic & reconstructive surgical term.	Correct information for each referee, including current email address. Identifying which consultant plastic surgeons an applicant **did and did not** work with.
No less than three (3) and no more than five (5) consultant surgeons worked with from **each** surgical term over the **last three (3) years** (in 2.1.7). *This includes consultant surgeons from P&RS **and** non-P&RS terms.*	Correct information for each referee, including current email address. Where there have been fewer than three (3) consultant surgeons in a rotation, the applicant must indicate the reason or reasons on the RR Excel form.
At least one (1) of the following (or equivalent) from **each** surgical term over the **last two (2) years** (in 2.1.8): • Clinical nurse unit manager • Charge nurse • Clinical nurse consultant • Unit nurse	Correct information for each referee, including current email address.

6.3.2. The following conditions apply for all referees listed:

6.3.2.1. Board Members are not permitted as referee nominations and will not be considered a valid referee. Refer to: https://plasticsurgery.org.au/about-asps/governance/australian-board-of-plastic-and-reconstructive-surgery/.

6.3.2.2. A minimum total of 8 consultants and 2 nurse referees must be nominated by the applicant.

6.3.2.3. Prior to submission of an application, applicants must contact each referee and obtain their current email address and mobile telephone number.

6.3.2.4. Applicants must confirm that each of the consultants and nurses nominated as referees have been contacted by the applicant prior to the submission of their application **and have been informed that they may be contacted as a referee by ASPS during the selection process**.

6.3.2.5. Applicants may be excluded from the selection process if misleading or incorrect contact information is provided.
6.3.2.6. The referees nominated by an applicant must be persons who are able to assess performance in a plastic surgery or other type of surgical unit within a public hospital environment or a recognised plastic surgery training unit within a private hospital, otherwise the referee will not be a valid referee.
6.3.2.7. The surgical referees nominated by an applicant must be employed in a plastic surgery or other type of surgical unit within a public hospital environment or a recognised plastic surgery training unit within a private hospital, otherwise the referee will not be a valid referee.
6.3.2.8. The surgical referees nominated by an applicant for experience gained in Australia or New Zealand must be Fellows of the Royal Australasian College of Surgeons (FRACS) and satisfy 6.3.2.6 and 6.3.2.7.
6.3.2.9. The surgical referees nominated by an applicant for experience gained while overseas (not in Australia and New Zealand) must be Fellows of the relevant national surgical college or member of the relevant national specialty society or association and satisfy 6.3.2.6 and 6.3.2.7.
6.3.2.10. International Medical Graduates (IMGs) on a pathway to specialist recognition in Australia or New Zealand are not valid referees.
6.3.2.11. Vocationally registered doctors in New Zealand are not valid referees.
6.3.2.12. Referees nominated by an applicant must have worked with the applicant for a minimum of 10 working weeks in the valid period (see 6.3.1), exclusive of periods of leave but inclusive of **up to a maximum of 5 weeks after the Application Closing Date** to be considered valid.

6.4. Referee Report Information

6.5. The Board may contact hospital units and Consultant Plastic Surgeons to ensure that the information provided about the applicant's history is correct.

6.6. Applicants will not be involved in the confidential collection process.

6.7. The Board Chair, or Board Executive, will confirm if an applicant is to be excluded from the selection process due to insufficient or invalid information. This includes, but may not be limited to, an Applicant:

6.7.1. Nominating too few referees;
6.7.2. Nominating referees who are not valid or not eligible to be referees.

6.8. The Board will endeavour to include at least one (1) Consultant Plastic Surgeon in the final report for each applicant.

6.9. The Board will collect all Referee Reports by conducting remote interviews.

6.10. Referee choices for each applicant will be the responsibility of members of the Board listed in selection regulation 2.7.2 who are ordinarily plastic surgeons. An employee of ASPS, approved by ASPS COO, will provide administrative support.

6.11. Board Members, listed in selection regulation 2.7.2, will choose a total of ten (10) Referees comprising of eight (8) Surgical Consultant and two (2) Nurse Referees. From the ten (10) Referees, the Board will identify the three (3) primary and five (5) secondary Surgical Consultant Referees as well as one (1) primary and one (1) secondary Nurse Referees.

6.12. In selecting the primary Surgical Consultant Referees to obtain information from, to assist in preparing the Reference Report, where possible and available:

6.12.1. at least one of the three will be from the applicant's most recent plastic surgery rotation;
6.12.2. at least one of the three will be from the last 12 months of plastic surgery rotations;
6.12.3. priority will be given to the selection of eligible SET Program surgical supervisors, SET Program surgical trainers and heads of departments.

6.13. In selecting the primary Nurse Referee to obtain information from to assist in preparing the Reference Report, where possible and available, priority will be given to the selection of referees from accredited SET training posts (private and public), thereafter non-accredited posts and rural and remote surgical settings.

6.14. The Referee Interview Panel (***Referee Assessors***) that conducts remote interviews is comprised of, at the most, two (2) members and may include an observer.

6.15. Referee Assessors will be a member of the Board, a Consultant Plastic Surgeon currently working in an accredited training post, or an ASPS employee approved by the ASPS COO.

6.16. An ASPS employee, approved by ASPS COO, will assign Referee Assessors to interview panels. Whenever possible and available, Referee Assessors will be assigned to call Referees outside their own residential state.

6.17. A pro forma Referee Report will be used. The Referee Report will have ten (10) questions focused on the RACS competencies.

6.18. Primary Referees will be contacted first. Two separate attempts will be made to contact each Referee, thereafter that Referee will be disqualified from further contact. Advanced notification may be sent to the Consultant Surgeon Referees and Nurses Referees to be contacted, including information regarding the areas to be explored during the discussion to inform the Referee Report.

6.19. Having considered the responses from all interviews, the Assessors must arrive at a consensus score for each identified area using the scoring guidelines and scales shown in the Referee Report. Notes justifying the score given must be recorded in the Referee Report. Each area within the Referee Report is worth seven (7) points and there are ten (10) areas for assessment.

6.20. If the minimum number of valid reports (3 Consultant Surgeon Referees and 1 Nurse Referee) cannot be obtained from the ten (10) Referees selected in 6.12 and the interview notification date passes (see 2.4.3), the applicant may be excluded from the selection process.

6.21. Any report that is less than eighty percent (80%) complete (8 out of 10 questions answered) will not be considered valid.

7. The Semi-Structured Interview

7.1. The Interview forms part of the application to the Australian SET Program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 450 points.

7.2. The interview is designed to enable an interview panel to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.

7.3. Selection for Interview

7.3.1. The number of interviews is capped at three (3) interviews per one (1) training position available. The number of available positions in the following year is determined by the Board, prior to interviews taking place.

7.3.2. Not all applicants will receive an interview during the selection process. Gaining an interview in one year does not guarantee an applicant will be invited to interview in subsequent application.

7.3.3. Applicants must be ranked equal to or above the number in 7.3.1 to be invited to interview.

7.3.4. Invitations to interview are made on a conditional basis. Applicants must return a signed disclaimer by email to education@plasticsurgery.org.au within three (3) business days of being notified of their interview offer. Applicants that do not sign the declaration will be denied admittance to the interview and may be removed from the selection process.

7.4. Interview Information

7.4.1. It is the responsibility of the applicant to arrive fifteen (15) minutes prior to the interview. Applicants who do not arrive by this time with photo identification (driver's license or passport) will not be considered further in the Selection process.

7.4.2. The Board will determine the delivery method (face to face or virtual) of interviews. Applicants will not be given a choice. It is anticipated that interviews will be conducted face-to-face in capital cities, and subject to COVID-19 regulations.

7.4.2.1. Where an applicant is unable to attend a face-to-face interview due to travel or COVID-19 related restrictions, a technology-assisted interview will be arranged.

7.4.2.2. Where an applicant is unable to attend face-to-face interview due to the reasons provided in their signed interviewee declaration form, a technology-assisted interview may be arranged.

7.4.2.3. An applicant must notify the Board immediately of any illness that meets the criteria described in the interviewee declaration form and must include supporting medical evidence with the notification. If there are health and safety concerns for the applicant, or other applicants, or the panellists or

staff involved in the selection process, the applicant may be removed from this selection round. For the purposes of clause 2.8, an applicant who is removed from the selection round will not have this attempt recorded as an eligible attempt. Such a decision will be made by the National Board Chair in the interests of the health and safety of the applicant, other applicants, the panellists or staff.

7.4.3. Applicants are responsible for all personal travel and personal technology-related costs incurred for attending interviews.

7.4.4. Applicants will be briefed on the interview process and will be given the opportunity to ask any process-related questions.

7.4.5. The interview panels will be comprised of two (2) or three (3) Consultant Plastic Surgeons per panel. Applicants will be interviewed at three (3) separate panels. An additional Consultant Surgeon may attend the interview for observation purposes.

7.4.6. All applicants will be asked the same initial questions at interview; follow-up questions may vary based on applicant responses.

7.5. Interview Scoring

7.5.1. The interview scoring process was developed through consultation with experts in selection development. This method enables a standardised evaluation of each applicant evaluated against the RACS Core Competencies.

7.5.2. Applicant responses at interview are evaluated based on a standard interview scoring guide which contains favourable and unfavourable indicators.

7.5.3. Interview questions developed for interviews are approved by the Board and may vary from year to year, as determined by the Board.

7.5.4. Each panel member may take notes during the interview. Panel members will discuss ratings following the interview and mark a composite rating on the final assessment sheet.

7.5.5. One (1) final assessment sheet will be provided by each panel, equalling a total of three (3) final assessment sheets per applicant. These scores will be combined for each applicant into a weighted total interview score.

7.5.6. The completed final assessment sheets will be maintained as records of the interview.

8. Outcome & Applicant Feedback

8.1. Applicants will be classified in accordance with this classification:

8.1.1. **Successful**. The applicant will receive a training post offer.

8.1.2. **Unsuccessful.** The applicant satisfies the minimum standard for selection in 2.5.1, but did not rank high enough to receive an offer.

8.1.3. **Unsuitable.** The applicant failed to satisfy the minimum standard for selection in 2.5.1 during the selection process, or did not receive an invitation to interview.

8.1.4. **Ineligible.** The applicant failed to satisfy one or more of the minimum selection criteria in 5.6 during the selection process, or the applicant has reached the maximum number of attempts (see 2.8).

8.2. All feedback to applicants will be provided by email. Any further correspondence must be submitted by email to education@plasticsurgery.org.au.

8.3. Ranking of applicants

8.3.1. The Board will conduct selection decisions relating to the Aboriginal and Torres Strait Islander Initiative (Section 4) before making any further selection decisions.

8.3.2. Applicants who have satisfied the minimum standard for selection in 2.5.1, will be ranked based on their overall score. The overall score of the applicant whose rank is equal to the number of training positions available, will be used to determine the cut-off band (+/-2% of the maximum possible score in 2.3.3). For example, if twelve (12) training positions are available, all applicants whose overall score is within 2% of the 12th ranked applicant will be placed into the cut-off band.

8.3.3. For applicants whose overall score is higher than the cut-off band, determination of offers will be made based on the applicant's ranking and their preferences for training region.

8.3.4. For applicants whose overall score falls within the cut-off band, determination of offers will be made based on the applicant's first preference of training region.

8.3.5. Applicants may be offered a training post in a training region that they have not listed as a preference, if there are no other positions available.

8.3.6. All trainee placement decisions are at the Board's discretion and are final. Applicants may not necessarily be placed in their preferred training region.

8.4. Feedback to Successful Applicants

8.4.1. Successful applicants will be offered a SET 1 training placement based on a combination of ranking in the selection process and regional preference. A copy of the training agreement and conditions will be emailed to these applicants.

8.4.2. To accept their training position, successful applicants must submit their signed training agreement, and where relevant inclusive of applications to defer their commencement of training, to ASPS by the due date in the letter of offer.

8.4.3. Successful applicants will be provided with deciles showing their overall standing, and their relative standing in each selection tool.

8.4.4. Successful applicants will receive logins for the RACS and ASPS websites after returning their signed training agreement.

8.5. Feedback to Unsuccessful and Unsuitable Applicants

8.5.1. Applicants classified as unsatisfactory or unsuitable will be informed by email of the result of their application and that they did not receive an offer.

8.5.2. Unsuccessful applicants will be provided with information by email on the wait listing process, where relevant, and if second round offers are expected.

8.5.3. Unsuccessful and unsuitable applicants will be provided with the number of remaining attempts available, deciles showing their overall standing, and their relative standing in each selection tool. Initially feedback will only include the outcome from an application for selection, then after the **Offer date** has passed, further feedback (deciles and relative standing) will be sent. No further feedback will be provided.

8.6. Feedback to Ineligible Applicants

8.6.1. Applicants who have reached the maximum number of attempts at selection will be refunded the selection application fee and will not be considered further.

8.6.2. Applicants determined to be ineligible will be notified by email and will not be considered further in the selection process.

8.6.3. Ineligible applicants will receive information by email on the minimum standard they failed to achieve and the number of remaining attempts available.

8.6.4. Ineligible applicants will not be provided with deciles showing an overall standing, nor a relative standing in each of the selection tools. No further feedback will be provided.

9. Reconsideration, Review and Appeal

Applicants have options available to them to challenge all decisions regarding their selection. Challenges are governed by the RACS Policy “Reconsideration Review and Appeal”, available to download from www.plasticsurgery.org.au.

Selection Regulations
Surgical Education & Training Program

Cardiothoracic Surgery 2021 Intake

1. INTRODUCTION

1.1. Definition of terms for the purpose of these Regulations

1.1.1. **Applicant** means a person who has submitted an application for the Surgical Education and Training (SET) Program in Cardiothoracic Surgery of the Royal Australasian College of Surgeons.

1.1.2. **Board** means the Royal Australasian College of Surgeons Board of Cardiothoracic Surgery.

1.1.3. **Business Days** means Monday to Friday excluding public holidays.

1.1.4. **RACS** means the Royal Australasian College of Surgeons (RACS).

1.1.5. **Interview** means the Board of Cardiothoracic Surgery Semi-Structured Interview conducted as part of the Selection Process.

1.1.6. **ANZSCTS** or **Society** means the Australian and New Zealand Society for Cardiac and Thoracic Surgeons.

1.1.7. **Police Report** means a report on the criminal record of a person.

1.1.8. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.

1.1.9. **Relevant Police Force** means any or all of Australian Federal Police and the various State and Territory Police Forces and the New Zealand Police Force.

1.1.10. **SET Program** means the Surgical Education and Training (SET) Program in Cardiothoracic Surgery as approved by the Board of Cardiothoracic Surgery.

1.1.11. **Term** or **Rotation** means an employment period within a hospital unit/department at post-graduate level. This terminology is interchangeable.

1.1.12. **Medal/prize/award** refers only to those at an academic, tertiary level.

1.1.13. **Indexed** means the relevant journal is listed in Index Medicus.

1.2. Purpose of these Regulations

The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the RACS SET Program in Cardiothoracic Surgery for the 2021 intake. This is a public document.

1.3. Administration and Ownership

The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and New Zealand. Each SET Program conducted under the auspices of the RACS has an appointed specialty board that is responsible for advising the RACS on training and education via the relevant governance structures. These functions are performed by the Board of Cardiothoracic Surgery.

1.4. Objective of the SET Program

The overall objective of the SET Program is to produce competent independent specialist Cardiothoracic Surgeons with the experience, knowledge, skills and attributes necessary to provide their communities and health systems and professions with the highest standard of safe, ethical and comprehensive care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1. The aim of the selection process is to select the highest calibre trainees for the SET Program on the basis of merit through a fair, open and accountable process.

2.2. The selection process will be legal and conducted without prejudice.

2.3. The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appropriate appeals process.

2.4. The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

2.5. The selection process will conform to the requirements agreed by the RACS Board of Surgical Education and Training (BSET) and will meet the RACS generic eligibility requirements.

2.6. The number of Trainees selected in any year, will depend on the number of accredited hospital training posts available.

2.7. Interviews are not automatically granted to all eligible applicants. Only those applicants who have obtained the minimum standard for the Structured Curriculum Vitae and Structured Referee Reports will be eligible for interview

3. ELIGIBILITY FOR APPLICATION TO THE SET PROGRAM - CARDIOTHORACIC SURGERY

Registration – Generic Eligibility

To be eligible to apply to the SET Program,

3.1. Applicants must register with RACS. Registration opens 6 January 2020 and closes 3 February 2020. Applicants must register in accordance with the Registration for SET Selection policy.

3.2. Registrants must complete the “Operating with Respect” eLearning module. The module must be completed within the time limits as specified on the RACS website.

3.3. Registrants must have permanent residency or have citizenship of Australia or New Zealand at the time of registration.

3.4. Registrants must have general (unconditional) registration in Australia or general scope or restricted general scope registration in Cardiothoracic Surgery in New Zealand.

3.5. Registrants must have successfully completed the RACS Hand Hygiene Learning Module from Hand Hygiene Australia since 1 January 2014 (NZ registrants please note: Hand Hygiene New Zealand uses the Australian Learning Module as its default program. NZ registrants must also complete the Hand Hygiene Australia Learning Module.) Registrants must complete the RACS Module which is available on the Hand Hygiene Australia website. No other module will be accepted.

3.6. **Cardiothoracic Surgery Specific Eligibility Criteria**

In addition to the generic eligibility requirements of registration, applicants to the SET program in Cardiothoracic Surgery must also meet the following specific eligibility requirements:

Rotations

3.6.1. Complete two (2) surgical rotations, as specified in 6.7 of a minimum duration of ten (10) continuous weeks each. The rotations must be undertaken within the last five years and must be completed by the end of 2020 (1st December 2014 – 2nd February 2020). The rotations must be taken separately irrespective of the cumulative total of the rotation, and

3.6.2. Complete one (1) Cardiothoracic surgical rotation of a minimum of ten (10) continuous weeks. The rotation must be undertaken within the last five years

and must be completed at the time of application (1st December 2014 – 2nd February 2020).

a. The Cardiothoracic Surgical rotation must be undertaken within a hospital unit where an approved Cardiothoracic Surgical Supervisor is present. A Cardiothoracic rotation must provide both cardiac and thoracic exposure.

b. The Cardiothoracic Surgical rotation must be purely Cardiothoracic and not shared with one of the other eight surgical specialties.

c. A Cardiac or Thoracic rotation will not be counted as a Cardiothoracic Surgical rotation.

d. If the hospital's Cardiac and Thoracic units are separate, the applicant will be deemed as having completed a Cardiothoracic Surgical rotation if they completed at least 10 weeks in both units.

e. The Cardiothoracic rotation can contribute to the minimum number of rotations as outlined in item 3.6.1. In this circumstance, the Cardiothoracic rotation must meet the criteria outlined in item 3.6.2.

3.6.3. Rotations which are not undertaken on a full time basis will be adjusted pro rata.

3.6.4. The surgical rotations must be undertaken within a hospital unit specialising in one of the RACS nine surgical specialties.

3.6.5. The minimum duration of a rotation excludes any leave taken during the rotation.

3.6.6. Applicants must provide written evidence in the form of a letter signed by the Head of Unit or HR Department from the employing institution confirming completion of the relevant surgical rotation/s as outlined in 6.7.

3.7. **Rotations prior to 01/12/2014 should not be included in the application and will not be accepted.**

3.8. **Direct Observation of Procedural Skills in Surgery (DOPS)**

In addition to the generic and specific eligibility requirements, applicants to the SET program in Cardiothoracic Surgery must also submit the following three mandatory DOPS. The evidence provided must be the Cardiothoracic Eligibility DOPS forms provided via the RACS website. The form must be signed by a FRACS:

3.8.1. The following three DOPS procedures are mandatory:

a. Chest Drain Insertion and

b. Saphenous Vein Harvesting

c. Harvesting of Radial Artery

3.8.2. Eligibility DOPS submitted must have been completed in the five years prior to first applying to the SET program.

3.8.3. Eligibility DOPS may be completed outside of a Cardiothoracic rotation.

3.8.4. If the applicant is a current SET trainee in a different Specialty, the Cardiothoracic eligibility DOPS must have been completed in the five years prior to FIRST acceptance to the SET program.

Examinations:

3.8.5. Successfully completed the Generic Surgical Sciences Examination (GSSE) at the time of application

4. SELECTION PROCESS OVERVIEW

4.1. Applicants who satisfy the eligibility and application requirements outlined in Regulation 3, will be considered in open competition for selection to the SET Program.

4.2. Applications can only be submitted via the RACS online application system at **www.surgeons.org**. Applications open on 26 February 2020 and close on 25 March 2020. No other form of application will be accepted and no extensions will be granted.

4.3. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail.

4.4. The Board may verify the information provided within the application with external institutions or individuals, and by submitting an application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

4.5. By submitting an application, applicants certify that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information either intentionally or by mistake, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process. This may occur at any point during the selection process.

4.6. Applicants who do not meet the generic eligibility requirements as set out in Regulation 3. and the specific Cardiothoracic Surgery eligibility requirements as set out in Regulation 3.6 will be considered ineligible and not progress to the next stage of selection and will be advised accordingly.

4.7. On completion of the relevant components of the selection process, eligible applicants will be classified as one of the following:

a. **Successful** being an eligible applicant who satisfies the minimum standards for selection and is considered suitable for selection and who ranks high enough in comparison to the cohort to be made an offer of a position on the SET program.

b. **Unsuccessful** being an eligible applicant who satisfies the minimum standards for selection and is considered suitable for selection but who does not rank high enough in comparison to the cohort to be made an offer of a position on the SET Program.

c. **Unsuitable** being an applicant who failed to satisfy a minimum standard or criterion for selection.

4.8. The minimum standard for selection into the SET Program in Cardiothoracic Surgery is an overall combined and adjusted score of at least 70% in the three (3) selection tools.

4.9. Failure to achieve the minimum standard for selection, will automatically deem an applicant unsuitable for selection and their application will not be considered further in the selection process. Unsuitable applicants will be notified in writing as outlined in Regulation 11.

4.10. Applicants who satisfy the minimum standard for selection as well as the eligibility conditions, will be deemed suitable for selection and will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 which is obtained for each of the three selection tools, providing an overall percentage score, rounded to the nearest two decimal places:

a. Structured Curriculum Vitae 20%

b. Structured Referee Reports 30%

c. Semi-Structured Interview 50%

4.11. In the event that two or more applicants receive equal total scores, the score received in the interview selection tool will be the differentiating factor.

4.12. Suitable applicants for the SET 1 intake, who rank high enough in comparison to the SET 1 intake, will be deemed successful and offered a position in a training unit, according to their ranking, in a region in which they must undertake SET 1. Successful applicants will be notified in writing as outlined in Regulation 9.

4.13. All other suitable applicants who do not rank high enough in comparison to the intake to be offered a position, will be deemed unsuccessful. Unsuccessful applicants will be notified in writing as outlined in Regulation 10.

5. ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITITAIVE.

5.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Board of Cardiothoracic Surgery will implement this initiative in the selection process.

5.2. An applicant will be considered for the initiative post if the following conditions apply:

a. They have identified as Aboriginal or Torres Strait Islander in the selection registration process, and

b. They have met the eligibility requirements for membership of the Australian Indigenous Doctors' Association, and

c. They have met the eligibility requirements of Regulation 3 - 4, and

d. They have met the minimum standard for selection

5.3. In the circumstance of more than one applicant meeting the above criteria, the post will be allocated to the highest ranking applicant.

5.4. An applicant's status as Aboriginal and Torres Strait Islander will only be known to RACS Staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

6. STRUCTURED CURRICULUM VITAE

6.1. The Structured Curriculum Vitae (included in the online application form) captures information and evidence on an applicant's surgical experience, other qualifications, publications, presentations, skills courses and medical achievements.

6.2. Each Structured Curriculum Vitae will be scored by 2 members of the Board of Cardiothoracic Surgery without reference to the opinions of each other using a structured scoring system. Where any discrepancy occurs in any part of the CV between the two scorers, the Board Chair will review the discrepancy and provide a final score for that part.

6.3. Any entry without documentation that clearly supports and verifies it will not be scored or considered. No further documentation can be provided after submission of the application.

6.4. The Structured Curriculum Vitae has a maximum score of 40 points. The components scored are:

a. Qualifications (6 points)

b. Surgical and Medical Experience (12 points)

c. Publications (8 points)

d. Presentations (8 points)

e. Skills Courses (4 Points)

f. Medical Awards/Achievements (2 points)

6.5. Points will not be awarded in more than one component for any single entry.

6.6. **Qualification (maximum 6 points):**

Documentary evidence must be supplied for qualifications other than the applicant's primary medical qualification (MBBS, MD or BMBS in the applicant's respective jurisdiction). This must be either an academic transcript or certificate of completion from the institution. **A qualification must <u>not</u> be listed, if it has not been completed.**

a. Scoring only includes higher degrees successfully completed prior to the application closing date

b. Scoring does not include Primary medical qualifications (MBBS, MD or BMBS in the applicant's respective jurisdiction) A post Graduate Diploma in Anatomy is scored 1 point (not as undergraduate for graduate medical course)

c. A Bachelor of Medical Science degree is scored 1point

d. A Master's degree for a surgical qualification completed prior to the application closing date is scored 2 points.

e. A PhD, MD or MD by Research for a medical qualification completed prior to the application closing date is scored 3 points.

f. A Graduate Diploma in a surgical or medical field are each scored 1 point

g. FRACS or recognised surgical / specialist registration within Australia / New Zealand is scored 5 points

h. A Fellowship of a non-surgical medical specialty training program in Australia or New Zealand is scored 3 points.

6.7. **Surgical and Medical Experience (maximum 12 points)**

Documentary evidence must be supplied for those rotations considered eligible to be awarded marks, must detail work history and must include commencement and end dates, position held and hospital.

a) Terms which are not undertaken on a full time basis will be adjusted pro rata

b) Terms planned for after the closing date for applications will not be scored

c) Scoring only applies to rotations **within the 5 years preceding** the date of application.

01/12/2014 and after for New Zealand rotations, 01/01/2015 and after for Australian rotations

d) **Cardiothoracic Surgery Training Experience** in addition to the mandatory criteria. (maximum of **6 points**):

Scoring only applies to **PGY 4 level and above** appointments within the 5 years preceding the date of application.

i. First Cardiothoracic / cardiac / thoracic surgery rotation of 6 months duration is scored **2 points**.

ii. Subsequent cardiothoracic / cardiac / thoracic surgery rotations of 6 months duration in the same unit will be scored 1 point each to a maximum of **3 points**.

iii. Any further Cardiothoracic Surgery / Cardiac Surgery / Thoracic Surgery rotations of 6 months or more in a different hospital unit will be scored **1 point to a maximum of 2 points**.

e) **Other Surgical Experience.** A minimum of 10 weeks experience in any of the below specialties is scored **1 point to a maximum of 4 points.**

Scoring only applies to **PGY 2 level and above** appointments within the 5 years preceding the date of application. (Relieving terms / Night Cover Terms are not scored).

a) General Surgery
b) Vascular Surgery
c) Urology
d) ENT / Head & Neck
e) Orthopaedic Surgery
f) Plastic Surgery
g) Breast and Endocrine
h) Colorectal
i) Surgical Oncology
j) Paediatric Surgery
k) Trauma / Acute Surgical Unit
l) Transplant
m) Upper GI / Hepatobillary
n) Neurosurgery

f) **Other medical experience.** A minimum of 10 weeks experience in any of the below specialties is scored **1 point to a maximum of 2 points** (Relieving terms / Night Cover Terms are not scored).

Scoring only applies to PGY 2 level and above appointments within the 5 years preceding the date of application.

a) ICU
b) Respiratory Medicine
c) Cardiology
d) Anaesthetics
e) Emergency Medicine

6.8. **Publications (maximum 8 points):**

Documentary evidence must be a letter of acceptance from the publishing body (not the supervisor) or the first page of the publication which clearly shows the publication reference. ***A copy of the entire publication must not be attached.***

a. Scoring only includes medical publications in the 5 years immediately prior to the close of applications. (1 January 2015 and after)

b. Scoring includes publications accepted for publication prior to close of applications in indexed and non-indexed publications and ***excludes published abstracts.***

c. Publications should be in a peer reviewed journal listed in the NCBI.

d. Each publication can only be scored once. Bodies of work which have sufficiently similar topics that have been published in more than one publication, will only be scored once.

e. Publications listed in the Presentations section will only be scored once. The applicant should ensure that the higher scoring entry is listed.

f. Scoring includes articles and book chapters with extra weighting on articles and book chapters where the applicant is the first author.

I. A first author indexed article is scored 2 points each.

II. A first author indexed case report is scored 1 point to a maximum of 2 points.

III. A co-author indexed article is scored 1 point each to a maximum of 1 point.

6.9. **Presentations (maximum 8 points):**

Documentary evidence includes a letter of acceptance of the abstract from the meeting organisers, a copy of the published abstract or a copy of the applicable program page from the meeting. The documentary evidence must clearly identify the applicant as the presenter. ***A copy of the actual presentation must not be attached. A copy of the entire Conference Handbook must not be attached.***

a. Scoring only includes presentations relevant to medicine presented in the 5 years prior to the closing date for applications. (1 January 2015 and after)

b. Each presentation will only be scored once

c. Scoring only includes presentations personally given by the applicant

d. Scoring only includes presentations subject to abstract selection

I. International, National or Australasian Meeting Society or Association presentations are scored 2 points each.

II. Presentations at State Meetings of professional Societies are scored 1 point each to a maximum of 2 points

III. Poster presentations at International Society or Association Meetings are scored 1 point each to a maximum of 2 points

IV. Poster presentations at National or Australasian Society or Association Meetings are scored 1 point each to a maximum of 1 point.

6.10. **Skills Courses (maximum 4 points)**

Documentary evidence must show completion of the Course/Workshop from the awarding body. The evidence must clearly identify the date of the Workshop and the applicant.

i. The RACS **ASSET, CLEAR, CCrISP, EMST and TIPS** courses are scored 1 point each to a maximum of 3 points.

NOTE: Overseas equivalent courses also accepted are:
For ASSET – Intercollegiate Basic Surgical Skills (BSS) Provider: RCS England and Ireland
For CCrISP – CCrISP – Provider: RCS England and Ireland
For EMST – ATLS – Provider: RCS England and Ireland and American College of Surgeons

ii. Other **Non-Technical Skills** professional development courses will be scored 1 point to a maximum of 1 point.

6.11. **Medical Awards (maximum 2 points)**

Documentary evidence of University or equivalent awards or prizes must be provided and clearly state the applicant as the recipient of this award.

a. University medal for highest rank in a Primary Medical Degree (MBBS, MD or BMBS in the applicant's respective jurisdiction) is scored 1 point. *(Dean's List, Scholarships, Subject Medals are excluded)*

b. The RACS Medal (the Gordon Gordon-Taylor Prize) is scored 2 points.

7. STRUCTURED REFEREE REPORTS

7.1. Confidential referee reports are collected by an external agency on behalf of the Board using an online system to obtain information about the clinical aptitude, workplace behaviour and personal attributes of the applicant.

7.2. The applicant must provide contact details, including a valid email address, for (8) Consultants in their preferred order:

a. Referees must have acted in a supervisory capacity for the applicant within a rotation from the last three (3) years of clinical work.

b. If the last three (3) years of clinical work do not include a Cardiothoracic rotation, the Cardiothoracic Surgeons from the most recent rotation must be listed as the applicant's referees.

c. At least one (1) Consultant must be from the mandatory Cardiothoracic rotation.

d. At least one (1) Consultant must be from the current rotation.

e. If the applicant's Cardiothoracic rotation is also their current rotation, the applicant must provide at least two (2) referees from that rotation.

f. At least three (3) Consultants must be non-surgical - ICU / Anaesthesia / Cardiology / Oncology and Respiratory Medicine - with whom clinical interaction of over 3 months have occurred as part of a rotation listed for scoring in the CV.

g. As part of their application the applicant will be required to rank their Referees in the order of their most preferred Referee to least preferred Referee. The Board will endeavour to contact each of the Referees in accordance with the applicants preferred order.

h. The total score for the referee reports will be determined in accordance with item 7.17.

7.3. Consultants holding a diploma from an Australian or New Zealand College are eligible to act as a referee.

7.4. Consultants who have not been awarded a diploma from an Australian or New Zealand College are eligible to act as a referee only after completing two (2) years of continuous work within the area of their diploma at a recognised Australian or New Zealand institution.

7.5. International Medical Graduates (IMG) under assessment at the time of application cannot act as a referee. Time spent working whilst under oversight/supervision due to a period of assessment does not count towards the two year minimum outlined in item 6.4.

7.6. A maximum of three (3) Consultants can be nominated per rotation.

7.7. A maximum of two (2) Research referees can be used.

7.8. If an applicant elects not to provide the details for supervising consultants in accordance with these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information, either intentionally or by mistake, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process.

7.9. The Board will contact the nominated referees requesting them to complete the online referee report.

7.10. The referee must have a valid email address and be available to complete the reference during the allocated period. The referee report is an online application and cannot be filled in manually. It is the applicant's responsibility to ensure referees are aware of this process.

7.11. A minimum of six (6) valid referee reports must be returned in order for the applicant to

progress through the selection process.

7.12. Applicants are advised to nominate people who are most likely to be able to give a complete report.

7.13. In the instance where an applicant nominates more than eight (8) consultants the Executive Officer, in consultation with the Board Chair, shall select the referees with consideration given to the type of clinical term, length of clinical term and the period in which the clinical term was undertaken. Referees will also be selected with consideration given to the following ranking:

a. Cardiothoracic Fellow of RACS

b. Fellow of another College as per 7.3 above. (Maximum of 2)

c. Fellow of RACS

7.14. The names of the referees selected to submit reports will not be released to applicants.

7.15. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant's immediate removal from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

7.16. If a minimum of six (6) valid reports are not received by 5 pm AEDT on 20 May 2020, the applicant will be considered unsuitable and their application will not be considered further.

7.17. The total score for the referee reports will be determined by averaging six (6) referee report scores based on the applicant's preferred order as specified in their application.

7.18. The final referee report score cannot be revised.

8. SEMI STRUCTURED INTERVIEW

8.1. Applicants will be ranked by the combined score of the Curriculum Vitae and Referee Reports.

8.2. To be eligible for invitation to an interview, applicants must achieve a combined adjusted score of at least 30/50 (60%) on the Curriculum Vitae and Referee Reports. Applicants who do not satisfy this criterion will be considered unsuitable and be advised accordingly.

Depending on the number of SET training positions available for the 2021 intake Training year, the number of Applicants to be interviewed will be determined. It is expected that between 15 – 18 Applicants, strictly based on the above rank order would be offered interviews. Those Applicants who meet the eligibility criteria (60% CV / Referee Score) but miss out on the interviews would be advised accordingly.

8.3. Cardiothoracic Selection Interviews will be held on Sunday 21 June 2020 in Melbourne. It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The Board or RACS accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum standards or eligibility who are not permitted to attend an interview.

8.4. Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview at the scheduled interview time will not be considered further in the selection process and their application will be withdrawn.

8.5. **The interview will be conducted by Three (3) interview panels**. Each interview panel will be twenty (20) minutes in duration and the total interview time will be approximately sixty (60) minutes.

8.6. The interview format may contain scenario-based questions.

8.7. Applicants will be given the same scenarios / questions. The interview panel will explore the individual applicant's breadth and depth of the experience, clinical judgement and insight.

8.8. The interview may consist of the following sections:

a. Interest and experience in Cardiothoracic Surgery
b. Insight & Self-Motivation
c. Ethical Behaviour
d. Working Relationships & Collaboration
e. Stress Response
f. Performance Initiative
g. Performance Insight
h. Risk Management
i. Communication & Professional Conduct
j. Research & Publications
k. Knowledge Acquisition & Recognition

8.9. Each interview panel member will provide a score for each of the interview segments they assess.

8.10. The final interview score is a combined score and cannot be revised.

9. FEEDBACK TO SUCCESSFUL APPLICANTS

9.1. Applicants who are considered successful in the selection process will be notified in writing

of the following:

a. That they have been successful in the selection process and are offered a position on the SET Cardiothoracic Program including any conditions associated with the offer.

b. Post allocation details and contact information for the Hospital and Supervisor.

c. Post allocations are made with consideration given to an applicant's ranking, regional preferences and post availability.

d. Information on any applicable recognition of prior learning or additional training conditions which form part of the offer.

e. Details of the Cardiothoracic site on the RACS website and location of relevant policies and regulations available for review prior to acceptance.

f. A list of the conditions identified in item 9.2 of these Regulations.

9.2. To accept the offer to the SET Program, the successful applicant must:

a. be prepared to be allocated to an accredited training post in Australia or New Zealand at any time throughout their SET training.

b. satisfy the employment requirements of the institution in which the allocated training post is located.

c. Agree to abide by RACS policies and the Cardiothoracic SET Program Regulations at all times.

d. Submit the signed Training Agreement by the due date.

9.3. Applicants who do not satisfy any of the conditions outlined in Regulation 8 and 9.1, or who decline the offer, will automatically forfeit their offer.

10. FEEDBACK TO UNSUCCESSFUL APPLICANTS

10.1. Applicants who are considered unsuccessful in the selection process will be notified in writing of the following:

a. That they are suitable for selection, but have not ranked high enough to be offered a position and have therefore been unsuccessful.

b. Information on the overall percentage adjusted scores for each of the selection tools.

c. Information on their position on the wait list and process should a position become available.

10.2. Overall marks for CV, Referee and interview scores will be released to the applicants. **No breakdown of these scores will be released.**

10.3. Verbal feedback will not be given.

11. FEEDBACK TO UNSUITABLE APPLICANTS

11.1. Applicants who are considered unsuitable for selection will be notified in writing of the following:

a. That they are considered unsuitable for selection and will not be considered further in the selection process.

b. Information on the overall percentage adjusted scores for each of the selection tools completed.

c. Notification of the minimum standard or criterion not met.

11.2. Overall marks for CV and Referee scores will be released to the applicants. **No breakdown**

of these scores will be released.

11.3. Verbal feedback will not be given.

12. SELECTION PROCESS REVIEW

12.1. Applicants may be asked to complete evaluation forms during the selection process.

12.2. De-identified responses will be analysed for potential improvements to the process.

Australian Board in General Surgery
Royal Australasian College of Surgeons & General Surgeons Australia

Selection Regulations:

2020 Australian Selection to Surgical Education and Training in General Surgery for 2021 Intake

Approved: 20 May 2020

Table of Contents

1. INTRODUCTION

1.1 Definitions and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

1.1.1. **Applicant** means a person who has submitted an application for the Surgical Education and Training Program in General Surgery through the Australian Board in General Surgery application process administered by General Surgeons Australia.

1.1.2. **Board** means the Royal Australasian College of Surgeons Australian Board in General Surgery.

1.1.3. **Business Days** means Monday to Friday excluding Public Holidays.

1.1.4. **RACS** means the Royal Australasian College of Surgeons.

1.1.5. **GSA** means General Surgeons Australia.

1.1.6. **Interview** means the Australian Board in General Surgery panel interview conducted as part of the selection process.

1.1.7. **Police Report** means a report on the criminal record of a person.

1.1.8. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.

1.1.9. **Relevant Police Force** means any or all of Australian Federal Police and the various State and Territory Police Forces.

1.1.10. **SET Program** means the Surgical Education and Training Program in General Surgery as approved by the Australian Board in General Surgery.

1.2 Purpose of Regulations

1.2.1. The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons Surgical Education and Training (SET) Program in General Surgery for the 2021 intake in Australia. This is a public document.

1.3 Administration and Ownership

1.3.1. RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.

1.3.2. The Australian Board in General Surgery is responsible for the delivery of the Surgical Education and Training Program in General Surgery, the accreditation of hospital posts, and the assessment and supervision of General Surgical Trainees in Australia.

1.3.3. The Australian Board in General Surgery delivers the SET Program in General Surgery in Australia. These regulations apply to Australia only.

1.3.4. For further information, refer to the **Australian Board in General Surgery Terms of Reference** located on the RACS Website.

2. REGISTRATION AND APPLICATION

2.1 Registration

2.1.1. Doctors wishing to apply to the SET Program in General Surgery in Australia must first submit a completed Registration Form to the RACS via the RACS website by the published closing date. Registrations will not be accepted under any circumstances after the closing date.

2.1.2. Doctors are required to confirm for themselves that they meet the minimum eligibility criteria required by the Board before submitting their completed Registration Form. Only doctors who satisfy the eligibility and application requirements in accordance with RACS policy will be considered in open competition for selection to the SET Program in General Surgery in Australia.

2.1.3. For further information regarding Registration, including fees, medical registration and citizenship, please refer to the **SET: Registration for Selection into the Surgical Education and Training (SET) Policy** available on the RACS Website.

2.1.4. Applicants must consent to a full criminal history check including the submission of relevant documentation on request to enable this to be undertaken noting that:

a. Where consent is not given by the applicant, they will automatically be deemed ineligible for selection and not considered further in the selection process.

b. Applicants with a relevant criminal conviction will be deemed unsuitable for selection to the training program. A relevant conviction includes, but is not limited to, a conviction of a sexual nature, a conviction relating to drug usage and/or trafficking, a conviction against liberty, morality and abduction, or a conviction relating to dishonesty, fraud and deception.

c. Failure by an applicant to make full and frank disclosure of their criminal history as requested is grounds to automatically deem the applicant unsuitable for selection, unless the matter is a “spent conviction” under the relevant law.

2.2 Submitting an Application

2.2.1. Applications can only be submitted via the GSA Online Application by the due date. No other form of application will be accepted, and no extensions will be granted under any circumstances. It is the applicant’s responsibility to ensure that they allow enough time to complete the application. No further documentation or entries will be permitted to be added after the application has been submitted.

2.2.2. Separate applications must be made for the SET Program in General Surgery in Australia and the SET Program in General Surgery in New Zealand. Candidates cannot apply to both programs in the same year.

2.2.3. By submitting an application, the applicant agrees to the following:

a. That the application cannot be updated or altered once it has been submitted.

b. Certifies that the information provided in this application is for the purpose of processing their application for the Surgical Education and Training Program in General Surgery in Australia.

c. Certifies that the information provided is true and correct.

d. Understands that the information provided in the application may be disclosed to internal and external parties who provide administration and organisational support to the selection process.

e. Understands that the information provided will be supplied to the Royal Australasian College of Surgeons, who may be required by law to disclose information to external parties.

f. Consents to contact details being provided to Government Health Departments for the purpose of assisting in identifying and accrediting additional training positions and if successful in obtaining a position for the purpose of employment.

g. Understands that General Surgeons Australia and/or the Royal Australasian College of Surgeons may be required to verify the information provided in this application with external institutions, organisations or individuals and gather additional information in order to process the application and therefore consents to the information being collected, used and disclosed as stated.

h. Understands that if the applicant fails to provide further information, the application will be unable to proceed.

i. Understands that should any of the information submitted on the application be found to be false, the application will be excluded from the Selection Process and the candidate may be disqualified from further applications to the Surgical Education and Training Program.

j. Understands that any offer to the Surgical Education and Training Program in General Surgery is conditional upon completion of any clinical rotations required for eligibility by 31 December 2020 as well as the conditions as stipulated in Section 7.3.3.

k. Understands that the candidate, if successful, may be allocated to a training post outside of their current geographical location and accepts that if they decline this allocation they will be forfeiting the offer of a training position and will be required to reapply in the following year.

2.2.4. Candidates will be requested to confirm 2.2.3 at the time of application.

2.3 Regional Preferences

2.3.1. Applicants to the SET Program in General Surgery in Australia have the option of indicating their preferences for the following regions:

a. New South Wales/Australian Capital Territory

b. Queensland

c. South Australia

d. Victoria/Tasmania

e. Western Australia

2.3.2. The following regions have rotations through the Northern Territory – New South Wales, South Australia and Victoria.

2.3.3. Applicants should number each region in order of preference according to the following guidelines:

a. Applicants to the SET Program in General Surgery in Australia may list up to **four (4)** preferences only for regions within Australia.

b. Should an applicant not wish to be considered for a post in a particular region, they should select the “No Preference” option rather than numbering that region. This will ensure that applicants are not offered positions that they have no desire to accept.

c. If an applicant wishes to be considered for a post in any region and is willing to accept a post in any region offered to them, they should number each region in order of preference (up to four preferences).

d. Where applicants' scores are identical, or are deemed to be equivalent within a 2% banding, the offer for a place on the General Surgery Training Program will be made according to the following criteria:

i. The applicants' first region of preference.

ii. Where both applicants first region of preference is the same, the applicant with the higher interview score will receive the offer

2.3.4. Preferences cannot be added to or altered after submission of the application.

2.3.5. The Board will provide an approximate number of how many offers will be made in each region at the commencement of July prior to first round offers. The Board cannot guarantee offers will be made in each of the five regions.

2.4 Eligibility Requirements

2.4.1. Applications to the Australian General Surgery Training Program must meet the minimum eligibility criteria as specified in Sections 2.5 to 2.7. The minimum eligibility criteria comprises the following:

a. Clinical Rotations: General Surgery and Critical Care (Section 2.5)

b. Procedural Skills and Professional Capabilities (Section 2.6)

c. RACS Surgical Science Generic Examination (Section 2.7)

2.4.2. Applicants who fail to meet any one of the eligibility requirements during application will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

2.5 Eligibility Requirement – Clinical Rotations

2.5.1. Applicants must note the following Australian General Surgery specific eligibility requirement:

Rotation Type	Minimum Duration	Validity Period	Completed By
General Surgery Rotation (Refer to Section 2.5.7)	26 weeks Refer to 2.5.2	Refer to 2.5.4	25 March 2020
Critical care rotation (refer to 2.5.8)	1 X 8 weeks	N/A	By the end of 2020

2.5.2. Rotations must be a minimum of eight (8) continuous weeks in duration on the one unit (unless undertaking nights or relieving positions in which applicants must meet 2.5.7m or n) in a full-time capacity. The 26 weeks may include up to a maximum of three (3) weeks leave. The leave must have been taken during the General Surgery rotations utilised for minimum eligibility.

2.5.3. Night and relieving rotations will be accepted for the purposes of minimum eligibility and must adhere to 2.5.2, 2.5.7m for nights and 2.5.7n for relieving.

2.5.4. The validity period for General Surgery rotations is between 1 December 2017 and 25 March 2020 except where 2.5.5 or 2.5.6 applies.

2.5.5. Where the applicant has been undertaking active full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2018 and 2019, minimum eligibility will consider the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for one year or less during 2018 or 2019.

2.5.6. Where the applicant has been on parental leave for a minimum of three months between 1 December 2017 and 25 March 2020, the validity period will be extended backwards by the number of months of parental leave taken.

2.5.7. A General Surgery rotation is defined as one of the following:

a. Acute Surgical Unit

b. Breast and Endocrine

c. Colorectal

d. General Surgery

General Surgery rotations that are combined with another specialty listed in 4.3.5b, c, f, h and i will only be considered General Surgery where the documentation states that 80% of the rotation was in General

Surgery, working for a General Surgeon and on the General Surgery on call roster.

e. Head and Neck (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

f. Thoracic (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

g. Surgical Oncology

h. Transplant

i. Trauma

j. UGI/HPB

k. Vascular (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

l. Paediatric General Surgery (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

m. Nights where 80% of the night term is undertaken for covering General Surgery units as specified in 2.5.7a – 2.5.7l. **This must be specified in the documentation.**

n. Relieving term where 80% of the relieving term is undertaken in a General Surgery unit as specified in 2.5.7a – 2.5.7l. Nights cannot be included in a relieving term. **This must be specified in the documentation.**

2.5.8. A Critical Care rotation is defined as one of the following:

a. Trauma Unit

b. ICU

c. HDU

d. ED

e. Cardiothoracic Unit

f. Vascular Unit

g. Burns Unit

h. Anaesthetic Unit

i. Transplant/HPB

j. Critical Care Unit

2.5.9. A Critical Care rotation cannot also be considered for a General Surgery rotation or Surgical Rotation. Applicants will need to stipulate if the rotation is to be considered a General Surgery rotation, Surgical Rotation or Critical Care rotation.

2.5.10. Applicants must provide proof of completed Surgical or Critical Care rotations and future rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates and any leave taken. A contract, letter of appointment or roster will not suffice as documentation.

2.5.11. Rotations for which documentation does not meet Section 2.5.10 will not be taken into consideration and may deem the application ineligible.

2.5.12. Applicants who do not meet the minimum eligibility requirement will be deemed unsuitable as per Section 3.1.2 and will not proceed in the selection process.

2.6 Eligibility Requirement – Procedural Skills and Professional Capabilities

2.6.1. Applicants must demonstrate proficiency in a range of procedural skills and professional capabilities.

2.6.2. Applicants must submit the completed Australian Board in General Surgery Procedural Skills and Professional Capabilities Form available on the GSA website.

2.6.3. Each Procedural Skill and Professional Capability listed must be verified by the consultant surgeon supervising the rotation(s).

2.6.4. A Consultant is defined as one of the following:

a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or

b. A vocationally trained surgeon employed as a specialist surgeon

2.6.5. Each procedure must be verified during rotations undertaken between 1 December 2017 and 25 March 2020 except where Section 2.5.5 and 2.5.6 applies.

2.6.6. Applicants who do not have each Procedural Skill and Professional Capability verified in accordance with Section 2.6.3, 2.6.4 and 2.6.5 will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

2.7 Eligibility Requirement – RACS Surgical Science Generic Examination

2.7.1. Applicants must pass the RACS Surgical Science Generic Examination by 25 March 2020.

2.7.2. Applicants who have not passed the RACS Generic Surgical Science Examination by 25 March 2020 will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

3. SELECTION PROCESS

3.1 Overview

3.1.1. Applicants who satisfy the eligibility and application requirements in accordance with RACS policy and these Regulations will be considered in open competition for selection to the SET Program in General Surgery in Australia.

3.1.2. On completion of the relevant components of the selection process, eligible applicants will be classified as one of the following:

a. **Unsuitable** being an eligible applicant who failed to satisfy a minimum standard for selection.

b. **Unsuccessful** being an eligible applicant who satisfied the minimum standards for selection who is therefore suitable for selection but who did not rank highly enough in comparison to the intake to be made an offer of selection.

c. **Successful** being an eligible applicant who satisfied the minimum standards for selection who is therefore suitable for selection and who has ranked highly enough in comparison to the appropriate intake to be made an offer of selection.

3.2 Ranking

3.2.1. Applicants who complete the three components of the selection process, that is CV, Referee and Interview, will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 obtained for each of the three (3) selection tools, providing an overall percentage score:

a. Structured Curriculum Vitae 35%

b. Structured Referee Reports 25%

c. Semi-Structured General Surgery Panel Interview 40%

3.2.2. To satisfy the minimum standard for selection, applicants must rank above the fourth quartile (i.e. within the top 75% of ranked applicants). These applicants will be considered suitable for selection.

3.2.3. Applicants in the last quartile (i.e. within the bottom 25% of ranked applicants) will be deemed unsuccessful and will be notified accordingly.

3.3 Pilot of Selection Tools

3.3.1. To improve the quality and efficacy of selection into surgical training, RACS conducts research and evaluates the performance of selection instruments and process. The Australian Board in General Surgery may elect to pilot one or more selection tools in the 2020 selection process. Any pilot conducted will not be considered in the actual selection process. Any methodology used for pilot tools will maintain the integrity of the actual selection process and results will not be used or included in the scores for the actual selection process. Candidates will be given the opportunity to opt in or opt out and their choice will have no impact on their actual application.

3.4 Aboriginal and Torres Strait Islander Selection Initiative

3.4.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Australian Board in General Surgery will implement this initiative in the selection process.

3.4.2. An applicant will be considered for the initiative post if the following conditions apply:

a. They have identified as Aboriginal or Torres Strait Islander in the selection registration process, and

b. They have met the eligibility requirements for membership of the Australian Indigenous Doctors' Association, and

c. They have met the eligibility requirements of Section 2.4, 2.5, 2.6 & 2.7 of these regulations, and

d. They have met the minimum standard for selection as per Section 3.2.2 of these regulations

3.4.3. 10% of the total offers identified for the first round of appointments will be quarantined for eligible Aboriginal and Torres Strait Islander applicants. Any offers made in subsequent rounds will be made in accordance with ranking and these regulations.

3.4.4. Any applicant offered a position on the SET program in accordance with Section 3.4.3 will be offered their first regional preference wherever possible.

3.4.5. An applicant's status as Aboriginal and Torres Strait Islander will only be known to GSA Staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative. The Board will report to RACS the outcome of the Aboriginal and Torres Strait Islander initiative to RACS.

3.5 Offers

3.5.1. Successful applicants will be offered positions based on their national ranking and regional preferences, in accordance with Section 2.3.3.

3.5.2. It is expected that due to attrition and requests for interruption, there will be several rounds of offers to the SET Program in General Surgery in Australia. The rounds will be published on the GSA website.

3.5.3. Applicants who have been deemed suitable, in accordance with Section 3.1.2 but who do not rank highly enough to receive a first round offer to the SET Program in General Surgery in Australia, will still be considered eligible for subsequent rounds of offers made by the Board.

3.5.4. From Round 2 onwards, applicants who are identified as being next on the ranking to be offered a place, but who have already been offered a place in another specialty, will be contacted via email to ascertain if they do not wish to receive an offer from General Surgery. Applicants will have five (5) working days to respond. Applicants who agree not to have an offer made by General Surgery will be removed from the ranking and no further offers will be made.

3.5.5. Applicants who do not wish to receive a later round offer to the SET Program in General Surgery must advise the Board by the stipulated deadline. Such applicants will be considered withdrawn from the selection process.

3.5.6. Applicants who receive an offer to a region other than their first preference and who wish to be considered eligible for subsequent rounds of offers must indicate this on the acceptance of offer form provided. If the applicant fails to do so, the acceptance of the original offer will stand, and the applicant will not be considered for subsequent rounds of offers.

3.5.7. Once an offer has been accepted, the relevant Training Committee will allocate the successful applicant to a Training Rotation according to the following guidelines:

a. Allocation will be based on national rank, preference, and the number of available positions.

b. While every effort will be made to match applicants to their preference, due to the number of posts available this will not always be possible and new trainees are required to accept the rotation allocated to them.

3.5.8. In the interest of fairness, allocations to posts may not be made until after several rounds of offers have been finalised.

3.5.9. Applicants who have been deemed suitable but who do not rank highly enough to receive an offer by the final round will be considered **unsuccessful.** Unsuccessful applicants will be notified in writing as outlined in Section 7.2 of these Regulations.

4. STRUCTURED CURRICULUM VITAE – ONLINE APPLICATION

4.1 Overview and Purpose

4.1.1. The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process, and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, publications, presentations, teaching and referees.

4.2 Scoring

4.2.1. Each Structured Curriculum Vitae will be scored by two (2) people nominated by the Board without reference to the opinions of others using a structured scoring system. One scorer will be a staff member of GSA and the second scorer will be a member of the Board. Where any discrepancy occurs in the scores provided by the two (2) scorers, the Board Chair, or appointed representative, will score the Structured Curriculum Vitae to identify the anomaly and determine the correct score.

4.2.2. The Structured Curriculum Vitae has a maximum of 28 points. The components scored are:

a. Surgical Experience (Maximum 8 points)

b. Rural and Remote Surgical Experience (3 points)

c. Qualifications (Maximum 4 points)

d. Presentations and Publications (Maximum 8 points)

e. Prizes/Awards for Excellence (Maximum 2 points)

f. Scholar and Teacher (Maximum 3 points)

4.2.3. The score out of 28 will be adjusted to an overall percentage score rounded to two decimal places for the Structured Curriculum Vitae selection tool.

4.3 Surgical Experience

4.3.1. Scoring will only consider rotations undertaken between 1 December 2017 and 25 March 2020 except where Section 4.3.2 or 4.3.3 applies.

4.3.2. Where the applicant has been undertaking full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2018 and 2019, scoring will consider the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for one year or less during 2018 or 2019.

4.3.3. Where the applicant has been on parental leave for a minimum of three months between 1 December 2017 and 25 March 2020, the validity period will be extended backwards by the number of months of parental leave taken.

4.3.4. General Surgery and Critical Care rotations used for the purposes of minimum eligibility will not be scored. Only additional surgical rotations will be scored.

4.3.5. A surgical rotation is classified as one of the following:

a. General Surgery (as specified in 2.5.7)

b. Urology

c. Orthopaedics

d. Paediatrics (where it does not meet the requirements in 2.5.7l)

e. Vascular (where it does not meet the requirements in 2.5.7k)

f. Neurosurgery

g. Otolaryngology – Head and Neck (where it does not meet the requirements in 2.5.7e)

h. Plastic and Reconstructive

i. Cardiothoracic

4.3.6. Surgical Rotations less than eight (8) consecutive weeks will not be scored. Rotations must be a minimum of eight weeks on a single unit (unless undertaking nights or relieving positions in which applicants must meet 2.5.7m or 2.5.7n). Rotations that include leave and therefore reduce the total number of weeks worked to less than eight (8) will not be scored.

4.3.7. Rotations that are undertaken on a part-time basis will be scored pro-rata.

4.3.8. Medical rotations not of a surgical nature will not be scored.

4.3.9. Rotations planned for after 25 March 2020 will not be scored.

4.3.10. Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates and any leave taken. A contract, letter of appointment or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.

4.3.11. Documentation not provided on letterhead or signed will not be accepted and the rotation will not be scored.

4.4 Rural and Remote Surgical Experience

4.4.1. Candidates who demonstrate a commitment to working in the rural or remote sector will be awarded points on their CV. Points will be awarded where a candidate has spent six (6) or twelve (12) continuous months working in a Surgical Position at PGY 3 plus in a Board specified rural or remote hospital. Experience must be within the validity period between 1 December 2017 and 25 March 2020.

4.4.2. A list of Board specified rural and remote hospitals can be found in Appendix II. A hospital not listed indicates that the Board does not consider the hospital rural or remote.

4.4.3. Hospitals in Appendix II that are listed as 1-3 will be considered **rural**.

4.4.4. Hospitals in Appendix II that are listed as 4 and above will be considered **remote**.

4.5 Qualifications

4.5.1. Scoring only includes higher degrees and diplomas successfully completed by 25 March 2020 at a recognised institution as determined by the Board. Scoring only includes:

a. Diplomas/Graduate Diplomas in a medically related area

b. Masters degree/s in a medically related area by either coursework or thesis

c. PhD in a medically related area

4.5.2. Higher Degrees and Diplomas must be awarded by 25 March 2020.

4.5.3. Scoring does not include primary medical qualifications including the MBBS/MBChB/MD or overseas equivalent, graduate certificates/certificates or other Bachelor degrees including Honours.

4.5.4. Scoring does not include successful completion of the RACS Basic Surgical Examination (completed prior to February 2008), Surgical Science or Clinical Examination.

4.5.5. Scoring does not include the MRCS qualification.

4.5.6. Documentary evidence of completion must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.

4.6 Presentations and Publications

4.6.1. Scoring will consider presentations or publications undertaken in the past five (5) years.

4.6.2. Presentations and publications must be complete, that is presented or published, by 25 March 2020. Prospective presentations and publications will not be scored.

4.6.3. Scoring only includes presentations relevant to General Surgery, Basic Surgical Science and Surgical Education. The applicant must demonstrate how the presentation is relevant to General Surgery, Basic Surgical Sciences or Surgical Education.

4.6.4. Presentations that relate to the following surgical specialties **will not** be scored:

a. Cardiothoracic Surgery

b. Plastic and Reconstructive Surgery

c. Vascular Surgery

d. Otolaryngology Head and Neck Surgery

e. Orthopaedic Surgery

f. Neurosurgery

g. Urology

h. Paediatric Surgery

4.6.5. Scoring only includes presentations personally given by the applicant.

4.6.6. Scoring only includes presentations at scientific meetings or conferences subject to abstract selection. Hospital based presentations will not be scored. Presentation of a Masters/Phd dissertation will not be scored.

4.6.7. Poster Presentations will only be scored where the applicant is the first author and the named presenter in the meeting program.

4.6.8. Presentations that have sufficiently similar topics or that have been presented at more than one scientific meeting or conference will be scored only once.

4.6.9. When the same body of research has been published in a peer reviewed journal and presented, both the publication and the presentation will each be scored individually in accordance with the Regulations.

4.6.10. Presentations will be scored depending on local or national/international level.

4.6.11. The following documentary evidence of a presentation is required:

a. a letter from the organising committee stating the applicant undertook the presentation or a certificate of presentation clearly stating the presentation title and applicant's name

b. a copy of the abstract

4.6.12. Planned presentations that were cancelled due to the impact of COVID-19 will be scored, provided the following:

a. Evidence of acceptance is provided in the form of official notification from the conference organiser that your presentation was accepted and that you were the named author and presenter

b. Evidence of conference cancellation is provided

c. There was no option for videoconference or virtual presentations

4.6.13. This applies to any conference cancelled up until 25 March 2020 which is the original closing date of applications.

4.6.14. Please note that the entry in your application must include all three pieces of evidence. The presentation will not be scored without the required evidence. Acceptable evidence for items a and b includes a formal letter or notification from the conference organisers or a screen shot of the conference website.

4.6.15. Not supplying both 4.6.11a and 4.6.11b, and/or 4.6.12a and 4.6.12b where applicable, will deem the entry invalid and will not be scored. Letters of acceptance will deem the entry invalid and will not be scored.

4.6.16. Acceptable evidence does not include a letter from the supervisor or acceptance of presentation for a meeting.

4.6.17. General Surgery, Basic Surgical Science or Surgical Education publications will be scored where eligible. The applicant must demonstrate how the publication is relevant to General Surgery, Basic Surgical Sciences or Surgical Education.

4.6.18. A maximum of one (1) publication that falls within the following surgical areas will be scored (the publication that attracts the higher number of points will be scored):

a. Cardiothoracic Surgery

b. Plastic and Reconstructive Surgery

c. Vascular Surgery

d. Otolaryngology Head and Neck Surgery

e. Orthopaedic Surgery

f. Neurosurgery

g. Urology

h. Paediatric Surgery

4.6.19. Only publications in a peer reviewed journal (including open access online journals) will be scored.

4.6.20. Published abstracts will not be scored.

4.6.21. Scoring excludes letters to editors and media releases.

4.6.22. Each publication can only be scored once.

4.6.23. Scoring includes articles and book chapters with extra weighting where the applicant is the first author. Articles where the applicant has been a part of a collaborative research will be scored as a non-first author on the proviso that their name appears as a contributor.

4.6.24. Case reports will only be scored where the applicant is the first author. “How I Do it” and “Perspective” articles in peer reviewed journals will be scored as a case report.

4.6.25. The only documentary evidence of a publication that will be accepted is a copy of the published journal article, book chapter or published case report. Entries where adequate documentation is not provided will not be scored.

4.7 Prizes and Awards

4.7.1. Scoring only includes prizes or awards for excellence in a surgically related field, including prizes for presentations.

4.7.2. Scoring only includes prizes or awards achieved during postgraduate years.

4.7.3. Scoring only includes prizes or awards achieved at state/territory, national or international peer reviewed meetings.

4.7.4. Scoring does not include Certificate of Merit, Certificate of Excellence, Honours, Deans Honour Roll, Distinctions, CME points, honorary mentions, Letters of Appreciation, commendation, travel grants, hospital or network based awards and prizes and special mentions. Scoring does not include receiving a second or third prize.

4.7.5. Scholarships and grants will not be scored.

4.7.6. Documentary evidence of award or prize must be provided at the time of application. Documentation must include both the evidence of the prize and the paper or abstract associated with the prize. Entries where adequate documentation is not provided will not be scored.

4.8 Scholar and Teacher

4.8.1. Applicants may score for involvement in continued teaching.

4.8.2. Scoring only includes teaching relevant to the medical field.

4.8.3. Scoring only includes teaching that occurred for a period of six (6) continuous months or more 25 March 2020 and for a minimum of two hours per week. The Board recognises that university teaching occurs over semesters that do not run for a continuous period. As such, the Board will recognise teaching during two consecutive university semesters as equivalent to six months. Teaching for one university semester will not be eligible.

4.8.4. Scoring does not include undertaking periodic presentations at seminars, invigilating at examinations, workshops or hospital meetings including ward rounds, bed side teaching and Mortality and Morbidity meetings. Scoring does not include involvement as a mentor.

4.8.5. Scoring does not include teaching of medical students or interns as part of a normal medical employment.

4.8.6. Weekly, rostered teaching sessions of clinical skills involving patients in the clinical environment will be scored. This must be aligned to a university curriculum. Bed-side teaching that occurs as part of daily ward rounds is not scored. Formal documentation from the University must stipulate that the teaching sessions were not part of ward rounds or routine bed side teaching and were weekly, rostered, formal sessions and were in line with the university curriculum.

4.8.7. Evidence of involvement from the relevant institution must be supplied.

4.8.8. Entries for which documentation cannot verify the activities and time commitment, including dates and hours per week, will not be scored. Documentation must also specify that the teaching was outside of normal medical appointment.

4.8.9. Scoring only includes teaching undertaken in the last three years.

5. STRUCTURED REFEREE REPORTS

5.1 Overview and Purpose

5.1.1. References are collected to obtain information, in confidence, about the history of the applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in General Surgery.

5.2 Process

5.2.1. The applicant must provide the names of at least one (1) to a maximum of three (3) supervising consultants who had the greatest period of supervision over the applicant for each surgical rotation specified in Section 2.5 and 4.3. Where a candidate has been in a rotation for a continuous period of 26 weeks or more, the candidate may nominate up to six (6) consultants from the rotation.

5.2.2. A consultant is defined as;

a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or

b. A vocationally trained surgeon employed as a specialist surgeon

5.2.3. Only referees from surgeons will be accepted. Non-surgical referees will not be permitted.

5.2.4. Applicants must nominate a minimum of six (6) and maximum of ten (10) referee names from the supervising consultants supplied.

5.2.5. Applicants must nominate at least two (2) general surgeons from at least one (1) eligible General Surgery rotation in accordance with Section 5.2.4. **Failure to nominate two (2) General Surgeons as referees will deem the application ineligible.**

5.2.6. Applicants must confirm that the nominated consultants have agreed to act as a referee.

5.2.7. If an applicant elects not to provide the details for supervising consultants as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing supervising consultants who do not strictly comply with these Regulations, or omitting supervising consultants in preference for others who have had a lesser supervisory role, the applicant may be withdrawn from the selection process and their application will not be considered further.

5.2.8. The units in which the applicant has worked may be contacted as part of the selection process to verify that the supervising consultants listed on the application form comply with these Regulations. The supervising consultants will also be asked to verify compliance with these Regulations.

5.2.9. The Board will select at its discretion five (5) primary supervising consultants to be contacted as part of the selection process. In selecting supervising consultants the Board will select at least two (2) General surgery referees and the remaining from other terms with consideration given to the duration and type of term.

5.2.10. The remaining nominated consultants will be considered alternative referees. Reports completed by alternate supervising consultants will only be used as part of the selection process if one (1) or more of the supervising consultant reports identified in Section 5.2.9 are not received by the final submission date or if a report is deemed invalid (as in Section 5.4.3). The alternate supervising consultant reports, where required, will be used in order of their submission date.

5.2.11. The selected referee names **will not** be released to the applicants.

5.3 Assessment Areas

5.3.1. On the report the supervising consultant will be asked to select one (1) of four (4) options for each of the twenty (20) assessment areas that they believe best describes the applicant. The selection criteria that will be scored within the reports can be generally categorised as follows:

a. Medical and Technical Expertise

b. Judgement/Clinical Decision Making

c. Communication

d. Collaboration

e. Scholar and Teacher

f. Professionalism

5.4 Scoring

5.4.1. The options chosen by the referee will be converted to the associated numeric score by the Board using a predetermined scoring system as follows:

a. The first option is categorised as “unsatisfactory” and scores 0 points.

b. The second option is categorised as “basic” and scores 2 points.

c. The third option is categorised as “intermediate” and scores 4 points.

d. The fourth option is categorised as “advanced” and scores 6 points.

5.4.2. The individual report scores will be converted to a percentage score rounded to two decimal places, calculated by dividing the total score for the report by the total number of questions for which the referee has provided a response.

5.4.3. If the referee has provided a response for less than 80% of the report, the report will be deemed invalid and will not be used as part of the selection process. In these circumstances an alternate report will be sought (as in Section 5.2.10).

5.4.4. The percentage scores for the five (5) individual reports will be averaged to provide an overall percentage score, rounded to two decimal places, for the Structured Referee Report selection tool.

5.5 Eligibility to Proceed to Interview

5.5.1. If, having applied Section 5.2, the Board has not obtained five (5) valid reports prior to the final submission date determined by the Board, the applicant will be **formally withdrawn from the selection process and their application will not be considered further**.

5.5.2. The Board is responsible for the collection of the reports. Applicants will not be provided with updates on the reports collected; nor will they be involved in the collection process in any way. All supervising consultants contacted as part of the selection process will be advised of the confidential nature of the reports. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant being deemed **unsuitable** for selection and removed from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

5.5.3. Applicants combined CV and referee score **must** be in the first two quartiles, that is the first 50% of applicants, in order to proceed to interview. Applicants who do not meet this criterion will be deemed unsuitable and not be eligible for an interview. Applicants will be notified accordingly as per Section 7.1.

6. INTERVIEWS

6.1 Overview and Purpose

6.1.1. The interview has been designed to:

a. Identify factors deemed important to the practice of General Surgery.

b. Address the RACS competencies.

c. Assess the suitability of the applicant for training.

6.1.2. The interview seeks information on a variety of attributes including:

a. The ability to interact effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.

b. The ability to contribute effectively as a member of the health care team.

c. The ability to act ethically, responsibly and with honesty.

d. The capacity to care, demonstrate concern and sensitivity to the needs of others.

e. Effective oral communication.

f. The ability to assimilate and organise information and to adapt accordingly.

g. The ability to present concisely within a time frame.

h. The applicant's commitment to a career in General Surgery.

i. The ability to recognise and respond appropriately to ethical issues.

j. The ability to promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

6.2 Notification of Interview

6.2.1. Applicants will be notified of the date, time and location of the interview at least five (5) business days prior.

6.2.2. It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The Board accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum standards or eligibility who are not permitted to attend an interview.

6.2.3. Interviews will generally be held in Victoria, Queensland, New South Wales, South Australia and Western Australia.

6.2.4. Applicants will be required to provide proof of identification at the interviews.

6.2.5. Interview dates will be published on the GSA website.

6.2.6. Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview at the scheduled time will not be considered further in the selection process and their application will be withdrawn.

6.2.7. Applicants will be provided with a brief on the structure of the interview at the time of notification.

6.3 Conduct

6.3.1. The interviews will be conducted by a series of five (5) interview panels comprised of two (2) members as per Section 6.4. Each panel will conduct a designated section of the interview for all applicants, with applicants rotating between panels.

6.3.2. Applicants will spend up to 10 minutes with each panel with approximately 1 minute between panels.

6.3.3. Each interview will be approximately 60 minutes in total duration.

6.4 Composition of Interview Panels

6.4.1. Each Panel will comprise two (2) members from any of the following areas:

a. Members of the Australian Board in General Surgery.

b. Members of the Training Committees of the Australian Board in General Surgery.

c. Fellows of the RACS who have attended the RACS Interviewer Training Course and/or who are General Surgeons.

d. Fellows of the RACS who are General Surgeons

e. Hospital Administrators

6.4.2. Each panel will be permitted one (1) observer who will not participate in scoring.

6.4.3. The interview panels will be designated one of the following areas:

a. Three (3) clinical scenario based stations

b. Two (2) structured non-technical based stations

6.4.4. Each panel will ask two (2) structured questions. Clarifying questions may be asked to probe an applicant's response.

6.5 Scoring

6.5.1. Applicants will be scored using a structured scoring system and criterion statements relating to topics outlined in Section 6.4.

6.5.2. Each question will be accompanied by a criterion answer.

6.5.3. Each panel member will score each applicant individually on a specific form with a consensus score for the interview panel to be arrived at following the interview. The score for each panel will be out of five (5). The consensus score sheet will be used in the final ranking of suitable applicants.

6.5.4. Each panel will also score, out of five (5), the applicant on Communication and Presentation. An average from all panels is included in the final score as per Section 6.5.5.

6.5.5. The interview scores from the five (5) panels will then be collated and added to the average for communication score.

6.5.6. Applicants' answers will be scored using the following structured scoring system and criteria:

a. Unsatisfactory (1 point): The applicant failed to articulate appropriate responses and did not cover any of the key points related to the scoring criteria and did not demonstrate the potential for appropriate knowledge, skills or abilities **and/or did not** demonstrate some of the personal qualities and behaviours sought.

b. Basic (2 points): The applicant articulated appropriate responses covering 1 - 2 of the key points related to the scoring criteria and demonstrated the potential for suitable knowledge, skills and abilities with further experience **and** demonstrated the personal qualities and behaviours sought.

c. Intermediate (3 points): The applicant articulated appropriate responses covering 3 points related to the scoring criteria and demonstrated appropriate knowledge, skills and abilities **and** the personal qualities and behaviours sought.

d. Advanced (4 points): The applicant articulated good responses covering 4 – 5 of the key points related to the scoring criteria and demonstrated good knowledge, skills and abilities **and** the personal qualities and behaviours sought.

e. Expert (5 points): The applicant articulated excellent responses covering 6 or more of the key points related to the scoring criteria and

demonstrated exceptional knowledge, skills and abilities **and** the personal qualities and behaviours sought.

6.5.7. Interviewers are to score in whole numbers only.

6.5.8. Interviewers are to allocate a score for Communication and Presentation based on the following guidelines:

a. Unsatisfactory (1 point): The applicant demonstrated no clear organisation in responses provided, core concepts were not integrated into responses, answers did not end in a smooth manner, and speech was unclear and difficult to understand.

b. Basic (2 points): The applicant's answer was somewhat organised and well thought out, however lost focus regularly, incorporated concepts that were not relevant to the question, conclusion did not flow smoothly within the response, and problems existed with clarity of speech for at least 50% of the presentation.

c. Intermediate (3 points): The applicant presented fairly clearly, however lost focus three to four times, incorporated one or two concepts however these were not relevant to the question, conclusion was well constructed but disjointed from the remainder of the answer, clarity of speech was average but was not confident in answers.

d. Proficient (4 points): The applicant presented answers that were mostly clear and generally well thought out, however lost focus once or twice, incorporated concepts but missed vital key areas, conclusion was well defined, spoke clearly but demonstrated a lack of confidence once or twice.

e. Strong (5 points): The applicant presented exceptionally clearly and well thought out responses, remained extremely focussed, incorporated the key concepts, concluded effectively, and spoke clearly and with confidence.

7. FEEDBACK

7.1 Unsuitable Applicants

7.1.1. Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:

a. That they have been deemed unsuitable for selection and will not be considered further in the selection process.

b. Information on the overall scores they received for each of the selection tools completed following completion of Selection offers.

c. Notification of the minimum standard or Regulation that they failed to satisfy.

7.1.2. Applicants will not be notified of their overall ranking.

7.2 Unsuccessful Applicants

7.2.1. Applicants who have been deemed unsuccessful will be notified in writing via email of the following:

a. That they have been deemed suitable for selection but have not ranked highly enough to be made an offer in accordance with the intake and have therefore been unsuccessful.

b. Information on the overall scores received for each of the selection tools completed following completion of Selection offers.

7.2.2. Applicants will not be notified of their overall ranking but will be informed of the quartile ranking.

7.3 Successful Applicants

7.3.1. Applicants who have been deemed successful in the selection process will be notified in writing via email of the following:

a. That they have been successful in the selection process and are being offered a position on the SET Program in General Surgery in Australia subject to the conditions outlined in Section 7.3.3.

b. Information on applicable entry level eligibility, the Regional allocation and on the process for allocation to a training post.

7.3.2. Applicants will not be notified of their overall ranking.

7.3.3. Acceptance of the offer to the SET Program in General Surgery in Australia will be conditional on the following:

a. The applicant being registered with the Australian Health Practitioner Regulation Agency (AHPRA) with no conditions or undertakings.

b. The applicant being employed by the relevant health areas and/or the allocated hospital.

c. The information submitted in the application form being true, verifiable and correct.

d. Satisfactory completion of all minimum eligibility criteria by 31 December in the year of application.

e. Provision of any outstanding documentation required by the Board.

f. Payment of all monies owed to RACS.

g. The applicant forwarding a copy of their logbook for the past 12 months for consideration in determining suitable rotations.

h. Acceptance and return of the signed Training Agreement

i. Formal acceptance of the offer by the due date

7.3.4. Applicants who fail to satisfy any of the conditions outlined in Section 7.3.3 of these Regulations will automatically forfeit the offer.

7.3.5. Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

7.3.6. Applicants who return the acceptance of offer form by the stipulated deadline, and who satisfy the conditions outlined in Section 7.3.3 will be contacted by the relevant Regional Office in accordance with Section 3.3.7 of these Regulations.

7.3.7. Applicants' contact details will be provided to the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy to allow for automatic registration as required by the General Surgery Training Regulations.

7.4 Deferral

7.4.1. Applicants who wish to defer the commencement of their General Surgical Education and Training must lodge a request to the Australian Board in General Surgery at the time of acceptance using the following procedure:

a. Complete the required section on the acceptance offer.

b. Provide documentary evidence of the reason surrounding the request for deferral.

c. The request will be considered and approval determined by the Board. The Board may consult the Regional Subcommittee prior to determination.

7.4.2. All applications for deferral or interruption are governed by the **SET: Trainee Registration and Variation Policy** available on the RACS website, and the Australian Board in General Surgery SET Regulations.

7.4.3. Applications for deferral will only be considered for the following reasons:

a. Research towards a higher degree

b. Parental or Carers leave

7.4.4. The Australian Board in General Surgery does not have the authority to alter RACS Policy, or to approve non-compliant requests.

7.4.5. Deferrals will not be granted from Round 2 and onwards due to logistical considerations.

7.5 Flexible Training

7.5.1. Applicants who wish to be considered for Flexible Training in their first year must lodge a request to the Australian Board in General Surgery at the time of acceptance using the following procedure:

a. Complete the required section on the acceptance offer.

b. Provide documentary evidence of their request for a Flexible Training post

c. The request will be considered and approval determined by the relevant Training Committee.

7.5.2. Whilst every effort will be made to accommodate flexible training requests, due to the limited posts available no guarantees can be provided. Where a flexible training request cannot be accommodated, the candidate will be made the offer to either accept full time training, decline the SET offer, or defer for one year. Candidates who receive an offer in Round 2 and later are not eligible to defer.

7.5.3. All applications for flexible training are governed by the **SET: Trainee Registration and Variation Policy** available on the RACS website, and the Australian Board in General Surgery SET Regulations.

7.5.4. The Australian Board in General Surgery does not have the authority to alter RACS Policy, or to approve non-compliant requests.

8. APPENDIX 1 – SCORING GUIDE FOR STRUCTURED CURRICULUM VITAE – ONLINE APPLICATION

8.1 Overview

8.1.1. The following provides the scoring guide for the CV component of the General Surgery Selection Process for eligible entries that meet the criteria as per Section 4.

8.1.2. Candidates must reference Section 4 to determine eligible entries. Entries that do not meet the criteria in Section 4 or where the documentation is insufficient will not be awarded points.

8.2 Surgical Experience

8.2.1. Each eligible eight (8) week rotation of surgery (excluding General Surgery rotations used for Minimum Eligibility) as per Section 4.3 will score 2 points.

8.2.2. Rotations undertaken on a part-time basis will be scored pro-rata.

8.3 Rural and Remote Surgical Experience

8.3.1. Hospitals listed in Appendix II classified **1-3** are considered **rural**.

8.3.2. Rural Surgical Experience will be scored at one (1) point per continuous six (6) months experience or three (3) points per continuous twelve month rotation to a maximum of three (3) points as per Section 4.4.

8.3.3. Hospitals listed in Appendix II classified **4 and higher** are considered **remote**.

8.3.4. Remote Surgical Experience will be scored at two (2) points per continuous six (6) months experience or three (3) points per continuous twelve month rotation to a maximum of three (3) points as per Section 4.4.

8.4 Qualifications

8.4.1. Eligible Qualifications that meet the criteria in Section 4.5 will be scored as follows:

a. 1 point – Graduate Diploma or Diploma in a medically related area

b. 2 points - Masters by coursework or thesis in a medically related area

c. 3 points – PhD in a medically related area

8.5 Presentations and Publications

8.5.1. Eligible Presentations that meet the criteria in Section 4.6 will be scored as follows:

a. 1 point - Oral or Poster presentation at regional/state level (where the applicant is the first author and named presenter in the meeting program)

b. 1 point - Poster presentation at national or international level (where the applicant is the first author and named presenter in the meeting program)

c. 2 points - Oral presentation at national or international level (where the applicant is the first author and named presenter in the meeting program)

8.5.2. Eligible Publications that meet the criteria in Section 4.6 will be scored as follows:

a. 1 point - Case Report including “How I Do It” or “Perspective” peer reviewed article where the applicant is the first author.

b. 1 point - A peer reviewed journal article or book chapter where the applicant is not the first author.

c. 2 points - A peer reviewed journal article or book chapter where the applicant is the first author

8.6 Prizes and Awards

8.6.1. Eligible Prizes and Awards that meet the criteria in Section 4.7 will be scored as follows:

a. 1 point - Prize awarded for a presentation relevant to surgery post-graduate level

b. 1 point - Prize received for academic achievement in surgery at post-graduate level

8.7 Scholar and Teacher

8.7.1. Eligible Scholar and Teacher entries that meet the criteria in Section 4.8 will be scored as follows:

a. 1 point – six (6) months continuous teaching with a minimum time commitment of two (2) hours per week

b. 2 points – twelve (12) months continuous teaching with a minimum time commitment of two (2) hours per week

c. 3 points – eighteen (18) months or more continuous teaching with a minimum time commitment of two (2) hours per week

9. APPENDIX 2 – RURAL AND REMOTE HOSPITALS

Name	State	Classification
Northern Territory		
Alice Springs Hospital	NT	4
Royal Darwin Hospital	NT	3
South Australia		
Berri Hospital	SA	3
Mt Gambier and Districts Health Service	SA	2
Port Augusta Hospital and Regional Health Service	SA	3
Port Lincoln Health Service	SA	4
Whyalla Hospital and Health Service	SA	3
Western Australia		
Albany Health Campus	WA	3
Armadale Kelmscott Memorial Hospital	WA	1
Broome Hospital	WA	4
Bunbury Hospital	WA	2
Geraldton Hospital	WA	3
Hedland Health Campus	WA	4
Joondalup Health Campus	WA	1
Kalgoorlie Hospital	WA	3
Peel Health Campus	WA	1
Rockingham General Hospital	WA	1
St John of God, Midland	WA	1
Queensland		
Alpha Hospital	QLD	5
Aramac Hospital	QLD	5
Atherton Hospital	QLD	3
Augathella Hospital	QLD	5
Ayr Hospital	QLD	3
Babinda Hospital	QLD	3
Bamaga Hospital	QLD	5
Barcaldine Hospital	QLD	5
Beaudesert Hospital	QLD	2
Biggenden Health Service	QLD	3
Biloela Hospital	QLD	3

Blackall Hospital	QLD	5
Bowen Hospital	QLD	3
Bundaberg Hospital	QLD	2
Cairns Hospital	QLD	3
Capricorn Coast Hospital and Health Service	QLD	2
Charleville Hospital	QLD	5
Childers Hospital	QLD	2
Chillagoe Hospital	QLD	5
Chinchilla Hospital	QLD	3
Cloncurry Hospital	QLD	4
Croydon Primary Health Care Clinic	QLD	5
Cunnamulla Hospital	QLD	5
Dirranbandi Hospital	QLD	5
Dimbulah Hospital	QLD	3
Doomadgee Hospital	QLD	5
Dysart Hospital	QLD	3
Eidsvold Health Service	QLD	3
Emerald Hospital	QLD	3
Forsayth Hospital	QLD	5
Gayndah Hospital	QLD	3
Georgetown Hospital	QLD	5
Gin Gin Hospital	QLD	3
Gladstone Hospital	QLD	2
Glenmorgan Outpatients Clinic	QLD	4
Gordonvale Memorial Hospital	QLD	3
Gurriny Yealamucka Health Service (Yarrabah)	QLD	3
Gympie Hospital	QLD	2
Herberton Hospital	QLD	3
Hervey Bay Hospital	QLD	2
Home Hill Hospital	QLD	3
Ingham Health Services	QLD	3
Injune Hospital	QLD	4
Innisfail Hospital	QLD	3
Julia Creek Hospital	QLD	5
Kilcoy Hospital	QLD	2

Longreach Hospital	QLD	5
Mackay Hospital and Health Service	QLD	2
Maleny Hospital	QLD	2
Mareeba Hospital	QLD	3
Maryborough Hospital	QLD	2
Miles Hospital	QLD	3
Mitchell Hospital	QLD	5
Moranbah Hospital	QLD	3
Mossman Multi-Purpose Health Service	QLD	3
Mount Isa Hospital	QLD	4
Moura Hospital	QLD	3
Mungindi Hospital	QLD	4
Normanton Hospital	QLD	5
Oakey Hospital	QLD	2
Proserpine Hospital	QLD	3
Quilpie Hospital	QLD	5
Rockhampton Hospital	QLD	2
Roma Hospital	QLD	3
St George Hospital	QLD	4
Surat Hospital	QLD	4
Tara Hospital	QLD	3
Taroom Hospital	QLD	4
Texas Health Service	QLD	3
Thargomindah Hospital	QLD	5
The Townsville Hospital	QLD	3
Thursday Island Hospital	QLD	5
Tully Hospital	QLD	3
Toowoomba Hospital	QLD	2
Warwick Hospital	QLD	2
Weipa Hospital	QLD	5
Winton Hospital	QLD	5
New South Wales		
Albury Wodonga Health – Wodonga Campus	NSW	2
Armidale Hospital	NSW	2
Bathurst Base Hospital	NSW	2

South East Regional Hospital - Bega	NSW	3
Belmont Hospital	NSW	1
Broken Hill Hospital	NSW	4
Coffs Harbour Health Campus	NSW	2
Dubbo Base Hospital	NSW	2
Dunedoo Health Service	NSW	3
Goulburn Base Hospital	NSW	3
Griffith Base Hospital	NSW	3
Lismore Base Hospital	NSW	3
Manning Base Hospital	NSW	3
Maitland Hospital	NSW	1
Moruya District Hospital	NSW	2
Orange Base Hospital	NSW	2
Port Macquarie Base Hospital	NSW	2
Shoalhaven District Memorial Hospital	NSW	2
Tamworth Base Hospital	NSW	2
The Tweed Hospital	NSW	1
Wagga Wagga Base Hospital	NSW	2
Wyong Public Hospital	NSW	1
Victoria		
Albury Wodonga Health	VIC	2
Albury Wodonga Health - Albury Campus	VIC	2
Alexandra District Health	VIC	2
Bairnsdale Regional Health Service	VIC	3
Ballarat Health Services	VIC	2
Bass Coast Health	VIC	2
Beaufort and Skipton Health Service	VIC	2
Beechworth Health Service	VIC	2
Benalla Health	VIC	2
Bendigo Health Care Group	VIC	2
Boort District Health	VIC	3
Casterton Memorial Hospital	VIC	3
Castlemaine Health	VIC	2
Central Gippsland Health Service	VIC	3
Cobram District Health	VIC	2

Cohuna District Hospital	VIC	3
Colac Area Health	VIC	3
East Grampians Health Service	VIC	2
East Wimmera Health Service	VIC	3
Echuca Regional Health	VIC	2
Edenhope and District Hospital	VIC	3
Gippsland Southern Health Service	VIC	2
Goulburn Valley Health	VIC	2
Healesville and District Hospital	VIC	2
Heathcote Health	VIC	2
Hepburn Health Service	VIC	2
Hesse Rural Health Service	VIC	2
Heywood Rural Health	VIC	3
Inglewood and District Health Service	VIC	2
Kerang District Health	VIC	3
Kilmore and District Hospital	VIC	2
Kooweerup Regional Health Service	VIC	2
Kyabram and District Health Service	VIC	2
Kyneton District Health Service	VIC	2
Latrobe Regional Hospital	VIC	2
Lorne Community Hospital	VIC	2
Maldon Hospital	VIC	2
Mansfield District Hospital	VIC	3
Maryborough District Health Service	VIC	2
Maryvale Private Hospital	VIC	2
Mildura Base Hospital	VIC	3
Mildura Private Hospital	VIC	3
Moyne Health Services	VIC	2
Murray Valley Private Hospital	VIC	2
Nathalia District Hospital	VIC	2
Neerim District Soldiers Memorial Hospital	VIC	2
Northeast Health Wangaratta	VIC	2
Numurkah District Health Service	VIC	2
Omeo District Health	VIC	3
Orbost Regional Health	VIC	3

Portland District Health	VIC	3
Rochester and Elmore District Health Service	VIC	3
Rosebud Hospital	VIC	1
Rural Northwest Health	VIC	3
Seymour Health	VIC	2
Shepparton Private Hospital	VIC	2
South Gippsland Hospital	VIC	2
South West Healthcare, Camperdown Campus	VIC	2
South West Healthcare, Warrnambool Campus	VIC	2
St John of God Hospital, Ballarat	VIC	2
St John of God Hospital, Bendigo	VIC	2
St John of God Hospital, Warrnambool	VIC	2
Stawell Regional Health	VIC	2
Swan Hill District Health	VIC	3
Tallangatta Health Service	VIC	3
Terang and Mortlake Health Service	VIC	2
The Bays Hospital - Hastings	VIC	1
Timboon and District Healthcare Service	VIC	3
Wangaratta Private Hospital	VIC	2
West Gippsland Healthcare Group	VIC	2
West Wimmera Health Service	VIC	3
Western District Health Service	VIC	2
Western District Health Service, Coleraine Campus	VIC	2
Wimmera Health Care Group	VIC	3
Yarram and District Health Service	VIC	2
Yarrawonga Health	VIC	2
Yea and District Memorial Hospital	VIC	2
Tasmania		
Beaconsfield District Health Service	TAS	3
Calvary Health Care Tasmania - Lenah Valley Campus	TAS	2
Calvary Health Care Tasmania - St Luke's Campus	TAS	2
Calvary Health Care Tasmania - St Vincent's Campus	TAS	2
Calvary St John's Hospital	TAS	2
Campbell Town Multi-Purpose Service	TAS	3
Deloraine District Hospital	TAS	3

Esperance Multi-Purpose Centre	TAS	3
Flinders Island Multi-Purpose Centre	TAS	5
George Town Hospital and Community Health Centre	TAS	3
HealthWest (West Coast District Hospital at Queenstown)	TAS	4
Hobart Private Hospital	TAS	2
King Island Multi-Purpose Centre	TAS	5
Launceston General Hospital	TAS	2
May Shaw District Nursing Centre	TAS	4
Mersey Community Hospital	TAS	2
Midlands Multi-Purpose Centre	TAS	3
New Norfolk District Hospital	TAS	2
North East Soldiers' Memorial Hospital and Community Service Centre	TAS	3
North West Regional Hospital	TAS	3
Royal Hobart Hospital	TAS	2
Smithton District Hospital	TAS	3
St Helens District Hospital	TAS	3
St Helen's Private Hospital	TAS	2
St Marys Community Health Centre	TAS	3
Tasman Health and Community Service	TAS	3
The Eye Hospital	TAS	2
The Hobart Clinic	TAS	2
Toosey Memorial Hospital (Longford)	TAS	2

10. APPENDIX 3 – ADDENDUM TO SELECTION 2020

Addendum to the Selection Regulations for 2021 entry into the Surgical Education and Training (SET) program

The Education Board of the Royal Australasian College of Surgeons is the senior board responsible for the oversight of the education policy of the College and the maintenance of surgical education, training, examination and other assessment standards. The authority of the Education Board to develop, regulate and approve all education activities is delegated by Council.

For the purpose of enabling selection to the 2021 Surgical Education and Training (SET) Program under COVID-19 conditions, the Education Board has approved a range of amendments to be included in specialty-specific Selection Regulations (Selection Regulations Approved Amendments).

The Selection Regulations Approved Amendments may only apply:

1. For the purpose of the Specialty Training Boards to undertake their respective SET selection process during 2020. The Selection Regulations Approved Amendments cannot be relied upon for SET selection in future years; and
2. To eligible candidates who have successfully completed the SET registration process in 2020. Candidates are deemed eligible once they have satisfied the generic eligibility requirements for the SET program in accordance with the RACS Registration for Selection into SET Policy in addition to the specialty-specific eligibility requirements as set out in the specialty-specific Selection Regulations (Eligible Candidates).

The Selection Regulations Approved Amendments are as follows:

1. Modifications made to the application opening and closing dates, but only in instances where the application process was suspended prior to the original advertised application closing date communicated as at the end of 2019. Any modification is to allow Eligible Candidates a minimum of two weeks to submit an application for SET selection.

2. Modifications made to the application process, but only in instances where the application process was suspended prior to the original advertised closing date communicated as at the end of 2019. Any modification is to allow Eligible Candidates a minimum of two weeks to submit an application for SET selection.

3. Modifications made to dates, times and locations relevant to the SET selection process and requirements.

4. Modifications made to the composition of interview panels used as part of the SET selection process.

5. Modifications to the delivery mode of the selection tools to accommodate the use of online, teleconference and/or videoconference functionality.

6. Modifications to the SET selection process on the condition that such modifications do not alter the scoring, weighting of the selection tools, shortlisting standards or the ranking process as earlier approved by Education Board for the purpose of selection to the 2021 SET Program and in accordance with the RACS Selection to Surgical Education and Training Policy.

7. Modifications to the SET selection offer dates, on the condition that offers are made prior to the cut-off date of 30 November as determined by the Board of Surgical Education and Training.

The Education Board grants an exception to all Specialty Training Boards to comply with clause 3.1.5 and clause 3.1.10 of the RACS Selection to Surgical Education and Training Policy for selection to the 2021 SET Program, on the following provisos:

8. A waiver of Clause 3.1.5 *Detailed specialty selection regulations, which have been assessed for compliance with this policy, are publicly available in November prior to the year of selection* is

granted ONLY where the specialty-specific Selection Regulations can be made publicly available prior to the recommencement of selection to the 2021 SET Program.

9. A waiver of Clause 3.1.10 *Notification of the outcome for each specialty selection process must be released on the common announcement dates, as approved by the Board of Surgical Education and Training. This does not preclude earlier notification to applicants as part of any short-listing process* is granted with notification to successful applicants to be made by no later than 30 November 2020.

A revised timeline for the 2020 SET selection is enclosed below. Exact dates may vary for different specialties. Each specialty will be required to publish dates for key selection activities upon opening selection into their programs.

Application opening date*:	20 May 2020
Application closing date*:	12 June 2020
Notification of shortlisting for Interview:	In accordance with specialty specific selection regulations – a minimum of 5 days' notice will be provided
Specialty Specific Exams (where applicable):	to be advised by relevant specialty with 3 months' notice
Interviews:	24 August 2020 to 25 October 2020
Latest date of Notification of outcome:	30 November 2020

* for specialties where selection was suspended prior to the original advertised application closing date.

1. INTRODUCTION

1.1. Definition of terms for the purpose of these Regulations

1.1.1. **OHNS** refers to the surgical specialty of Otolaryngology, Head and Neck Surgery.

1.1.2. **Applicant** means a person who has applied for the Surgical Education and Training (SET) Program in Otolaryngology Head and Neck Surgery of the Royal Australasian College of Surgeons (RACS).

1.1.3. **Board** means the Royal Australasian College of Surgeons Board of Otolaryngology Head and Neck Surgery (Board of OHNS).

1.1.4. **Business Day**s means Monday to Friday excluding Public Holidays.

1.1.5. **RACS** means the Royal Australasian College of Surgeons.

1.1.6. **SET Program** means the Surgical Education and Training program in OHNS as approved by the Board of OHNS.

1.1.7. **Training Region** means a state of Australia where a trainee is allocated and will remain in for the duration of their training. New Zealand hold their own Selection process, so applicants wishing to be placed within NZ will need to apply for NZ OHNS Selection.

1.2. Purpose of these Regulations

These Regulations describe the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons SET Program in Otolaryngology Head and Neck Surgery for the 2021 intake.

1.3. Objective of the SET Program

The overall objective of the SET Program is to produce competent independent specialist surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1.1. The aim of the selection process is to select the highest calibre trainees for the SET Program on the basis of merit through a fair and accountable process.

2.1.2. The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appeals process.

2.1.3. The selection process is subject to ongoing review to ensure its continued validity and objectiveness.

2.1.4. The selection process will conform to the requirements agreed by the RACS Board of Surgical Education and Training (BSET) and will meet RACS' generic eligibility requirements.

2.1.5. The number of trainees selected in any year will depend on the number of accredited hospital training posts available in the following year.

3. GENERIC ELIGIBILTY FOR APPLICATION TO THE SET PROGRAM IN OHNS

Prior to applying to the SET program in OHNS, applicants must first register with RACS via its website. The Registration period is 6 January - 3 February 2020.

The generic eligibility requirements are included in the *Registration for Selection into SET* and *Selection to Surgical Education and Training* policies. Applicants not registered cannot lodge an application for the SET Program.

Applicants must meet the generic eligibility criteria requirements for the SET Program.

Applications can only be submitted online via the RACS website between 26 February - 25 March 2020 (refer 4.1.5).

4. OHNS SPECIFIC ELIGIBILITY REQUIREMENTS FOR APPLICATION

4.1. Eligibility Assessment

4.1.1. For the purposes of these Regulations, a SET Trainee is defined as being registered with RACS as a trainee in another SET program at the time of application.

4.1.2. For the purposes of these Regulations, full-time research is defined as one or more years in full-time research and study towards a higher degree (Masters by research or PhD) in the two years immediately preceding application.

4.1.3. Eligibility timeframes may be extended to account for parental leave upon receipt of verifying documentation from an employer.

4.1.4. Documentary evidence for all requirements must be provided at the time of application or the entry will not be considered. No late documentation will be accepted.

4.1.5. Applications must be submitted via the RACS online application system at www.surgeons.org. Applications close on **25 March 2020** (12:00pm AEDT).

a. By submitting an application, an applicant certifies that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information the applicant may be withdrawn from the selection process and their application will not be considered further. This may occur at any stage during the selection process.

b. Misleading or incorrect information can include but is not limited to:

- Prior attendance at examinations or courses without a pass/certified completion of all assessments
- past rotations allocated but not completed.

4.1.6. The Board may verify the information provided within the application with external institutions or individuals and by submitting an application the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

4.1.7. By submitting an application, the applicant is consenting to references being collected, and to the named surgical consultants and non-surgical referees within the application providing the information requested as part of the Reference Report process.

4.1.8. By submitting an application, the applicant is consenting to members of the Board and other persons appointed by the Board Chair, in accordance with these Regulations, conducting the selection process and making decisions relating to their application and selection despite having made decisions previously that may be adverse to the applicant. This includes decisions made during the current and previous selection processes and other training and assessment matters.

4.1.9. Applicants who do not meet generic eligibility requirements and specific Otolaryngology Head and Neck Surgery eligibility requirements will be classified as ineligible and not progress to the next stage of selection and will be advised accordingly.

4.2. Applicants who are not SET trainees and not in full-time research, must complete:

4.2.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by 25 March 2020.

4.2.2. A Selection Eligibility Form completed by a supervising Otolaryngology, Head and Neck Consultant and attached to the online application form.

4.2.3. A minimum of 10 consecutive weeks in an Otolaryngology Head and Neck Unit completed since 1 January 2018 and before 25 March 2020.

a. The unit must be staffed by Consultants with a FRACS in OHNS.

b. Consideration will be given to the rotation being undertaken at the time of application if it is at least over eight (8) weeks complete.

4.2.4. A minimum 20 weeks of surgical experience. This is in addition to 4.2.3 and must have been completed since 1 January 2018 and before 25 March 2020**.**

a. Rotations must be at least 10 continuous weeks each to be included.

b. Surgical rotations are defined as rotations in one of the nine specialties of RACS.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one unit.

4.2.5. Minimum 8 consecutive weeks in a dedicated Emergency Department completed since beginning of intern year and before 25 March 2020.

4.2.6. Minimum 8 consecutive weeks in a dedicated Intensive Care Unit completed since beginning of intern year and before 25 March 2020.

4.2.7. A list of approved Emergency and Intensive Care Units can be found here.
Other Units will be reviewed on a case by case basis.

4.3. SET trainees must complete:

4.3.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by 25 March 2020.

4.3.2. A Selection Eligibility Form completed by a supervising Otolaryngology, Head and Neck Consultant and attached to the online application form.

4.3.3. A minimum of 10 consecutive weeks in an Otolaryngology Head and Neck Unit completed in the two years prior to first application to SET.

a. The unit must be staffed by Consultants with a FRACS in OHNS.

b. At least one supervising Consultant from this rotation must be provided as a referee on the application form.

4.3.4. A minimum 20 weeks of surgical experience. This is in addition to 4.3.3 and must have been completed since 1 January 2018 and before 25 March 2020.

a. Rotations must be at least 10 continuous weeks each to be included.

b. Surgical rotations are defined as rotations in one of the nine specialties of RACS.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one unit.

4.4. Applicants in full-time research for a Higher Degree must complete:

4.4.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by 25 March 2020.

4.4.2. A Selection Eligibility Form completed by a supervising Otolaryngology, Head and Neck Consultant and attached to the online application form.

4.4.3. A minimum of 10 consecutive weeks in an Otolaryngology Head and Neck Unit completed in the two years prior to commencing full-time research and before 25 March 2020.

a. Part-time rotations undertaken during the research period may be considered and will be calculated pro-rata. Evidence of hours worked per month must be provided.

b. The unit must be staffed by Consultants with a FRACS in OHNS.

4.4.4. A minimum 20 weeks of surgical experience. This is in addition to 4.4.3 and must have been completed in the two years prior to commencing full-time research and before 25 March 2020.

a. Rotations must be at least 10 continuous weeks each to be included.

b. Surgical rotations are defined as rotations in one of the nine specialties of RACS.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one unit.

e. Rotations can be on an ongoing and part-time basis and will be calculated pro-rata with documentary evidence of hours worked per month/in total.

4.4.5. Minimum 8 consecutive weeks in a dedicated Emergency Department completed since beginning of intern year and before 25 March 2020.

4.4.6. Minimum 8 consecutive weeks in a dedicated Intensive Care Unit completed since beginning of intern year and before 25 March 2020.

4.4.7. A list of approved Emergency and Intensive Care Units can be found here.
Other Units will be reviewed on a case by case basis.

5. SELECTION PROCESS OVERVIEW

5.1. Applicants who satisfy the generic and specialty specific eligibility and application requirements will be considered in open competition for selection to the SET program.

Applicants who do not satisfy the generic and specialty specific eligibility requirements will be considered ineligible and informed of the criterion not met no later than 10 business days after the close of applications.

5.2. The selection process uses three selection tools, each contributing the following weightings to the overall selection score out of 100:

a. Structured Curriculum Vitae 20%

b. Reference Reports 40%

c. Semi-Structured Interview 40%

5.3. Applicants must score a minimum of 50% for the Structured Curriculum Vitae to be deemed suitable for selection. This will be scored in accordance with Section 6 of these Regulations.

5.4. Applicants who satisfy the standards in Regulation 5.3 will proceed to the preparation of a Reference Report. Applicants who do not satisfy the standards in Regulation 5.3 will be considered ineligible and not proceed further in the selection process.

5.5. Applicants must score a minimum of 50% for the Reference Report to be deemed suitable for Selection. This will be scored in accordance with Section 7 of these Regulations.

5.6. Applicants who satisfy the standard in Regulation 5.5 will be ranked according to their combined score for the Structured Curriculum Vitae and Reference Report.

5.7. Only top ranked suitable applicants following Regulation 5.6 will proceed to the Semi-Structured Interview. The number of applicants interviewed will be based on the estimated number of positions available in 2021. All other applicants will be deemed unsuccessful and will not proceed further in the selection process.

5.8. Applicants will be informed of their performance in the Reference Report and shortlisting for the Interview no later than 10 business days prior to the Interview date.

5.9. The interview will be scored in accordance with Section 8 of these Regulations.

5.10. Applicants who attend the Semi-Structured Otolaryngology Head and Neck Surgery Panel Interview must achieve a weighted interview score of 25/40 or greater to meet the minimum standard for selection. Applicants who attend the Semi-Structured Otolaryngology Head and Neck Surgery Panel Interview and achieve a weighted interview score of less than 25/40 will be considered ineligible and will not proceed further in the selection process.

5.11. On completion of the Interviews applicants who meet the minimum standard for selection will be ranked according to their combined score for the Structured Curriculum Vitae, Reference Report and Interview, which equates to a score out of 100 selection points.

5.12. The entry point into the SET Program for the 2021 intake is Novice level. Allocation to available positions anywhere in Australia will be determined by the Board taking into consideration requirements of the training program, an applicant's final ranking in the selection process, region of preference and any extenuating circumstances.

5.13. Applicants who attend the Interview will be notified of the outcome of their application on **27 July 2020**.

5.14. Aboriginal and Torres Strait Islander Selection Initiative

5.14.1. RACS Council has approved the Aboriginal and Torres Strait Selection Initiative policy and the Board of OHNS will apply this initiative for the 2021 Intake.

5.14.2. Under this initiative, it is expected that there will be one (1) post available for the 2021 intake.

5.14.3. An Applicant will be considered for the initiative post if the following conditions apply:

a. They have identified as Aboriginal or Torres Strait Islander in the registration process, and

b. They have met the eligibility requirements for membership of

Australian Indigenous Doctors' Association, and

c. They have met the eligibility requirements of 5.3 and 5.5, and

d. They have met the minimum standard for selection as per 5.12.

5.14.4. In the circumstance of more than one applicant meeting the above criteria, the post will be allocated to the highest ranking applicant.

5.14.5. An applicant's status as Aboriginal or Torres Strait Islander will only be known to RACS staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

6. STRUCTURED CURRICULUM VITAE

The Structured Curriculum Vitae (CV), included in the online application form, captures an applicant's surgical experience, other qualifications, publication and presentation history and skills courses.

6.1. Scoring

6.1.1. The CV will be scored by a Board member and the RACS Executive Officer using the structured scoring system outlined in 6.2-6.8.

6.1.2. If the scoring Board member and RACS Executive Officer are unable to determine a CV component score or an applicant requests a reconsideration of a score, it will be referred to the Board Chair.

6.1.3. Any entry without documentation that clearly supports and verifies it will not be considered and/or scored. No further documentation can be provided after submission of application.

6.2. The CV will be scored out of a maximum 21 points.

6.2.1. Surgical Experience (maximum 6 points)

6.2.2. Skills Courses (maximum 1 point)

6.2.3. Qualifications (maximum 5 points)

6.2.4. Presentations (maximum 3 points)

6.2.5. Publications (maximum 5 points)

6.2.6. Rural Origin Applicant (maximum 1 point)

6.3. Surgical Experience (maximum 6 points)

6.3.1. Rotations less than 10 continuous weeks duration by 25 March 2020 will not be scored.

6.3.2. Rotations longer than 20 weeks will be scored up to the maximum allowable points per rotation.

6.3.3. Rotations used in Regulation 4.1 will not be scored.

6.3.4. Only surgical rotations of the RACS specialties will be scored.

6.3.5. Mixed rotations will be scored as surgery in general rotations.

6.3.6. Surgical nights rotations will not be scored.

6.3.7. Surgical relief rotations will not be scored unless at least 10 weeks is spent in one unit and documentation explicitly states this.

6.3.8. Private assisting will not be scored.

6.3.9. Rotations that were not full-time will be scored pro-rata on presentation of detailed evidence of hours worked.

6.3.10. Rotations commenced after the closing date of applications will not be scored.

6.3.11. Rotations will only be considered for scoring if accompanied by documentary evidence in the form of a letter of confirmation from the appointing hospital or Health Service. An employment contract, letter of offer or roster is not adequate documentation and will not be scored.

6.3.12. Scoring

a. A 10 week rotation in Otolaryngology, Head and Neck Surgery is scored 2 points.

b. A six month or longer appointment in Otolaryngology, Head and Neck Surgery is scored 4 points.

c. A 10 week rotation in another surgical discipline is scored 1 point.

d. A six month or longer appointment in another surgical discipline is scored 2 points.

6.4. Skills Courses (maximum 1 point)

6.4.1. Only EMST, CLEAR, ASSET, CCrISP (or international equivalents) will be scored.

6.4.2. Courses must be completed and all assessments passed prior to 25 March 2020.

6.4.3. Certificate of attendance or letter of completion must be provided. Entries without adequate documentation will not be scored.

6.4.4. Each course will be scored 0.5 point to a maximum of 1 point.

6.5. Qualifications (maximum 5 points)

6.5.1. Higher degrees awarded by 25 March 2020 will be scored;

a. Higher degrees are defined as a Masters or PhD.

b. A higher degree should be equivalent in syllabus and assessment to one conferred by an Australian or New Zealand University.

c. A Master of Surgery completed outside of Australia or New Zealand is considered equivalent if the applicant completed a minimum one year of full time research. A letter from the supervisor outlining these criteria must be provided. A clinically based MS degree is not accepted. Applicants **must include an Academic Transcript in order to be scored.**

6.5.2. A Bachelor of Dental Surgery or a Masters of Dental surgery (Melbourne University Dental Qualification) awarded by 25 March 2020 will be scored.

6.5.3. SET trainees who have satisfactorily completed at least one full training year prior to the closing date of application will be scored.

6.5.4. A Fellowship of the Royal Australasian College of Surgeons will be scored.

6.5.5. Scoring does not include:

a. Primary medical degrees (MBBS or equivalent).

b. Bachelor Degrees with or without Honours (with the exception of a 6.5.2).

c. Post-graduate and/or Graduate diplomas or certificates.

d. Masters of Surgery that required less than one year full-time study (or equivalent) or was clinically-based.

e. Qualifications not completed by 25 March 2020.

f. Entries without adequate documentation.

6.5.6. Scoring

a. A PhD relevant to medicine is scored 4 points.

b. A PhD not relevant to medicine is scored 2 points.

c. A Masters degree by research and thesis, relevant to medicine is scored 2 points.

- Evidentiary documentation of fulltime research by an **Academic Transcript must** be included.

d. A Masters degree by course work, relevant to medicine is scored 0.5 point.

- This includes Masters obtained with the completion of a thesis or dissertation in addition to course work.
- Evidentiary documentation of an **Academic Transcript must** be included.

e. A Bachelor of Dental Surgery, or a Masters of Dental surgery (Melbourne University Dental Qualification) is scored 1 point.

f. Satisfactory completion of at least one full year of SET in one of the other RACS surgical specialties is scored 2 points for current SET trainees.

g. FRACS is scored 5 points.

6.6. Presentations (maximum 3 points)

6.6.1. Scoring only includes medically-relevant presentations within five years prior to 25 March 2020.

6.6.2. In the case of oral presentations, scoring only includes those made personally by the applicant. Documentary evidence must be explicit on this point or the presentation will not be scored.

6.6.3. Scoring only includes presentations made at a scientific meeting or conference subject to peer reviewed abstract selection.

6.6.4. Scientific meetings and conferences are classified by their intended audience, not title. For example, the Queensland RACS ASM is a regional meeting.

6.6.5. Presentations of a similar topic presented at one or more meetings or listed in the Publications section will only be scored once. The higher scoring entry will take precedence.

6.6.6. Entries without documentation that states paper title, meeting date and author will not be scored.

6.6.7. Entries that include full conference programs without easily identifiable reference to presentation will not be scored.

6.6.8. Must be first Author to be scored for Presentations.

6.6.9. Scoring

a. Each poster presentation is scored 0.25 point.

b. Each oral presentation at a regional meeting is scored 0.5 point.

c. Each oral presentation at a national or international meeting is scored 1 point.

6.7. Publications (maximum 5 points)

6.7.1. Scoring only includes publications relevant to medicine in a peer-reviewed journal **indexed** on Medline, or the Australian Journal of Otolaryngology.

6.7.2. Publications must be published or accepted for publication within five years prior to 25 March 2020.

6.7.3. Must provide adequate proof that the article has been accepted for publication.

6.7.4. Publications of a similar nature published or listed in the Presentations section will be scored once. The higher scoring entry will take precedence.

6.7.5. Publications that may be scored include case reports, original research or review journal articles and book chapters.

6.7.6. Letters to the Editor will not be scored.

6.7.7. Presentation Abstracts will not be scored.

6.7.8. Multiple chapters in the one book will be scored only once.

6.7.9. Entries without adequate proof of publication will not be scored.

a. First page of article that lists journal title, article, publication date and authors is acceptable, or

b. Letter from editor accepting article for publication following final edits.

6.7.10. Scoring

a. A case report where the applicant is the first author is scored 0.25 point.

b. An article or book chapter where the applicant is the first author is scored 3 points.

c. An article or book chapter where the applicant is not the first author is scored 1 point.

6.8. Rural Origin (maximum 1 point)

6.8.1. Applicants who can certify that they are of rural origin will be awarded a maximum of 1 point on their CV.

6.8.2. The Board defines 'Rural origin' as residency for **at least** any 10 years cumulatively or **at least** any 5 years consecutively from the age of 5 upwards, in an Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) 2 to 5. The *Health Workforce Locato*r available on the Department of Health website can be used to determine rural origin by selecting the filter for 'Australian Statistical Geographical Standard Remoteness Areas', and the year '2016'.

6.8.3. Certification of Rural Origin is required from an independent source(s) and must be uploaded using the RACS Template letter with the application.

7. STRUCTURED REFEREE REPORTS

The referee collection period is from 22 April – 31 May 2020.

7.1. Surgical Referees

Applicants must contact surgical consultants prior to application only to obtain permission to provide contact details and advise that they may be contacted to provide a reference.

The applicant must provide the following:

7.1.1. A minimum of eight surgical consultants including **all** OHNS consultants who have observed the applicant in theatre, outpatients and the wards since 1 January 2018 and prior to 25 March 2020.

7.1.2. Referees must be surgical consultants at the time of supervision and able to comment on all aspects of the applicant's work-place performance.

a. Referees cannot be a RACS SET trainee at the time of the rotation.

b. Referees cannot be an IMG under assessment of RACS at the time of the rotation.

7.1.3. Referees must have worked with the applicant for a minimum of eight weeks (or full-time equivalent).

7.1.4. SET Trainees (as per 4.1.1)

a. All surgical consultants from an OHNS rotation must be included even if the rotation was prior to 1 January 2018.

7.1.5. Applicants in Full-time Research (as per 4.1.2)

a. Surgical referees may be provided from part-time clinical work if all other criteria are met.

b. All surgical consultants from an OHNS rotation must be included even if the rotation was prior to 1 January 2018.

c. Applicants may provide referees from the two clinical years prior to commencing full-time research.

7.2. Non-Surgical Referees

Applicants must contact referees prior to application only to obtain permission to provide contact and advise that they may be contacted to provide a reference. The applicant must provide the following:

7.2.1. Four non-surgical senior staff members they have worked with from 1 January 2018 and prior to 25 March 2020 including at least one Nursing Unit Manager.

No more than two non-surgical referees from any one rotation (or academic department if in full-time research).

7.2.2. Referees provided must be:

a. Nursing Unit Managers, Nurse Practitioners, Surgical Nurses, Operating Theatre Nursing Managers or Speech pathologists attached to the OHNS department, or

b. Research Supervisors or senior Laboratory Administrators (if in full-time research only).

7.3. Process

7.3.1. Applicants who satisfy the standards in Regulation 5.3 (the Structured Curriculum Vitae) will proceed to the preparation of a Reference Report.

7.3.2. To ensure confidentiality of the reference report process the names of the referees contacted will not be released to applicants.

7.3.3. The preparation of the Reference Report for each applicant will be the responsibility of two people approved by the Board Chair. The Assessors will ordinarily be OHN surgeons.

7.3.4. The Assessors together (via teleconference or in person) will personally speak with three surgical consultants and one non-surgical referee with

whom the applicant has worked to assist them in preparing a Reference Report.

7.3.5. In selecting the surgical consultants and non-surgical staff for the Reference Report, the Assessors may contact any consultant or non-surgical staff member the applicant has worked with in Australia or New Zealand in the two years prior to application.

7.4. Referee Report Content

7.4.1. A pro forma Reference Report will be used. The Reference Report will have questions focused on the following areas:

a. Technical expertise
b. Medical expertise
c. Judgement - clinical decision making
d. Professionalism and ethics
e. Communication
f. Collaboration and teamwork
g. Management and Leadership
h. Health Advocacy
i. Scholarship and Teaching
j. Professionalism

7.4.2. Advance notification may be sent to all referees to be contacted.

7.4.3. Having considered the responses from all interviews, the Assessors must arrive at a consensus score using the scoring guidelines and scales shown in the Reference Report. Notes justifying the score given must be recorded in the Reference Report.

7.4.4. Applicants must score a minimum of 50% for the Reference Report to be deemed suitable for selection.

7.4.5. For applicants satisfying the minimum standard in Regulation 7.4.4, the Reference Report score will be recorded as a percentage. The selection tool weighting will then be applied which is 40%. As such, the applicant will receive a selection score for the Reference Report out of a maximum of 40 points.

8. SEMI-STRUCTURED OHNS PANEL INTERVIEW

8.1. Invitations for Interview

8.1.1. All applicants invited for interview will be given at least ten business days' notice of the interview.

8.1.2. All interviews will be held in Melbourne on **Saturday 13 June 2020**. It is an applicant's responsibility to make the appropriate travel arrangements and to meet costs incurred in attending the interview.

8.1.3. Applicants must make themselves available at the scheduled interview time. Applicants who contact the Executive Officer before the interview invitations are sent to request a specific time will be considered. Times will not be changed after invitations have been sent.

8.1.4. Applicants who do not present for the interview at the scheduled time will be considered ineligible and not considered further in the selection process.

8.2. Interview Structure

8.2.1. The interview is comprised of three stations. The three interview panels each consist of two interviewers.

a. An observer may attend some interview stations. Observers have no input to applicants' scores for the station.

b. The role of the observer is to witness but not participate.

c. An observer may attend an interview station for education, training or interviewer assessment.

d. If an observer is present, the applicant will be notified prior to the commencement of the interview.

8.2.2. Each interview panel will present two scenarios with associated questions. There will be 5 minutes reading time before each panel.

8.2.3. Each interview panel will take 15 minutes and the total interview time will be approximately 60 minutes.

8.2.4. Applicants will be asked the same initial questions. The follow-up probing questions will explore the breadth and depth of each applicant's experience and insight.

8.2.5. The interview may assess any of the following attributes:

a. Collaboration and Teamwork

b. Communication

c. Health advocacy

d. Judgement - clinical decision making

e. Management and Leadership

f. Professionalism and Ethics

g. The ability to interact effectively with peers, mentors, members of the health care team, patients and their families

h. Effective spoken communication / Preparedness for OHNS training / Overall impression.

8.3. Interview Scoring

8.3.1. The Interview will be scored out of a total of 300 marks and is weighted at 40% of the applicant's overall combined score.

8.3.2. The applicant will answer questions relating to six scenarios.

8.3.3. Each panel member (excluding any observer) will score the applicant independently and all scores will be added to give the final interview score.

8.3.4. Each scenario will be worth 25 points.

9. FEEDBACK TO APPLICANTS

9.1. Applicants who are considered ineligible

Applicants considered ineligible in the selection process will be informed in writing of the following:

9.1.1. The criterion not met and that they will not progress further in the selection process.

9.1.2. Scores and comparable performance of any component completed.

9.2. Applicants who are considered unsuccessful

Applicants considered unsuccessful in the selection process will be informed in writing of the following:

9.2.1. That they have met the minimum standard for selection but have not ranked high enough to be offered a position.

9.2.2. Information on their position in the wait list should a position become available.

9.2.3. Scores and comparable performance of all components.

9.3. Applicants who are successful in the selection process

Applicants who are successful in the selection process will be informed in writing of the following:

9.3.1. That they have been successful in the selection process and are being offered a position on the SET Program.

9.3.2. Scores of all components

9.3.3. That allocation of training region will occur in accordance with 5.12 at the next scheduled Board meeting (usually August).

9.3.4. Allocation to hospital posts within Training Regions will occur at the completion of the Selection process and be conducted by the relevant Regional Training Committee of the Board.

9.3.5. Acceptance of the offer to the SET Program will be conditional on the following:

a. Applicants must be prepared to be assigned to any Training Region throughout their SET Program.

b. RACS is not the employing body and applicants must also satisfy the employment requirements of the institution in which the allocated training position is located.

c. Agreement to abide by the RACS policies and regulations at all times.

d. Agreement to abide by the Board's Training Regulations

e. Submission of the signed SET Trainee Agreement prior to the communicated offer expiry due date.

9.3.6. Applicants who do not satisfy any of the above conditions, or who decline the offer, will automatically forfeit the offer.

10. GARNETT PASSE AND RODNEY WILLIAMS MEMORIAL FOUNDATION (GP&RWMF) SCHOLARSHIP/SURGEON SCIENTIST PROGRAM

10.1 Each year the GP&RWMF offer Academic Surgeon Scientist Research scholarships for selected research projects to successful applicants to the OHNS SET program.

10.2 At the time of application, applicants wishing to apply for a scholarship will be requested to indicate their interest, nominate their supervising Professor and give permission for contact details to be provided to the GP&RWMF.

10.3 GP&RWMF will be responsible for the publicising of available research projects and the process for contacting relevant Professors.

10.4 Applicants wishing to apply for a scholarship must contact the supervising Professor directly indicating their interest.

10.5 Selection into the SET in OHNS program as a Surgeon Scientist will occur if all the following conditions are met:

a. The applicant is successful.

b. The supervising Professor has selected the applicant as suitable for the research project (independently of the RACS SET selection process and these Regulations).

c. The applicant meets the criteria in the GP&RWMF Conditions of Award.

10.6 Applying for the GP&RWMF / Surgeon Scientist program does not increase an applicant's chance of being successful in selection to the SET in OHNS program.

1. INTRODUCTION

1.1. Definition of terms for the purpose of these Regulations

1.1.1. **OHNS** refers to the surgical specialty of Otolaryngology, Head and Neck Surgery.

1.1.2. **Applicant** means a person who has applied for the Surgical Education and Training (SET) Programme in Otolaryngology, Head and Neck Surgery of the Royal Australasian College of Surgeons (RACS).

1.1.3. **Board** means the RACS Board of Otolaryngology Head, and Neck Surgery (Board of OHNS).

1.1.4. **Working Days** means Monday to Friday excluding Public Holidays.

1.1.5. **ASOHNS** means the Australian Society of Otolaryngology, Head and Neck Surgery.

1.1.6. **NZSOHNS** means the New Zealand Society of Otolaryngology, Head and Neck Surgery.

1.1.7. **College** or **RACS** means the Royal Australasian College of Surgeons.

1.1.8. **SET Programme** means the Surgical Education and Training Programme in OHNS as approved by the Board of OHNS.

1.2. Purpose of these Regulations

These Regulations describe the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons (SET) Programme in Otolaryngology Head and Neck Surgery for the 2021 intake. These regulations are a public document.

1.3. Administration and Ownership

The College is the principal organisation accredited to conduct surgical education and training in Australia and New Zealand. The ASOHNS undertakes the development, delivery and administration of the SET Programme as an agent of the College. The Board of OHNS is responsible for communicating with the College, ASOHNS and NZSOHNS regarding training and education. The Training, Education and Accreditation Committee of the NZSOHNS is responsible for the SET Programme in New Zealand. This committee reports directly to the Board of OHNS.

1.4. Objective of the SET Programme

The overall objective of the SET Programme is to produce competent independent specialist surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1.1. The aim of the selection process is to select the highest calibre trainees for the SET Programme on the basis of merit through a fair, open and accountable process.

2.1.2. The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appeals process.

2.1.3. The selection process will be subject to ongoing review to ensure its continued validity and objectiveness.

2.1.4. The SET Programme will be widely advertised.

2.1.5. The selection process will conform to the requirements agreed by the College Board of Surgical Education and Training (BSET) and will meet the College's generic eligibility requirements.

2.1.6. The number of trainees selected in any year will depend on the number of accredited hospital training posts available in the following year.

3. GENERIC ELIGIBILTY FOR APPLICATION TO SET IN OHNS

Prior to applying to the SET Programme in OHNS, applicants must first register with RACS via its website. The registration period is 6 January – 3 February 2020. The generic eligibility requirements are included in the *Registration for Selection into SET* and *Selection to Surgical Education and Training* policies.

If an applicant meets the generic eligibility criteria, access to the SET Programme in OHNS application form will be provided via the RACS website from 20 May – 12 June 2020 (refer 4.1.4).

4. OHNS SPECIFIC ELIGIBILITY REQUIREMENTS FOR APPLICATION

4.1. Eligibility Assessment

4.1.1. Eligibility timeframes may be extended to account for parental leave upon receipt of verifying documentation from the employer.

4.1.2. Documentary evidence for all requirements must be provided at the time of application or the entry will not be considered. No late documentation will be accepted.

4.1.3. Applications must be submitted via the College online application system at www.surgeons.org. Applications will close on **12 June 2020** (12:00pm AEDT).

a. By submitting an application, an applicant certifies that the information provided is correct and in accordance with these regulations. If it is discovered that the applicant has provided incorrect or misleading information the applicant may be withdrawn from the selection process and their application will not be considered further. This may occur at any stage during the selection process. If incorrect or misleading information of a serious nature is discovered, the applicant may be contacted and asked to submit a written explanation to the Board within 10 working days.

b. Misleading or incorrect information can include but is not limited to:

- Prior attendance at examinations or courses without a pass/certified completion of all assessments
- Past rotations allocated but not completed

4.1.4. The Board may verify the information provided within the application with external institutions or individuals and by submitting an application the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

4.1.5. Applicants who do not meet generic eligibility requirements and specific Otolaryngology, Head and Neck Surgery eligibility requirements will be ineligible and not progress to the next stage of selection and will be advised accordingly.

4.2. Applicants who are not current SET trainees, or not in fulltime research, must complete:

4.2.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by close of applications.

4.2.2. A minimum of 26 consecutive weeks full-time training at registrar level in a New Zealand Otolaryngology, Head and Neck Unit completed since 1 January 2017 and before **25 March 2020**.

a. 26 week rotation may include no more than 6 weeks leave.

b. The unit must be staffed by Consultants with Vocational Registration in OHNS.

c. One of the nominated referees on the application form must include an ORL consultant in that unit. This cannot include a surgical supervisor who is a member of the New Zealand Training, Education and Accreditation Committee.

4.2.3. A minimum of 26 weeks full-time training at registrar level of non-ORL surgical experience. This must have been completed since 1 January 2017 and before **25 March 2020**. This experience can be obtained by using multiple rotations, however:

a. 26 week rotation may include no more than 6 weeks leave.

b. Surgical rotations are defined as one of the nine specialties of the Royal Australasian College of Surgeons.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one specialty.

4.2.4. Minimum 8 consecutive weeks in a dedicated Emergency Department completed since beginning of intern year, completed in the five (5) years prior to the first application to SET and before **25 March 2020**.

4.3. Current SET trainees must complete:

4.3.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by **25 March 2020**.

4.3.2. A current SET Trainee is defined as being registered with the College as a trainee.

4.3.3. A minimum of 26 consecutive weeks full-time training at registrar level in a New Zealand Otolaryngology, Head and Neck Unit completed in the two years prior to the first application to SET

a. The unit must be staffed by Consultants with Vocational Registration in OHNS.

b. One of the nominated referees on the application form must include an ORL consultant in that unit. This cannot include a surgical supervisor who is a member of the New Zealand Training, Education and Accreditation Committee.

4.3.4. A minimum 26 weeks full-time training at registrar level of non-ORL surgical experience. This must have been completed since 1 January 2017 and before **25 March 2020**. This experience can be obtained by using multiple rotations, however:

a. 26 week rotation may include no more than 6 weeks leave.

b. Surgical rotations are defined as one of the nine specialties of the Royal Australasian College of Surgeons.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one unit.

4.3.5. Current SET trainees will be exempt from the Emergency Department rotations.

4.4. Applicants in full-time research for a Higher Degree must complete:

4.4.1. The RACS Generic Surgical Sciences Examination (with a pass grade) by **25 March 2020**.

4.4.2. Full-time research is defined as two (2) or more years research and study towards a higher degree (Masters by research or PhD).

4.4.3. A minimum of 26 consecutive weeks full-time training at registrar level in a New Zealand Otolaryngology, Head and Neck Unit completed in the three

(3) years immediately prior to commencing full-time research and before **25 March 2020**.

a. 26 week rotation may include no more than 6 weeks leave.

b. Part-time rotations undertaken during the research period may be considered and will be calculated pro-rata. Evidence of hours worked per month must be provided.

c. The unit must be staffed by Consultants with Vocational Registration in OHNS.

d. One of the nominated referees on the application form must include an ORL consultant in that unit. This cannot include a surgical supervisor who is a member of the New Zealand Training, Education and Accreditation Committee.

e. The current research supervisor must also be a nominated referee

4.4.4. A minimum 26 weeks full-time training at registrar level of non-ORL surgical experience. This must have been completed in the three (3) years immediately prior to commencing full-time research and before **25 March 2020**. This experience can be obtained by using multiple rotations, however:

a. 26 week rotation may include no more than 6 weeks leave.

b. Surgical rotations are defined as one of the nine specialties of the Royal Australasian College of Surgeons.

c. Surgical night rotations will not be eligible.

d. Surgical relief rotations will not be eligible unless at least 10 weeks is spent in one unit.

e. Rotations can be on an ongoing and part-time basis and will be calculated pro-rata with documentary evidence of hours worked per month/in total.

4.4.5. Minimum 8 consecutive weeks in a dedicated Emergency Department completed since beginning of intern year and before **25 March 2020**.

5. SELECTION PROCESS OVERVIEW

5.1. Eligibility

5.1.1. Applicants who satisfy the generic and specialty specific eligibility requirements will have their Structured Curriculum Vitae (CV) scored in accordance with Regulation 6 and;

5.1.2. Structured Referee Reports will be collected in accordance with Regulation 7.

5.1.3. Applicants who do not satisfy the eligibility requirements will be classified as unsuitable and informed in writing by **14 August 2020**.

5.2. Invitation to Interview

5.2.1. Applicants who satisfy the eligibility requirements will be ranked on the basis of the following selection tools, providing an overall score out of 60;

a. Structured Curriculum Vitae out of 20

b. Structured Referee Report out of 40

5.2.2. Applicants will be invited for interview in accordance with Regulation 8.

5.2.3. Applicants who do not meet the cut-off for interview will be classified as unsuitable and will be informed no later than 10 working days prior to the Interview date.

5.3. Ranking and Offers

5.3.1. Applicants who attend the Semi-Structured Otolaryngology Head and Neck Surgery Panel Interview will be ranked on the basis of the following selection tools, providing an overall score out of 100;

a. Structured Curriculum Vitae out of 20

b. Structured Referee Report out of 40

c. Semi-Structured Otolaryngology Head and Neck Surgery Panel Interview out of 40

5.3.2. If more than one applicant has the same total and interview score, the applicant with the higher Structured Referee Report score will receive the higher ranking.

5.3.3. The process of banding is an acknowledgement that there is no justifiable, statistical, or significant difference between scores within the same range. This is due to the fact that an applicant's total score is a collation of information about a variety of attributes (or competencies) from a variety of sources (referees, interviewers). The Training, Education and Accreditation Committee will band scores 2% above and below. Other factors will be considered where candidates have no statistical difference in their scores. These factors may include referee and interview scores as well as diversity criteria (e.g. converse fluently with patients in a language other than English).

5.3.4. On completion of the relevant components of the selection process applicants will be classified as either:

a. Successful - being an applicant who has met the minimum standards for selection (refer to 5.3.5, 5.3.6 and 5.3.7) and ranked high enough to be made an offer of a position in the SET Programme.

b. Unsuccessful - being an applicant who has met the minimum standard for selection (refer to 5.3.4, 5.3.5 and 5.3.6) but does not rank high enough to be made an offer of a position due to unavailability of posts.

c. Unsuitable – being an applicant who does not meet an eligibility criterion.

5.3.5. Applicants must score a minimum of 30% (6 out of 20 points) for the Structured Curriculum Vitae to be deemed suitable for selection. This will be scored in accordance with Section 6.

5.3.6. Applicants must score a minimum of 60% (24 out of 40 points) for the Structured Referee Report to be deemed suitable for selection. This will be scored in accordance with Section 7.

5.3.7. Applicants must score a minimum of 50% (20 out of 40 points) for the Semi-Structured Otolaryngology Head and Neck Surgery Panel Interview to be deemed suitable for selection. This will be scored in accordance with Section 8.

5.3.8. The entry point into the SET Programme for the 2020 intake is SET1.

5.3.9. Applicants who attend the Interview will be notified of the outcome of their application by **30 November 2020** at the latest.

6. STRUCTURED CURRICULUM VITAE

The Structured CV, included in the online application form, captures applicants' information on experience, other qualifications, publications, presentations and skills courses.

Each Structured CV will be scored by two scorers using a structured scoring system, without reference to the opinions of the other. Where any discrepancy occurs in the scores provided by the two scorers the Training, Education and Accreditation Committee Chair will review discrepancies and provide a final score.

6.1. The CV will be scored out of a maximum 85 points

The components scored are:

6.1.1. Surgical Experience (maximum 46 points).

6.1.2. Skills Courses (maximum 1 points).

6.1.3. Qualifications (maximum 18 points).

6.1.4. Research and Academic Achievements (maximum 20 points).

6.2. Surgical Experience (maximum 46 points)

6.2.1. Rotations less than 10 continuous weeks duration by **25 March 2020** will not be scored.

6.2.2. Rotations longer than 26 weeks will be scored up to the maximum allowable points per rotation.

6.2.3. Only surgical or ICU rotations will be scored. Surgical rotations must be at registrar level and in one of the nine specialties of the College.

6.2.4. Private assisting will not be scored.

6.2.5. Rotations that were not full-time will be scored pro-rata.

6.2.6. Rotations commenced after **25 March 2020** will not be scored.

6.2.7. Rotations will only be considered for scoring if accompanied by documentary evidence in the form of a letter of confirmation from the appointing hospital or Health Service. An employment contract, letter of offer or roster is not adequate documentation and will not be scored.

6.2.8. Scoring:

a) A **rotation** in Otolaryngology, Head and Neck Surgery is scored 4 points per 10 weeks (max of 16 points).

b) A **rotation** in the disciplines of ICU, Neurosurgery, Plastic & Reconstructive Surgery and General Surgery is scored 4 points per 10 weeks (max of 8 points each).

c) A **rotation** in any other surgical discipline is scored 4 points per 10 weeks (max 4 points each).

6.3. Skills Courses (maximum 1 point)

6.3.1. Only EMST, CLEAR, ASSET, and CCrISP (or international equivalents) will be scored.

6.3.2. Courses must be completed and all assessments passed prior to **25 March 2020**.

6.3.3. Certificate of attendance or letter of completion must be provided. Entries without adequate documentation will not be scored.

6.3.4. Each course will be scored 0.5 points to a maximum of 1 point.

6.4. Qualifications (maximum 18 points)

6.4.1. Higher degrees awarded by **25 March 2020** will be scored;

a) Higher degrees are defined as a Masters or PhD,

b) A higher degree should be equivalent in syllabus and assessment to one conferred by an Australian or New Zealand University.

6.4.2. A Bachelor of Dental Surgery awarded by **25 March 2020** will be scored.

6.4.3. Other Bachelor degrees may be included, e.g. Pharmacy.

6.4.4. A Fellowship of the Royal Australasian College of Surgeons will be scored.

6.4.5. Scoring does not include:

a) primary medical degrees (MBBS or equivalent)

b) Post-graduate or Graduate diplomas or certificates

6.4.6. Qualifications must be complete by **25 March 2020**.

6.4.7. Overseas qualifications must have been assessed by the New Zealand Qualifications Authority or relevant Australian authorities as being equivalent to a degree in New Zealand or Australia.

6.4.8. Entries without adequate documentation will not be scored.

6.4.9. Scoring:

a) FRACS is scored 9 points.

b) A PhD relevant to medicine is scored 6 points.

c) A Master's degree by thesis, relevant to medicine is scored 3 points.

d) A Bachelor of Dental Surgery is scored 3 points.

e) A PhD not relevant to medicine is scored 2 points.

f) A Master's degree by course work, relevant to medicine is scored 1 point.

6.5. Research and Academic Achievements (maximum 20 points)

6.5.1. Scoring only includes medically-relevant presentations within five (5) years immediately prior to **25 March 2020**.

6.5.2. In the case of oral presentations, scoring only includes those made personally by the applicant. Documentary evidence must be explicit on this point or the presentation will not be scored.

6.5.3. Scoring only includes presentations made at a scientific meeting or conference subject to abstract selection.

6.5.4. Scientific meetings and conferences are classified by their intended audience, not title.

6.5.5. Entries without adequate documentation will not be scored.

6.5.6. Multiple presentations of the same subject matter shall only be scored once.

6.5.7. Scoring:

a) Each oral presentation at a national, binational (Australia/New Zealand) or international meeting is scored 2 points.

b) Each poster presentation is scored 1 point to a maximum of 10. This maximum will be reduced to 5 in 2021.

c) Double points will be awarded for research that includes a focus on Māori health.

6.5.8. Scoring only includes publications relevant to medicine in a peer-reviewed publication listed on Medline.

6.5.9. Publications must be published within five (5) years immediately prior to **25 March 2020**.

6.5.10. Publications of a similar nature will be scored once. The higher scoring entry will take precedence.

6.5.11. Scoring includes case reports, journal articles and book chapters.

6.5.12. Scoring does not include letters to the Editor.

6.5.13. Entries without proof of publication will not be scored.

6.5.14. Scoring:

a) An article in an international journal where the applicant is the first author is scored 4 points.

b) An article in a national journal where the applicant is the first author is scored 2 points.

c) A case report where the applicant is first author or a publication as a sub-author is scored 1 point.

d) Double points will be awarded for research that includes a focus on Māori health

7. STRUCTURED REFEREE REPORTS

Confidential references are collected by structured telephonic referee interviews.

7.1. Surgical Referees

Applicants must contact referees prior to application only to obtain permission to provide contact details including a valid e-mail address. No attempt should be made to canvas the referee's intended response.

The applicant must provide contact details including a valid email address for the following:

7.1.1. A minimum of eight (8) surgical consultants, including four (4) OHNS consultants who have worked with the applicant since 1 January 2017 and prior to **25 March 2020**.

7.1.2. Referees must be Surgical Consultants (FRACS of full vocational registration) at the time of supervision and able to comment on all aspects of the applicant's work-place performance.

a. Referees cannot be a RACS SET trainee of the College at the time of the rotation,

b. Referees cannot be an IMG under assessment of the MCNZ/RACS at the time of the rotation.

7.1.3. Referees must have worked with the applicant for a minimum of eight (8) weeks (or full-time equivalent).

7.1.4. Current SET Trainees

a) Four (4) consultants from an OHNS must be included even if the rotation was prior to 1 January 2017.

7.1.5. Applicants in Full-time Research (as defined in 4.1.2)

a) Surgical referees may be provided from part-time clinical work if all other criteria are met.

b) Four (4) consultants from an OHNS rotation must be included even if the rotation was prior to 1 January 2017.

c) Applicants may provide referees from the two clinical years prior to commencing full-time research.

7.2. Non-Surgical Referees

Applicants must contact referees prior to nominating them and obtain permission to provide contact details including a valid email address. No attempt should be made to canvas the referee's intended responses.

The applicant must provide contact details including a valid email address for the following:

7.2.1. Four (4) non-surgical senior staff members they have worked with from 1 January 2017 and prior to **25 March 2020**.

a) No more than two (2) non-surgical referees from any one rotation (or academic department if in full-time research).

b) At least two (2) Nursing Unit Managers must be included.

7.2.2. Nominated referees must be:

a. Medical Consultants (must be MCNZ recognised medical Specialists)

b. Nursing Unit Managers (unit nurse with most seniority)

c. Research Supervisors or senior Laboratory Administrators (if in full-time research only)

7.3. Process

7.3.1. Applicants who satisfy the standards in Regulation 5.3. (the Structured Curriculum Vitae) will proceed to the preparation of a Structured Referee Report.

7.3.2. To ensure confidentiality of the reference report process the names of the referees contacted will not be released to applicants.

7.3.3. The preparation of the Structured Referee Report for each applicant will be the responsibility of two people approved by the TEAC Chair, with at least one being a member of the TEAC (the Assessors). The Assessors will ordinarily be OHNS surgeons.

7.3.4. The Assessors together (via teleconference or in person) will personally speak with two surgical consultants and one non-surgical referee with whom the applicant has worked to assist them in preparing a Structured Referee Report.

7.3.5. In selecting the surgical consultants and non-surgical staff for the Structured Referee Report, the Assessors may contact any consultant or non-surgical staff member the applicant has worked with in Australia or New Zealand in the three years prior to application.

7.3.6. Referees must be able to answer 80% of the questions asked for the applicant to be eligible to proceed in the selection process.

a. The Board will not contact more than the initial referees for completion of reports. While effort is made by College administrative staff to ensure referees participate, if referees are unable to answer 80% of the questions asked, or selected referees do not wish to participate, unselected referees will not be contacted once the collection period has commenced.

7.3.7. If a referee is unable to answer 80% of the questions asked, the applicant will be deemed ineligible and notified that they will not be considered further in the selection process.

7.3.8. If an applicant elects not to provide the details for supervising consultants and non-surgical staff in accordance with these Regulations, the applicant will be withdrawn and their application will not be considered further in the selection process.

7.4. Referee Report Content

7.4.1. A pro forma Structured Referee Report will be used. That report will have questions focused on the following areas:

a. Technical Expertise

b. Medical expertise

c. Judgement- clinical decision making

d. Professionalism and ethics

e. Communication

f. Collaboration and team work

g. Management and Leadership

h. Health Advocacy

i. Scholarship and teaching

7.4.2. Advanced notification may be sent to all referees to be contacted.

7.4.3. Having considered the responses from all interviews, the Assessors must arrive at a consensus score using the scoring guidelines and scales shown in the Structured Referee Report. Notes justifying the score given must be recorded in the Structured Referee Report.

7.4.4. Applicants must score a minimum of 50% for the Structured Referee Report to be deemed suitable for selection.

7.4.5. For applicants satisfying the minimum standard in Regulation 7.4.4, the Structured Referee Report score will be recorded as a percentage. The selection tool weighting will then be applied which is 40%. As such, the applicant will receive a selection score for the Structured Referee Report out of a maximum of 40 points

8. SEMI-STRUCTURED OHNS PANEL INTERVIEW

8.1. Invitations for Interview

8.1.1. Applicants will be ranked by the combined score of the Structured CV and Structured Referee Reports according to Regulation 5.2.1.

8.1.2. The Board will determine in March of the selection year, the number of interviews to be conducted based on the approximate number of vacant training positions expected to be available the following year. Interviews will be offered based on a ratio of three (3) applicants to one (1) post (i.e. a ratio of 3:1).

8.1.3. Applicants will be invited to interview based on ranked order. Applicants with identical scores or who are very close in score at the cut off mark will be invited to interview.

8.1.4. All applicants invited for interview will be given at least ten (10) working days' notice of the interview.

8.1.5. All applicants not invited for interview will be notified at least ten (10) working days prior to the interviews. See Regulation 9.2 for feedback provided at this time.

8.1.6. Interviews will either be held at the RACS offices in Wellington or, if COVID19 related travel restrictions are in place, online on **5 September 2020**. It is the applicants' responsibility to make the appropriate arrangements and to meet costs incurred in presenting for the interview. Information about the interview process will be included in the letter inviting applicants to interview.

8.1.7. Applicants must make themselves available at the scheduled interview time. Applicants who contact the RACS Executive Officer before the interview invitations are sent to request a specific time will be considered. Times will not be changed after invitations have gone out.

8.1.8. Applicants who do not present for the interview at the scheduled time will be ineligible and not considered further in the selection process.

8.2. Interview Structure

8.2.1. The interview will be conducted by three (3) interview panels, each consisting of two (2) or more interviewers. An NZSOHNS Member may act as an observer during the interviews. Each interview panel will present two (2) scenarios with associated questions. There will be 4 minutes reading time before each panel.

8.2.2. Each interview panel will take 10 minutes per question and the total interview time will be approximately 60 minutes.

8.2.3. Applicants will be asked the same initial questions. The follow-up probing questions will explore the breadth and depth of each applicant's experience and insight.

8.2.4. The interview will seek information on the following attributes:

a. Ability to perform realistic self-assessment

b. Ability to contribute effectively as a member of a health care team

c. Ability to act ethically, responsibly and with honesty

d. Capacity for caring, concern and sensitivity to the needs of others

e. The ability to interact effectively with peers, mentors, members of the health care team, patients and their families

f. Effective spoken communication/Preparation for OHNS training/Overall impression.

8.3. Interview Scoring

8.3.1. The interview will be scored out of a total of 150 marks and is weighted at 40% of the applicant's overall combined score.

8.3.2. The applicant will answer questions relating to six scenarios.

8.3.3. Each panel member will score the applicant independently following which a consensus among the panel members will be reached.

8.3.4. Each scenario will be worth 25 points.

9. FEEDBACK TO APPLICANTS

9.1. Applicants who do not meet the minimum eligibility criteria

9.1.1. Will be advised in writing by **14 August 2020**. Applicants will not progress further in the selection process.

9.2. Applicants who are not ranked highly enough for Interview

9.2.1. Will be provided with their Structured CV score

9.2.2. Will be provided with their Structured Referee Report score

9.2.3. Approximate number of posts available in the following year

9.3. Applicants who are invited for Interview

9.3.1. Will be provided with their Structured CV score

9.3.2. Will be provided with their Structured Referee Report score

9.3.3. Approximate number of posts available in the following year

9.3.4. Will be given the time of their interview

9.4. Applicants who are successful in the selection process will be notified in writing of the following:

9.4.1. That they have been successful in the selection process and are being offered a position on the SET Programme in New Zealand.

9.4.2. A Royal Australasian College of Surgeons SET Programme Trainee Agreement which must be signed and returned to the Royal Australasian College of Surgeons New Zealand National Office, P.O. Box 7451, Wellington 6242, New Zealand.

9.4.3. Allocation to hospital posts will occur at the completion of the Selection process and be conducted by the NZSOHNS Training, Education and Accreditation Committee.

9.4.4. Acceptance of the offer to the SET Programme will be conditional on the following:

a. Applicants must be prepared to be assigned to a training position anywhere in New Zealand throughout their SET Programme.

b. The College is not the employing body; applicants must also satisfy the employment requirements of the institution in which the allocated training position is located.

c. Agreement to abide by the SET Programme and College policies and regulations at all times.

d. Submission of the signed SET Trainee Agreement prior to the communicated offer expiry due date.

e. NZ medical registration completed by 30 September 2020.

9.4.5. Applicants who do not satisfy any of the above conditions, or who decline the offer, will automatically forfeit the offer.

9.5. Applicants who are unsuccessful in the selection process will be notified in writing of the following:

9.5.1. CV, Referee Report and Interview and overall score and ranking.

9.5.2. That they are suitable for selection but have not ranked high enough to be offered a position.

9.5.3. Information on their position in the wait list should a position become available at a later date. The last date for SET offers is **30 November 2020**.

9.5.4. Information on the process available to seek more detailed feedback.

10. GARNETT PASSE AND RODNEY WILLIAMS MEMORIAL FOUNDATION (GP&RWMF) SCHOLARSHIP/SURGEON SCIENTIST PROGRAMME

10.1.1. Each year the GP&RWMF offer Category A scholarships for selected research projects to successful applicants to the OHNS SET Programme.

10.1.2. At the time of application, applicants wishing to apply for a scholarship will be requested to indicate their interest, nominate their supervising Professor and give permission for contact details to be provided to the GP&RWMF

10.1.3. GP&RWMF will be responsible for the publicising of available research projects and the process for contacting relevant professors.

10.1.4. Applicants wishing to apply for a scholarship must contact the supervising Professor directly indicating their interest:

10.1.5. Selection into the SET in OHNS Programme as a Surgeon Scientist will occur if all the following conditions are met:

a. The applicant is successful/the supervising Professor has selected the applicant as suitable for the research project (independently of the RACS SET selection process and these Regulations).

b. The applicant meets the criteria in the GP&RWMF Conditions of Award.

10.1.6. Applying for the GP&RWMF/Surgeon Scientist Programme does not increase an applicant's chance of being successful in selection to the SET in OHNS Programme.

11. ASSOCIATED DOCUMENTS

11.1 Registration for Selection into SET Policy

11.2 **Selection to Surgical Education and Training Policy**

1.0 INTRODUCTION

1.1 These Regulations establish the principles, terms and conditions for the selection process for the Royal Australasian College of Surgeons (**RACS**) Surgical Education and Training Program in Neurosurgery (**SET Program**). These Regulations are applicable for the 2021 intake conducted during 2020 only. These Regulations may be changed from year to year and cannot be relied on for the intakes conducted in future years for the SET Program. Any regulations for the SET Program from any previous years are not applicable and cannot be relied on for meeting the SET Program requirements for the 2021 intake.

2.0 SELECTION CRITERIA

2.1 Applicants are expected as a minimum to satisfy the pre-vocational level of competence in each of the nine RACS competencies available on the RACS website at www.surgeons.org which include:

a) Medical Expertise
b) Judgement – Clinical Decision Making
c) Technical Expertise
d) Professionalism and Ethics
e) Health Advocacy
f) Communication
g) Collaboration and Teamwork
h) Management and Leadership
i) Scholarship and Teaching

2.2 Applicants are expected to have adequate insight in neurosurgery to make an informed decision about the specialty as a potential career path.

2.3 Applicants are expected to have appropriate basic surgical skills including sterile techniques, suturing, selection and use of instrumentation and the ability to tie both single and double handed surgical knots and appropriate wound opening and closure skills.

2.4 Applicants are expected to be able to accurately perform detailed neurological histories and clinical examinations.

2.5 Applicants are expected to be able to perform the safe insertion of intracranial pressure monitors and management of the same.

2.6 Applicants are expected to be able to independently setup image guidance and registration.

2.7 Applicants are expected to be able to competently perform a safe lumbar puncture.

2.8 Applicants are expected to be able to independently balance, setup, and drape an operating microscope and understand the use of the controls and functions.

2.9 Applicants are expected to be able to perform the assessment and management priorities of a patient with severe head injury.

2.10 Applicants are expected to be able to perform the clinical assessment of a multi-trauma patient.

2.11 Applicants are expected to be able to perform the safe patient positioning for basic spinal and cranial surgical procedures.

2.12 Applicants are expected to be able to conduct the early management and investigation of a patient with a potential spinal injury.

2.13 Applicants are expected to be able to manage the post-operative care of a patient following craniotomy.

2.14 Applicants are expected to be able to perform ventriculostomy placement and management.

2.15 Applicants are expected to be able to perform the drainage of a subdural haematoma.

2.16 Applicants are expected to be able to competently drape and plan a scalp incision and craniotomy flap for an acute traumatic or intracranial haematoma.

2.17 Applicants are expected to be able to perform the clinical assessment and interpretation of images relating to neurosurgical presentations commonly seen in an Emergency Department and provide a differential diagnosis and management plan. The presentations include, but are not limited to, degenerative spinal pathology, tumours, haemorrhage, cranial and spinal trauma.

3.0 ELIGIBILITY REQUIREMENTS

3.1 Applicants intending to apply for selection to the SET Program must register in accordance with the RACS Registration for Selection into Surgical Education and Training Policy available at www.surgeons.org. Applicants not registered cannot lodge an application for the SET Program.

3.2 Applicants must satisfy the generic eligibility requirements for the SET Program, being those outlined in the RACS Selection to Surgical Education and Training Policy available at www.surgeons.org.

3.3 In addition to the generic eligibility requirements for application to selection, applicants to the **Australian Pathway** must at the time of application:

a) have permanent residency or citizenship of Australia;
b) have general (unconditional) registration in Australia;
c) have completed a minimum 24 weeks' full-time equivalent dedicated neurosurgical experience in Australia in the three years immediately prior to application.

3.4 In addition to the generic eligibility requirements for application to selection, applicants to the **New Zealand Pathway** must:

a) have permanent residency or citizenship of New Zealand;
b) have general scope registration or restricted general scope registration in neurosurgery in New Zealand;
c) have completed a minimum 24 weeks' full-time equivalent dedicated neurosurgical experience in New Zealand in the three years immediately prior to application.

3.5 The consideration of the applicant's Pathway is only relevant to the selection process after the final ranking of applicants from both Pathways combined has been determined (see clause 5.15 and 5.16).

3.6 In addition to the generic eligibility requirements, applicants must have satisfactorily completed the RACS Generic Surgical Sciences Examination at the time of application.

3.7 On written application prior to the closing date for applications, the Board Chair may approve at their discretion revised eligibility requirements for clause 3.3 or 3.4 for applicants who would have

satisfied the eligibility requirements in place immediately prior to the introduction of the separate Pathways.

4.0 APPLICATION PROCESS AND REQUIREMENTS

4.1 Applications can only be submitted by registered applicants using the neurosurgery online application form. Applications must be submitted prior to 12.00pm AEST on Friday, 12 June 2020. No other form of application will be accepted.

4.2 Applicants must pay a selection application fee of $AUD985 prior to 12.00pm AEST on Friday, 12 June 2020 to be considered for selection. This fee is non-refundable and is inclusive of the examination fee. Failure to pay the selection application fee by the communicated due will result in the application being withdrawn.

4.3 Applicants for selection must disclose their complete criminal history in their application, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. For this purpose, criminal history includes the following, whether in Australia, New Zealand or overseas, at any time:

a) every conviction of the applicant for an offence;
b) every plea of guilty or finding of guilt by a court of the applicant for an offence, whether or not a conviction is recorded for the offence;
c) every charge (including pending charges) made against the applicant for an offence; and
d) every non-conviction charges (charges that have been resolved otherwise than by a conviction or finding of guilt).

4.4 The Board Chair or nominee will decide whether an applicant's criminal history is relevant and may seek advice from Board members or other representatives of the RACS in the process. If the Board Chair or nominee finds the applicant's criminal history is relevant the applicant may be deemed unsuitable for selection and the applicant may not proceed further in the selection process.

4.5 The Board Chair or nominee can check the criminal history of an applicant at any time during the selection process. The Board Chair or nominee can request that an applicant provide a criminal history check.

4.6 The information collected as part of the application and during the selection process will be used to assess the applicant's suitability for the SET Program. Information may be disclosed to other parties or where required to do so by law. The Board Chair or nominee may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested in the application or by the Board Chair or nominee will deem the applicant ineligible for selection and their application will be withdrawn. By submitting an application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board and its agents.

4.7 By submitting an application, the applicant is consenting to confidential references being collected, and to the named neurosurgical consultants within the application disclosing relevant information requested as part of the Reference Report process. The applicant accepts the references are collected in confidence and that a copy of the Reference Report will not be made available to the applicant. The applicant accepts they will not be provided with additional feedback on the Reference Report or provided with the names of the neurosurgical consultants contacted.

4.8 By submitting an application, applicants are certifying that the information provided is correct and in accordance with these Regulations and the instructions provided in the application form. If it is subsequently discovered that the applicant has provided incomplete, incorrect or misleading information, either intentionally or by mistake, the applicant may be automatically deemed unsuitable for selection.

4.9 By submitting an application, applicants are consenting to members of the Board and other persons appointed by the Board Chair, in accordance with these Regulations, conducting the selection process and making decisions relating to their application and selection despite having made decisions previously that may be adverse to the applicant. This includes decisions made during the current and previous selection processes and other training and assessment matters.

5.0 SELECTION PROCESS

5.1 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET Program.

5.2 The selection process uses four selection tools, each contributing the following weightings to the overall selection score out of 100:

a)	Structured Curriculum Vitae	15%
b)	Neurosurgery Anatomy Examination	30%
c)	Reference Report	30%
d)	Neurosurgery Semi-Structured Interview	25%

5.3 Applicants must score a minimum of 50.00% (5.5 out of 11 points) for the Structured Curriculum Vitae to be deemed suitable for selection. This will be scored in accordance with Section 6.

5.4 Applicants must score a minimum of 70.00% (196 out of 280 marks) for the Neurosurgery Anatomy Examination to be deemed suitable for selection. This will be scored in accordance with Section 7.

5.5 Applicants will receive written notification of their performance in the Structured Curriculum Vitae and Neurosurgery Anatomy Examination.

5.6 Applicants who satisfy the standards in Regulation 5.3 and 5.4 will be ranked according to their combined score for the Structured Curriculum Vitae and the Neurosurgery Anatomy Examination (which equates to a score out of 45 selection points). All other applicants will be deemed unsuitable, will not be ranked and will not proceed further in the selection process.

5.7 The bottom quartile of applicants ranked following Regulation 5.6 will be deemed unsuccessful and will not proceed further in the selection process and will not receive a score for the Reference Report. All other applicants will proceed in the selection process.

5.8 Applicants must score a minimum of 50% (36 out of 72 points) for the Reference Report to be deemed suitable for selection. This will be scored in accordance with Section 8.

5.9 Applicants who satisfy the standard in Regulation 5.8 will be ranked according to their combined score for the Structured Curriculum Vitae, Neurosurgery Anatomy Examination and Reference Report (which equates to a score out of 75 selection points). All other applicants will be deemed unsuitable and will not proceed further in the selection process.

5.10 The top 24 ranked suitable applicants following Regulation 5.9 will proceed to the Neurosurgery Semi-Structured Interview (short-listed applicants). In the event two or more applicants are ranked equally, the number of short-listed applicants interviewed will be increased to accommodate those equally ranked for the 24th position. All other applicants will be deemed unsuccessful and will not proceed further in the selection process.

5.11 Applicants will receive written notification of their performance in the Reference Report and short listing for the Interview at least two weeks prior to the Interview date.

5.12 Applicants must score a minimum of 50% (8 out of 16 points) for the Interview to be deemed suitable for selection. The Interview will be scored in accordance with Section 9.

5.13 Applicants who satisfy the standard in Regulation 5.12 will be ranked according to their combined score for the Structured Curriculum Vitae, Neurosurgery Anatomy Examination, Reference Report and Interview (which equates to a score out of 100 selection points). All other applicants will be deemed unsuitable and will not proceed further in the selection process.

5.14 In ranking for Regulation 5.13, in the event two or more applicants are ranked equally, the Reference Report score will be the differentiating factor. In the event the applicants remain equal, the Interview will be the differentiating factor. In the event the applicants remain equal, the Neurosurgery Anatomy Examination will be the differentiating factor. In the event the applicants remain equal, the Board will have discretion to make the final decision regarding the ranking on review of the selection documentation, applicant experience and performance.

5.15 The intake to the Australian pathway will ordinarily be not more than the number of vacant posts in Australia for the intake year. The intake to the New Zealand pathway will ordinarily be not more than the number of vacant posts in New Zealand for the intake year. The Board may take on additional trainees to fill vacancies outside the trainees Pathway at its discretion.

5.16 Determination of successful applicants will be strictly in order of the overall ranking of all suitable applicants (for both Pathways combined). An applicant may only be successful if, when they are reached in the ranking, there is a position available in their Pathway as determined in accordance with clause 3.3 and 3.4 or the Board exercises its discretion to take on additional trainees to a Pathway. All other applicants who do not rank high enough to be offered a position will be deemed unsuccessful.

5.17 Applicants will receive written notification of their performance and the outcome of their application on or prior to 30 November 2020.

5.18 Where an applicant is successful, they will receive notification of:

a) their allocated Pathway, and for Australian Pathway applicants their allocated region;
b) their allocated training post for their first year of training (which may be outside their allocated Pathway and/or region even where a position is vacant); and
c) associated training documentation.

5.19 Applicants must accept the offer in accordance with the instructions from the Board Chair within the timeframe specified and provide any documentation requested by the Board Chair. Failure to do so will be an automatic decline of the offer.

6.0 STRUCTURED CURRICULUM VITAE

6.1 Each Structured Curriculum Vitae will be scored by two people appointed by the Board Chair using a structured scoring system. Any discrepancy in the two scores which cannot be reconciled by the scorers will be reviewed by the Board Chair or nominee to determine the correct score.

6.2 Neurosurgical experience completed from 25 March 2017 to 25 March 2020 inclusive, undertaken as part of a dedicated neurosurgical rotation may be scored up to a maximum of **4 points.** Neurosurgical experience obtained while employed in an institution with an accredited training post for the SET Program in Neurosurgery at the time of scoring or the time the experience was obtained may be scored 0.04 points for each full week completed, not including the first 24 weeks of experience which is the eligibility requirement. Neurosurgical experience obtained while employed in an institution which did not have an accredited training post for the SET Program in Neurosurgery at the time of scoring or the time the experience was obtained may be scored 0.02 points for each full week completed, not including the first 24 weeks of experience which is the eligibility requirement.

6.3 Intensive care unit (**ICU**) experience completed as of 25 March 2020 inclusive as part of a dedicated ICU term may be scored 0.1 points for each full week completed, up to a maximum of **1 point**. For this purpose, the ICU must be a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. Experience in a High Dependency Unit or a Cardiac or Coronary Care Unit will not be scored as ICU experience.

6.4 Journal articles, book chapters and case reports published or accepted for publication as of 25 March 2020 inclusive on a neurology, neuroscience or neurosurgical topic may be scored up to a maximum of **2 points** as follows provided each publication scored is on a sufficiently different topic and journal and case reports are in a journal indexed for MEDLINE or Scopus. The authorship is determined from the published article only.

a)	Journal article listed as the 1st or senior author in a refereed journal	2.0 points
b)	Book chapter listed as the 1st or senior author in a neurosurgical text	2.0 points
c)	Journal article listed as the 2nd author in a refereed journal	1.0 point
d)	Book chapter listed as the 2nd author in a neurosurgical text	1.0 point
e)	Case report listed as the 1st author in a text or refereed journal	1.0 point

6.5 Oral presentations or posters of the applicant's original work on a neurology, neuroscience or neurosurgical topic, selected through a published competitive abstract process and personally presented by the applicant at a national or international scientific meeting of 50 or more delegates as of 25 March 2020 inclusive may be scored up to a maximum of **1 point** as follows provided each is on a sufficiently different topic:

a)	Poster presentation (including poster side presentations)	0.5 points
b)	Oral presentation (not including poster side presentations)	1.0 point

6.6 University qualifications completed at the closing date for applications, excluding the primary medical qualification unless otherwise specifically stated, may be scored up to a maximum of **3 points** as follows:

a)	Doctor of Philosophy with a relevant thesis	3.0 points
b)	Doctor of Philosophy with a thesis in a related health discipline	2.0 points
c)	Doctor of Philosophy with a thesis in an unrelated discipline	1.0 point

d)	Doctoral degree with a relevant thesis	2.0 points
e)	Doctoral degree with a thesis in a related health discipline	1.0 point
f)	Masters degree in a relevant discipline	1.0 point
g)	Masters degree in a related health discipline	0.5 points
h)	Bachelor degree with honours by a relevant thesis	1.0 point
i)	Bachelor degree with honours by a related health discipline thesis	0.5 points
j)	A primary medical degree with honours by a relevant thesis	1.0 point
k)	Postgraduate diploma in a related health discipline	0.5 points

6.7 For clause 6.6, "**relevant**" is defined as one specifically on a neurology, neuroscience or neurosurgical topic. A "**related health discipline**" would be related to the practice of neurosurgery and include but not be limited to epidemiology, surgical education, traumatology, anatomy, critical care, biomedical sciences and engineering, medical imaging and basic sciences. The interpretation is at the discretion of the Board Chair or nominee.

6.8 Evidence of successful completion of any component of the Structured Curriculum Vitae may be requested from applicants at any time during the selection process. Failure to provide the requested evidence within the timeframe given may result in scoring not being allocated.

6.9 The scores for the five sections within the Structured Curriculum Vitae will be combined to provide an overall score out of a possible 11 points.

6.10 Applicants must score a minimum of 50.00% (5.5 out of 11 points) for the Structured Curriculum Vitae to be deemed suitable for selection.

6.11 For applicants satisfying the minimum standard in Regulation 6.10, the Structured Curriculum Vitae score will be recorded as a percentage. The selection tool weighting will then be applied which is 15%. As such, the applicant will receive a selection score for the Structured Curriculum Vitae out of a maximum 15 points.

7.0 NEUROSURGERY ANATOMY EXAMINATION

7.1 The Examination will be a single paper with 70 multiple choice neurosurgery anatomy questions and scored out of a total of 280 marks. The Examination will run for 100 minutes.

7.2 The recommended reading is Last's Anatomy, Regional and Applied, 9th Edition, 1998 (reprinted 2003) – McMinn R.M.H., Churchill Livingstone.

7.3 Applicants will be advised of the Examination date at least three months prior. Applicants will be advised of the time and venue of their sitting at least one month prior to the scheduled date.

7.4 There will be no separate fee charged for the Examination. This is included in the selection application fee.

7.5 It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Examination.

7.6 Applicants must make themselves available at the scheduled Examination time and venue advised by the Board. Applicants who do not present for the Examination at the scheduled time and venue may not be considered further in the selection process and their application may be withdrawn.

7.7 Applicants must score a minimum of 70.00% (196 out of 280 marks) for the Examination to be deemed suitable for selection.

7.8 For applicants satisfying the minimum standard in Regulation 7.7, the Examination score will be recorded as a percentage. The selection tool weighting will then be applied which is 30%. As such, the applicant will receive a selection score for the Examination out of a maximum 30 points.

7.9 Applicants will be provided with their score for the Examination. Applicants will not be provided with additional feedback or a copy of the Examination paper.

8.0 REFERENCE REPORT

8.1 Applicants who satisfy the standards in Regulation 5.3 (the Structured Curriculum Vitae standard) and 5.4 (the Neurosurgery Anatomy Examination standard) and the short listing in Regulation 5.7 will be given a score for the Reference Report. The preparation of the Reference Report may commence prior to the short listing in Regulation 5.7 and will be discontinued if the applicant is not short listed.

8.2 The preparation of the Reference Report for each applicant will be the responsibility of two people approved by the Board Chair, with at least one being a member of the Board (the **Assessors**). The Assessors will ordinarily be neurosurgeons.

8.3 The Assessors together via videoconference or teleconference will personally speak with three neurosurgical consultants with whom the applicant has worked to assist them in preparing a Reference Report.

8.4 In selecting the neurosurgical consultants to obtain information from to assist in preparing the Reference Report, the Assessors may contact any neurosurgical consultant the applicant has worked with in Australia, New Zealand or Singapore in the three years prior to application, except current Board members and those neurosurgical consultants involved as Assessors in the preparation of Reference Reports.

8.5 In selecting the neurosurgical consultants to obtain information from to assist in preparing the Reference Report, where possible and available:

a) at least one of the three will be from the applicants most recent neurosurgical rotation listed in the application as of 25 March 2020;
b) at least two of the three will be from the last 12 months of neurosurgical rotations listed in the application in the application as of 25 March 2020;
c) priority will be given to the selection of eligible SET Program surgical supervisors, SET Program surgical trainers and heads of departments.

8.6 A pro forma Reference Report will be used. The Reference Report will have questions focused on each of the nine RACS competencies.

8.7 Advanced notification may be sent to the neurosurgical consultants to be contacted, including information regarding the areas to be explored during the discussion which informs the Reference Report.

8.8 Having considered the responses from all interviews, the Assessors must arrive at a consensus score for each identified area using the scoring guidelines and scales shown in the Reference Report. Notes justifying the score given must be recorded in the Reference Report. Each area within the Reference Report is worth 4 points and there are 18 areas.

8.9 Applicants must score a minimum of 50% (36 out of 72 points) for the Reference Report to be deemed suitable for selection.

8.10 For applicants satisfying the minimum standard in Regulation 8.9, the Reference Report score will be recorded as a percentage. The selection tool weighting will then be applied which is 30%. As such, the applicant will receive a selection score for the Reference Report out of a maximum 30 points.

8.11 Applicants will be provided with their score for the Reference Report. As references are collected in confidence as part of the Reference Report process, a copy of the Reference Report will not be made available to the applicant. Applicants will not be provided with additional feedback on the Reference Report or provided with the names of the neurosurgical consultants contacted.

9.0 SEMI-STRUCTURED NEUROSURGERY PANEL INTERVIEW

9.1 The short-listed applicants determined in accordance with Regulation 5.9 will be eligible to present for the Neurosurgery Semi-Structured Interview (**Interview**).

9.2 Short-listed applicants will be advised in writing of their Interview date and time at least two weeks prior. It is the applicant's responsibility to make the appropriate arrangements and to meet any costs incurred in participating in the Interview.

9.3 Applicants must make themselves available at the scheduled Interview time. Applicants who do not participate in the Interview at the scheduled time may not be considered further in the selection process and their application may be withdrawn at the discretion of the Board.

9.4 Each Interview will be approximately one hour in duration and consist of four scenario and experience-based sections, each with multiple questions designed to assess the suitability of the applicant.

9.5 Applicants will be asked questions by four different Interview panels. Each panel will ask the same designated section of the Interview.

9.6 Each panel must arrive at a consensus score for their section of the Interview using the scoring guidelines and scale shown in the Interview score sheet. Notes justifying the score given must be recorded in the Interview score sheet.

9.7 The Interview scoring scale is as follows:

a) Unsatisfactory	0 points
b) Improvement needed	1 point
c) Meets expectations	2 points
d) Exceeds expectations	3 points
e) Exceptional	4 points

9.8 The panel consensus scores for the four sections of the Interview will be combined to provide an overall score out of a possible 16 points.

9.9 Applicants must score a minimum of 50% (8 out of 16 points) for the Interview to be deemed suitable for selection.

9.10 For applicants satisfying the minimum standard in Regulation 9.9, the Interview score will be recorded as a percentage. The selection tool weighting will then be applied which is 25%. As such, the applicant will receive a selection score for the Interview out of a maximum 25 points.

9.11 Applicants will be provided with their score for each of the four sections of the Interview. Applicants will not be provided with additional feedback or a copy of the Interview scoring sheet or questions after the Interview has been conducted.

10.0 RECONSIDERATIONS, REVIEWS AND APPEALS

10.1 An applicant dissatisfied with a decision made in relation to these Regulations may apply to the Board to have the decision reconsidered (**Reconsideration**). The Reconsideration will be processed in accordance with the RACS Reconsideration, Review and Appeals Policy.

10.2 An application to use this process must be received by the Board within seven (7) days of the notification of the decision to be Reconsidered.

Selection Regulations:

2020 New Zealand Selection to Surgical Education and Training in General Surgery for 2021 intake

Last updated: 1 November 2019

Table of Contents

For general instructions and guidelines for selection into the GSET Program, please refer to the **SET: Selection to Surgical Education and Training Policy** located on the College Website.

1. INTRODUCTION

1.1 Definition and Terminology

1.1.1. **Applicant** means a person who has submitted an application for the Surgical Education and Training Program in General Surgery to the Royal Australasian College of Surgeons.

1.1.2. **Board** means the Royal Australasian College of Surgeons' New Zealand Board in General Surgery.

1.1.3. **Business Days** means Monday to Friday excluding Public Holidays.

1.1.4. **College** or **RACS** means the Royal Australasian College of Surgeons.

1.1.5. **NZAGS** means New Zealand Association of General Surgeons.

1.1.6. **Interview** means the New Zealand Subcommittee of the New Zealand Board in General Surgery semi-structured General Surgery panel interview conducted as part of the selection process.

1.1.7 **New Zealand Training Committee** is the New Zealand Subcommittee of the New Zealand Board in General Surgery.

1.1.8. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.

1.1.9. **GSET Program** means the General Surgical Education and Training Program as approved by the New Zealand Board in General Surgery.

1.2 Purpose of Regulations

The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons Surgical Education and Training (GSET) Program in General Surgery for the 2020 intake in New Zealand. This is a public document.

1.3 Administration and Ownership

1.3.1. The College is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.

1.3.2. The New Zealand Board in General Surgery is responsible for the delivery of the Surgical Education and Training Program in General Surgery, the accreditation of hospital posts, and the assessment and supervision of General Surgical Trainees.

1.3.3. The New Zealand Board in General Surgery delivers the GSET Program in General Surgery New Zealand.

1.3.4. For further information, refer to the New Zealand Board in General Surgery Terms of Reference located on the College Website.

2. REGISTRATION AND APPLICATION

2.1 Registration

2.1.1. Applicants wishing to apply to the GSET Program in General Surgery in New Zealand must first submit a completed Registration Form to the College via the College website by the published closing date.

2.1.2. Applicants are required to confirm for themselves that they meet the minimum eligibility criteria required by the Board before submitting their completed Registration Form. Only applicants who satisfy the eligibility and application requirements in accordance with College policy will be considered in open competition for selection to the GSET Program in General Surgery.

2.1.3. For further information regarding Registration, including fees, please refer to the **SET: Registration for Selection into the Surgical Education and Training (SET) Policy** available on the College Website.

2.1.4. Applicants must consent to a full criminal history check including the submission of relevant documentation on request to enable this to be undertaken noting that:

a. Where consent is not given by the applicant, they will automatically be deemed ineligible for selection and not considered further in the selection process.

b. Applicants with a relevant criminal conviction will be deemed unsuitable for selection to the training program. A relevant conviction includes, but is not limited to, a conviction of a sexual nature, a conviction relating to drug usage and/or trafficking, a conviction against liberty, morality and abduction, or a conviction relating to dishonesty, fraud and deception.

c. Failure by an applicant to make full and frank disclosure of their criminal history as requested is grounds to automatically deem the applicant unsuitable for selection, unless the matter is a "spent conviction" under the relevant law.

2.1.5. Applicants must have current and valid medical registration from the applicable Medical Board or Council at the time of registration. New Zealand applicants must have general scope registration without restriction or general scope registration restricted to general surgery.

2.1.6. Applicants must have citizenship or have been granted permanent residency status in New Zealand or Australia at the time of registration.

2.2 Submitting an Application

2.2.1. Applications can only be submitted via the NZAGS online application system at www.nzags.co.nz by the due date. No other form of application will be accepted and no extensions will be granted. It is the applicant's responsibility to ensure that they allow enough time to complete the application. This includes completion of the Procedural Skills and Professional Capabilities Form available with the application form on the NZAGS website.

2.2.2. Separate applications must be made for the SET Program in General Surgery in New Zealand and the SET Program in General Surgery in Australia. Applicants can not apply for both programs.

2.2.3 Applicants must pay the application fee before their application can be considered. Applicants who have not paid the application fee within 10 working days of the invoice will be deemed ineligible for consideration for the current year of Selection.

2.3 Eligibility Requirements –Clinical Rotations

2.3.1 Applicants must note the following General Surgery specific eligibility requirement:

Rotation Type	Minimum Duration	Validity Period	Completed By
General Surgery 26 weeks consecutive from 1 surgical term	1 x 26 week	2 years, extended up to 4 years by a period of full-time study in a medically related discipline, or parental care.	By December 2019
Surgery in critical care *(refer to 2.3.4 for Definition of a Critical Care Term)*	1 X 12 week		By the end of 2019

2.3.2. Surgery in Critical Care rotations must be of a minimum of twelve (12) continuous weeks in duration on the one unit.

2.3.3. The validity period will only consider terms undertaken in the last two (2) years except where 2.3.4. applies.

2.3.4. Where the applicant has been undertaking full-time research towards a higher degree in a medically related discipline in the two or more consecutive years prior to the application year, scoring and eligibility will consider the last two (2) clinical years prior to entering research. Where the applicant has been on parental leave for at least one year during

the two years prior to the application year, eligibility and scoring will consider the last two clinical years.

2.3.5. A Surgery in Critical Care term is defined as one of the following:

a. Trauma Unit
b. ICU
c. HDU
d. ED
e. Cardiothoracic Unit
f. Vascular Unit
g. Burns Unit
h. Anaesthetic Unit
i. Transplant/HPB
j Colorectal Unit

2.3.6. Surgical Terms cannot be considered for more than one eligibility requirement. Applicants will need to stipulate if the term is to be considered as general surgery or critical care.

2.3.7. Applicants must provide proof of past and future rotations in the form of a letter of confirmation from the hospital. A contract will not suffice as documentation.

2.3.8. Documentation not provided on letterhead or signed will not be accepted and the rotation will be discounted.

2.4 Eligibility Requirements - Procedural Skills and Professional Capabilities

2.4.1 Applicants must submit the completed Procedural Skills and Professional Capabilities Form available on the Selection section of the NZAGS website, with each procedural skill and professional capability listed verified by the consultant supervising the rotation(s).

2.4.2 Each Procedural Skill and Professional Capability listed must be verified by the consultant surgeon supervising the rotation(s). A consultant is defined as one of the following:

a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or

b. A vocationally trained surgeon employed as a specialist surgeon

2.4.3 Each procedure must be verified during rotations taken between 1 December 2017 and the closing date of applications except where 2.3.4 applies.

2.4.4 Applicants who do not have each procedural skill and professional capability verified by a suitable consultant will be deemed ineligible and will not proceed in the selection process.

2.5 Eligibility Requirements – Generic Surgical Sciences Examination

2.5.1 Applicants must have successfully completed the Royal Australasian College of Surgeons Generic Surgical Sciences Examination (GSSE) prior to the Specialty application closing date.

3. SELECTION PROCESS OVERVIEW

3.1 Overview

3.1.1. Applicants who satisfy the eligibility and application requirements in accordance with College policy and these Regulations will be considered in open competition for selection to the SET Program in General Surgery.

3.1.2. On completion of the relevant components of the selection process, eligible applicants will be classified as one of the following:

a. **Unsuccessful** being an eligible applicant suitable for selection but who did not rank highly enough in comparison to the intake to be made an offer.

b. **Successful** being an eligible applicant suitable for selection and who has ranked highly enough in comparison to the intake to be made an offer.

3.2 Ranking

3.2.1. Applicants suitable for selection will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 obtained for each of the three (3) selection tools, providing an overall percentage score:

a. Structured Curriculum Vitae 25%

b. Structured Referee Reports 35%

c. Semi-Structured General Surgery Panel Interviews 40%

3.3 Offers

3.3.1. The minimum score required for Selection is 70.

3.3.2. It is expected that due to attrition and requests for interruption / deferral, there will be several rounds of offers to the SET Program in General Surgery.

3.3.3. Applicants who do not rank highly enough to receive a first-round offer to the SET Program in General Surgery, will still be considered eligible for subsequent rounds of offers made by the New Zealand Training Committee.

3.3.4. Applicants who do not wish to receive a later round offer to the SET Program in General Surgery must advise the New Zealand Training Committee by the stipulated deadline.

3.3.5. Once an offer has been accepted, the New Zealand Training Committee will allocate the successful applicant to a Training Rotation according to the following guidelines:

a. Allocation will be based on preference and the number of available positions.

b. While every effort will be made to match applicants to their preference, due to the number of posts available this will not always be possible and new trainees are required to accept the rotation allocated to them.

c. In the interests of fairness, allocations to posts may not be made until several rounds of offers have been finalised.

3.3.6. Applicants who do not rank highly enough to receive an offer by the final round will be considered **unsuccessful.** Unsuccessful applicants will be notified in writing as outlined in section 7.2 of these Regulations.

4. STRUCTURED CURRICULUM VITAE – ONLINE APPLICATION

4.1 Overview and Purpose

4.1.1. The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process, and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, research, publications, presentations, development activities and referee names and contact details.

4.2 Scoring

4.2.1. Each Structured Curriculum Vitae will be scored by three (3) people nominated by the New Zealand Training Committee without reference to the opinions of others using a structured scoring system. Where any discrepancy between any pair of scores occurs provided by the three (3) scorers, the Chair of the New Zealand Training Committee (or his / her delegate) will score the Structured Curriculum Vitae to identify the anomaly and determine the correct score.

4.2.2. The Structured Curriculum Vitae has a maximum of 25 points. The components scored are:

a. Surgical and Medical Experience (Maximum 7 points)

b. Qualifications/Regional/Rural Exposure (Maximum 3 points for Qualifications and 2 points for Regional/Rural Exposure)

c. Presentations and Publications (Maximum 7 points)

d. Courses (Maximum 2 points)

e. Prizes/Awards for Excellence (Maximum 2 points)

f. Leadership/Community Contribution (Maximum 1 point)

g. Scholar and Teacher (Maximum 3 points)

4.3 Surgical and Medical Experience

4.3.1. Scoring will only consider terms undertaken in the last two (2) years, except where 4.3.2 applies.

4.3.2. Where the applicant has been undertaking full time research towards a higher degree in a medically related discipline in the two or more consecutive years prior to the application year, scoring will consider terms undertaken in the last two clinical years prior to entering research. Where the applicant has been on parental leave for at least one year during the two years prior to the application year, scoring will consider the last two clinical years.

4.3.3. Terms in surgery of less than twelve (12) consecutive weeks will not be scored.

4.3.4. Medical terms not of a surgical nature will not be scored.

4.3.5. Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital. A contract or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.

4.4 Qualifications / Regional / Rural Exposure

4.4.1. Scoring only includes higher degrees successfully completed at the time of application at a recognised institution as determined by the Board. Scoring includes:

a. Masters degree/s in a medically related area

b. PhD in a surgically related area

4.4.2. Higher degrees must be awarded by the time of application to be considered and not be awaiting marking.

4.4.3. Scoring does not include primary medical qualifications including the MBChB / MBBS or overseas equivalent, other Bachelor degrees, diplomas, graduate diplomas (including the Graduate Diploma in Anatomy) or certificates.

4.4.4. Scoring does not include completion of the RACS Basic Surgical Examination (completed prior to February 2008) Surgical Science (Generic or Specific) or Clinical Examinations.

4.4.6 Scoring does not include the MRCS qualification.

4.4.7 Documentary evidence of completion must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.

4.4.8 Regional Exposure is defined as a General Surgical term at one of the following hospitals – Whangarei, Tauranga, Rotorua, New Plymouth, Hawkes Bay, Palmerston North, Nelson. Applicants will receive 1 point for a full year at one of these centres. A maximum of 1 point will be scored for this work. A term that includes some urology or plastics will also be accepted.

4.4.9 Rural Exposure is defined as a General Surgical term at one of the following hospitals – Whakatane, Thames, Gisborne, Whanganui, Masterton, Blenheim, Greymouth, Timaru, Invercargill. Applicants will receive 2 points for a full year and 1 point for six months at one of these centres. A term that includes some urology or plastics will also be accepted.

4.4.10 The maximum number of points allocated for regional and/or rural exposure as in 4.4.9 is 2. Rotations undertaken in the previous 3 years will be considered.

4.4.11 Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital. A contract or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.

4.4.12 Senior House Officer and House Officer posts will be eligible for a maximum of 1 point for work in Rural Hospitals as listed in 4.4.9.

4.4.13 House Officer terms will be counted as a minimum term of 3 months, with two three month runs required for one point. Senior House Officer terms and Registrar terms will be counted in 26-week blocks.

4.4.14 The total number of points that can be awarded for Regional/Rural Exposure is 2. The total number of points that can be awarded for Qualifications is 3 and the points can be combined for a total of three.

4.5 Presentations and Publications

4.5.1. Scoring will consider presentations or publications undertaken in the past five (5) years.

4.5.2. Presentations and publications must be complete, that is presented or published, at the time of application closing date. Prospective presentations and publications will not be scored.

4.5.3. Scoring only includes presentations relevant to surgery.

4.5.4. Scoring only includes presentations personally given by the applicant.

4.5.5. Scoring only includes presentations at scientific meetings or conferences subject to abstract selection. Hospital based presentations will not be scored.

4.5.6. Poster presentations will be scored only once where the applicant is the first author and the named presenter in the meeting programme.

4.5.7. Presentations that have sufficiently similar topics or that have been presented at more than one scientific meeting or conference will be scored only once.

4.5.8. Presentations will be scored depending on national, local or international level.

4.5.9. Scoring only includes publications relevant to surgery.

4.5.10. Scoring only includes publications in a peer reviewed publication including internet journals, and excludes published abstracts.

4.5.11. Scoring excludes letters to editors and media releases.

4.5.12. Each publication can be scored only once.

4.5.13. Scoring includes case reports, articles and book chapters with extra weighting on articles and book chapters where the applicant is the first author.

4.5.14 A maximum of one (1) non general surgery or non basic surgical sciences presentations and/or publications will be scored. Further non general surgery or non basic surgical sciences presentations and/or publications will not be taken into consideration.

4.5.15. Documentary evidence of acceptance for publication and/or proof of presentation must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.

4.5.16 The applicant must demonstrate how the publication or presentation is relevant to general surgery or to the basic surgical sciences.

4.5.17 Acceptable evidence does not include a letter from the supervisor.

4.5.18 Acceptable documentary evidence of presentations includes official meeting programme or letter from convenor or conference organiser.

4.5.19 Acceptable documentary evidence of publication includes copy of publication or official letter from the editor clearly stating publication date.

4.6 Courses

4.6.1. Scoring will consider courses undertaken in the past five (5) years.

4.6.2. Courses must be complete at the time of application closing date and must be accompanied by documentation as evidence of attendance / completion.

4.6.3. Courses must be delivered by a recognised training provider as determined by the Board.

4.6.4. Attendance at workshops, seminars and conferences will not be scored.

4.6.5. Scoring includes those related to professional development in clinical and technical competencies and does not include ASSET, CCrISP, EMST, CLEAR and Statistics for Surgeons.

4.6.6. Scoring excludes professional development skills courses that are less than seven (7) hours in duration.

4.6.7. Scoring does not include hospital based courses or meetings, Morbidity and Mortality meetings, Basic Life Support courses, Intermediate Life Support courses, Postgraduate course in Anatomy and Primary Health Care courses.

4.6.8. Scoring includes courses related to the development of professional competencies such as communication, teamwork and leadership.

4.6.9. Certificate of attendance must be provided as documentary evidence. Entries where adequate documentation is not provided will not be scored.

4.7 Prizes and Awards

4.7.1. Scoring only includes prizes or awards for excellence in a medically related field, including prizes for presentations.

4.7.2. Scoring does not include Honors, Deans Honor Roll, Distinctions, CME points, honorary mentions, Letters of Appreciation, commendation and special mentions.

4.7.3. Scholarships will not be scored.

4.7.4. Documentary evidence of award or prize must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.

4.8 Leadership/Community Contribution

4.8.1. Applicants may score for an elected or appointed position of responsibility on a board, committee or other appropriate body in a community service or professional organisation, as determined by the Board.

4.8.2. Applicants may score for community and cultural involvement or sporting activities as determined by the Board.

4.8.3. Sporting achievements only include those where the applicant has represented at a national or international level.

4.8.4. Applicants may score for volunteer work undertaken on a continual basis. One off volunteer activities will not be scored.

4.8.5. Scoring does not include providing monetary donations or other types of donations.

4.8.6. Evidence of involvement from the relevant institution must be supplied.

4.8.7. Entries for which documentation cannot verify the activities and time commitment will not be scored.

4.8.8. Scoring only includes activities undertaken in the last ten years.

4.8.9. Leadership in cultural groups and events, fluency or extended knowledge in Te Reo Māori and Te Ao Māori will be considered.

4.8.10. For leadership as per 4.8.9 a personal statement of no more than 100 words must be provided outlining any significant leadership. Evidence must be included of any voluntary, community work, language level spoken, or leadership role including name of the organisation, the role title, when started and expected completion date, as appropriate.

4.9 Scholar and Teacher

4.9.1. Applicants may score for involvement in continued teaching and/or administration of teaching.

4.9.2. Scoring only includes teaching relevant to the medical field.

4.9.3. Scoring only includes teaching that occurred for a period of six (6) continuous months or more by the time of application.

4.9.4. Scoring does not include undertaking presentations at seminars, workshops or hospital meetings including ward rounds and Mortality and Morbidity meetings.

4.9.5. Scoring does not include teaching of medical students or interns as part of a normal medical employment.

4.9.6. Evidence of involvement including timeframe and hours worked per week from the relevant institution must be supplied.

4.9.7. Entries for which documentation cannot verify the activities and time commitment, including dates and hours per week, will not be scored.

4.9.8. Scoring only includes teaching under taken in the last three years.

4.10. Points awarded – 1 point for 2-3 hours per week, 2 points for 4-6 hours per week and 3 points for 7 or more hours per week.

5. STRUCTURED REFEREE REPORTS

5.1 Overview and Purpose

5.1.1. References are collected to obtain information, in confidence, about the history of the applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in General Surgery.

5.2 Process

5.2.1. The applicant must provide the names of supervising consultants (up to a maximum of three (3) consultants per rotation) who had the greatest period of supervision over the applicant for each rotation undertaken in the two (2) clinical years prior to the closing date for applications.

5.2.2 Applicants who have been undertaking a period of full-time study in a medically related discipline within the previous two years may extend that period by the period of the full-time study, up to a maximum of four (4) years. Where the applicant has been on parental leave for at least one year during the two years prior to the application year, that period of eligibility of referee reports may be extended for the period of parental leave taken.

5.2.3. Applicants must confirm that the nominated consultants have agreed to act as a referee.

5.2.4. If an applicant elects not to provide the details for supervising consultants as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing supervising consultants who do not strictly comply with these Regulations, or omitting supervising consultants in preference for others who have had a lesser supervisory role, the applicant may be automatically withdrawn from the selection process and their application will not be considered further.

5.2.5. The units in which the applicant has worked may be contacted as part of the selection process to verify that the supervising consultants listed on the application form comply with these Regulations. The supervising consultants will also be asked to verify compliance with these Regulations.

5.2.6. The New Zealand Training Committee will select at its discretion five (5) primary supervising consultants from the referees named to be contacted as part of the selection process. In selecting supervising consultants, the New Zealand Training Committee will endeavour to obtain **at least** one (1) report from each General Surgery term (where applicable) and the remaining from other terms with consideration given to the duration and type of term.

5.2.7. The remaining nominated consultants will be considered alternative referees. Reports completed by alternate supervising consultants will only be used as part of the selection process if one (1) or more of the supervising consultant reports identified in Section 5.2.6. is not received by the final submission date or if a report is deemed invalid (as in clause 5.4.3.). The alternate supervising consultant reports, where required, will be used in order of their submission date.

5.2.8. The selected referee names **will not** be released to the applicants.

5.3 Assessment Areas

5.3.1 On the report the supervising consultant will be asked to select one (1) of five (5) options for each of the sixteen (16) assessment areas that they believe best describes the applicant. The selection criteria that will be scored within the reports can be generally categorised as follows:

a. Medical and Technical Expertise

b. Judgement/Clinical Decision Making

c. Communication

d. Collaboration

e. Scholar and Teacher

f. Professionalism

5.4 Scoring

5.4.1. The individual report scores will be converted to a percentage score rounded to two decimal places, calculated by dividing the total score for the report by the total number of questions for which the referee has provided a response.

5.4.2. If the referee has provided a response for less than 77% of the report, the report will be deemed invalid and will not be used as part of the selection process. In these circumstances an alternate report will be sought (as in Section 5.2.7).

5.4.3. The percentage scores for the five (5) individual reports will be added to provide an overall percentage score, rounded to two decimal places, for the Structured Referee Report selection tool.

5.5 Eligibility to Proceed to Interview

5.5.1. If, having applied clause 5.2, the New Zealand Training Committee has not obtained five (5) valid reports prior to the final submission date determined by the New Zealand Training Committee, the applicant will be **formally withdrawn from the selection process and their application will not be considered further**.

5.5.2. The New Zealand Training Committee is responsible for contacting referees to request reports. Applicants will not be provided with updates on the reports collected; nor will they be involved in the collection process in any way. All supervising consultants contacted as part of the selection process will be advised of the confidential nature of the reports. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant being deemed **unsuitable** for selection and removed from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

5.5.3. Applicants **must** score a combined total weighted score from the CV and Referee Reports of 38 or above to be eligible to proceed to the interview stage.

6. INTERVIEWS

6.1 Overview and Purpose

6.1.1. The interview has been designed to:

a. Identify factors deemed important to the practice of General Surgery.

b. Address the RACS competencies.

c. Assess the suitability of the applicant for training.

6.1.2. The interview seeks information on a variety of attributes including:

a. The ability to interact effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.

b. The ability to contribute effectively as a member of the health care team.

c. The ability to act ethically, responsibly and with honesty.

d. The capacity to care, demonstrate concern and sensitivity to the needs of others.

e. Effective oral communication.

f. The ability to assimilate and organise information and to adapt accordingly.

g. The ability to present concisely within a time frame.

h. The applicant's commitment to a career in General Surgery.

i. The ability to recognise and respond appropriately to cultural and/or ethical issues.

j. The ability to promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

6.2. Notification of Interview

6.2.1. Applicants will be notified of the date, time and location of the interview at least ten (10) business days prior.

6.2.2. It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The New Zealand Training Committee accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum eligibility requirements who are not permitted to attend an interview.

6.2.3. Interviews will be held in Wellington.

6.2.4. Applicants are required to provide proof of identification at the interview.

6.2.5. Interview date(s) will be published on the NZAGS and College websites.

6.2.6. Applicants must make themselves available at the scheduled interview time and must attend the interview in person. Applicants who do not present for the interview at the scheduled time will not be considered further in the selection process and their application will be withdrawn.

6.2.7. Applicants will be provided with a brief on the structure of the interview at the time of notification.

6.3 Conduct

6.3.1. The interviews will be conducted by a series of four (4) interview panels comprised of two (2) to three (3) members of the selection committee. Each panel will conduct a designated section of the interview for all applicants, with applicants rotating between panels.

6.3.2. Applicants will spend approximately 10 minutes with each panel.

6.3.3. The semi structured interview will be approximately 50 minutes in total duration.

6.3.4. During the semi-structured interview process, applicants will be asked initiating questions by each panel, with follow-up probing questions to explore the breadth and depth of the applicants experience and insight in relation to each selection criterion, particularly as they relate to the nine (9) RACS competencies.

6.4 Composition of Interview Panels

6.4.1. The Interview Panel has been designed to ensure a representative balance of male, female, experienced and novice interviewers.

6.4.2. The Interview Panel will comprise the members of the New Zealand Training Committee i.e. the Hospital Supervisors in every training hospital in New Zealand, or their approved proxy. An observer may be present at the interviews but their role is to witness and not participate.

6.5 Scoring

6.5.1. Applicants will be scored using a structured scoring system and criterion statements relating to topics outlined in Section 6.3.4

6.5.2. Each question will be accompanied by a criterion answer.

6.5.3. Each panel member will score each applicant individually on a specific form with a consensus score for the interview panel to be arrived at following the interview. The score for each panel will be out of ten (10). The consensus score will be used in the final ranking of suitable applicants.

6.5.4. Applicants will be scored using the following structured scoring system and criteria:

a. Unsatisfactory (0-2 points): The applicant failed to articulate appropriate responses and did not cover any of the key points related to the scoring criteria and did not demonstrate the potential for appropriate knowledge, skills or abilities **and/or** did not demonstrate some of the personal qualities and behaviours sought.

b. Basic (3-4 points): The applicant articulated appropriate responses covering some of the key points related to the scoring criteria and demonstrated the potential for suitable knowledge, skills and abilities with further experience **and** demonstrated the personal qualities and behaviours sought.

c. Intermediate (5-6 points): The applicant articulated appropriate responses covering the key points related to the scoring criteria and demonstrated appropriate knowledge, skills and abilities **and** the personal qualities and behaviours sought.

d. Advanced (7-8 points): The applicant articulated good responses covering all the key points related to the scoring criteria and demonstrated good knowledge, skills and abilities **and** the personal qualities and behaviours sought.

e. Expert (9-10 points): The applicant articulated excellent responses covering all the key points related to the scoring criteria and demonstrated exceptional knowledge, skills and abilities **and** the personal qualities and behaviours sought.

6.6 Pilot of new selection tools

To improve the quality and efficacy of selection into surgical training, RACS conducts research and evaluates the performance of selection instruments and processes. Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the RACS context. Applicants to SET may be invited to participate in selection research or evaluation.

6.6.1. Applicants may be asked to participate in a pilot for additional selection tools during the selection process.

6.6.2. Where a selection tool is being piloted, this will be made very clear to the candidate.

6.6.3. Candidates are not obliged to participate in any selection tool pilot.

6.6.4. Outcomes from any pilot use of selection tool(s) will not be used in determining the result or outcome of selection in the year(s) of trial.

6.6.5. Results of any pilot process may be used to inform the New Zealand Committee regarding the tool's validity, reliability, feasibility and acceptability to candidates and other participants.

6.6.6. The scores and rank for any piloted tool will not be provided to candidates.

6.6.7 Results of research evaluating the efficacy of pilot selection processes and tools may be promulgated at conferences or included in journal articles submitted for publication. Such research must comply with HREC requirements and respect the privacy of the participants.

6.6.8 Information regarding a change to selection processes or selection tools will be published at least 6 months prior to the introduction of the new selection process or tool.

7. FEEDBACK

7.1 Unsuitable Applicants

7.1.1. Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:

a. That they have been deemed unsuitable for selection and will not be considered further in the selection process.

b. Information on the overall scores and ranking they received for each of the selection tools completed.

c. Notification of the eligibility requirements or selection process Regulation that they failed to satisfy.

7.2 Unsuccessful Applicants

7.2.1. Applicants who have been deemed unsuccessful will be notified in writing of the following:

a. That they have been deemed suitable for selection but have not ranked highly enough to be made an offer in accordance with the intake and have therefore been unsuccessful.

b. Information on the overall scores and ranking they received for each of the selection tools completed, following final rounds of offer have occurred. Should they desire further feedback, they may discuss the information on their overall scores for each of the selection tools with their supervisors.

c. Information on the waiting list process.

7.3 Successful Applicants

7.3.1. Applicants who have been deemed successful in the selection process will be notified in writing via email of the following:

a. That they have been successful in the selection process and are being offered a position on the SET Program in General Surgery subject to the conditions outlined in Section 7.3.4.

b. Information on the process for allocation to a training post.

c. The due date by which their Offer Form must be returned.

7.3.2. Applicants will not be notified of their overall ranking.

7.3.3. The Offer Form has three (3) options – accept, decline or pending

a. Accept – the applicant accepts the offer of a position on the General Surgery program

b. Decline – the applicant declines the offer of a position on the General Surgery program

c. Pending – the applicant wishes to await the outcome of an application to any other surgical training program before deciding on the General Surgery offer.

d. An applicant who selects “Pending” must advise the New Zealand Training Committee whether s/he accepts or declines the General Surgery offer by the date stipulated on the Offer Form.

7.3.4. Acceptance of the offer to the SET Program in General Surgery will be conditional on the following:

a. The applicant having the appropriate medical registration in New Zealand.

b. The applicant being employed by the relevant District Health Board.

c. The information submitted in the application form being true and correct.

d. Satisfactory completion of all minimum eligibility criteria before the start of the training year in New Zealand.

e. Provision of any outstanding documentation required by the Board.

f. Provision of a signed “Training Agreement”.

g. Payment of all monies owed to the College.

7.3.5 Applicants who fail to satisfy any of the conditions outlined in Section 7.3.4. will automatically forfeit the offer.

7.3.6. Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

7.3.7. Applicants who accept a position on the General Surgery program will be allocated to a training post.

7.4 Deferral

7.4.1. Applicants who wish to defer the commencement of their General Surgical Education and Training must lodge a request to the New Zealand Training Committee at the time of acceptance using the following procedure:

a. Complete the required section on the Acceptance Form.

b. The request will be considered by the New Zealand Board in General Surgery for final decision.

7.4.2. All applications for deferral or interruption are governed by the SET: Trainee Registration and Variation Policy available on the College website at Policies and Procedures. The Board does not have the authority to grant requests that do not comply with RACS Policy.

7.4.3 For applicants to the SET program, requests for deferral must be submitted at the time of acceptance of offer. Requests submitted after this time will only be considered in exceptional circumstances.

7.4.4 The standard period of deferral will be 12 months (one year). In exceptional circumstance, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.

7.4.5 Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period of completion will be reduced by the extra time granted for deferral.

7.4. 6 The New Zealand Board in General Surgery does not have the authority to alter College Policy, or approve non-compliant requests.

7.4. 7 Deferrals will not be granted within three (3) months prior to the start of the training year due to logistical considerations.

2020 Selection Regulations for the 2021 intake into the Surgical Education and Training programme in Plastic and Reconstructive Surgery

1. Introduction

1.1 Definition of Terms

1.1.1	Applicant	a doctor who has submitted an application for selection
1.1.2	Board	the New Zealand Board of Plastic and Reconstructive Surgery
1.1.3	College	the Royal Australasian College of Surgeons
1.1.4	NZAPS	the New Zealand Association of Plastic Surgeons
1.1.5	MCNZ	the Medical Council of New Zealand
1.1.6	PRS	Plastic and Reconstructive Surgery
1.1.7	Rotation	A period of employment within a hospital unit/department at post graduate level
1.1.8	SET	Surgical Education and Training

1.2 Purpose of these Regulations

These regulations describe the principles, purpose and terms of the selection process for the SET programme of the College in PRS for the 2021 intake in New Zealand. This document is a public document and should be read in conjunction with the College's 'Selection to Surgical Education and Training Policy'. If the College Fellowship examination in 2020 does not proceed, then SET Selection for NZ PRS will be cancelled.

1.3 Objective of the SET Programme

The overall objective of the SET Programme is to produce competent independent specialist Plastic and Reconstructive Surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standards of safe, ethical and comprehensive care and leadership.

1.4 Principles Underpinning the Selection Process

1.4.1 The aim of the selection process is to select the highest calibre trainees for the SET programme on the basis of merit through a fair and documented process.

1.4.2 The selection process will conform to the requirements agreed by the College Board of SET and will meet the College's eligibility requirements.

1.4.3 The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appeals process.

1.4.4 The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

1.4.5. The number of trainees selected in any year will depend on the number of suitable applications and accredited hospital SET posts available. Three SET posts were available for the 2020 intake.

1.4.6 Applicants must be aware that interviews are not automatically granted.

1.4.7 Eligibility for selection to the NZ PRS 2021 intake is limited to applicants who registered interest in the NZ PRS only.

1.5 Selection Instruments

To improve the quality and efficacy of selection into SET, the College conducts research and evaluates the performance of selection instruments and processes.

Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the College context.

Applicants to SET may be invited to participate in selection research or evaluation.

2. Eligibility

2.1 To apply to the SET programme in PRS applicants must fulfil the Generic College eligibility criteria available in the 'Registration for Selection into SET Policy'.

2.2 Applicants who do not meet the generic College eligibility criteria will not be eligible to apply to the New Zealand Plastic and Reconstructive SET programme.

2.3 To apply to the New Zealand Plastic and Reconstructive SET programme, applicants must provide documentary evidence that they have fulfilled the following specialty specific eligibility criteria:

2.3.1 26 continuous weeks in a Plastic and Reconstructive Surgery rotation at registrar level in a tertiary, teaching hospital within the past five years by June 2020.

a) Applicants who hold FRACS, have full Vocational Registration with the MCNZ or are in the final year of a SET programme in an alternate specialty will be exempt from this requirement.

2.3.2 26 continuous weeks at registrar level or equivalent in any one of the following rotations completed by June 2020:

- General Surgery. The applicant must provide a run description by their Head of Department as evidence of acute call, which must include trauma, to confirm experience has been gained in emergency assessment, formulation of management plans including surgery and inpatient management and review.
- Orthopaedic Surgery with standard call, managing multi-trauma e.g. compound leg fractures, pelvic fractures and spinal injuries. The applicant must provide a run description by their Head of Department as evidence of having managed multi trauma from emergency assessment to formulation of management plans including surgery and inpatient management and review.
- Emergency Department (ED)

- Intensive Care Unit (ICU)
- High Dependency Unit (HDU). Full details of HDU experience to be provided and referred to the Chair of the Board for consideration regarding its acceptance as an emergency term.

a) Anaesthetic, Burns, Cardiothoracic, Neurosurgery and Vascular unit experience is not considered equivalent to Emergency or Critical Care unit experience.

b) Applicants who hold FRACS, are current SET trainees or have been in SET training in the last two years will be exempt from this requirement.

2.3.3 Have successfully completed the Generic Surgical Sciences Examination at time of application.

2.4 Applicants who do not meet the specialty specific eligibility criteria will be considered unsuitable and will not progress to the next stage of selection.

3. Applications to SET

3.1 Applications must be submitted via the College's online system.

3.2 By submitting an application applicants certify that the information provided is correct and in accordance with these regulations. If it is discovered that an applicant has provided incorrect or misleading information that applicant may be withdrawn from the selection process and not participate any further. That may occur at any point during the selection process.

3.3 Applicants must ensure applications are complete prior to submission.

3.4 No documents will be accepted after the closing date for applications unless requested by the Board for clarification.

3.5 The Board may verify information provided in an application with external institutions or individuals. By submitting an application, applicants consent to the collection, storage, use and disclosure of the information by the Board or its agent.

3.6 Intimidation of staff involved in the SET Selection process will not be tolerated.

4. Selection Overview

4.1 The Selection Committee is a formal subcommittee of the Board formed each year. This committee is ordinarily made up of the Supervisors of Training but may also include other members of the Board, members of NZAPS, Fellows of the College and other persons considered appropriate by the Board.

4.2 Applicants who satisfy the eligibility conditions in Section 2 will be ranked by the combined score of the Structured Curriculum Vitae (CV) and Reference Reports.

4.3 Interviews will be offered based on a ratio of four applicants to one post (i.e. 4:1).

4.4 Applicants will be invited to interview based on ranked order. Applicants with identical scores at the cut off mark will be invited to interview.

4.5 Applicants who satisfy the conditions in Sections 2, 4.2, 4.3 and 4.4 will be ranked. Rank will be determined by applying the following weightings to the selection tools:

Selection Tool	Weighting
Structured Curriculum Vitae	20%
Structured Reference Reports	35%
Semi-Structured Interviews	45%
Total	**100%**

4.6 If more than one applicant has the same total score, the applicant with the higher interview score will receive the higher rank.

4.7 If more than one applicant has the same total and interview score, the applicant with the higher referee score will receive the higher rank.

4.8 Applicants will be classified as:

4.8.1 Waitlisted: Applicant considered suitable for selection to be offered a post if one becomes available

4.8.2 Unsuccessful: Applicant considered suitable for selection but did not rank high enough to be offered a SET post

4.8.3 Unsuitable: Applicant failed to satisfy a minimum selection criterion

4.9 Offers will be made to applicants classified “Waitlisted”. The number of offers will equal the number of posts available.

5. Structured Curriculum Vitae

5.1 The Structured CV captures information about an applicant’s qualifications, surgical experience, research, professional development and achievements.

5.2 Applicants are required to submit evidence of all claims made in their Structured CV. Claims made without evidence will not be considered.

5.3 Structured CVs are scored independently by two scorers and compared for accuracy.

5.4 In instances of discrepancy the Board Chair makes the final decision.

5.5 The Structured CV will be scored out of a potential 150 points. The components are:

Qualifications (20 points)
Surgical Qualifications and Experience (45 points)
Publications and Presentations (45 points)
Professional Development and Achievements (40 points)

5.6 The cut-off score for Structured CVs is 55/150.

5.7 Applicants who do not meet or exceed the cut-off score in 5.6 will not be considered further in the application process.

6. Structured Reference Reports

6.1 References will be sought for applicants who satisfy the requirements in sections 2, 3 and 5 of these regulations.

6.2 All referees will be nominated by the applicant and be individuals with whom the applicant has worked directly.

6.3 The preparation of a Reference Report for each applicant will be the responsibility of two members of the Selection Committee (the Assessors).

6.4 The Reference Report will consist of online reports from one nurse and two SET trainees with whom the applicant has worked directly, worth 50% of the total Reference Report, as well as a telephone interview report from two PRS consultants, worth 50%.

6.5 The Assessors will together speak via telephone with two PRS consultants.

6.6 Applicants must request consent and provide contact details for:

6.6.1 a minimum of four and a maximum of six consultants under whose direct supervision they have worked regularly on a team in the past three years prior to the close of applications.

6.6.1.a. One of the consultants listed must be from the latest rotation (to time of application).

6.6.1.b. At least two PRS consultant referees must be included.

6.6.1.c. Maximum of two consultants per rotation to allow insight from more than one team into applicant's professional practice.

6.6.1.d. PRS Supervisors of Training must not be listed as referees because they are on the Selection Committee and conduct telephonic referee interviews.

6.6.2 For rotations completed as a reliever or rotator, applicants must elect two referees under whose direct supervision they have worked regularly on a team in the past five years prior to the close of applications.

6.6.3 a minimum of three and a maximum of five PRS SET Trainees with whom they worked regularly on a team in the past two years prior to 25 March 2020. Referees must have been PRS SET Trainees at the time the applicant was working with them.

6.6.3.a. the Board Chair has discretion to reduce the minimum to two PRS SET Trainees upon written request submitted after registration but before application from applicants who have only completed one PRS run at Waikato Hospital, as there are only two SET posts at that hospital.

6.6.4 a minimum of two and a maximum of four clinical nurse unit managers, charge nurses, clinical nurse consultants or unit nurses with whom they have worked closely in the past two years prior to 25 March 2020.

6.7 The Selection Committee will choose Referees from the information provided by eligible applicants.

6.8 The names of the Referees selected to assist in preparing the Reference Report will not be released to applicants.

6.9 A pro forma Reference Report will be used. The Reference Report will have assessment areas focused on the following

Medical expertise
Judgement - clinical decision making
Communication
Collaboration
Management and leadership
Health advocacy
Scholar and teacher
Professionalism
Technical expertise

6.10 The Selection Committee may send advanced notification to the consultant referees to be contacted and include information regarding the areas to be explored during the discussion which informs the Reference Report.

6.11 Having considered the telephonic and online responses from the Referees, the Assessors must arrive at a consensus score using the scoring guidelines and scales shown in the Reference Report. Notes justifying the score given must be recorded in the Reference Report for the telephone interviews. The online component makes up 50% of the total Reference Report score as does the telephonic interview component.

6.12 Any online SET Trainee report which is less than 75% complete (i.e. 15/20) will be considered invalid.

6.13 Any online nurse's report which is less than 75% complete (i.e. 6/8) will be considered invalid

6.14 Applicants must score a minimum of 50% for the Reference Report to be deemed suitable for selection.

6.15 The Reference Report score will be recorded as a percentage for applicants satisfying the minimum standard in regulation 6.14.

6.16 The applicant will receive a selection score for the Reference Report out of a maximum of 400 points (i.e. 200 from online reports and 200 from telephone interviews). The selection tool weighting of 35% will then be applied.

7. Semi-Structured Interviews

7.1 Applicants who achieve a high enough rank for their combined Structured CV and Reference Report score will be granted an interview as per Section 4.2, 4.3. and 4.4.

7.2 Interviews will be held at the Wellington office of the College in October 2020. If Face to face interviews cannot be held due to COVID19 related restrictions the SET Selection will be cancelled.

7.3 Applicants will be given at least 10 business days' notice prior to interviews.

7.4 It is the applicant's responsibility to make the appropriate arrangements and to meet any costs incurred to present at interview.

7.5 Short listed applicants must make themselves available at the scheduled interview time. Applicants who do not present for their interview at the scheduled time will be determined to be unsuitable and not be considered further in the selection process.

7.6 Applicants are required to arrive onsite 15 minutes prior to their interview and to have photo ID available for checking.

7.7 Interviews will be conducted by three interview panels consisting of a minimum of two interviewers per panel.

7.8 Interviews will be approximately an hour long (i.e. 20 minutes per panel).

7.9 Applicants will be asked the same initial questions. Follow-up questions may vary based on applicant responses.

7.10 Two panel members will score each applicant individually out of 75 (i.e. 15 points per answer x 4 questions plus 15 points for communication and presentation) and all scores will be added together for a total out of 450 (i.e. 75 x 6 interviewers = 450).

8. Feedback to Unsuitable Applicants

8.1 Applicants determined to be unsuitable will be informed in writing by Friday, 14 August 2020:

8.1.1 that they are determined to be unsuitable and their application will not be considered further in the selection process

8.1.2 of the minimum standard they failed to achieve

8.1.3 of their overall scores for the Structured Curriculum Vitae and Reference Report

8.1.4 about the College Reconsideration, Review and Appeals Policy

9. Feedback to Unsuccessful Applicants

9.1 Unsuccessful applicants will be informed via e-mail by 30 October 2020 at the latest:

9.1.1 that they have been determined as suitable for selection but have not ranked high enough to be offered a SET post

9.1.2 of their rank and overall percentage scores for the Structured Curriculum Vitae, Structured Reference Report and Semi-Structured Interview

9.1.3 about the College Reconsideration, Review and Appeals Policy

10. Feedback to Waitlisted Applicants

10.1 Waitlisted applicants will be informed via e-mail by 30 October at the latest:

10.1.1 *that they have been determined as suitable for selection and their application has been waitlisted in case a position becomes available by 30 November*.

10.1.2 of their rank and overall percentage scores for the Structured Curriculum Vitae, Structured Reference Report and Semi-Structured Interview

10.1.3 about the College Reconsideration, Review and Appeals Policy

11. Feedback to Successful Applicants

11.1 Successful applicants will be notified via e-mail by 30 October 2020 at the latest.

11.2 Successful applicants must submit a signed training agreement to accept a SET post.

NZOA
New Zealand
Orthopaedic Association

Regulations for Selection to the Surgical Education and Training Programme Orthopaedic Surgery

Updated for **2021 Intake**

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INDEX

1. INTRODUCTION

Definition of terms and acronyms for the purpose of these Regulations:

Term	Definition
Applicant	A person who has submitted an application
ASM	Annual Scientific Meeting
ASSET	Australian and New Zealand Surgical Skills Education and Training Course
BSET	Royal Australasian College of Surgeons Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient Course
CLEAR	Critical Literature Evaluation and Research
Composite Reference	Orthopaedic Department reference coordinated by the Education Committee Representative
College or RACS	The Royal Australasian College of Surgeons
CV or Curriculum Vitae	The scored components of the Application for Selection
Education Committee	The NZOA Education Committee
EMST	Early Management of Severe Trauma Course
GSSE	Generic Surgical Sciences Exam
Interview	The panel interview conducted as part of the Selection process
Medal/prize/award	Refers only to those at an academic, tertiary level
NZOA	The New Zealand Orthopaedic Association
Referee	A person who evaluates the Applicant's workplace performance
Referee Report	The in-depth Referee Report conducted as part of the Selection process
Regulations	These Regulations
Selection	The process of being selected
SET Programme	The Surgical Education and Training (SET) Programme in Orthopaedic Surgery
SOTB	Specialty Orthopaedic Training Board
Term or Rotation	An employment period within a hospital unit/department at post-graduate level. This terminology is interchangeable
Trainee	Orthopaedic Surgical Trainee

1.1 Purpose of these Regulations

The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons Surgical Education and Training (SET) Programme in Orthopaedic Surgery for the 2021 intake. This is a public document.

1.2 Administration and Ownership

The College is the principal body accredited and authorised to conduct surgical education and training in Australia and New Zealand. Each SET Programme conducted under the auspices of the College has an appointed Specialty Board that are responsible for advising the College on training and education via the relevant governance structures. These functions are performed by the New Zealand Orthopaedic Association.

1.3 Objective of the SET Programme

The overall objective of the SET Programme is to produce competent independent specialist Orthopaedic Surgeons with the experience, knowledge, skills, cultural competence and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

The NZOA SET Training Programme is structured to ensure Trainees achieve the RACS surgical competencies of:

Collaboration and Teamwork
Communication
Health advocacy
Judgement - clinical decision
making Management and
Leadership Medical expertise
Professionalism and Ethics
Scholarship and Teaching
Technical expertise

2. PRINCIPLES OF THE SELECTION PROCESS

2.1 The aim of the selection process is to select the highest caliber trainees for the SET Programme on the basis of merit through a fair, open and accountable process.

2.2 The selection process will be conducted without prejudice.

2.3 The selection process will be well documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appropriate appeals process.

2.4 The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

2.5 The SET Programme will be widely advertised to eligible applicants.

2.6 The selection process will conform to the requirements agreed by the College Board of Surgical Education and Training (BSET) and will meet the College's generic eligibility requirements.

2.7 The number of trainees selected in any year will be determined by the New Zealand Specialty Orthopaedic Training Board (SOTB).

2.8 Applicants who have obtained the minimum standard for the Structured Curriculum Vitae and Structured Referee Reports will be considered for an interview.

2.9 The Selection Regulations change on an annual basis.

2.10 Incomplete or incorrect applications may result in ineligibility or failure to progress through the Selection process.

2.11 All evidence must be provided at the time of application.

2.12 Achievements that are not listed in the correct section of the application will not be awarded points.

3. ELIGIBILITY FOR APPLICATION TO THE SET PROGRAMME: ORTHOPAEDIC SURGERY

3.1 Registration and Generic Eligibility Criteria:

To apply to the SET Programme, applicants must:

3.1.1 Register with the College to apply for SET Selection. Registration opens Monday 6 January 2020 and closes Monday 3 February 2020. Applicants must register in accordance with the directions provided by the College.

3.1.2 Have general (unconditional) registration in Australia or general scope or restricted general scope registration in the relevant specialty in New Zealand.

3.1.3 Have permanent residency or citizenship of Australia or New Zealand at the time of registration.

3.1.4 Have completed the RACS Hand Hygiene module available at http://www.hha.org.au

3.2 Orthopaedic Surgery Specialty Specific Eligibility Criteria:

In addition to the generic eligibility requirements, applicants to the SET Programme in Orthopaedic Surgery must also meet the following specific eligibility requirements:

3.2.1 Have completed a minimum of 52 weeks of Orthopaedics at Registrar level or above prior to Wednesday 25th March 2020 (the closing date for applications).

3.2.2 In addition, applicants who have been in full time study/research in a medically related discipline within the past two years are eligible to apply if they have since completed 26 weeks of Orthopaedics at Registrar level prior to Wednesday 25th March 2020.

3.2.3 Have completed a minimum of 12 weeks in an Emergency Department. The Emergency run requirement needs to be in a hospital level emergency department.

3.3 Examinations:

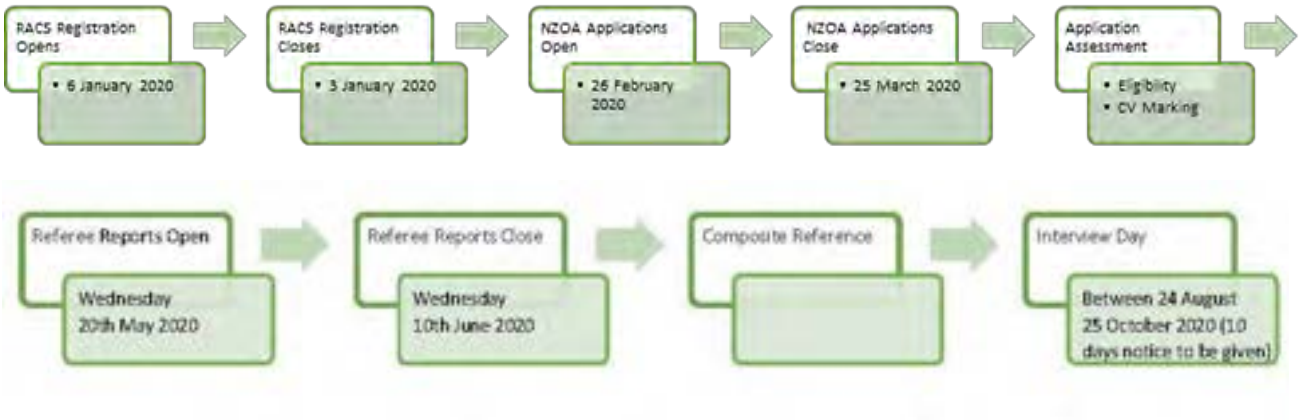
3.4.2 Must have successfully completed the Generic Surgical Sciences Examination (GSSE) at the time of application.

3.4.3 Successfully completed the Clinical Exam (CE) at the time of application from the 2022 application year.

3.4 Police Vetting:

Applicants may be asked to consent to a full criminal history check during this process. Applicants that do not consent to this check will be deemed ineligible for Selection and will not be considered further in the Selection process.

4. SELECTION PROCESS OVERVIEW



4.1 Applications can be made via the NZOA online application system at www.nzoa.org.nz. Applications open on Wednesday 26 February 2020 and close on Wednesday 25 March 2020. No extensions will be granted.

4.2 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail.

4.3 The NZOA or the Education Committee may verify the information provided within the application with external institutions or individuals, and by submitting an application the Applicant is consenting to the collection, use, disclosure and storage of the information by the NZOA or its agent.

4.4 By submitting an application, Applicants certify that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information either intentionally or by mistake the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process. This may occur at any point during the selection process.

4.5 Applicants who do not meet the generic eligibility requirements as set out in Regulation 3.1 and the specific Orthopaedic Surgery eligibility requirements as set out in Regulation 3.2 will not progress to the next stage of selection and will be advised accordingly.

4.6 Applicants who satisfy the eligibility and application requirements outlined in section 3 and 4, of these Regulations will be considered in open competition for selection to the SET Programme.

4.7 To receive an interview, applicants must achieve a combined score of 60/100 on the Curriculum Vitae and Referee Report. Applicants who achieve this minimum standard may receive an interview. Applicants who do not satisfy these minimum standards will not be eligible for an interview and will be advised accordingly.

4.7.1 The score of 100 is proportioned:

4.7.1.1 CV 35%

4.7.1.2 Referee Reports 65%

4.7.2 The number of applicants interviewed will be determined by their ranking and by the number of positions available.

4.7.3 Applicants who are not invited to an interview will be advised accordingly.

4.8 Applicants who attend the interview will be deemed suitable for selection and will be ranked. The ranking will be determined by applying the following weightings to receive a score out of 100 obtained for each of the two selection tools, providing an overall percentage score:

4.8.1 Interview 60%

4.8.2 Composite Reference 40%

4.9 On completion of the relevant components of the selection process eligible applicants will be classified as one of the following:

4.9.1 **Successful** being an eligible applicant who satisfied the minimum standards for selection deeming them suitable and who did rank high enough to be made an offer of a position.

4.9.2 **Unsuccessful** being an applicant who satisfied the minimum standards suitable for interview but who did not rank high to be made an offer of a position.

4.10 Successful applicants for the SET 1 intake will be deemed successful and offered a position in a training unit.

4.11 Unsuccessful applicants will be notified in writing as outlined in section 9 of these Regulations.

4.12 The Selection process may change on an annual basis and no data is carried over from one year's Selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current Selection process.

4.13 Each application will be assessed and marked as submitted. No active follow up will take place in instances where the application (or verification) is incorrect or absent.

4.14 The NZOA Selection process was suspended at the closing date for applications 25 March 2020 until further notice. All completed applications will be held in preparation for such time that we are able to reopen the selection process.

4.15 Requests for References will not be sent until such time as the application process is able to continue.

4.16 The NZOA is continuing to monitor the evolving situation with Covid-19 and will update Applicants as information is available.

4.17 Applicants who have submitted a completed application will not be required to resubmit an application for this selection year and are unable to add to their existing application.

4.18 No new applications will be accepted for the 2021 Training Year.

5. STRUCTURED CURRICULUM VITAE

5.1 The Structured Curriculum Vitae (included in the online application form) captures information and evidence on an applicant's surgical experience, other qualifications, publications, presentations, skills courses and medical achievements, and leadership exposure.

5.2 Each Structured Curriculum Vitae will be independently scored by 2 NZOA staff members. Where any discrepancy occurs provided by the two scorers, the Education Committee Chair will review discrepancies and provide a final score.

5.3 The Structured Curriculum Vitae is scored out of a potential 14 points. The components scored are:

5.3.1	Surgical and Medical Experience	2 points
5.3.2	Skills Courses	2 points
5.3.3	Anatomy	2 points
5.3.4	Scholar and Teacher - Qualifications	2 points
5.3.5	Research, Presentations and Publications	4 points
5.3.6	Leadership or Community Contributions	2 point

Requirement	Notes	Maximum Points	Documentary evidence
5.3.1 Surgical and Medical Experience			
Orthopaedic Registrar Surgical Term ***Note:*** *This experience must have been completed within the last* ***two*** *years.*	Points scored at 1 per full year completed at time of application. Part points will be awarded pro rata. Terms which are not undertaken on a full-time basis will be adjusted pro rata. This experience can be in Orthopaedics, or any other Surgical Specialty at Registrar level, including ICU.	2 points	Documentary evidence must be supplied for those Orthopaedic rotations considered eligible to be awarded marks and must detail work history and must include start and end dates, position held and hospital. *Attach letter from medical administration detailing work history:* *Date commenced:* *Date completed:* *Position:* *Hospital:*

Requirement	Notes	Maximum Points	Documentary evidence
5.3.2 Skills Courses			
Courses delivered by a recognised training provider, RACS or equivalent (please name). Points only awarded for courses ***completed at time of application.*** **ASSET** *(½ point)* **Date completed: CCrISP** *(½ point)* **Date completed: EMST** *(½ point)* Date completed: **CLEAR** *(½ point)* Date completed:	Documentary evidence must show completion of the course/workshop from the awarding body. The evidence must clearly identify the date of the workshop and the applicant. The College's ASSET, CLEAR, CCrISP and EMST courses are scored half a point each to a maximum of 2 points. EMST must be current at the time of application. Current, as defined in the EMST Course Conduct policy, is within four (4) years of completion. **NOTE:** Overseas equivalent courses also accepted are: For ASSET – Intercollegiate Basic Surgical Skills (BSS) Provider: RCS England and Ireland For CCrISP – Provider RCS England and Ireland For EMST – ATLS – Provider RCS England and Ireland and American College of Surgeons.	2 points	*Attach RACS or alternative provider transcript, copies of certificates or enrolment confirmation letters, as appropriate. Please note that the EMST certificate must be current to be counted.*

Requirement	Notes	Maximum Points	Documentary Evidence
5.3.3 Anatomy			
Max 1 Point can be scored for either course delivered by Universities listed or equivalent (please provide details of alternative course(s). *A maximum of 2 points can be scored for confirmed experience as an anatomy demonstrator/prosector.*	Successful completion of Post Graduate Diploma of Anatomy is scored at 1 point. University of Otago Postgraduate Clinical Anatomy Workshops are scored half a point on completion. Documented experience as anatomy demonstrator/prosector is scored 1 point per year, pro rata to a maximum of 2 points. *Either of the following courses: -* Postgraduate Diploma in Anatomy, Otago University *(1-point, pro rata)* *University of Otago Postgraduate Clinical Anatomy Workshops (½ point- on completion)* *University of Otago Surgical Approaches for Orthopaedic and Trauma Surgery (½ point- on completion)*	2 points	Attach University transcript or enrolment confirmation, certificate of attendance or letter from University stating hours worked and time period as demonstrator. *Course Dates:* *And/or* *Documented experience as anatomy demonstrator /prosector* *(1 point per year, pro rata, max 2)* *Dates:*

Requirement	Notes	Maximum Points	Documentary Evidence
5.3.4 Scholar and Teacher - Qualifications			
Note. Qualifications in addition to MBChB **Master's degree (non-Medical)** *(1 point)* **Master's degree (Medical)** *(1 point)* **PhD (non-Medical)** *(1 point)* **PhD (Medical)** *(2 points)*	A Master's degree is scored at 1 point for a surgical qualification or non-medical. A PhD is scored as 2 points for a medical qualification or 1 point for non-medical. Documentary evidence must also be supplied for qualifications other than your primary medical qualification. Terms that are mandatory eligibility requirements are not scored. Qualifications must be complete by the close of applications. Scoring does not include primary medical qualifications (MBChB or equivalent) or bachelor's degrees with or without h onours.	2 points	This must be either an academic transcript or certificate of completion from the institution. *Attach university transcript(s)* ***All transcripts must include:*** *Qualification name:* *University:* *Date awarded:*

5.3.5 Research			
*Undertaken in the last **five** years. **List completed research only.*** *(1 point per project)*	Scoring only includes research completed 5 years immediately prior to the close of applications. In the application list the supervisor's name, title of research, your responsibilities on the project, start and finish dates and whether the project received ethics committee approval or not.	4 points	Documentary evidence of the research project must be provided. *Include Supervisor's name:* *Title of research:* *List **your** responsibilities on project:* *Start and completion dates:* *Ethics Committee number & approval date:*

Requirement	Notes	Maximum Points	Documentary Evidence
5.3.5 Presentations			
*Undertaken within the last **five** years. List only presentations given by time of application, and those **personally** delivered.* ***Points scored for Orthopaedic meetings only.*** **NZOA or International Orthopaedic Meeting – personally delivered** *(1 point per paper)* **NZOA Registrar Paper Day (**½ *point per paper)* **NZOA Registrar Paper Day** *(Winner 1 point, Highly Commended ½ point per paper)* **Presentation prizes** **Highly Commended** *(½ point each)* **Presentation prizes** **Best or Runner up Paper** *(1 point each)*	Presentations are defined as poster or oral presentations based on refereed abstracts. Scoring only includes presentations in the 5 years immediately prior to the close of applications. In the case of oral presentations, scoring only includes those personally given by the applicant. Presentations (including posters) which have been presented at more than one scientific meeting or conference will only be scored once. Presentations listed in the Publications section will only be scored once. The higher scoring entry will take precedence. Poster presentations, regardless of type of meeting (international or, national) will only be awarded half a point each. Presentations at NZOA Paper Day will be scored half a point per paper. The best paper at NZOA Paper Day will be scored one point and Highly commended papers will be scored half a point.	4 Points	Documentary evidence includes a letter of acceptance of the abstract from the meeting organisers, a copy of the published abstract or a copy of the applicable Programme page from the meeting. *The documentary evidence must clearly identify the applicant as the presenter.* *Name of meeting and/or name of Paper:* *Venue:* *Date:*

5.3.5 Publications

Book chapter / Major Journal (e.g. JBJS, Spine, JPO) *(1st author 2 points, 2nd author 1 point)* **Lesser Journal (e.g. ANZS)** *(½ point per paper)*	Scoring only includes medical publications in the 5 years immediately prior to the close of application. Scoring includes publications accepted for publication prior to close of application in indexed and non-indexed publications and excludes published abstracts. Each publication can only be scored once. Scoring includes articles and book chapters with extra weighting on articles and book chapters where the Applicant is first author. Undertaken in the last **five** years only. Points **are** awarded for publications accepted but not yet published **only if** validation from publisher is provided. List full papers only – 0 points for abstracts, posters or letters.	4 points	Documentary evidence must be a letter of acceptance from the publishing body (not the supervisor) or the first page of the publication which clearly shows the publication reference. A copy of the entire publication need not be attached. *Attach copy of paper/chapter.* *Accepted work not yet published must be accompanied by status validation from the publisher.* *Book/Journal & chapter /paper title:* *Year of publication:* *Volume/issue/pages:* *Author's name:* *Journal & paper title:* *Year of publication:* *Volume/issue/pages:*

Note: Total points of Research, Publications and Presentations can only score a maximum of 4 points combined

5.3.6 Leadership and Community Contribution			
Leadership at a National Representative level only: Voluntary, community service and national level representation must be ongoing and benefit the wider community at a leadership level, not individual pursuits or memberships. Fluency or extended knowledge in Te Reo Māori and Te Ao Māori. To receive points all Leadership and Community Contribution must be no longer than 5 years prior and ongoing for a minimum of 12 months or more prior to the application date.	Must be regular and voluntary – no points for commercial enterprise, less than 12 months involvement or individual/ad hoc team sporting participation such as member of a sports team, charity matches, fun runs, marathons etc. Active involvement only (not passive such as charitable donations)	2 points 1 point per activity to a maximum of 2 points	A personal statement of no more than 100 words must be provided outlining any significant leadership. Evidence must be included of any voluntary, community work, national level representation, language level, or leadership role including name of the organisation, the role title, when started and expected completion date, as appropriate. *Attach letter specifically stating nature of achievement/s, positions held and dates of involvement from official of the organisation on official letter head.* *N.B. Email endorsements are not acceptable.* No points will be scored if validating letter does not clearly state the dates and detail of involvement, and an indication of time commitment weekly/monthly.

Total /14

5.4 Applications must be accompanied by appropriate documentary evidence, as advised for each of the CV components above. Points will not be awarded for achievements claimed on the CV where the required evidence is not provided.

5.5 Where a signature is required, that signature must be either a physical, handwritten signature or an electronic scanned version. Address blocks, typed signatures and email signatures are not acceptable.

5.6 All Letters of evidence must be dated.

5.7 All documentary evidence must be in English or Te Reo Māori. If any documentary evidence is in a language other than English, a certified translation must be provided.

5.8 The full name on documentary evidence must match the full name of the applicant as specified on the online application. If any documentary evidence bears a different name, proof of name change (e.g. marriage certificate) must also be provided.

6. REFEREE REPORTS

6.1 Requests for References will not be sent until such time as the application process is able to continue.

6.2 Confidential references are collected to obtain information about the clinical aptitude, workplace behaviour and personal attributes of the applicant.

6.2.2 The maximum score for Structured Referee Reports is 100.

6.3 The applicant must seek permission and provide contact details, including a valid email address, for (4) Consultants:

6.3.1 Referees must have acted in a supervisory capacity for the applicant within a rotation from the last two years (1st January 2018 – 1 April 2020) of clinical work. At least one (1) Consultant must be from the current rotation.

6.4 A maximum of four (4) Consultants can be nominated per rotation.

6.5 If an applicant elects not to provide the details for supervising consultants in accordance with these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information, either intentionally or by mistake, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process.

6.6 NZOA will randomly select a further 3 referees from the last two years where possible. If there are not enough referees available NZOA may go back to the last four years. The names of the randomly selected referees selected to submit reports will not be released to applicants.

6.7 The nominated referees will be contacted requesting them to complete the referee report.

6.8 The referee must have a valid email address and be available to complete the reference during the allocated period. The referee report can be completed online or as a paper copy.

6.9 A minimum of six (6) valid referee reports must be returned in order for the applicant to progress through the selection process. A valid referee report has 17 out of 19 questions answered.

6.10 Applicants are advised to nominate people who are most likely to be able to give a complete report.

6.11 A Composite Reference will be carried out by a member of the Education Committee with those in the current department of the applicant.

6.11.1 The local Education Committee Representative is responsible for compiling a Composite Reference.

6.11.2 The Composite Reference can draw on information from individual referee reports.

6.11.3 The Composite Reference also draws from data obtained from additional sources.

6.12 Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant's immediate removal from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

6.12 The top and bottom scored references will be discarded and the median total of the remaining 5 will be used to determine the score of this selection tool.

6.13 It is preferable that applicants do not use members of the NZOA Education Committee as referees.

6.14 By applying for SET selection applicants give approval for phone interviews to be carried out at the discretion of the Education Committee.

7. INTERVIEW

7.1 As instructed it is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The Committee accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum standards or eligibility who are not permitted to attend an interview. The structure of the interview format for each candidate will be the same i.e. all candidates will be interviewed face-to-face or all candidates will be interviewed online.

7.2 Applicants must make themselves available between 24 August and 25 October 2020 for interview, a minimum of 10 days' notice will be given of the date and venue. Applicants who do not present for the interview at the scheduled time, will not be considered further in the selection process and their application will be withdrawn.

7.3 The interview will be conducted by six (6) interview panels, each consisting of a maximum of three (3) interviewers plus there will be an independent observer in some of the interviews.

7.4 Each interview panel will be eight (8) minutes in duration.

7.5 The interviews may consist of the following topics:

7.5.1 Interest in Orthopaedic Surgery

7.5.2 Technical Expertise

7.5.3 Collaboration and Teamwork

7.5.4 Communication

7.5.5 Health Advocacy

7.5.6 Judgement- clinical decision making

7.5.7 Management and Leadership

7.5.8 Medical Expertise

7.5.9 Professionalism and Ethics

7.5.10 Scholarship and Teaching

7.5.11 Cultural Competency

7.6 Each interview panel member will score independently.

8. FINAL SELECTION PROCESS

8.1 Applicants who attend the interview will be deemed suitable for selection and will be ranked. The ranking will be determined by applying the following weightings to receive a score out of 100 obtained for each of the two selection tools, providing an overall percentage score:

8.1.1. Interview 60%

8.1.2. Composite Reference 40%

8.2 The ranked candidate's raw data then undergoes statistical analysis and is stratified into three bands. Candidates in the top band are selected. Candidates in the bottom band are not selected and candidates in the middle band may be selected.

9. FEEDBACK TO SUCCESSFUL APPLICANTS

9.1 Applicants who are deemed successful in the selection process will be notified in writing of the following:

9.1.1 That they have been successful in the selection process and are being offered a position on the SET Programme, including conditions associated with the offer, the position details to which the offer is subject to, contact details for the position supervisor and hospital.

9.1.2 Information on any training conditions which form part of the offer.

9.1.3 A list of the conditions identified in item 8.2 of these Regulations.

9.2 Acceptance of the offer to the SET Programme will be conditional on the following:

9.2.1 Acceptance to take up the training position identified in the letter of offer. Applicants must be prepared to be assigned to a designated training position anywhere in New Zealand throughout their SET training. Given that NZOA is not the employing body, applicants must also satisfy the employment requirements of the allocated institution.

9.2.2 Agreement to abide by the Orthopaedic SET Regulations and College Policies, these form part of the contract and acceptance of the conditions.

9.2.3 Submission of the signed SET Training Agreement, in accordance with instructions given, prior to the communicated offer expiry due date.

9.3 Applicants who do not satisfy any of the conditions outlined in item 8.2 of these Regulations, or who decline the offer, will automatically forfeit their offer.

10 FEEDBACK TO UNSUCCESSFUL APPLICANTS

10.1 Applicants who are unsuccessful in the selection process will be notified in writing of the following:

10.1.1 That their application was unsuccessful.
10.1.2 That they will be offered feedback on the selection interview.
10.1.3 That feedback will be given by the local Education Committee Representative within 10 days of receiving written confirmation of being unsuccessful.

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ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

Selection Regulations

2020 Selection to Surgical Education and Training in Paediatric Surgery for 2021 Intake

Last updated: May 2020

TABLE OF CONTENTS

1. INTRODUCTION

1.1. Definition Of Terms For The Purpose Of These Regulations

1.1.1. **Applicant** means a person who has applied for selection into the Paediatric Surgery Training Program.

1.1.2. **College** or **RACS** means the Royal Australasian College of Surgeons.

1.1.3. **Board** means the Board of Paediatric Surgery.

1.1.4. **Training Program** means the Surgical Education and Training (SET) Program in Paediatric Surgery as approved by the Board of Paediatric Surgery.

1.1.5. **Interview** means the Board of Paediatric Surgery Multiple Mini-Interview conducted as part of the short listed selection process.

1.1.6. **FRACS** means a person who is a Fellow of the Royal Australasian College of Surgeons

1.2. Purpose Of These Regulations

These Regulations establish the principles, terms and conditions for the selection process for the RACS Surgical Education and Training program in Paediatric Surgery. These selection regulations in combination with the RACS Selection to Surgical Education and Training Policy are the final authority and policy governing the Paediatric Surgery Selection Process. This is a public document.

1.3. Administration And Ownership

The responsibility for the administration, regulation and assessment of the applicants for the SET Program in Paediatric Surgery rests with the Board of Paediatric surgery.

1.4. Objective Of The SET Program

The aim of the SET Program is to produce competent Paediatric Surgeons with the skills, experience and knowledge necessary to provide their communities and health systems with the highest standards of ethical professional care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1. The object of the process is to select individuals for the Training Program on the basis of merit and aptitude through a fair, open and accountable process.

2.2. The selection process will conform to the requirements agreed by the RACS Board of Surgical Education and Training.

2.3. The selection process will be subject to continuous review to ensure continued validity and objectivity.

2.4. The selection process is well documented, transparent and objective. Applicants have access to eligibility criteria, selection process information and an appropriate appeals process.

2.5. The selection process and training program is conducted on a bi-national basis in Australia and New Zealand.

2.6. The number of trainees selected in any year will depend on the number of eligible candidates who meet the minimum standard interview score; together with the number of accredited hospital training posts available.

3. ELIGIBILITY FOR APPLICATION TO THE SET PROGRAM IN PAEDIATRIC SURGERY

3.1. Registration and Generic Eligibility

3.1.1. To apply to the SET Program, applicants must:

a. Have registered for application with RACS by 5:00pm AEDT on 3 February 2020.

b. All Australian applicants must have general (unconditional) registration at the time of submitting their registration and at the time of acceptance of an offer on the program. New Zealand applicants must have general scope registration or written assurance from the Medical Council of New Zealand that general scope registration will be approved by the start of the training year.

c. Have permanent residency status or have been granted citizenship at the time of registration and at the time of acceptance of an offer on the program in Australia or New Zealand.

d. Consent to a full criminal history check and agree to submit the relevant documentation on request from the Board to enable a full criminal history check to be undertaken in accordance with the Selection Process.

e. Have completed the RACS specified Hand Hygiene module available at www.hha.org.au/home/racs. If the module was completed before 1 January 2013 then it must be completed again.

f. Registrants must complete the RACS “Operating With Respect” eLearning module. The module must be completed within the time limits specified on the RACS website.

3.2. Specialty Specific Eligibility Requirements

3.2.1. In addition to the generic eligibility requirements, applicants to the SET in Paediatric Surgery program must also meet the following specific eligibility requirements:

a. All applicants to Paediatric Surgery must have satisfactorily completed a total of six (6) months (26 weeks) supervised postgraduate clinical work in surgery in an Australian or New Zealand unit at a PGY 3 level or higher comprised of terms no shorter than ten (10) weeks. This experience must have been completed within the last three (3) years before the closing date for applications (since 1 January 2017). The 26 weeks may include up to a maximum of six (6) weeks leave. An additional 12 months to meet this requirement will be granted to 2020 applicants ONLY for the 2021 intake, i.e. the experience must have been completed since 1 January 2016.

b. All applicants to Paediatric Surgery must complete a minimum ten (10) week term in an Australian or New Zealand tertiary paediatric surgical unit composing fulltime paediatric surgery workload. This experience must have been completed within the last five (5) years before the closing date for application (since 1 January 2015). An additional 12 months to meet this requirement will be granted to 2020 applicants ONLY for the 2021 intake, i.e. the experience must have been completed since 1 January 2014.

A letter of verification from a FRACS paediatric surgeon must verify this experience and be submitted with the application.

c. Applicants who have been awarded Fellowship of the Royal Australasian College of Surgeons through the successful completion of a RACS SET program in the last three (3) years may be exempt from the time limits for completion of 3.2.1 a and b at the discretion of the Board of Paediatric Surgery.

d. All applicants to Paediatric Surgery must have successfully completed the Generic Surgical Sciences Examination (GSSE) at the time of application.

e. All applicants to Paediatric Surgery must provide at least one referee that is a FRACS Paediatric Surgeon (or a Vocationally Registered Paediatric Surgeon in New Zealand).

f. All applicants to Paediatric Surgery must nominate a minimum of six referees. All referees must be a FRACS (or a Vocationally Registered Paediatric Surgeon in New Zealand).

3.2.2. Applicants Log of Procedural and Clinical Abilities

a. Applicants must demonstrate proficiency in a range of procedural skills and capabilities.

b. Applicants must submit the Paediatric Surgery Procedural Skills form available on the RACS website.

c. Each procedural skill and capability listed must be verified by the consultant surgeon supervising the rotation/s.

d. A Consultant is defined as a FRACS or a Vocationally Registered Surgeon in New Zealand.

e. Each procedure must be verified during rotations undertaken within the last three (3) years and prior to the closing date for applications.

Applicants who do not have each procedural skill and capability verified in accordance with section 3.2.2 will be deemed ineligible and will not proceed in the selection process.

3.3. Applications must be submitted via the RACS online application system at www.surgeons.org

Applications will close on 12 June 2020 at 12:00pm AEST.

3.4. By submitting an application, applicants certify that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information the applicant may be withdrawn from the selection process and their application will not be considered further. This may occur at any point during the selection process.

3.5. The Board may verify the information provided within the application with external institutions or individuals and by submitting an application the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

3.6. Applicants who do not meet generic eligibility requirements as set out in section 3.1 and specific Paediatric Surgery eligibility requirements as set out in section 3.2 will not progress to the next stage of selection and will be advised accordingly.

3.7. Applicants will not be permitted to reapply to the Training Program in Paediatric Surgery if they have been unsuccessful after three (3) attempts. Applications submitted in 2020 (for the 2021 intake) will constitute the first attempt.

4. SELECTION PROCESS OVERVIEW

4.1. Applicants must score a minimum of 33 out of 50 for the Structured Curriculum Vitae to be eligible to proceed to the next stage of selection, the Referee Report. Applicants who score lower than 33 will not progress further in the application process.

4.2. Applicants who satisfy the requirement in 4.1 will progress to the preparation of Referee Reports. Applicants must achieve a minimum score of 50% on the Referee Reports to be eligible to proceed to the final stage of selection, the Multiple Mini Interview. Applicants who score below 50% on Referee Reports will not progress further in the application process.

4.3. Not all candidates who are eligible for the final stage based on 4.2 will be invited for interview. The Board will rank eligible candidates for interview based solely on the

Structured Referee scores. It will select the highest ranked eligible candidates for interview.

4.4. The Board of Paediatric Surgery will determine the number of interviews to be conducted based on the approximate number of training positions expected to be available in the following year. Interviews will be scheduled according to a ratio of four (4) applicants to each one (1) training post (i.e. a ratio of 4:1).

4.5. Fluctuations in the number of available clinical training posts occur for a number of reasons, including trainees pursuing a research program, completing the program or undertaking an approved overseas posting. The Board's ability to appoint trainees will be limited by the number of training places available in the next and subsequent years for trainees to advance through the program. Positions may be limited to ensure at least two (2) positions are available for subsequent years.

4.6. Applicants invited to attend the Multiple Mini Interview must achieve an interview score of 30/50 or greater to meet the minimum standard for selection. The interview score will be the only score used to rank candidates for selection.

4.7. On completion of the interviews, applicants will be placed on a ranked list. Applicants who have achieved the minimum standard score in the interview will be considered for a training position. The highest ranked candidates will be offered training positions in order of ranking until all available positions are filled or until all candidates who have met the minimum standard for selection (4.6) have been appointed.

4.8. At the completion of the selection process, applicants will be classified as either:

Successful –Applicants who are ranked high enough to be made an offer of a position on the training program.

Unsuccessful – Applicants who have achieved the minimum standard for selection (4.6) but who have not ranked highly enough to be offered any of the available training positions.

Unsuitable –Applicants who have not achieved the minimum standard for selection (4.6).

4.9. For applicants who have achieved the minimum standard score (4.6), if more than one applicant has the same score, the applicant with the higher Referee Report score will be ranked higher. In the event the applicants still remain equal, the CV score will then be used, with the applicant with the higher CV score ranked higher.

4.10. If after 4.9, there are applicants still considered equal in ranking, the Board will have the discretion to make the final decision regarding the ranking on review of the selection documentation, applicant experience and performance and available number of positions.

4.11. SET Placements are determined by the Board based on a combination of applicant rank, preference and experience. The Board endeavours to give all applicants their first preference of training location but cannot guarantee this. The Board's decision on trainee placement is final.

5. ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITIATIVE

5.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Board of Paediatric Surgery will implement this initiative in the selection process.

5.2. An applicant will be considered for the initiative post if the following conditions apply:

a. They have identified as Aboriginal or Torres Strait Islander in the selection registration process, and

b. They have met the eligibility requirements for membership of the Australian Indigenous Doctors' Association, and

c. They have met the eligibility requirements of section 3 - 4 of these regulations, and

d. They have met the minimum standard for selection as per 4.6 of these regulations

5.3. Under this initiative, it is expected that there will be one (1) post available for the 2021 intake. In the circumstance of more than one applicant meeting the above criteria, the post will be allocated to the highest ranking applicant. If more than one applicant has the same total score, the Board will follow the process outlined under 4.9 and 4.10.

5.4. An applicant's status as Aboriginal and Torres Strait Islander will only be known to RACS Staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

6. STRUCTURED CURRICULUM VITAE (CV) SCORING

6.1. The CV scoring process is designed to capture information on some aspects of the applicant's clinical experience, educational qualifications, courses, presentations, and publications.

6.2. The CV will be scored by two members of the Board of Paediatric Surgery. In the instance of a discrepancy between scorers, the Board Chair will make the final scoring decision.

6.3. The CV will be scored out of a maximum of 50 marks using a structured scoring system with ceiling limits placed on specific areas. The components are:

- Surgical and Medical Experience (maximum 25 points)
- Skills Courses (maximum 3 points)
- Qualifications (maximum 14 points)
- Publications and Presentations (maximum 8 points)

6.4. Any entry without documentation that clearly supports and verifies it will not be scored and/or considered. No further documentation can be provided after submission of the application.

6.5. Surgical and Medical Experience

6.5.1. Rotations less than 10 continuous weeks in duration by close of applications will not be scored. Rotations that were not full-time will be scored pro-rata on presentation of detailed evidence of hours worked.

6.5.2. Rotations commenced after the closing date of applications will not be scored.

6.5.3. Private assisting will not be scored.

6.5.4. Scores will be awarded for paediatric surgery experience for terms equal or greater than 10 weeks in duration and terms completed within five (5) years prior to the closing date for applications (since 1 January 2015). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. scores will be awarded since 1 January 2014. Rotations used under section 3.2 will not be scored.

6.5.5. Scores will be awarded for surgical experience in Paediatric Surgery and paediatric medicine, PICU, NICU.

6.5.6. Scores will be awarded for other surgical experience acquired within three (3) years prior to the closing date for applications (since 1 January 2017). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. scores will be awarded since 1 January 2016. Rotations used under section 3.2 will not be scored.

6.5.7. Documentary evidence of surgical experience must be submitted. A letter signed by the Head of Unit or Human Resources Department from the employing institution confirming completion of the relevant surgical rotation/s, work history, position held, including commencement and end dates. No other forms of evidence will be accepted. Work contracts or letters of offer will not be accepted.

6.5.8. Rotations for which documentation does not meet section 6.5.7 will not be taken into consideration and may deem the application ineligible.

6.5.9. Refer to the CV Scoresheet on the RACS website for more information.

6.6. Skills Courses

6.6.1. Excluding courses listed in 6.6.2, courses will only be awarded points if completed in the last five (5) years prior to the closing date for applications (since 1 January 2015) (to a maximum of 3 points). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. points will be awarded since 1 January 2014.

6.6.2. The following courses will be scored 1 point each (to a maximum of 3 points)

- APLS or PLS
- EMSB
- ASSET
- CCrISP
- CLEAR
- PCM
- TIPS

6.6.3. The EMST course will be scored 1 point provided it is within the validity period.

6.6.4. Where a course has exceeded its validity period completion of an appropriate refresher or maintenance of instructor status will score 1 point.

6.6.5. Courses must be delivered by a recognised training provider as determined by the Board and must be of at least eight (8) hours in duration.

6.6.6. Documentary evidence in the form of a letter signed by the relevant training provider confirming completion of the relevant course, including dates or a certificate of completion/attendance, must be submitted. No other forms of evidence will be accepted. Entries without adequate documentation will not be scored.

6.6.7. Refer to the CV Scoresheet on the RACS website for more information.

6.7. Qualifications

6.7.1. Scoring only includes higher degrees successfully completed at the time of application at a recognised institution. A higher degree should be equivalent in syllabus and assessment to one conferred by an Australian or New Zealand University. Where such degree is not from an Australian or New Zealand tertiary institution detailed documentation establishing comparability must be provided.

6.7.2. Documentary evidence in the form of a certificate of completion from the institution must be submitted. No other forms of evidence will be accepted.

6.7.3. Refer to the CV Scoresheet on the RACS website for more information.

6.8. Publications

6.8.1. Scoring will consider publications undertaken in the past five (5) years prior to the closing date of applications (since 1 January 2015). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. publications will be considered since 1 January 2014.

6.8.2. Publications that have been accepted for publication in a peer reviewed journal listed in the National Center for Biotechnology Information (NCBI) will be scored.

6.8.3. Published abstracts and letters to the editor will not be scored.

6.8.4. Documentary evidence in the form of a copy of the publication or an official letter from the editor clearly stating the publication date must be submitted. No other forms of evidence will be accepted.

6.8.5. Multiple publications with duplicate or similar topics or content must only be entered once and will only be scored once.

6.8.6. Where the same article has been used as a journal article and also as a presentation it will be awarded points once only either as a journal article or presentation.

6.8.7. Scoring only includes publications relevant to medicine.

6.8.8. Refer to the CV Scoresheet on the RACS website for more information.

6.9. Presentations

6.9.1. Presentations must be directly relevant to medicine for scores to be granted.

6.9.2. Presentations must be delivered at a National and International Scientific Meetings or conferences subject to abstract selection in the last five (5) years; prior to the closing date for applications (since 1 January 2015). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. presentations will be considered since 1 January 2014.

6.9.3. No points will be awarded for presentations at in-house hospital meetings or Hospital Grand Rounds.

6.9.4. The applicant must personally deliver the presentation.

6.9.5. Multiple presentations with duplicate or similar topics will be awarded marks for one (1) presentation only.

6.9.6. Presentations which have been accepted for presentation at a meeting will be scored as if they have been presented, only if written proof of acceptance for presentation is provided.

6.9.7. Documentary evidence in the form of a letter from the convenor or conference organiser confirming the presentation (including the date/s or the presentation) or a certificate of attendance/presentation must be submitted. No other forms of evidence will be accepted

6.9.8. Refer to the CV Scoresheet on the RACS website for more information.

6.10. Scientific Meetings

6.10.1. Scientific Meetings and Conferences are classified for scoring purposes by their target audience and not the geographical location.

6.10.2. Documentary evidence in the form of a letter from the official organisation on letter head confirming the dates of involvement must be submitted. No other forms of evidence will be accepted

6.10.3. Refer to the CV Scoresheet on the RACS website for more information.

6.11. Documentary Evidence

6.11.1. Applicants are responsible for ensuring their evidence supports and verifies all claims.

6.11.2. Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.

6.11.3. Evidence must be retrospective. Prospective evidence will not be accepted.

6.11.4. Forms of evidence other than what is outlined will not be accepted.

6.11.5. All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.

6.11.6. Where the appropriate documentary evidence as specified in these Regulations, or where evidence does not meet the verification requirements, points will not be awarded.

6.11.7. The selection process and requirements change on an annual basis; no data is carried over from one year's selection to the next. Evidence that was accepted in the past will not be accepted on the basis that is has been accepted previously. All evidence must comply with the Regulations for the current selection process/year.

7. STRUCTURED REFEREE REPORTS

The referee collection period is from 13 July to 21 August 2020. The referee report process is confidential and a copy of the referee report or individual scores/data will not be provided to applicants.

Referees will be asked to comment on the clinical performance of the applicant.

7.1. Surgical Referees

7.1.1. Applicants must contact surgical consultants prior to application only to obtain permission to provide contact details and advise that they may be contacted to provide a reference between 13 July and 21 August 2020.

7.1.2. Applicants must provide the full name, email address and telephone details of **all** of their supervising surgical consultants with whom they have worked with in a clinical rotation during the last two (2) years (since 1 January 2018). An additional 12 months will be considered for 2020 applicants ONLY for the 2021 intake, i.e. details of consultants can be provided since 1 January 2017. A supervising surgical consultant is any Trainer who you have worked with within a particular team/rotation, or a Trainer with whom you have spent a considerable time with on call during that rotation. A minimum of six (6) referees is required. Of the six (6) referees at least one (1) must be a FRACS Paediatric Surgeon or a Vocationally Registered Paediatric Surgeon in New Zealand (VRPS).

7.1.3. All referees must be a FRACS (or a Vocationally Registered Surgeon in New Zealand VRS) and have had a supervisory role over the applicant. A request for a reference will not be submitted to a referee who is not a FRACS or a VRS in New Zealand.

7.1.4. At least one (1) supervising surgical consultant must be from within the last three (3) months of clinical work.

7.1.5. Supervising surgical consultants from rotations that were less than ten (10) weeks in duration are not eligible to be nominated as a referee.

7.1.6. A maximum of three (3) Consultants can be nominated per rotation/team.

7.1.7. An application will be deemed ineligible if a minimum of six (6) referees have not been provided in accordance with section 7.1.2.

7.2. Process

7.2.1. Applicants who satisfy the requirements under section 4.1 (the Structured Curriculum Vitae) will proceed to the preparation of a Referee Report.

7.2.2. The Board is responsible for the collection of the referee reports. Applicants will not be provided with updates on the reports collected or the names of the referees who have or have not been contacted for a report.

7.2.3. The preparation of the Referee Report for each applicant will be the responsibility of a subcommittee approved by the Board. The assessors will ordinarily be members of the Board of Paediatric Surgery.

7.2.4. The assessors together (via teleconference or in person) will personally speak with three (3) nominated surgical consultants with whom the applicant has worked with to assist them in preparing a Referee Report.

7.3. Referee Report Content

7.3.1. A pro forma Referee Report will be used. The Referee Report will have questions focused on the following areas:

a. Technical expertise

b. Medical expertise

c. Judgement - clinical decision making

d. Professionalism and ethics

e. Communication

f. Collaboration and teamwork

g. Management and Leadership

h. Health Advocacy

i. Scholarship and Teaching

7.3.2. Having considered the responses from all interviews, the assessors must arrive at a consensus score using the scoring guidelines and scales shown in the Referee Report. Notes justifying the score given must be recorded in the Referee Report.

7.3.3. Applicants must score a minimum of 50% for the Referee Report to be deemed suitable for selection.

7.3.4. Applicants who cannot provide referees according to these regulations due to exceptional circumstances must apply to the Board of Paediatric Surgery for consideration of these circumstances by **5:00pm AEST 19 June 2020** (e.g. applicant has been in a non-clinical environment for the past two (2) years).

8. MULTIPLE MINI INTERVIEW

The interview is designed to identify factors deemed important to the practice of paediatric surgery. The interview is also designed to enable an interview panel to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.

The conduct of the interviews will be contingent on COVID related restrictions to travel and congregation as they pertain to all States and Territories in Australia and New Zealand. At the time of invitations to interview it will be specified if these are Face-to-Face or via an internet based platform. If factors outside the control of the Board cause disruption to the interview process after invitations have been sent, such as cancelation of Face-to-Face interviews or disruption of the video based process the selection process may be abandoned. If this occurs this would not count as an unsuccessful attempt for applicants that are affected.

8.1. Invitations for Interview

8.1.1. Interview notifications will be sent out at least ten (10) business days prior to the interview date. Applicants may be required to travel interstate/international for a selection interview. Applicants are responsible for all travel costs incurred when attending interviews.

8.1.2. Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview at the scheduled time will not be considered further in the selection process.

8.1.3. It is the applicant's responsibility to be aware of the interview date and make any requests for a specific time no later than 28 August 2020. Applicants must be aware that requests for specific times may not be able to be accommodated. Times will not be changed after invitations have been sent.

8.2. Interview Structure

8.2.1. The interviews will be conducted by a series of five (5) interview panels comprised of two (2) members of the Board of Paediatric Surgery or Paediatric Surgical Supervisors/Trainers with applicants rotating between panels.

a. Interview panels may have one (1) observer who will not participate in scoring. The role of the observer is to witness interview process but not participate.

b. An observer may attend an interview panel for education, training or interviewer assessment.

c. If an observer is present, the applicant will be notified prior to the commencement of the interview.

8.2.2. Each panel will be approximately fifteen (15) minutes in duration.

8.2.3. Applicants will be asked the same initiating questions by each panel, with follow-up probing questions to explore the breadth and depth of the applicants experience and insight in relation to each selection criteria particularly as they correlate to the nine college training competencies.

8.2.4. Applicants will be scored using a structured scoring system and criterion statements. Each panel member will score each applicant individually on a specific form.

8.2.5. The interview may assess any of the following attributes:

a. Collaboration and Teamwork

b. Communication

c. Health advocacy

d. Judgement - clinical decision making

e. Management and Leadership

f. Professionalism and Ethics

g. The ability to interact effectively with peers, mentors, members of the health care team, patients and their families

h. Effective spoken communication / Preparedness for Paediatric Surgery training / Overall impression

8.3. Interview Scoring

8.3.1. Applicants who attend the Multiple Mini Interview must achieve an interview score of 30/50 or greater to meet the minimum standard for selection. Applicants who attend the interview and achieve an interview score of less than 30/50 will be considered ineligible and will not proceed further in the selection process.

8.3.2. Each panel member (excluding any observer) will score the applicant independently and all scores will be added to give the final interview score.

9. FEEDBACK

9.1. Feedback to Unsuitable Applicants

9.1.1. Applicants who do not meet a minimum requirement or short listing condition will be deemed unsuitable for selection and their application will not be considered further in the selection process.

9.1.2. All unsuitable applicants will be notified in writing via email as soon as is practical of the following:

a. Multiple Mini Interview Scores and comparable performance of any component completed.

b. Notification of the selection condition(s) which the applicant failed to satisfy.

9.1.3. All feedback to applicants will be provided by email, no verbal feedback will be provided.

9.2. Feedback to Unsuccessful Applicants

9.2.1. Applicants who satisfy the selection condition but who do not rank high enough in comparison to the available number of training positions will be deemed unsuccessful in the selection process. These applicants will be notified in writing via email as soon as is practical of the following:

a. That they have not ranked high enough to secure a training position and have therefore been unsuccessful.

b. Multiple Mini Interview Scores and comparable performance of all components.

9.2.2. All feedback requests must be submitted by email prior to 11 December 2020. All feedback to applicants will be provided by email, no verbal feedback will be provided.

9.3. Feedback to Successful Applicants

9.3.1. Applicants who satisfy the selection conditions and who rank high enough in comparison to the available training positions will be deemed successful in the selection process. These applicants will be notified in writing via email prior to 30 October 2020.Acceptance of the offer to the Training Program will be conditional on the following:

a. Applicants must be prepared to be assigned to a training position anywhere in Australia or New Zealand. Given that RACS is not the employing body; applicants must also satisfy the employment requirements of the institution in which the allocated training position is located or the offer of training.

b. Agreement to abide by the RACS policies and Training Program Regulations at all times.

c. Acceptance and return of the signed Training Agreement prior to the communicated due date.

d. Applicants who do not satisfy any of the acceptance conditions outlined in these regulations or who decline the offer to the Training Program will automatically forfeit their offer of a position on the Training Program.

10. DEFERRAL

10.1. Applicants who wish to defer the commencement of their Paediatric Surgical Education and Training must submit an application to the Board of Paediatric Surgery at the time of acceptance.

10.2. All applications for deferral or interruption are governed by the RACS SET Trainee Registration and Variation policy available on the RACS website.

10.3. Applicants for deferral will be considered by the Board on a case by case basis.

11. FLEXIBLE TRAINING

11.1. Applicants who wish to be considered for Flexible Training in their first year must submit an application to the Board of Paediatric Surgery at the time of acceptance.

11.2. Whilst every effort will be made to accommodate flexible training requests, due to the limited posts available and depending on approval from the Hospital, no guarantees can be provided. Where a flexible training request cannot be accommodated, the applicant will be offered to either accept full time training, decline the SET offer or apply

for deferral for one year.

All applications for deferral or interruption are governed by the RACS SET Trainee Registration and Variation policy available on the RACS website and the Paediatric Surgery Training Regulations.

12. SELECTION PROCESS REVIEW

12.1. The Board will review the selection process on an annual basis.

12.2. Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

12.3. Applicants may be asked to complete an evaluation form during the selection process.

12.4. De-identified responses will be analysed for potential improvements to the process.

12.5. New selection tools, such as Situational Judgement Tests, may be trialled as part of a pilot project. Any data collected will not be used in the current selection process but may be analysed to validate the tool for future use.

UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

RACS LET'S OPERATE WITH RESPECT

Selection Regulations

Surgical Education and Training Program in Urology

2021 Intake

1. INTRODUCTION

1.1 The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

a) **Applicant** means a person who has applied to the Surgical Education and Training Program in Urology.

b) **Board** means the Board of Urology, Royal Australasian College of Surgeons.

c) **Clinical Year** means a 12 month period from February to February in Australia and December to December in New Zealand.

d) **RACS** means the Royal Australasian College of Surgeons.

e) **USANZ** means the Urological Society of Australia and New Zealand.

f) **Interview** means the Board of Urology semi-structured panel interview conducted as part of the selection process.

g) **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.

h) **SET Program** means the Surgical Education and Training Program in Urology as approved by the Board of Urology.

i) **SET** refers to the 5 year SET Program in Urology.

j) **Selection Sub-Committee** – a sub-committee of the Board of Urology appointed under specified Terms of Reference.

1.2 These Regulations describe the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons SET Program in Urology for the 2021 intake in Australia and New Zealand conducted in 2020. This is a public document.

1.3 The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and New Zealand.

1.4 The USANZ undertakes the development, delivery, selection and administration of the SET Program as agents of the RACS.

1.5 The overall objective of the SET Program in Urology is to produce competent independent specialist urologists with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1 The aim of the selection process is to select the highest calibre trainees for the SET Program based on merit through a fair, open and accountable process.

2.2 The selection process will be legal and conducted without prejudice.

2.3 The selection process will be well documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appropriate appeals process.

2.4 The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

2.5 The SET Program will be advertised to create bi-national awareness of opportunity for all eligible applicants.

2.6 Any factors influencing the trainee intake will be openly declared with the mechanism by which the quota or limit is arrived at made known.

2.7 All applicants who satisfy the eligibility and application criteria will be considered in open competition and without bias.

2.8 Applicants are expected to have a genuine interest and commitment to urology as a potential career with their selection of the specialty based on an accurate perception of the specialty traits.

2.9 Applicants are expected to have:

a) a sound knowledge of basic sciences and a commitment and motivation to continuous self-directed learning including a demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.

b) exposure to varied working environments, work hours and an aptitude to appropriately manage high stress environments in a responsible, efficient and dependable manner, seeking appropriate assistance when needed.

c) suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial examination to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.

d) a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.

e) a history of being considerate to the views of others at all times, reacting appropriately and diplomatically in all work situations and behaving in a manner, which is professional and supportive for all work, ethnic, social, and gender groups.

f) interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy, respect and reliability at all times and actively contributing to assessing progress and providing workable solutions.

g) a history of reliability and punctuality, assuming responsibility for completing tasks without prompting in a timely and efficient manner and demonstrating a high level of self-motivation and organisation.

h) insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.

i) a willingness at all times to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.

j) highly effective listening and vocabulary skills and timely and highly effective written and verbal communication, keeping all team members up to date without prompting and always providing clear directions and descriptions of situations in an appropriate tone, which encourages confidence and understanding.

k) ethical and responsible behaviour at all times with concern and sensitivity to the needs of others, demonstrating aesthetic sensibility, sound judgment and a focus on providing safe,

comprehensive surgical care of the highest standard relating to patients, families and members of the health care team in a manner which exhibits honesty, integrity and compassion.

l) a good knowledge of ethical principles and practices and the ability to identify ethical expectations that impact on patient care and the work environment including informed consent, risk minimisation, confidentiality and clinical governance.

m) interests outside their career and a balance in their work and personal life with community involvement considered to be a positive reflection of the character of the applicant.

n) an understanding of the importance of research and its application to clinical practice. Publications, presentations or research experience, resulting in some meaningful and tangible outcome are highly regarded.

o) good integrity, honesty and character upholding high service and professionalism standards, in keeping with the need for the public to have absolute trust and confidence in medical professionals.

3. REGISTRATION

3.1 Doctors who wish to apply for the SET Program in Urology must register in accordance with the **RACS Policy: Registration for Selection into SET** available on the RACS website. Doctors who are not registered cannot lodge an application for the SET Program. Registrations will not be accepted under any circumstances after the closing date.

3.2 Doctors must satisfy the generic eligibility requirements for the SET Program, being those outlined in the RACS Policy: Registration for Selection into SET. Doctors are also required to confirm for themselves that they meet the minimum eligibility criteria required by the Board before they register for selection.

3.3 Applicants will be asked to consent to a full criminal history check including the submission of relevant documentation on request to enable this to be undertaken noting that:

a) Where consent is not given by the applicant, they will automatically be deemed ineligible for selection and not considered further in the selection process.

b) Applicants with a relevant criminal conviction will be deemed unsuitable for selection to the training program. A relevant conviction includes, but is not limited to, a conviction of a sexual nature, a conviction relating to drug usage and/or trafficking, a conviction against liberty, morality and abduction, or a conviction relating to dishonesty, fraud and deception.

c) Failure by an applicant to make full and frank disclosure of their criminal history as requested is grounds to automatically deem the applicant unsuitable for selection, unless the matter is a “spent conviction” under the relevant law.

4. APPLICATION

4.1 USANZ administers the overall selection process for entry into the SET Program in Urology in Australia and New Zealand.

4.2 Applicants are permitted to apply for consideration in Australia **or** New Zealand **but not** both countries.

4.3 Applicants will be allowed a maximum of three attempts at selection into the SET Program in Urology. An application submitted in 2019 (for the 2020 intake) is considered the first of three attempts.

4.4 Applications must be submitted via the urology online application form accessible from the USANZ website www.usanz.org.au. No other form of application will be accepted.

a) Access to the online application form will be made available to all registered and eligible applicants on the opening date for applications.
b) Applicants are responsible for ensuring that they allow enough time to complete the application.
c) Achievements must be entered in the correct section. Achievements entered in the incorrect section of the online application will not be counted as part of the correct section and these achievements will not attract points.
d) Applications may be commenced, saved, printed and re-accessed during the application period. Applicants are recommended to print and review their draft application prior to submission.
e) Applications must be submitted by the closing date. Saved, un-submitted applications will not be considered. No extensions will be granted
f) Once an application has been submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
g) Incomplete applications or those that do not comply with the instructions within the online application form or these Regulations will not be considered.
h) Applicants will receive an email confirmation when they have successfully submitted their application.

4.5 Applicants must attach documentary evidence for all claims made throughout the application.

a) Applicants are responsible for ensuring their evidence supports and verifies all claims.
b) Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.
c) In most cases, evidence must be retrospective. Prospective evidence will not be accepted. Exceptions to this are noted in Section 9 (Presentations and Publications).
d) Forms of evidence other than what is outlined will not be accepted.
e) Where a signature is required on documentary evidence, the signature must be either a physical, handwritten signature or an electronic scanned version of such a signature. Address blocks, typed signatures and email signatures are not acceptable.
f) Letters of evidence must be dated.
g) All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
h) Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations, or where the evidence does not meet the verification requirements will not be awarded points.
i) The Selection process and requirements change on an annual basis; no data is carried over from one year's Selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current Selection process/year.

4.6 Applicants are required to disclose, at the time of this application, all or any of the following information:

a) Has the applicant ever been charged or convicted of an indictable criminal offence or other relevant criminal offence (other than minor traffic infringements or fines)?
b) In the last 10 years has the applicant been made aware of any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA or any other regulatory health complaints entity in any State or Territory of Australia or in New Zealand relating to their medical practice? Or if you have practised in other countries, similar notifications or complaints made in those countries.
c) Is the applicant aware of any formal complaint made to any hospital or health service in which they have been engaged or employed during the last five years?
d) Is the applicant aware of any other formal complaint being made otherwise in relation to their practice as a medical practitioner in the last five years?

Should responses to any of these questions be 'yes', applicants are required to provide full details.

It is a condition of application for selection that, should at any time in the future, the Board become aware that the responses to the questions above are incorrect or misrepresented or are untruthful, applicants may be dismissed from the training program. It would be sufficient grounds for the dismissal that the Board has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful.

4.7 Applicants must pay a selection application fee at the time of application to be considered for selection. If the fee is not received by the closing date, the application will not be considered. The fee is non-refundable as of the closing date for applications.

4.8 Each application is assessed and marked as it was submitted. No active follow up will take place in instances where the application (or verification) is incorrect or absent.

4.9 The information collected as part of the application and during the selection process will be used to assess the applicant's suitability for the SET Program. Information may be disclosed to other parties or where required to do so by law. The Board may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the Board will deem the applicant ineligible for selection and their application will be withdrawn. By submitting the application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agents. By submitting an application, the applicant also verifies that no false or tampered documentation will be submitted.

4.10 By submitting an application, the applicant is consenting to references being collected, and to the named referees within the application providing the information requested as part of the Reference Report process.

4.11 By submitting an application, applicants are certifying that the information provided is correct and in accordance with these Regulations. If it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or by mistake, the applicant may be automatically deemed unsuitable. Evidence of tampered and/or falsified documents or misleading entries may be reported to the relevant authorities.

5. ELIGIBILITY REQUIREMENTS

5.1 Examinations

5.1.1 A doctor who wishes to apply must successfully complete the RACS Generic Surgical Sciences Examination (GSSE) by the application opening date.

5.1.2 Doctors who do not pass the GSSE by the application opening date will not be able to apply.

5.1.3 Evidence of satisfactory completion of the GSSE must comprise an official Certificate of Completion or retrospective letter on RACS letterhead, with the appropriate signature. Prospective evidence will not be accepted.

Note - Successful completion of the RACS Clinical Examination (CE) will be a mandatory eligibility requirement in 2021 (for the 2022 intake). The number of attempts may also be taken into consideration in the awarding of CV points.

5.2 Clinical Rotations

5.2.1 Applicants must complete the specified clinical rotations, ensuring they have undertaken the minimum time stipulated by the application closing date. These do not attract points as part of the Curriculum Vitae.

5.2.2 Applicants must complete the following clinical rotations:

Rotation Type	Level	Minimum Duration
Surgery in General	PGY2 or above	26 weeks
Emergency Medicine	PGY1 or above	10 weeks
Urology	PGY2 or above	26 weeks

5.2.3 Applicants who are active SET General Surgery trainees at the time of application are not required to provide evidence of completion of the Surgery in General and ED rotation requirements.

5.2.4 Applicants who have not completed the specified clinical rotations by the application closing date will be deemed unsuitable and will not progress to the next stage of selection.

5.2.5 The following are considered acceptable Surgery in General rotations:

a) General Surgery
b) Acute Surgical Unit
c) Breast and Endocrine
d) Colorectal
e) Surgical Oncology
f) Transplant
g) Trauma
h) Upper GI/Hepatobiliary
i) Vascular Surgery
j) Paediatric Surgery
k) Urology (refer 5.2.7)

5.2.6 Surgical nights/surgical relief rotations **WILL NOT** be considered acceptable Surgery in General Rotations.

5.2.7 Applicants may include a Urology rotation as a Surgery in General rotation if a **different** Urology rotation is included to meet the 'Urology rotation' eligibility requirement. (i.e. the same rotation cannot be included to comply with both criteria).

5.2.8 Applicants may include a Paediatric Surgery rotation (up to a maximum of 13 weeks) as a Urology Rotation provided the rotation comprised a significant proportion of paediatric urology. Applicants may not use the same rotation to comply with the Surgery in General eligibility requirement.

5.2.9 Rotations with a minimum duration of 6 continuous weeks can be added together for a cumulative total. The cumulative total for the Urology and Surgery in General Rotations (i.e. 26 weeks) may include up to a maximum of 3 weeks leave. The cumulative total for the Emergency Medicine Rotation (i.e. 10 weeks) may include up to a maximum of 2 weeks leave.

5.2.10 Evidence of completed rotations must comprise a retrospective letter from a member of hospital administration or Head of Department, on hospital letterhead with appropriate signature, detailing work history. Evidence must include commencement and end dates, position held and hospital. Prospective evidence, including a work contract or letters of offer, will not be accepted.

5.2.11 Rotations for which documentary evidence does not comply with 5.2.10 will not be taken into consideration and will result in the applicant being considered unsuitable.

5.3 Integrity, Honesty and Character

5.3.1 Applicants with a relevant criminal, notifications or complaints history as disclosed (as required) in their application, or which otherwise is obtained by or provided to the Board, may be ineligible and excluded, as the Board may determine in its entire discretion.

6. OVERVIEW OF SELECTION PROCESS

6.1 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET Program in Urology.

6.2 The selection process uses three selection tools, each contributing the following weightings to the Overall Selection Score of 100.

a) Structured Curriculum Vitae 30%
b) Structured Referee Reports 30%
c) Semi-Structured Interview 40%

6.3 All applications will be initially assessed based on CV and Referee Reports.

6.4 The CV and Referee Report score for each applicant will be added together to determine a Combined (CV & Referee Report) Score.

6.5 Applicants will be ranked according to their Combined (CV & Referee Report) Score.

6.6 The Board of Urology will determine the number of interviews to be conducted based on the approximate number of training positions expected to be available in the following year. Interviews will be scheduled according to a ratio of two (2) applicants to each one (1) training post (i.e. a ratio of 2:1).

6.7 Applicants who are not shortlisted for interview are classified as 'Unsuitable' and will not be considered further in the selection process. These applicants will be notified in writing in accordance with clause 12.1.

6.8 Applicants who have proceeded through to interview will be ranked based on their Overall Selection Score.

6.9 The minimum standard for selection will be the Overall Selection Score of the applicant whose ranking is 5 places below the number of available training positions.

6.10 Applicants who rank high enough in comparison to the number of available training positions will be deemed successful and will be allocated to a training post. All other applicants who do not rank high enough to be offered a post will be deemed unsuccessful.

6.11 In the event two or more applicants are ranked equally, the Interview Score will be the differentiating factor. In the event the applicants still remain equal, the Referee Report Score will be the differentiating factor. In the event the applicants still remain equal, the CV Score will be the differentiating factor. In the event the applicants still remain equal, the Board will have discretion to make the final decision regarding the ranking on review of the selection documentation, applicant experience and performance.

7. ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITIATIVE

7.1 RACS Council has approved the Aboriginal and Torres Strait Selection Initiative and the Board of Urology will implement this initiative in the selection process.

7.2 Under this initiative, it is expected that there will be two (2) posts available for the 2021 intake.

7.3 An applicant will be considered for the initiative posts if the following conditions apply:

a) They have identified as Aboriginal or Torres Strait Islander in the registration process, and
b) They have met the eligibility requirements for membership of Australian Indigenous Doctors' Association, and
c) They have met the generic and specialty specific eligibility requirements, and
d) They have met the minimum standard for selection as per 6.9.

7.4 In the circumstance of more than two applicants meeting the above criteria, the posts will be allocated to the highest ranking applicants.

7.5 An applicant's status as Aboriginal or Torres Strait Islander will only be known to RACS staff, USANZ staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

8. STRUCTURED CURRICULUM VITAE

8.1 The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, publications, presentations, development activities.

8.2 The Structured Curriculum Vitae has a maximum of 110 points. The components scored are:

a)	Qualifications	(Max 15 points)
b)	Professional Development Activities (Medical/Technical)	(Max 20 points)
c)	Professional Development Activities (Non-Technical)	(Max 15 points)
d)	Publications and Ongoing Research	(Max 25 points)
e)	Presentations	(Max 20 points)
f)	Prizes, Awards and Leadership	(Max 15 points)

8.3 The score out of 110 will be adjusted to score of 30 for the Structured Curriculum Vitae selection tool.

8.4 The scoring of the Structured Curriculum Vitae is overseen by the Board member who holds the position of Chair, Selection Sub-Committee. Each CV is scored by two USANZ staff members using a structured scoring system. The Board Chair or Chair, Selection Sub-Committee will make the final decision in cases of a discrepancy or where an entry or evidence does not comply with the Regulations.

8.5 In some parts of the application, **applicants must not include the same achievement in certain sections of the Curriculum Vitae** (e.g., the same body of research presented at more than one meeting must only be entered once). Applicants who are unsure whether an achievement is permitted or where to place specific achievements to attract maximum benefit should seek assistance via the Selection Helpdesk.

8.6 **Attempts by applicants to enter achievements, where they are clearly inadmissible as outlined in the Selection Regulations, will be viewed as a breach of the Regulations and will attract no points. Where 3 separate breaches are identified (whether intentional or otherwise), the applicant will be considered unsuitable and will not proceed further in the selection process.**

Notification of Modifications to the Assessment of Medical/Technical Proficiency

*In the future, the Board of Urology **may** use competency in index operations as a tool for assessing candidates' medical/technical proficiency. The assessment is likely to go **beyond numbers** of procedures. Formalised data collection forms are being developed. Until these have been circulated, and the index procedures determined, applicants are requested to keep a prospective logbook which is corroborated by a consultant surgeon(s) at the end of the term. A statement regarding the degree of supervision, ability to deal with complexity and independence achieved performing the procedure is also necessary and will aid in the completion of any future formal selection tools. The procedures that will be examined will be common urological endoscopic procedures, and common general surgical and urological operations.*

9. SECTIONS ON THE CURRICULUM VITAE

9.1 Qualifications

9.1.1 Qualifications may be attained before, during or after completion of primary medical degree.

9.1.2 Higher degrees must be awarded from institutions where the primary medical degree is recognised in Australia/New Zealand.

9.1.3 Qualifications must be awarded by examination and assessment through a recognised and accredited Australian or New Zealand educational institution (as determined by the Board) and have clear relevance to one or more of the College competencies.

9.1.4 Qualifications attained overseas must have been assessed by the relevant authorities in Australia and/or New Zealand as equivalent to the relevant Australian or New Zealand qualification. In New Zealand, this is the New Zealand Qualifications Authority (NZQA).

a) A Master of Surgery (MS) undertaken overseas is considered equivalent if the applicant has completed a minimum 12 months of full time study. Qualifications will be assessed on full time equivalent duration, coursework and research content. A letter from the supervisor outlining these criteria must be provided. The qualification must be shown to be of a similar standard awarded by an Australian or New Zealand university.

b) A post graduate Medical/Surgical Doctorate undertaken overseas is considered equivalent if the applicant can outline an Australian or New Zealand Doctorate equivalent thesis presented for completing the degree. A letter from the university and/or supervisor outlining the work undertaken must be provided. An MD equivalent of a primary medical qualification is not accepted.

c) A PhD undertaken overseas is considered equivalent if the applicant has completed the equivalent of 3 years full time study and completed a thesis. A letter from the supervisor and/or institution outlining these criteria must be provided and proof of thesis shown. The qualification must be shown to be of a similar standard awarded by an Australian or New Zealand university.

9.1.5 Points can be attained for partial completion of a research PhD or equivalent Doctorates and Masters Degrees (Medicine/Surgery) undertaken completely by thesis (no coursework). Other qualifications must be successfully completed at the time of application.

9.1.6 Points will not be awarded for:

a) Primary medical qualifications including the MBBS/MBChB or overseas equivalent and MD where it is the primary medical qualification
b) Other Bachelor degrees
c) Certificates
d) Qualifications for registration of overseas degrees (e.g. AMC, IELTS)
e) Qualifications commenced in the year of application
f) Qualifications (incl. MS, MD, PhD) from institutions where the primary medical degree is not recognised in Australia/New Zealand
g) Degrees and Diplomas that do not meet criteria listed in 9.1.1 – 9.1.5
h) Completion of the MRCS examinations or the MRCS Diploma
i) Successful completion of the RACS Clinical Examination

9.1.8 Evidence of qualifications must comprise the following:

Qualification	Evidence
PhD (3 years full time equivalent) or Master of Surgery (MS) – of 2 years full time equivalent duration undertaken completely by thesis (no coursework).	**If completed:** Transcript or testamur from University confirming awarding of degree, plus details of thesis submitted. **If currently enrolled:** Proof of enrolment in the PhD/Masters from the University and documentation of completed significant milestones (Confirmation of Candidature, Pre-Submission Thesis Review) from University or Primary Supervisor.
Doctor of Medical Science (DMedSc) or other post graduate Doctorate in Medicine or Surgery	**If completed with thesis:** Transcript or testamur from University confirming awarding of Doctorate degree, plus details of thesis submitted. **If completed without thesis:** Transcript or testamur from University confirming awarding of the Doctorate degree.
Master of Surgery (MS) or other Masters degree – completed by coursework with or without dissertation (1 year full time equivalent duration or more).	Transcript or testamur from University confirming awarding of the MS.
Other Masters degrees (not MS) of 2 years full time equivalent or more duration completed by thesis.	Transcript or testamur from University confirming awarding of Masters degree, plus details of thesis submitted.
Diploma	Certificate from University or Educational Institution confirming awarding of diploma and letter from University or Educational Institution confirming FTE duration of course.

9.2 **<u>Professional Development Activities (Medical/Technical)</u>**

9.2.1 Scoring considers scientific meetings, workshops, seminars or courses attended in the three (3) years immediately prior to the closing date for applications where the content has relevance to Medical Expertise, Technical Expertise or Judgement – Clinical Decision Making, as determined by the Board.

9.2.2 Professional development activities must be delivered by a recognised training provider as determined by the Board.

9.2.3 Points will be awarded for attendance at:

a) USANZ ASM, USANZ Section Meetings and RACS ASC
b) Other scientific meetings or conferences (international, national or state) relating to Urology, General Surgery or Vascular Surgery
c) Courses, workshops, seminars or similar relating to surgical skills, medically related ethical skills, medical management or anatomy, as determined by the Board.

9.2.4 Points will not be awarded for attendance at**:**

a) Scientific meetings or conferences where a score has been given for a presentation at the same meeting.
b) Workshops or courses that form part of a scientific meeting/conference where a score has already been given for attendance at the meeting/conference, unless the workshop or course attracts its own CPD points.
c) ASSET, CCrISP, EMST and CLEAR (or equivalent courses recognised by the College).

d) Professional development activities specifically aimed at assisting doctors prepare for the GSSE and the CE.
e) Activities that are less than 3 hours in duration (excluding refreshment breaks).
f) Activities (including courses) undertaken online.
g) Attendance at hospital grand rounds, morbidity meetings, unit audits or other such expected activities as part of employment.
h) Activities that will be attended in the future (i.e. after the application closing date).
i) Involvement in teaching of medical students or interns or similar.

9.2.5 Documentary evidence must comprise a certificate of attendance or retrospective letter from provider on the relevant letterhead verifying attendance. Registration confirmation, tax invoices/receipts or any other form of documentary evidence will not be accepted as confirmation of attendance.

9.3 Professional Development Activities (Non-Medical/Non-Technical)

9.3.1 Scoring considers conferences, workshops, seminars or courses attended in the three (3) years immediately prior to the closing date for applications where the content is tailored to the medical profession and has relevance to Professionalism, Scholar/Teacher, Health Advocacy, Management and Leadership, Collaboration and Communication, as determined by the Board.

9.3.2 Professional development activities must be delivered by a recognised training provider as determined by the Board.

9.3.3 Points will not be awarded for:

a) Workshops or courses where the content is not tailored to the medical profession.
b) Workshops or courses that form part of a meeting/conference where a score has already been given for attendance at the meeting/conference, unless the workshop or course attracts its own CPD points.
c) Activities that are less than 3 hours in duration (excluding refreshment breaks).
d) Activities (including courses) undertaken online.
e) Attendance at hospital grand rounds, morbidity meetings, unit audits or other such expected activities as part of employment.
f) Activities that will be attended in the future (i.e. after the application closing date).
g) Involvement in continued teaching or teaching of medical students or interns or similar.

9.3.4 Documentary evidence must comprise a certificate of attendance or retrospective letter from provider on the relevant letterhead verifying attendance. Registration confirmation, tax invoices/receipts or any other form of documentary evidence will not be accepted as confirmation of attendance.

9.4 Publications

9.4.1 Research undertaken within the four (4) years immediately prior to the closing date of applications may be included.

9.4.2 All research must be of an academic nature relevant to medicine/surgery.

9.4.3 Points will be awarded for articles and case reports published or accepted for publication in the following journals:

a) ANZ Journal of Surgery
b) a peer reviewed journal that is listed in the Urology section of the RACS Library
c) other medically-related, peer reviewed printed journals, provided the Impact Factor is 2.0 or greater on topics related to urology, general surgery and vascular surgery

9.4.4 Points will be awarded for articles (not case reports) submitted to the following journals:

a) ANZ Journal of Surgery
b) a peer reviewed journal that is listed in the Urology section of the RACS Library
c) other medically-related, peer reviewed printed journals, provided the Impact Factor is 2.0 or greater on topics related to urology, general surgery and vascular surgery

9.4.5 Points will only be awarded for articles (as outlined in 9.4.3) where the applicant is the first or second author.

9.4.6 Points will only be awarded for case reports (as outlined in 9.4.3) where the applicant is the first author.

9.4.7 Points will be awarded for chapters in a medical or surgical textbook where the applicant is the first or second author.

9.4.8 Points will be awarded where the same body of research has also been presented.

9.4.9 Published meeting abstracts, book reviews, letters to the editor and media releases must not be included will not be scored.

9.4.10 Multiple publications with duplicate or similar topics or content must only be entered once and will only be scored once.

9.4.11 Acceptable documentary evidence must comprise:

Publication	**Evidence**
Published articles and case reports	a) A retrospective letter of acceptance from the publishing body (not the supervisor) stating that the publication has been accepted. The letter of acceptance must specify the applicant's authorship, or b) Journal article title page clearly showing the publication reference, date and the applicant's authorship. A copy of the entire publication must not be included.
Chapter in a medical or surgical textbook	A letter from the publisher showing level of contribution plus a copy of the book chapter or full bibliographic details.
Submitted articles	A letter from the publisher confirming the article has been submitted and is being considered. Letters from supervisors verifying article submission will not be accepted.

9.5 Presentations

9.5.1 Presentations undertaken within the four (4) years immediately prior to the closing date of applications or accepted for presentation in the future will be considered.

9.5.2 Presentations at scientific meetings or conferences where abstracts are subject to competitive selection will be considered. Hospital based presentations will not be considered.

9.5.3 Presentations must be of an academic nature relevant to Urology, General Surgery or Vascular Surgery.

9.5.4 Points will be awarded for:

a) oral presentations (including moderated poster presentations comprising an oral component) personally delivered by the applicant, provided the applicant is the first or second author. Documentary evidence must be explicit on this point or the presentation will not be scored.
b) unmoderated poster presentations (i.e. poster on display in exhibition area only) where the applicant is the first author and the named presenter in the meeting program.

9.5.5 Scoring of presentations will be weighted depending on the type of meeting.

9.5.6 Points **will not** be awarded for poster presentations at meetings of a Regional or Sectional organisation.

9.5.7 For scoring purposes, the type of meeting is classified by intended audience, not title or geographical location.

9.5.8 Presentations that have sufficiently similar topics or that have been presented at more than one meeting or conference will only be scored once (with the higher score being awarded).

9.5.9 Points will be awarded for presentations where the same body of research has also been published.

9.5.10 Involvement in continued teaching or teaching of medical students or interns or similar must not be included in this section and will not be scored.

9.5.11 Documentary evidence of presentation must comprise:

a) a copy of the abstract showing the applicant's name and level of authorship against the presentation title, **AND**
b) a copy of the meeting program (showing name, date and location of meeting together with applicant's name printed against presentation title), or a letter on the conference organiser letterhead, with the appropriate signature, notifying of acceptance to present or confirming presentation has been accepted.

9.6 Prizes, Awards and Leadership

9.6.1 Applicants may only include prizes, awards and leadership positions from postgraduate years.

9.6.2 Scoring **includes**:

a) Prizes, awards, grants and scholarships for excellence in medically and non-medically related fields, including prizes for presentations, as determined by the Board.
b) Elected positions of responsibility on a board, committee or other appropriate body (for a minimum of 12 months duration) in a community service organisation, as determined by the Board.
c) Community and cultural involvement or sporting involvement as determined by the Board.
d) Significant regional, national or international sporting or cultural representation as determined by the Board.
e) Volunteer work undertaken on a recurrent basis (for a minimum of 12 months duration), as determined by the Board.

9.6.3 Scoring **excludes**:

a) Certificate of Merit, Honours, Deans Honour Roll, Distinctions, CME points, honorary mentions, letters of appreciation, commendation and special mentions
b) Monetary donations or other types of donations
c) One off volunteer activities
d) Involvement in continued teaching or teaching of medical students or interns or similar
e) Involvement as a mentor

10. STRUCTURED REFEREE REPORTS

10.1 Structured Referee Reports are collected to obtain information, in confidence, about the history of the applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in Urology. References are not released to applicants.

10.2 For the purpose of these Regulations, a **supervising consultant** is a medical specialist who has worked with the applicant in an active clinical setting, providing **direct** supervision in an ongoing basis during the term as well as performance feedback and instruction regarding workplace duties and responsibilities. They may be surgeons or non-surgeon consultants.

10.3 For the purpose of these Regulations, an **allied health professional** is a clinical nurse consultant or senior nurse working in the ward, emergency department, operating theatre/day surgery or outpatient department who has had significant interaction with the applicant in an active clinical setting on a regular basis (i.e. daily or weekly) for the duration of the term. Individuals from other departments (e.g. hospital pharmacy, physiotherapy, occupational therapy, social work, radiography, psychology or grief/trauma counselling) may only be nominated if their interaction with the applicant has been significant and on a regular basis (i.e. daily or weekly) for the duration of the term.

10.4 For the purpose of this section of the Regulations, consultants holding a Fellowship type diploma from an Australian or New Zealand College (or vocationally registered as a consultant in NZ) are eligible to act as referees.

10.5 For the purpose of this section of the Regulations, the following persons cannot act as referees:

a) International Medical Graduates (IMG) under assessment at the time of application
b) Doctors who are/were working with the applicant in a Senior Registrar/Fellow or similar capacity irrespective of whether they have since been awarded a diploma from an Australian or New Zealand College and are now consultants.
c) Research supervisors

10.6 For the purpose of this section of the Regulations, a clinical term:

a) Excludes private assisting and research terms
b) Excludes relief or night terms only where there is no consistent single supervising consultant who provided supervision

10.7 Applicants must provide contact details including a valid email address for:

a) Six (6) primary supervising consultants
b) Two (2) reserve supervising consultants
c) Four (4) primary allied health professionals
d) Two (2) reserve allied health professionals

10.8 All referees must come from clinical terms in the 3 clinical years immediately prior to closing date for applications.

10.9 Applicants may not nominate more than 3 primary supervising consultants from the one clinical year.

10.10 Applicants must comply with the following in terms of nomination of supervising consultants:

a) At least one (1) primary supervising consultant must be from within the last three months of clinical work.
b) At least three (3) supervising consultants must be urologists – *note applicants who are currently SET trainees or undergoing full time research such as a PhD may nominate urologists outside the 3 year timeframe.*
c) Supervising consultants and allied health professionals must be nominated from terms of no less than 10 weeks duration.

10.11 Applicants must confirm that the nominated supervising consultants and allied health professionals have agreed to act as referees.

10.12 If an applicant elects not to provide the details for supervising consultants as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing supervising consultants or allied health professionals who do not completely comply with these Regulations, or omitting supervising consultants in preference for others who have had a lesser supervisor role, the applicant may be automatically withdrawn from the selection process and their application will not be considered further.

10.13 The units in which the applicant has worked may be contacted as part of the selection process to verify that the supervising consultants and allied health professionals listed on the application form comply with these Regulations. The supervising consultants and allied health professionals may also be asked to verify compliance with these Regulations.

10.14 The Board will request the completion of referee reports from **all** nominated supervising consultants and allied health professionals (including those nominated as reserves). Reports completed by reserves will only be used as part of the selection process if one or more primary reports are not received or are invalid. The reserve reports, where required, will be used in order of their submission date.

10.15 The Board will be responsible for the collection of the Referee Reports. Applicants will not be provided with updates on the Referee Reports collected or involved in the collection process. All referees contacted as part of the selection process will be advised of the confidential nature of the Referee Reports. **Harassment of any individual involved in the completion or collection of the Reports (and/or Applications) is a serious matter and may deem the applicant unsuitable for selection. Harassment includes repeated requests by the applicant about Referee reports or the process of application.**

10.16 Each referee will be asked to complete a report **in confidence**. Referees will be asked to carefully consider their assessment and to provide a **fair and accurate account** of performance and to assess the applicant in terms of what is expected of doctors of similar seniority and experience.

10.17 For each attribute, skill or behaviour, the referee is provided with competency statements and asked to select the statement **they believe best describes** the applicant's demonstrated attribute, skill or behaviour. The competency statement selected by the referee is converted to the associated numeric score using a predetermined structured scoring system.

10.18 Applicants are advised to select referees who can provide an opinion on all facets of their performance. As the selection process endeavours to select applicants into the SET Program in Urology that have a degree of experience, it is important that applicants nominate referees who can provide some indication of this experience in all facets of their performance.

10.19 Referees must provide an assessment of an applicant's performance in a minimum number of domains for the report to be considered valid and used as part of the selection process. To be considered valid, referees must complete 80% of the referee report. Failure of a referee to fully complete a report (which may occur if the referee is unable to provide an opinion on all facets of an applicant's performance) is not the responsibility of USANZ or the RACS.

10.20 The Board will obtain scores from ten (10) valid referee reports comprising six (6) supervising consultant reports and four (4) allied health professional reports.

10.21 If ten (10) valid reports [from six (6) consultants and four (4) allied health professionals] are not received by the closing date for submission of the same, the applicant will be automatically withdrawn from the selection process.

10.22 The Board will omit four (4) scores being the highest and lowest scores from reports submitted by supervising consultants and allied health professionals respectively (i.e. two (2) scores from the supervising consultant group, and two (2) scores from the allied health professional group)

10.23 The final referee report score will be calculated as an average of the remaining six (6) reports, comprising four (4) supervising consultants and two (2) allied health professionals. This score will be adjusted applying the selection tool weighting to provide an overall referee report score out of 30.

11. INTERVIEWS

11.1 The interview has been designed to:

a) Identify factors deemed important to the practice of Urology
b) Address the RACS competencies
c) Assess the suitability of the applicant for training.

11.2 The interview seeks information on a variety of attributes including:

a) The ability to interact effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.
b) The ability to contribute effectively as a member of the health care team.
c) The ability to act ethically, responsibly and with honesty.
d) The capacity to care, demonstrate concern and sensitivity to the needs of others.
e) Effective oral communication.
f) The ability to assimilate and organise information and to adapt accordingly.
g) The ability to present concisely within a time frame.
h) The applicant's commitment to a career in Urology.
i) The ability to recognise and respond appropriately to ethical issues.
j) The ability to promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

11.3 The score for the interview will comprise 40% of the overall selection score.

11.4 Applicants who are shortlisted for interview will be notified of the date, time and location of the interview at least ten (10) business days prior.

11.5 Applicants will be provided with a brief on the structure of the interview at the time of notification.

11.6 Applicants who do not satisfy the minimum standards will not be eligible to attend an interview and will be notified accordingly.

11.7 Interviews for all shortlisted applicants will be held in Melbourne and Sydney on **Saturday 20 June 2020**. Applicants whose first training region preference is **NSW** or **QLD** are likely to be interviewed in Sydney. Applicants whose first training region preference is **VIC, SA** or **WA** are likely to be interviewed in Melbourne. Applicants from **New Zealand** will be interviewed in Sydney.

11.8 It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Interview. The Board accepts no responsibility for any costs incurred by applicants in attending the Interview or applicants who fail to satisfy the minimum standards or eligibility criteria who are not permitted to attend an Interview.

11.9 Applicants will be required to provide proof of identification at the interviews.

11.10 Applicants must make themselves available at the scheduled Interview time. Applicants who do not present for the Interview at the scheduled time will not be considered further in the selection process and their application will be withdrawn.

11.11 Applicants will be briefed on the interview process and will be given the opportunity to ask any process-related questions.

11.12 Each applicant will be assessed by four (4) panels. Each panel will comprise two (2) interviewers and in addition an observer may be present. Each panel will conduct a designated section of the interview for all applicants, with applicants rotating between panels.

11.13 All applicants will commence their interview in a standard manner; follow-up questions may vary based on applicant responses. These questions will be used to explore the breadth and depth of the applicant's experience and insight. There may be some scenario based questions.

11.14 Applicants will spend a fixed amount of time with each panel.

11.15 Applicant responses will be evaluated based on a standardised interview scoring guide, which includes positive and negative indicators of performance.

11.16 Each panel member will score each applicant individually. Each panel will then provide a consensus score for their section of the interview.

11.17 The scores for the four interview panels will be combined and converted to a score out of 40.

12. FEEDBACK

12.1 Unsuitable Applicants

12.1.1 Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:

a) That they have been deemed unsuitable for selection and will not be considered further in the selection process.
b) Information on the overall percentage adjusted scores they received for each of the selection tools completed. Information on scores for individual structured referee reports **will not** be released to applicants.
c) Notification of the minimum standard or Regulation that they failed to satisfy.
d) Upon email request, unsuitable applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed. Verbal feedback **will not** be given.

12.1.2 Unsuitable applicants will not be notified of their overall ranking.

12.2 Unsuccessful Applicants

12.2.1 Applicants who have been deemed unsuccessful will be notified in writing of the following:

a) That they have been deemed suitable for selection but have not ranked highly enough to be made an offer and have therefore been unsuccessful.

b) Information on the overall percentage adjusted scores they received for each of the selection tools completed. Information on scores for individual structured referee reports **will not** be released to applicants.
c) Information on the waiting list process and their position in the list should a position, in accordance with the intake, become available.
d) Upon email request, unsuccessful applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed. Verbal feedback **will not** be given.

12.3 Successful Applicants

12.3.1 Applicants who have been successful in the selection process will be notified by email of the following:

a) That they have been successful in the selection process and are being offered a position on the SET Program in Urology including conditions associated with the offer
b) Information on applicable entry level eligibility (nSET1, nSET2), the Section allocation and on the process for allocation to a training post
c) A copy of the Regulations for the SET Program in Urology
d) A SET Trainee Agreement

12.3.2 Applicants will not be notified of their overall ranking.

12.3.3 Applicants should anticipate being appointed to nSET1. Occasionally, there are available places at more senior levels (i.e. nSET2). Only applicants with appropriate prior experience will be considered. **The more senior posts will be allocated to the highest ranked suitably experienced applicant, not necessarily the most experienced applicant**.

12.3.4 Acceptance of the offer to the SET Program in Urology will be conditional on the following:

a) Acceptance to take up the training position identified in the offer
b) The applicant satisfying the medical registration requirements in the state/country of offer
c) The applicant satisfying the employment requirements of the relevant health areas and/or the allocated hospital
d) The information submitted in the application form being true and correct
e) Satisfactory completion of all minimum eligibility criteria
f) Agreement to abide by the SET Program Regulations and RACS policies at all times which form part of the contract and acceptance of the conditions which are likely to affect, or be affected by, dismissal
g) Submission of the signed SET Trainee Agreement, in accordance with instructions given, prior to the communicated offer expiry date.

12.3.5 Applicants who fail to satisfy any of the conditions outlined in Section 12.3.4 of these Regulations will automatically forfeit the offer.

12.3.6 Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

12.3.7 Applicants who return the acceptance of offer form by the stipulated deadline, and who satisfy the conditions outlined in Section 12.3.4 will be contacted by the Education and Training Manager regarding the process for allocation to training posts.

13. DEFERRAL

13.1 Successful applicants may apply to the Board to defer the commencement of the SET Program in Urology.

13.2 All applications for deferral are governed by the **RACS Policy: Trainee Registration and Variation and the SET Program Training Regulations.**

13.3 Applicants are required to ensure that their requests for deferral comply with the above policy and Regulations.

13.4 On the application form, applicants are asked to advise of their intention to defer commencement of the SET Program in Urology, should their application be successful. This is purely to assist with logistical arrangements when offers are being made and is not considered as part of the selection process.

13.5 Applicants who wish to defer the commencement of the SET Program in Urology must formally apply to the Board at the time of acceptance outlining the reasons for their request and providing any related documentary evidence.

13.6 All requests for deferral will be considered but not necessarily granted. The Board will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations. The Board may consult the respective Regional Training Committee prior to determination.

13.7 Requests for deferral may be denied. Should a request for deferral be denied, applicants must either accept the original offer or withdraw and consider reapplying to the SET Program in Urology in any subsequent year.

13.8 The Board can approve deferral of commencement of the SET Program in Urology for a fixed period of one year. Trainees who have already commenced the SET Program cannot apply for deferral and may only apply for interruption of training.

13.9 Applicants who receive approval to defer the commencement of training will be guaranteed a clinical training post and assigned a SET level, at the start of the year they commence clinical training.

13.10 During the period of deferral, Australian applicants will be allocated in the interim to their State of Origin. This **does not in any way guarantee** that their subsequent appointment will be in the State of Origin. When an applicant advises of their intention to commence clinical training, the Board will determine their State allocation based on their **relative selection ranking** in comparison with other applicants appointed in the year they will commence clinical training.

13.11 Applicants are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.

13.12 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

14. RECONSIDERATION OF SELECTION DECISIONS

14.1 An applicant may request reconsideration of a decision relating to the selection process. Applications for reconsideration must be addressed to the Chair, Board of Urology and received within seven (7) business days of the applicant being notified of the decision. Applications received outside this timeframe may not be considered.

14.2 Applications for reconsideration must be accompanied by all relevant information or grounds upon which the applicant seeks to rely in respect of the reconsideration.

14.3 The applicant will bear the onus of proof to establish the grounds of the reconsideration application.

14.4 The original decision maker(s) will form a Reconsideration Panel and will convene to review the original decision and material associated with that decision.

14.5 The Reconsideration Panel will only consider material as initially submitted by the applicant, i.e. the information on which the original decision was based.

14.6 The reconsideration will be conducted with as little formality as possible, but otherwise will have full power to regulate its conduct and operation.

14.7 The reconsideration of the decision by the Reconsideration Panel must be undertaken in accordance with the rules of natural justice and each reconsideration will be reviewed on its merits.

14.8 Minutes of the meeting shall only record the Reconsideration Panel's decision, the reasons for the decision, and any recommendations made.

14.9 The Board may delegate its powers and duties in respect of any reconsideration as it determines.

14.10 The applicant will receive a written response detailing the outcome of the reconsideration within five (5) business days of receipt of the request for reconsideration.

15. SELECTION PROCESS REVIEW

15.1 The Board of Urology will review the selection process on an annual basis and consider feedback from applicants, interviewers, referees and other stakeholders.

15.2 Once the selection process has concluded and the final outcomes have been determined, the Board has the right to contact any individual involved in the process for the sole purpose of quality control.

15.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

15.4 **Selection Instruments -** To improve the quality and efficacy of selection into surgical training, RACS conducts research and evaluates the performance of selection instruments and processes. Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the RACS context. Applicants to SET may be invited to participate in selection research or evaluation.

16. APPENDIX 1 – SCORING GUIDE FOR STRUCTURED CURRICULUM VITAE

16.1 Overview

16.1.1 The following provides a scoring guide for the CV component of the Selection Process for eligible entries that meet the criteria as per Section 9.

16.1.2 Candidates must reference Section 9 to determine eligible entries. Entries that do not comply with Section 9 or where the evidence does not comply with Section 4.5 will not be awarded points.

16.2 Qualifications (15 points max)

16.2.1 Eligible Qualifications that comply with Section 9.1 as determined by the Board will be scored as follows:

PhD (3 years full time equivalent)	
Completed	8 points
Pre-Submission thesis review	4 points
Confirmation of candidature	2 points

Doctor of Medical Science (DMedSc) or other post graduate Doctorate in Medicine or Surgery	
Completed	8 points

Master of Surgery (MS) of 2 years full time equivalent duration undertaken by thesis (no coursework)	
Completed	4 points
Pre-Submission Thesis Review	2 points

Masters Degree (not MS) of 2 years full time equivalent undertaken by thesis (no coursework)	
Completed	4 points
Pre-Submission Thesis Review	2 points

Master of Surgery (MS) of 1 year or more duration completed by coursework with or without dissertation	
Completed	2 points per year of full time equivalent study

Diploma	
Completed	2 points per year of full time equivalent study

16.3 Professional Development Activities - Medical/Technical (20 points max)

16.3.1 Eligible Professional Development Activities (Medical/Technical) that comply with Section 9.2 as determined by the Board will be scored as follows:

Full day or multi-day meeting	1 point
½ day meeting (min 3 hours)	0.5 points

16.4 Professional Development Activities - Non-Medical/Non-Technical (15 points max)

16.4.1 Eligible Professional Development Activities (Non-Medical/Non-Technical) that comply with Section 9.3 as determined by the Board will be scored as follows:

Full day or multi-day meeting	1 point
½ day meeting (min 3 hours)	0.5 points

16.5 Publications (25 points max)

16.5.1 Eligible Publications that comply with Section 9.4 as determined by the Board will be scored as follows:

Published Article where applicant is first author	5 points
Published Article where applicant is second author	3 points
Book chapter where applicant is first author	4 points
Book chapter where applicant is second author	3 points
Published case report where applicant is first author	1 point (max of 4 points)
Submitted article (not case report) where applicant is first author	1 point (max of 2 points)

16.6 Presentations (20 points max)

16.6.1 Eligible Presentations that comply with Section 9.5 as determined by the Board will be scored as follows:

Presentations at the Annual Scientific Meetings of the following organisations: a) American Urological Association (AUA) b) Société Internationale d'Urologie (SIU) c) British Association of Urological Surgeons (BAUS) d) Canadian Urological Association (CUA) e) Urological Association of Asia (UAA) f) European Urological Association (EAU) g) World Congress of Endourology (WCE) h) International Continence Society (ICS)	
Oral presentations including moderated poster presentations delivered within the meeting program	4 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only	2 points
Unmoderated poster presentations	1 point

Presentations at meetings of international, national or Australasian organisations, other than those listed above (determined by the type of event and intended audience, not location)	
Oral presentations including moderated poster presentations delivered within the meeting program	2 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only	1 point
Unmoderated poster presentations	0.5 point

Presentations at the USANZ ASM or RACS ASC	
Oral presentations including moderated poster presentations delivered within the meeting program	2 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only	1 point
Unmoderated poster presentations	0.5 point

Presentations at a USANZ Sectional Meeting or Regional Surgical Specialty Meeting	
Oral presentations including moderated poster presentations delivered within the meeting program	1 point

16.7 Prizes, Awards, Leadership (15 points max)

16.7 Eligible Prizes that comply with Section 9.6 as determined by the Board will be scored as follows:

Prizes/awards/grants/scholarships for excellence in medically and non-medically related fields, including prizes for presentations.	
International level	5 points
National level	3 points
State/Section level	1 point

Elected position of responsibility on a board, committee or other appropriate body (for a minimum of 12 months duration) in a community service organisation	1 point per entry (max 3 points)
Community and cultural involvement or sporting involvement	1 point per entry (max 3 points)
Volunteer work undertaken on a recurrent basis (for a minimum of 12 months duration)	1 point per entry (max 3 points)

Significant sporting or cultural representation.	
International level	5 points
National level	3 point
Regional/Sectional level	1 point

Selection Regulations
Surgical Education and Training in Vascular Surgery
2021 Intake

1 INTRODUCTION

1.1 Definition of terms for the purpose of these Regulations

1.1.1 **Applicant** means a person who has applied for the Surgical Education and Training (SET) Program in Vascular Surgery of the Royal Australasian College of Surgeons (RACS).

1.1.2 **Board** means the Royal Australasian College of Surgeons Board of Vascular Surgery

1.1.3 **ANZSVS** or **Society** means the Australian and New Zealand Society for Vascular Surgery.

1.1.4 Police Report refers to a report on the criminal record of a person.

1.1.5 Referee refers to a person who evaluates the applicant's workplace competence.

1.2 Purpose of these Regulations

These Regulations describe the principles, terms, and conditions of the selection process for the Royal Australasian College of Surgeons SET Program in Vascular Surgery for the 2021 intake. This document is a public document.

1.3 Administration and Ownership

The College is the principal organisation accredited to conduct surgical education and training in Australia and New Zealand. The Board of Vascular Surgery undertakes the development, delivery, selection and administration of the SET Program as an agent of the College. The Board of Vascular Surgery is responsible for communicating with the College regarding training and education.

1.4 Objective of the SET Program

The overall objective of the SET Program is to produce competent independent specialist surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2 PRINCIPLES UNDERPINNING THE SELECTION PROCESS

2.1 The aim of the selection process is to select the highest calibre trainees for the SET Program on the basis of merit through a fair, open, and accountable process.

2.2 The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appeals process.

2.3 The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

2.4 The SET Program will be advertised to create awareness of opportunity for all eligible applicants.

2.5 The selection process will conform to the requirements agreed by the College Board of Surgical Education and Training and will meet the College's generic eligibility requirements.

2.6 The number of trainees selected in any year will depend on the number of suitable applications and accredited SET 1 hospital training posts available.

3 ELIGIBILITY FOR APPLICATION TO THE SET PROGRAM

3.1 To apply to the SET Program, applicants must fulfil the following RACS generic eligibility criteria, available at www.surgeons.org.

3.2 Applicants who do not meet the generic eligibility criteria will not progress to the next stage of selection.

3.3 In addition to the RACS generic eligibility criteria applicants must fulfil the following specialty specific eligibility criteria:

3.3.1 Successful completion of RACS Generic Surgical Sciences Examination (GSSE) by date of application.

3.3.2 8 weeks surgical rotation in General Surgery undertaken within the 5 years immediately prior to, and completed by, closing date of application.

3.3.3 16 weeks surgical rotation in Vascular surgery undertaken within the 5 years immediately prior to, and completed by, closing date of application.

3.3.4 8 weeks rotation in an Intensive Care Unit (ICU) undertaken within the 5 years immediately prior to, and completed by, closing date of application.

3.4 No more than two rotations of at least four weeks can make up the minimum requirement in 3.3.2, 3.3.3, or 3.3.4.

3.5 Vascular rotations must have at least two (2) Fellows of the Royal Australasian College of Surgeons employed as a specialist surgeon, or one (1) vocationally trained surgeon employed as a specialist surgeon who works at the hospital on a weekly basis and one (1) Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon.

3.6 To meet the minimum ICU requirement in item 3.3.4, applicants must have spent an equivalent of 8 weeks full time in a dedicated Intensive Care Unit; Cardiac ICU will also be accepted. HDU, CCU and Paediatrics ICU rotations will not satisfy this minimum eligibility requirement. Evidence submitted for this rotation must clearly state that an applicant has spent the equivalent of 8 full time weeks in a dedicated ICU.

3.7 Rotations listed as covering, lates or nights will not meet the requirement of 3.3.2, 3.3.3, or 3.3.4.

3.8 Rotations listed as Private Assisting will not meet the requirement of 3.3.2, 3.3.3, or 3.3.4.

3.9 Evidence must be provided for all rotations listed on the application, including the minimum eligibility rotations. All evidence must be submitted at the time of application, no further evidence will be accepted following the application submission.

3.10 Applicants who do not meet the specialty specific eligibility criteria will not progress to the next stage of selection.

4 CRIMINAL RECORD CHECKS AND POLICE REPORTS

4.1 Police record checks are an integral part of the assessment of applicants for suitability for the SET Program. Applicants must disclose whether they are the subject of any criminal charge(s) still pending before a Court, or whether they have been subject to criminal conviction(s) or findings(s) of guilt before a Court (criminal history). The Board may ask applicants for written consent to seek reports from any or all of the New Zealand Police, Australian Federal Police and the various State and Territory Police Forces (Relevant Police Force):

4.1.1 Disclosing criminal history information from its own records to the Board; and

4.1.2 Accessing the records of any other New Zealand, State or Territory police and to obtain any criminal history information which in turn would be disclosed the Board.

4.2 Applicants who do not consent to a full criminal history check will be deemed ineligible for selection and will not be considered further in the selection process.

4.3 The disclosure or existence of a criminal history or a criminal record does not automatically result in the applicant being deemed unsuitable for selection. Each case will be assessed on its merit.

4.4 In considering applications for the SET Program, where a Police Report reveals a criminal record, the Board must take into account:

4.4.1 the nature of the conviction recorded;

4.4.2 when the conviction was recorded;

4.4.3 the relevance of the conviction to the application for the SET Program; and

4.4.4 any further explanation the applicant may give for the circumstances in which the conviction arose.

4.5 Criminal convictions (relevant convictions) which will lead to being deemed unsuitable for selection to the SET Program include, but are not limited to those:

4.5.1 of a sexual nature;

4.5.2 relating to drug usage and or trafficking;

4.5.3 against liberty, morality and abduction;

4.5.4 relating to dishonesty, fraud and deception.

4.6 All information obtained through police reports will be treated confidentially.

5 APPLICATION TO THE SET PROGRAM

5.1 Applications open at 12:00 pm AEDT on 26 February 2020 and must be submitted via the ANZSVS online application system at www.vascularsurgeryapplications.com.au. Applications will close at 12:00pm AEDT on 25 March 2020. Late applications will not be accepted under any circumstances. An application is considered submitted once payment has been made. No changes can be made to an application after submission.

5.2 The Board may verify the information provided within the application with external institutions or individuals, by submitting an application the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

5.3 By submitting an application, applicants certify that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information the applicant may be withdrawn from the selection process and their application will not be considered further. This may occur at any point during the selection process.

6 SELECTION COMMITTEE

6.1 The selection committee may include:

6.1.1 Members of the Board; and

6.1.2 Members of ANZSVS; and

6.1.3 Fellows of the College; and

6.1.4 Other persons as deemed appropriate by the Board.

6.2 The selection committee is bound by these Regulations and will be held accountable for their processes and decisions in all forums.

7 SELECTION PROCESS OVERVIEW

7.1 On completion of the relevant components of the selection process eligible applicants will be classified as:

7.1.1 **Successful** is an applicant who ranked high enough to be made an offer of a position

7.1.2 **Unsuccessful** is an applicant who does not rank high enough to be made an offer of a position, but is suitable for training.

7.1.3 **Unsuitable** is an applicant who does not rank high enough to be offered an interview. They will be advised of their performance in the selection tools completed.

7.2 Applicants who progress through to interview will be ranked by applying the following weightings to the selection tools, providing an overall combined score out of 100 (rounded to the nearest whole number).

7.2.1 Structured Curriculum Vitae 25%

7.2.2 Structured Referee Reports 35%

7.2.3 Semi-Structured Vascular Surgery Panel Interview 40%

7.3 Allocation to available positions will be according to applicants' final ranking in the selection process.

7.4 All applicants will be notified of the outcome in writing

8 STRUCTURED CURRICULUM VITAE

The Structured CV (included in the online application form) captures an applicant's information on experience, other qualifications (degrees, Masters, PhD etc.), research, examinations, publications, presentations, skills courses and scientific meetings, and non-medical achievements.

8.1 Each CV will be scored by the two Board members using a structured scoring system. Discrepancy in any of the scores which cannot be resolved between the scorers will be reviewed by the Board Chair, or appointed representative to determine the correct score.

8.2 The CV will be scored out of a maximum of 25 points. The components scored are:

8.2.1 Surgical and Medical Experiences

8.2.2 Skills Courses

8.2.3 Examinations

8.2.4 Qualifications

8.2.5 Presentations

8.2.6 Publications

8.2.7 Leadership and Community Service

9 STRUCTURED REFEREE REPORTS

9.1 Confidential references are collected to obtain information about the workplace behaviour and personal attributes of the applicant.

9.2 The applicant must provide at least one (1) and a maximum of three (3) supervising consultants who have had the greatest period of supervision for each surgical rotation listed on the application.

9.3 Applicants must nominate a minimum of seven (7) and a maximum of ten (10) supervising consultants to act as referees.

9.4 A minimum of two (2) referees must be vascular surgical consultants.

9.5 All other referees must be surgical consultants or vocationally registered surgical specialists.

9.6 A referee cannot be a current RACS IMG on a pathway to Fellowship.

9.7 If an applicant elects not to provide details for referees in accordance with these Regulations, or it is discovered that the applicant has provided incorrect or misleading information, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process.

9.8 It is the applicant's responsibility to ensure all potential referees are aware their contact details have been included on the application and have consented to being contacted.

9.9 The referee must have a valid email address. The referee report is an online application and cannot be filled out manually. It is the applicants' responsibility to ensure the referee is aware of the process.

9.10 The Board will select five (5) referees to be contacted as part of the selection process. The remaining referees will be considered alternative referees.

9.11 Reports completed by alternative referees will only be used as part of the selection process if the Board has not obtained at least four (4) valid reports by 6 May 2020.

9.12 Where required the alternative referee reports will be used in order of their submission date.

9.13 The percentage scores for the first five (5) individual reports submitted will be averaged to provide an overall percentage score.

9.14 Where the Board has not obtained at least four (4) valid reports by 20 May 2020 the candidate will be deemed unsuitable.

9.15 On the report the referee will be asked to rate each of the twenty assessment areas which they believe best describes the applicant. The selection criteria which will be scored within the reports can be generally categorised as:

9.15.1 Medical expertise

9.15.2 Judgement- clinical decision making

9.15.3 Communication

9.15.4 Collaboration

9.15.5 Management and Leadership

9.15.6 Health Advocacy

9.15.7 Scholar and teacher

9.15.8 Professionalism

9.16 The response for each assessment area will be converted to an associated numeric score using a predetermined scoring system as follows:

a. Unsatisfactory is scored at 0 points.
b. Basic is scored at 2 points.
c. Intermediate is scored at 4 points.
d. Advanced is scored at 6 points.

9.17 The maximum score is 120 points.

9.18 The referee report will be converted to a percentage score calculated by dividing the total score of the report by the total number of questions for which the referee has provided a response.

9.19 If a referee has provided a response for less than 80% of the report, the report will be invalid.

9.20 Referee reports close on 20 May 2020. No additional referee reports will be accepted following this date.

10 SEMI-STRUCTURED VASCULAR SURGERY PANEL INTERVIEW

10.1 Interviews will be offered based on a ratio of three (3) applicants to one (1) available accredited SET 1 post (i.e. a ratio of 3:1). Applicants will be invited to interview based on ranked order of the combined CV and referee score. Applicants at the cut-off with identical ranked scores will be invited to interview.

10.2 All applicants will be notified 10 business days prior to interview. It is the applicants' responsibility to make the appropriate travel arrangements and to meet costs incurred in attending the interview. Information about the interview process will be included in the letter inviting applicants to interview.

10.3 Applicants must make themselves available at the scheduled interview time. Applicants who contact the Executive Officer before the interview offers are sent out to request a specific time will be considered. Times will not be changed after offers have gone out. Applicants who do not present for the interview at the scheduled time will not be considered further in the selection process and their applications will be withdrawn.

10.4 The interview will be conducted by six (6) interview panels, consisting of two interviewers per panel. An observer may also be present.

10.5 The total time for each interview will be approximately sixty minutes. (10 minutes per panel)

10.6 Applicants will be asked the same question/s per panel. The follow-up probing questions will explore the breadth and depth of each applicant's experience and insight.

10.7 The interview will seek information on the following attributes:

10.7.1 Ability to perform realistic self-assessment

10.7.2 Ability to contribute effectively as a member of a health care team

10.7.3 Ability to act ethically, responsibly and with honesty

10.7.4 Capacity for caring, concern and sensitivity to the needs of others

10.7.5 The ability to interact effectively with peers, mentors, members of the health care team, patients and their families

10.7.6 Effective spoken communication/Preparation for Vascular training/Overall impression

10.8 Each panel member will score each applicant individually and the scores will be added to form the total points awarded.

11 MINIMUM STANDARD FOR SELECTION

11.1 Applicants who attend the semi-structured Vascular Surgery panel interview must achieve a weighted interview score of 25/40 or greater to meet the minimum standard for selection.

11.2 Applicants who attend the semi-structured Vascular Surgery panel interview and achieve a weighted interview score of less than 25/40 will be considered ineligible and not proceed further in the selection process.

12 ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITIATIVE

12.1 RACS Council has approved the Aboriginal and Torres Strait Selection Initiative Policy and the Board of Vascular Surgery will implement this initiative as follows:

12.1.1 Under this initiative the Board of Vascular Surgery will make one (1) post available for the 2021 intake.

12.1.2 An Applicant will be considered for the post if the following criteria are met:

a. They have identified as Aboriginal or Torres Strait Islander in the registration process, and
b. They have met the eligibility requirements for membership of Australian Indigenous Doctors' Association, and
c. They have met the minimum eligibility requirements as per 3.3
d. They have met the minimum standard for selection in 11.1

12.1.3 In the circumstances of more than one applicant meeting the above criteria, the post will be allocated to the highest-ranking applicant.

13 FEEDBACK TO UNSUCCESSFUL APPLICANTS

13.1 Applicants who are unsuccessful in the selection process will be notified in writing of the following:

13.1.1 That they have been deemed suitable for selection but have not ranked high enough to be offered a position.

13.1.2 Information of their scores for each of the selection tools, as well as their overall ranking. Information on scores for individual structured referee reports will not be released to applicants.

13.1.3 Requests on the process available to seek more detailed feedback must be received by 28 August 2020.

14 FEEDBACK TO SUCCESSFUL APPLICANTS

14.1 Applicants who are successful in the selection process will be notified in writing of the following:

14.1.1 That they have been successful in the selection process and are being offered a position on the SET Program, including conditions associated with the offer.

14.1.2 A signed SET Trainee Agreement.

14.2 Acceptance of the offer to the SET Program will be conditional on the following:

14.2.1 Applicants must be prepared to be assigned to a training position anywhere in Australia and New Zealand throughout their SET Program. The College is not the employing body; applicants must also satisfy the employment requirements of the institution in which the allocated training position is located.

14.2.2 Agreement to abide by the SET Program and College Regulations at all times.

14.2.3 Acceptance of the SET Program offer prior to the communicated offer expiry due date.

14.3 Applicants who do not satisfy any of the above conditions, or who decline the offer, will automatically forfeit the offer.

15 SELECTION PROCESS REVIEW

15.1 Applicants may be asked to complete evaluation forms during the selection process.

15.2 The selection process will be reviewed and feedback to the Board on potential improvements and other relevant information.

Selection - 2021 Intake
Structured Curriculum Vitae Scoring Guidelines
Surgical Education & Training in Vascular Surgery

Medical Expertise and Technical Expertise

Surgical and Medical Experiences (evidentiary documentation required)

1. Rotations shorter than 10 weeks are not scored.
2. Rotations that are mandatory eligibility requirements are not scored.
3. Private assisting terms are not scored.
4. Rotations which are not undertaken on a full-time basis will be adjusted pro rata.
5. Scoring will only consider terms undertaken in the 3 clinical years immediately prior to the closing date of applications.
6. Rotations arranged for after the closing date in the year of application will not be scored.
7. A rotation in cardiology, cardiothoracic surgery, general surgery, ENT, plastic surgery, neurosurgery, orthopaedics, urology, vascular surgery, ICU or emergency medicine is scored **0.5 point** per 10 weeks.
8. **Maximum of 3 points** can be awarded for Surgical and Medical Experiences.

Skills Courses & Scientific Meetings (evidentiary documentation required)

1. Scoring only considers skills courses and scientific meetings attended in the 4 years immediately prior to the closing date of applications.
2. Courses must have RACS CPD accreditation. For each course applicants must provide evidence of **attendance and RACS CPD accreditation**. If evidence is not included in the application the course will not be scored.
3. Scoring does not include hospital-based courses and meetings or activities less than five hours in duration.
4. Scoring for courses includes those related to professional development in clinical and technical competencies (Eg EMST**,** CRISP, and ASSET).
5. Scoring for scientific meetings included **only** those at a national (Australia or New Zealand) or international level. Where a score has been given for a presentation or course that forms part of a meeting program, no further points will be awarded for attendance at that meeting.
6. Morbidity and mortality meetings are not scored.
7. Each course or scientific meeting is scored 0.5point.
8. Courses must be undertaken post completion of medical school.
9. **Maximum of 3 points** can be awarded for Skills Courses & Scientific Meetings.

Scholar and Teacher

Qualifications (evidentiary documentation required)

1. Scoring only includes higher degrees recognised by Australian and New Zealand Universities and successfully completed at the time of application.
2. Scoring does not include primary medical qualifications (MBBS or overseas equivalent).
3. A Graduate Diploma completed post medical school, in a surgical or medical field, is scored **1 point**.
4. A Masters degree is scored **1 point** if it is a medical qualification.
5. A PhD or doctorate is scored **2 points** if it is a medical qualification.
6. **Maximum of 4 points** can be awarded for Qualifications**.**

Publications (evidentiary documentation required)

1. Scoring only includes publications relevant to medicine in the five years immediately prior to the closing date of application.
2. Scoring only includes publications accepted for publication in a peer reviewed publication and excludes abstracts or letters to the editor.
3. Each publication can only be scored once. For any articles in e-journals, evidence of the peer reviewed policy must be provided.
4. Publications which have a sufficiently similar topic to that of a presentation listed on the application will only be scored once. The greater score will apply.
5. A case report is scored **0.5 point** if the applicant is the first author.
6. A peer reviewed journal article or book chapter where the applicant is not the first author is scored **1 point**.
7. A peer reviewed journal article or book chapter where the applicant is the first author is scored **2 points**
8. **Maximum of 6 points can be awarded for Publications**

Selection - 2021 Intake
Structured Curriculum Vitae Scoring Guidelines
Surgical Education & Training in Vascular Surgery

Presentations (evidentiary documentation required)
1. Scoring only includes presentations relevant to medicine in the five years immediately prior to the closing date of applications and personally given by the applicant. 2. Scoring only includes presentations at scientific meetings or conferences subject to abstract selection (includes posters). 3. Presentations which have sufficiently similar topics or that have been presented at more than one scientific meeting or conference will only be scored once. 4. Presentations which have a sufficiently similar topic to that of a publication listed on the application will only be scored once. The greater score will apply. 5. Each presentation at a Specialty state committee meeting is scored **0.5 point**. 6. Each presentation at a RACS state committee meeting is scored **0.5 point**. 7. Each presentation at a national, Australasian, or international meeting is scored **1 point**. 8. Each poster is scored **0.5 point** if applicant is the first author. 9. **Maximum of 6 points** can be awarded for Presentations.
Management & Leadership
Leadership and Community Service (evidentiary documentation required)
1. Scoring only includes participation and achievements undertaken in the five years immediately prior to the closing date of application. 2. Applicants score **1 point** for an elected or co-opted position of a Government or Royal Australasian College of Surgeons Board or Committee with at least 12 months service (maximum 1 point). 3. Applicants score **1 point** for community involvement by undertaking volunteer work with a registered community group or charity on a minimum of monthly basis and be for a minimum of 12 months duration undertaken in the five years immediately prior to the closing of application (maximum 1 point). 4. Applicants score **1 point** for state or national representation, or a state or national award in a sporting field, state or national recognition in music, arts or academia (maximum 1 point). 5. **Maximum of 3 points** can be awarded for Management & Leadership