



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## SURGICAL EDUCATION AND TRAINING (SET) 2009

*RACS – College of Surgeons of Australia and New Zealand*  
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## 1 THE SURGICAL EDUCATION AND TRAINING PROGRAM (SET)

The Surgical Education and Training program (SET) is designed to streamline surgical training in the nine disciplines in which the College awards its diploma.

The development of the program has required the contributions and commitment of all of the boards involved in surgical training as well as representatives of hospitals, jurisdictions, and trainees.

### 1.1 Aims of the College

As a fellowship based organisation, the Royal Australasian College of Surgeons commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

Surgical training encompasses nine competencies:

- Technical Expertise
- Medical Expertise
- Judgment – Clinical Decision Making
- Communication
- Collaboration
- Management and Leadership
- Health Advocacy
- Scholar and Teacher
- Professionalism and Ethics

Trainees are required to demonstrate competence across all nine areas.

### 1.2 Aims of SET

- To improve the quality and efficiency of surgical education and training, through early selection into specialty training and reduction of the total time for completion of surgical training
- To focus on the development and achievement of surgical competencies rather than the time spent in training, or the number of patients managed
- To enhance surgical training through a greater emphasis on early skills training and assessment
- To use “simulation environments” to optimise training experiences
- To use clinical and learning resources more efficiently, through a flexible and relevant allocation of clinical opportunities
- To have a single selection process into SET for each of the nine specialties
- To achieve greater relevance of the early stages of training, particularly in the basic sciences
- To preserve those proven elements of current basic and specialist surgical training that are essential to the development of a competent surgeon
- To achieve an integrated holistic surgical education and training program for each specialty
- To implement adult learning principles
- To foster better coordination and interfacing into medical schools and prevocational training across the continuum of learning.

### 1.3 Benefits of the SET program

SET is designed to improve the education and training experience for trainees, supervisors, and hospitals, whilst at the same time retaining the best of the BST and specialty surgical training programs.

SET incorporates the most advanced approaches to medical training and assessment selected from around the world and already validated.

Surgical specialties select the number of trainees required for the available accredited posts and these posts ensure the delivery of the competencies required.

Those selected into any one of the nine programs will complete the training program and progress into Fellowship following a clearly defined pathway in their discipline, provided they meet the educational

requirements. It also ensures that their entire training program is under the guidance and direction of the surgical specialty into which they have been selected.

For supervisors and for hospitals it means that trainees' clinical placements or rotations, and assessments, are directly aligned with their career goals, leading to improved efficiency and effectiveness of training. Supervisors are provided with clear guidelines and training in order to carry out rigorous, early and comprehensive work-place assessment of competence. As a result, any trainee who is identified as unlikely to be able to successfully complete their training will be given career counselling on their professional options.

#### 1.4 Competence in surgical training

The emphasis in SET is on competency-based training and assessment.

There are two inter-related, and significant impacts of this change of emphasis. One is on the potential to reduce the duration of training. The other is to reduce the time required by trainees to develop skills.

The College definition of competence (see 1.1) is deliberately very broad — encompassing knowledge, skills and attitudes. For each competence there are a number of levels of expansion which together constitute the requisite demonstration of competence. For example, Technical Expertise has 'outcomes' that a trainee and/or surgeon can: safely and effectively perform appropriate surgical procedures, and demonstrate proficient and appropriate use of procedural skills both diagnostic and therapeutic.

Because these are still very broad statements, the next level of definition is of 'competency standards' or 'behavioural markers', which explain more clearly how the competence can be identified. Again using Technical Expertise as an example, the competency standards/behavioural markers are:

- consistently demonstrate sound surgical skills
- demonstrate procedural knowledge and technical skill appropriate to the specialty and their level of experience
- demonstrate the manual dexterity required to carry out procedures
- adapt their skills in the context of each patient—each procedure
- maintain skills and learn new skills
- approach and carry out procedures with due attention to safety of patient, self, and others
- analyse their own clinical performance for continuous improvement

Using the same kind of framework, the non-technical competencies (e.g. communication; teamwork, professionalism, etc.) carry within them meanings of 'outcomes', which are demonstrated through competency standards/behavioural markers.

It is acknowledged that the competency standards/behavioural markers outlined for Technical Expertise are not different from those which every supervisor expects of their trainees. The difference in the SET program is that they are explicitly stated and carefully monitored and assessed throughout training. To facilitate that assessment, a range of assessment tools, based on those which have already been validated by other Colleges and Educational Boards overseas, have been introduced (see 6.5.1). During 2007 a training program for supervisors was initiated to provide guidance on competency assessment.

## 2 THE FRAMEWORK FOR SET

### 2.1 The Surgical Education and Training program

Trainees are selected, from the beginning of their training, directly into one of the nine specialty training programs. The earliest point at which application can be made for the first year of training (SET1) is during PGY2 with entry for successful trainees in PGY3.

Having successfully completed SET1 training and assessment requirements, trainees move into SET2 without further selection. In most specialties, SET1 trainees who have not successfully completed the examination may be permitted by the specialty Board to progress to SET2, provided that other training requirements have been met (see also 6.6 Examinations).

The range of differences between jurisdictions, as well as the range of prior experiences of trainees have been major considerations in the decision to allow flexibility around the level at which a SET1 trainee is employed. Trainees in SET1 are appointed by the employing hospital at the level which the hospital deems appropriate. The trainees perform clinical rotations in units, designated by the specialty in which they are selected, as providing career aligned requirements. During this period there is a focus on workplace competency assessment.

## 2.2 Issues relating to the previous specialist program (SST) and the SET program

The previous SST program had processes which continue to be applicable for SET. These include:

- well defined graduate outcomes
- clearly articulated curriculum requirements for each specialty
- research requirements
- accreditation processes to identify and establish training posts
- policies regulating all aspects of training
- a trainees' organisation and trainee representation on major committees.

The specialty boards continue to ensure that their trainees meet the expected standards of training and attain the optimum spread of experiences within the specialty in order to achieve the appropriate case-mix and required competencies.

The SET program does not impact on the structure or content of the current Fellowship Examination.

## 3 TRAINEE NUMBERS, ALLOCATIONS AND WORKFORCE PLANNING

The key determinant of trainee numbers is the number of available posts for trainees.

The number of posts depends on jurisdictions appropriately resourcing accredited specialist positions. The accreditation standards and criteria are separately circulated and available on the web at [www.surgeons.org](http://www.surgeons.org)

The number of trainees selected into each specialty each year is based on the number of posts vacated in that specialty at the conclusion of the current year. Reasons for vacancies in SET2+ include trainees progressing to Fellowship, withdrawals, transfer to another specialty program and taking leave of absence.

The anticipated number of SET positions in each surgical specialty will be published on the College website as soon as they are available.

## 4 TRANSITION FOR TRAINEES CURRENTLY IN BST

The BST program will continue, in parallel with SET whilst there are trainees in the program. All Basic Surgical Trainees will continue their training until such time as they complete their BST training or are selected into the SET program.

All BST trainees will be able to apply for the new SET program at any stage provided they have met the eligibility requirements for the specialty (or specialties) for which they are applying. At the time of selection the relevant training Board will assess the prior learning of each successful BST applicant and determine their placement in SET.

Trainees who have completed all BST requirements may choose to withdraw from BST. However, before making that decision trainees are advised to consult their employer on the implications of no longer being enrolled in a training program. They also need to take into consideration that when they are no longer trainees of the College they will not have access to the on-line library service and will be required to pay the SET registration fee.

Former trainees seeking permission to reapply to surgical training in the same specialty, or in a different specialty, may do so by writing to the office of the Censor in Chief, in accordance with the policy titled 'Former Trainees Seeking Re-entry To Surgical Training' which is available on the College website.

## 5 SELECTION PROCESS FOR THE SET PROGRAM

The merit-based, national (or bi-national) selection processes, based on the Brennan principles, continue to apply.

With the introduction of SET there have been changes to the:

- level of postgraduate training at which medical graduates can apply for selection into specialist surgical training
- eligibility criteria and the number of times that people can apply
- the process of registering for selection

- the varying timing of selection between specialties and also between New Zealand and Australia
- There has also been considerable discussion between the surgical specialties about the selection tools and weightings which they use.

### 5.1 Selection point

The SET program allows the earliest applications to be made from PGY2 for commencement in PGY3. It is not however assumed that all applicants apply from that level of training. Applications can also be made by medical graduates (including BST trainees and Fellows) at any time beyond PGY2.

### 5.2 Selection tools

Selection into surgical training is competitive. A detailed list of the tools and the weighting of the different components for each specialty is made available on the College website prior to the opening of selection

### 5.3 Stages of Selection

There are two stages in the Selection process.

#### 5.3.1 Stage 1 – the registration stage

Anyone intending to apply for selection in 2009 must register their intention to apply within the specified time-frame. By the closing date of this stage, applicants must meet all of the generic eligibility requirements. Information about the registration fee is published on the College website in association with the on-line registration for selection. A fee for registration for selection will be incurred each year.

#### 5.3.2 Stage 2 – the application and selection stage

This stage is initiated with the opening for submission of applications, and is completed when offers to successful applicants are sent and accepted. See

<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Soyouwanttobeasurgeon/Selectionrequirements/default.htm>

### 5.4 Conduct of the selection process

There is one selection process for SET for all applicants and all specialties (Australia and New Zealand). In allocating selected trainees to their training positions the Specialty Boards have the discretion to recognise successful applicants' level of prior learning (see RPL policy).

Current specialist trainees and Fellows can also apply for selection into a different specialty. Provided they met the eligibility requirements for the specialty into which they are applying, and are successful, their prior learning will be considered by the specialty board (see RPL policy).

<http://www.surgeons.org/AM/Template.cfm?Section=Policies3&CONTENTID=27503&TEMPLATE=/CM/ContentDisplay.cfm>

#### 5.4.1 Shortlisting of applicants prior to interview

All Specialty Training Boards reserve the right to short-list applicants. Therefore application to a specialty does not guarantee an invitation for interview. Applicants invited for interviews will receive at least two weeks notice of the interview date.

If applicants apply to multiple specialties and interviews are scheduled such that attendance is not possible, the applicant will need to choose which interview to attend.

#### 5.4.2 Feedback to unsuccessful applicants

All unsuccessful applicants, if they request, are provided with written feedback on their standing and performance in the application and selection process.

Any applicant who has had three unsuccessful attempts in applying to the same specialty will receive strong advice on their professional options.

### 5.5 Limits to the number of applications to SET

There is no limit to the number of applications to SET, and no limit to the number of specialties applied for. Unsuccessful applicants will be advised about their application, with counselling and strong career advice being given to any applicant who has made three unsuccessful applications to the same specialty.

## 5.6 Selection tools and their comparative weighting

Each of the specialties has developed a suite of selection tools appropriate for selecting trainees. These tools are constantly being reviewed to ensure that they are linked to the objectives of the training program and desired attributes of graduates, and that they are valid for selecting the most appropriate applicants into SET.

## 5.7 Quotas for selection into SET

Each specialty publishes the number of positions available prior to the opening of stage 2 of the selection process —application and selection. Those quotas are based on the number of available accredited training posts for that specialty.

# 6 THE SET PROGRAM

## 6.1 Overview

Progression through the SET program requires a mixture of academic success, course completion and successful clinical experience. To complete the program, all components must be successfully completed.

## 6.2 Clinical experiences

Under the direction of the specialty training boards, trainees' clinical experiences are in accredited posts. Specialty training boards ensure that each trainee in their specialty has opportunity to experience an appropriate case-mix. The nature and specialty educational requirements of the training environments have been defined by each specialty. Clinical placements are career aligned in accordance with the requirements of each specialty and include surgical rotations and a range of other nominated experiences. Trainees complete clinical placements in hospitals accredited for training. Specialty boards allocate trainees to accredited hospitals. Trainees then nominate their preferred rotations and hospitals arrange the rotations in consultation with the specialty when necessary.

It is recognised that, for any trainee, a single training post does not offer complete training. Several posts are usually required to obtain sufficiently wide experience. Such a combination of training posts constitutes a training program. It is the responsibility of the specialty boards to manage the allocation of trainees across the available posts to ensure that each trainee gains the widest possible experience and achieves the required case-mix in line with the modules

## 6.3 Modules

The modules have been developed by the College and Specialties to encompass all of the competencies — all of the knowledge, skills and attitudes which are required to be achieved by every trainee. Within the modules the competencies are stated as specific outcomes, plus the standard at which those competencies are expected to be performed.

Because of the complexity and variety of the required training, in most specialties there is no pre-defined order or sequence for the completion of the modules. The area or areas that they focus on in a given rotation are defined by the work in the unit to which they are allocated.

SET trainees are expected to have mastered all of the required content of the modules prior to completing their program.

## 6.4 Courses

The College provides a variety of courses which are available to trainees across all of the specialties. They have been designed to be offered at different stages of training (see Appendix B).

Three courses, ASSET, CCrISP and EMST have been nominated by most specialties as requirements to be completed in the early stages of SET training. The courses are recommended to be taken in the listed sequence to correlate with trainees' increasing knowledge and clinical experience. Each course contributes to trainees' overall clinical knowledge and understanding in different ways. Participants are provided with mentoring and assessment of performance beyond the courses through feedback to their surgical supervisors identifying candidates with exceptional abilities, those who failed the course, and

those who require further development and guidance. See the website for details on each of the following courses

<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Skills/default.htm>

6.4.1 ASSET (Australian and New Zealand Surgical Skills Education and Training)

6.4.2 CCrISP (Care of the Critically Ill Surgical Patient)

6.4.3 EMST (Early Management of Severe Trauma)

6.4.4 Critical Literature Evaluation and Research (CLEAR)

6.4.5 Statistics for Surgeons (STATS)

## 6.5 Supervision and formative assessment during SET

Formative assessment throughout training is essential in guiding trainees towards the effective and efficient achievement of competence. Frequent, accurate and directed feedback is an essential component in the development of any new skill or area of competence.

There is rigorous assessment during SET to ensure that trainees are able to meet the requirements across all nine competencies. Any trainee who is identified as unable to meet these assessment requirements will be given feedback including advice and support about their career options.

A training program for supervisors has been developed and rolled out to provide guidance on workplace competency assessment and on managing underperforming trainees.

To enhance the current range of formative assessment tools, the College is encouraging the specialties to gradually introduce the following workplace competency assessment processes:

### 6.5.1 Workplace-based competency assessment

Experience in other countries has clearly demonstrated the benefits of using checklists and global rating scales as workplace assessment tools. Tools which have been thoroughly trialled and validated and which are under discussion include those available for the assessment of procedural skills, clinical examination of a patient, discussion of a case, clinical decision making, and teamwork. It is not intended that these assessment processes would add significantly to the time commitment for supervision. These assessment processes are designed to complement the time that trainees and supervisors are already working together in theatre, in wards, or on rounds. These assessments are expected to make the mid-term and end-of-term assessments more valid and reliable because the decisions can be based on documented evidence collected throughout the rotation.

Trainees, with the support of their supervisors, are responsible for ensuring that they are assessed the required number of times during each rotation, and across the year, and for maintaining a record of those assessments in their portfolios.

### Technical Expertise

#### Direct Observation of Procedural Skills (DOPS) and Procedural Based Assessment (PBA)

DOPS and PBAs involve the observation of a surgical procedure by a supervisor. DOPS was designed to be a formative assessment process that was feasible, reliable and valid in assessing surgical skill in basic surgical procedures.

PBAs differ from DOPS in that they are generally used to assess intermediate and advanced surgical procedures. Some specialties have developed specific tools to assess performance in key procedures.

### Log books

All specialties have log books which reflect the requirements of the modules defined for specialty training programs.

### Judgment – Clinical Decision Making and Communication

#### Mini Clinical Evaluation Exercise (Mini CEX)

The Mini-CEX is an assessment tool designed to assess the provision of good clinical care. The process involves an assessor observing the trainee interact with one of their patients in a normal clinical encounter. The assessor uses a structured checklist to provide formative feedback to the trainee.

**Case-Based Discussion (CBD)**

A CBD involves a discussion between a trainee and their supervisor (or clinical group) about one of their clinical cases that challenge the trainee (as opposed to a routine case).

**Collaboration, Health Advocacy, Professionalism and Ethics****360° assessment or Mini Peer Assessment Tool (Mini PAT)**

The 360° assessment, Mini PAT or Multi-source Feedback Assessment (MFA) is a widely used process to gain information about a trainee from people other than their specialist supervisors. Assessors can include registrars, nursing staff, and other medical consultants.

**In-training assessment forms**

In each clinical rotation trainees are assessed on the specialty in-training assessment forms every three months throughout training.

**6.6 Examinations****The SET Surgical Science Examination (SSE) and the Clinical Examination**

The SET Surgical Science Examination (SSE) and Clinical Examination are held twice yearly. The SSE comprise two components: a generic basic sciences component, and a specialty specific component. The generic SSE must be completed by all SET trainees, the specialty specific SSE will comprise different papers for trainees in each specialty. The content of the specialty specific SSE component is determined by each specialty. The Clinical Examination is not specialty specific and will be undertaken by all trainees.

The purpose of these examinations is, as part of the continuum of learning and assessment, to assure trainees and their supervisors that trainees have achieved a standard of knowledge and clinical decision making that enables them to progress within their specialty.

Once selected into SET, BST trainees who have successfully completed the BST examinations will not be required to sit the GSE or Clinical examination again. Depending on the specialty, they may be required to sit the specialty SSE.

In some specialties failure to pass the examinations may restrict a trainee from progressing into SET2. This is under the direction of each specialty board.

Trainees have a maximum of four opportunities to sit the SSE and clinical examinations, that is, two opportunities each year whilst they are in SET1 and SET2. If they choose not to use any of those opportunities they are forfeited. If a trainee has not successfully passed their generic SSE and Clinical examination before the end of SET2 they can be dismissed from the program. Depending on the specialty, if they have not successfully completed the specialty SSE by the end of SET2 they can be dismissed from the program.

**The Fellowship Examination**

See the Conduct of the Fellowship Examination policy on the College website and specific information on the relevant specialty websites.

**Eligibility to sit the Fellowship Examination**

To sit the Fellowship Examination, trainees must fulfil the following criteria:

Trainees must be approved as eligible to sit the Fellowship Examination by the relevant specialty boards (see Fellowship Examination Eligibility, Review and Feedback Policy). Trainees must make an application on the appropriate form obtainable from the College's Education and Training Administration Division; applications must be received by the specified closing date.

In making a decision regarding the eligibility of a trainee to sit for the examination, the specialty board chair may take into account:

- ♦ a letter of support from the surgical supervisor for the trainee to sit the examination
- ♦ a summary of the trainee's logbook pertaining to the overall training period
- ♦ a review of the trainee's in-training assessment reports

### **6.7 Management of underperforming trainees**

A feature of SET is the emphasis on the early identification and management of underperforming trainees.

During each rotation, trainees are required to meet the required standard of performance, in all of the nine competencies. Unless it is a breach of professional behaviour which could result in immediate dismissal from the program, a trainee who is identified as not meeting those standards will be given a limited number of opportunities to attain the required standard. During that time they will be given clear guidance as to what is required. Failure to attain the required standard in the identified competence area, or poor performance against any other competence criteria could lead to dismissal from the program.

### **6.8 Research requirements**

There are minimum research requirements defined by the College. However some specialties have additional research requirements.

### **6.9 Additional requirements**

Several of the specialties have additional training requirements which specialist trainees are required to successfully complete before being eligible to sit the Fellowship Examination. These include skills training courses, trainee seminars and workshops.

## APPENDIX A

## GLOSSARY

Accredited hospitals	The College accredits hospital posts for Specialist Surgical Training in Australia and New Zealand.  Accredited hospitals comply with RACS accreditation criteria based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts; they provide learning environments which facilitate the training of safe and competent surgeons.
Accredited Posts	Specialist Surgical Trainees are allocated to train in accredited training posts. Posts are accredited by the College when they are recognised as being able to offer appropriate training opportunities including case load, case mix and supervision. Accredited Specialist Surgical Training Posts are generally based in principal teaching hospitals.
AEDT	Australian Eastern Daylight Time
AEST	Australian Eastern Standard Time
ANZ Journal of Surgery	Publication for surgical research in Australia and New Zealand, published ten times per year.
ASSET	Australian and New Zealand Surgical Skills Education and Training
BSE / Basic Science Examination	Examination comprised of questions in multiple choice format relating to Anatomy, Physiology and Pathology
BBST	Board of Basic Surgical Training
BSST	Board of Specialist Surgical Training
BST	Basic Surgical Training
CBD	Case-Based Discussion
CCrISP	Care of the Critically Ill Surgical Patient course
CiC	Censor-in-Chief
CLEAR	Critical Literature Evaluation and Research course
Clinical Examination	Examination assessing the application of basic science knowledge to clinical practice
Clinical rotation	Period of time during which surgical trainees work and train in a specified clinical environment, usually under supervision of a Fellow of the College
The College	The Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills
EB	Education Board
ED	Emergency Department
EMST	Early Management of Severe Trauma course
Fellow	Qualified surgeon assessed and registered with the Royal Australasian College of Surgeons
Fellowship Examination	Summative examination at the end of specialist surgical training comprising written and clinical components; the final assessment of the RACS surgical training program.
HDU	High Dependence Unit
ICU	Intensive Care Unit
IMG	International Medical Graduate
iMIS	Database of individuals and organisations having a relationship with RACS

Intern*	Junior doctor (usually PGY1) working in a public hospital for twelve months immediately prior to full medical registration. * this term may vary across jurisdictions
ITA	In-Training Assessment
Jurisdiction	Government body overseeing health in a region
MFA	Multiple-source Feedback Assessment
Mini CEX	Mini Clinical Evaluation Exercise
Mini PAT	Mini Peer Assessment Tool
OPBS	Orthopaedic Principles and Basic Science Exam
PBA	Procedural Based Assessment
PGY	Postgraduate Year
PGY1-5	Numbers indicate years after graduation, e.g. PGY2 is second year after graduation
PreSET	Period during which an interest in surgical training has been formally registered with RACS, prior to selection into SET
RACS	Royal Australasian College of Surgeons
Registrar*	* this term may vary across jurisdictions
RMO (HMO)*	Resident Medical Officer (House Medical Officer). Junior doctor (usually PGY2) during the one or more years of 'pre-vocational' on-the-job training immediately following successful completion of Internship and registration by the State Medical Board.  *these terms may vary across jurisdictions
SET	Surgical Education and Training
Specialty Board	Each of 9 surgical specialties has a Specialty Board which oversees training for that specialty
SSE	Surgical Sciences Examination
SST	Specialist Surgical Training
STATS	Statistics for Surgeons course
Surgical News	Monthly College publication, includes articles of interest in surgery
Trainee	Medical doctor selected to be trained in the Royal Australasian College of Surgeons' surgical training program.

## APPENDIX B

## SKILLS COURSE REQUIREMENTS OF SET TRAINEES

	EMST	CCrISP	ASSET	CLEAR	FLS
<b>Cardiothoracic Surgery</b>	SET 1 or SET 2	SET 1	SET 1		
<b>General Surgery</b>	SET 2	SET 1	SET 1	SET 2	SET 2
<b>Neurosurgery</b>	SET 2	SET 1	SET 1		
<b>Orthopaedic Surgery Australia</b>	SET 1	SET 1	SET 1	Desirable SET 1	
<b>Orthopaedic Surgery New Zealand</b>	SET 1	SET 1	SET 1	SET 2	
<b>Otolaryngology Head and Neck Surgery</b>	SET 1 or 2 (desirable in SET 1)	SET 1	SET 1	SET 3	
<b>Paediatric Surgery</b>	SET 2	SET 2	SET 2		
<b>Plastic and Reconstructive Surgery</b>	SET 1	SET 1	SET 1		
<b>Urology</b>	SET 2	SET 1	SET 1	SET 3	SET 2
<b>Vascular Surgery</b>	Complete by mid SET 2	Complete by mid SET 2	Complete by mid SET 2		

**Course Codes:**

EMST Early Management of Severe Trauma  
 CCrISP Care of the Critically Ill Surgical Patient  
 ASSET Australian and New Zealand Surgical Skills Education and Training  
 CLEAR Critical Literature Evaluation and Research  
 FLS Fundamental Laparoscopic Surgery