

2026 Selection Regulations (for the 2027 intake)

Cardiothoracic Surgery Training Committee

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1 Introduction

1.1 Definition of terms and acronyms

Acronyms, definitions and terms used in these Regulations shall mean or be defined as:

Acronym/term	shall mean/is defined as:
AATS	American Association for Thoracic Surgery
AHA	American Heart Association
ANZSCTS	Australian and New Zealand Society of Cardiac and Thoracic Surgeons
Applicant	A person who has submitted an application for the Surgical Education and Training (SET) Program in Cardiothoracic Surgery of the RACS
Application Closing Date	The date upon which applications close
ASC	Annual Scientific Congress
ATLS	Advanced Trauma Life Support
Cardiothoracic Surgeon	A medical practitioner with specialist registration with cardiothoracic scope of practice in Australia or Aotearoa New Zealand
Committee	Cardiothoracic Surgery Training Committee
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
CSANZ	Cardiac Society of Australia and New Zealand
Curriculum Vitae or CV	The scored components of the application for selection
EACTS	European Association of Cardiothoracic Surgery
ESC	European Society of Cardiology
GSSE	Generic Surgical Science Examination
Indexed	The relevant journal as listed in Index Medicus.
Ineligible	Applicants who fail to satisfy one or more of the eligibility requirements.
Interview	The semi-structured interview conducted as part of the selection process.
ISHLT	International Society for Heart and Lung Transplantation
PGY	Post Graduate Year
RACS	Royal Australasian College of Surgeons
Referee	A person who knows the Applicant, is willing to describe or report on observed work performance, character and abilities and meets the eligibility requirements as outlined in these Regulations.
Registration Closing Date	The date upon which registrations close
Regulations	These Selection Regulations for the SET Program 2026
SET	Surgical Education and Training
SET Program	The surgical education and training program as approved by the Committee
STS	Society of Thoracic Surgeons
Successful	Applicants who have ranked high enough to be made an offer of a position on the SET program
Surgical rotation	An employment at a hospital within a surgical unit department at post graduate level (at PGY level, or above, as specified)
UBCA	Unit Based Competency Assessment

Unsuccessful	Applicants who satisfy the minimum standards for selection, but do not rank high enough to be offered an interview, or who have successfully progressed through to interview and are not successful to be shortlisted for a Referee Check, or who successfully made it to the shortlist stage but who did not rank highly enough to be made an offer of a position
Unsuitable	Applicants who have not achieved the minimum standard for selection at any point in the selection process or who have not met the requirements as set out in these Regulations.

1.2 Purpose

1.2.1 The purpose of these Regulations is to establish the principles, terms and conditions of the selection process for the RACS Surgical Education and Training (SET) program in Cardiothoracic Surgery conducted in 2026 for the 2027 intake.

1.3 Administration

1.3.1 The RACS is the body accredited and authorised to conduct surgical education and training (SET) in Australia and Aotearoa New Zealand.

1.3.2 The Committee is responsible for the delivery of the SET program in Cardiothoracic Surgery, the accreditation of hospital training posts, and the assessment and supervision of Cardiothoracic Trainees in Australia and Aotearoa New Zealand.

1.3.3 Selection is conducted annually. 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 upon for meeting the SET program requirements for the 2027 intake (2026 selection) unless specifically stated in these Regulations.

1.3.1 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal, or otherwise, the RACS Policies and Regulations shall prevail.

1.4 Objective of the SET program

1.4.1 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 the communities, health systems and professions they serve with the highest standard of safe ethical and comprehensive care and leadership.

1.4.2 The SET program is structured to ensure Trainees achieve competencies in:

- a) Medical expertise
- b) Judgement and clinical decision making
- c) Technical expertise
- d) Professionalism
- e) Health advocacy
- f) Communication
- g) Collaboration and teamwork
- h) Leadership and management
- i) Scholarship and teaching
- j) Cultural competence and cultural safety

2 Principles and selection criteria

2.1 Principles of Selection

- 2.1.1 The aim of the selection process is to select Trainees of the highest calibre for the SET program in Cardiothoracic Surgery based on merit through a fair, open and accountable process.
- 2.1.2 The selection process will be documented, transparent, and objective with Applicants having access to eligibility criteria, information on the selection process, selection criteria and a reconsideration, review and appeal process.
- 2.1.3 The selection process is subject to continuous review to ensure continued validity and objectiveness.
- 2.1.4 The selection process will abide by the principles of the RACS Regulation ([REG-2017 Registration and Selection to Surgical Education and Training](#)).
- 2.1.5 The number of Trainees selected in any year will depend on the number of eligible Applicants together with the number of accredited training posts available as determined by the Committee.
- 2.1.6 Only those Applicants who have satisfied the entry criteria of minimum experience will be eligible for Interview. Interviews are not automatically granted to eligible Applicants.

2.2 Disclosure Requirements

- 2.2.1 To enable the Committee to give effect to the generic eligibility criteria under clause 3.2, applicants are required to disclose, at the time of this application, all or any of the following information:
 - a) 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 Aotearoa New Zealand relating to their medical practice?
 - b) If the Applicant has practised in other countries, whether the Applicant was aware of any 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?
 - e) Applicants are required to provide full details if answering 'yes' to any of the questions.
- 2.2.2 Disclosure of any matters set out above will not automatically disqualify an Applicant but are relevant to the Committee's assessment of the Applicant's suitability for the SET Program.
- 2.2.3 If the Committee makes any adverse decision based on the Applicant's response to any of the questions contained in clause 2.2, the Applicant will be entitled to respond by making submissions for the Committee to consider.

2.3 General Selection Criteria

- 2.3.1 Applicants are expected to have adequate basic experience and insight about the field of Cardiothoracic Surgery to make an informed decision about the speciality as a potential career path.
- 2.3.2 Applicants are expected to have 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.
- 2.3.3 Applicants are expected to have 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.
- 2.3.4 Applicants are expected to have suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial assessment to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.
- 2.3.5 Applicants are expected to have the necessary hand eye coordination and dexterity to function as a Cardiothoracic Surgeon, and decision-making ability in time critical and challenging environments.
- 2.3.6 Applicants are expected to have a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
- 2.3.7 Applicants are expected to have a history of always being considerate to the views of others, 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.
- 2.3.8 Applicants are expected to have 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.
- 2.3.9 Applicants are expected to have 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.
- 2.3.10 Applicants are expected to have insight into their own strengths, weaknesses and performance, a willingness to accept feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.
- 2.3.11 Applicants are expected to always have a willingness to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.
- 2.3.12 Applicants are expected to have 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.
- 2.3.13 Applicants are expected to act ethically and responsibly, 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.
- 2.3.14 Applicants are expected to have 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.
- 2.3.15 Applicants are expected to have interests outside their career and a balance in their work and

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personal life with community involvement considered to be a positive reflection of the character of the Applicant.

2.3.16 Applicants are expected to understand 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.

2.3.17 Applicants are expected to have 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.

2.4 Cardiothoracic Surgery Selection Criteria

2.4.1 The Selection Process reflects the bi-national nature of the Training Program and is open to Applicants from both Australia and Aotearoa New Zealand.

2.4.2 The Training Program is overseen by the Committee across both Australia and Aotearoa New Zealand. Successful Applicants must be prepared to be allocated to a Training Post in either of those two jurisdictions for any rotations during their training, recognising that breadth of experience obtained across a variety of Training Posts is likely to help meet the goals of the Training Program.

2.4.3 Applicants are expected to have a commitment to equity of health outcomes and understand issues that face marginalised and disadvantaged groups within our communities.

3 Selection initiatives and special measures

3.1 Aboriginal and Torres Strait Selection Initiative

3.1.1 The Committee has introduced special measures to implement the [ETA-SET-046 Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative](#).

3.1.2 Applicants wishing to be considered for this initiative must at the time of registration:

- a) have identified as Aboriginal and/or Torres Strait Islander in the registration process; and
- b) have met the eligibility requirements for membership of Australian Indigenous Doctors' Association; and

- c) have met the eligibility requirements and minimum standards for selection contained in these Regulations.

3.1.3 The special measures apply preferencing of the top ranked Aboriginal and/or Torres Strait Islander who has satisfied the eligibility requirements and minimum standards for all selection tools as detailed in these Regulations.

3.1.4 Under this initiative, it is expected there will be one (1) post available for the 2027 intake.

3.1.5 In the circumstance where more than one (1) Applicant meets the above criteria, the post will be allocated to the highest-ranking Applicant and any others would be considered as per the outlined competitive selection process for all Applicants.

3.1.6 An Applicant's status as Aboriginal or Torres Strait Islander will only be known to staff and Committee members directly involved in the Selection process, for the purposes of implementing this Selection Initiative.

3.2 Regional Distribution

3.2.1 Applicants have the option of indicating their preferences (when completing the application form) for the following regions for their initial years of SET training:

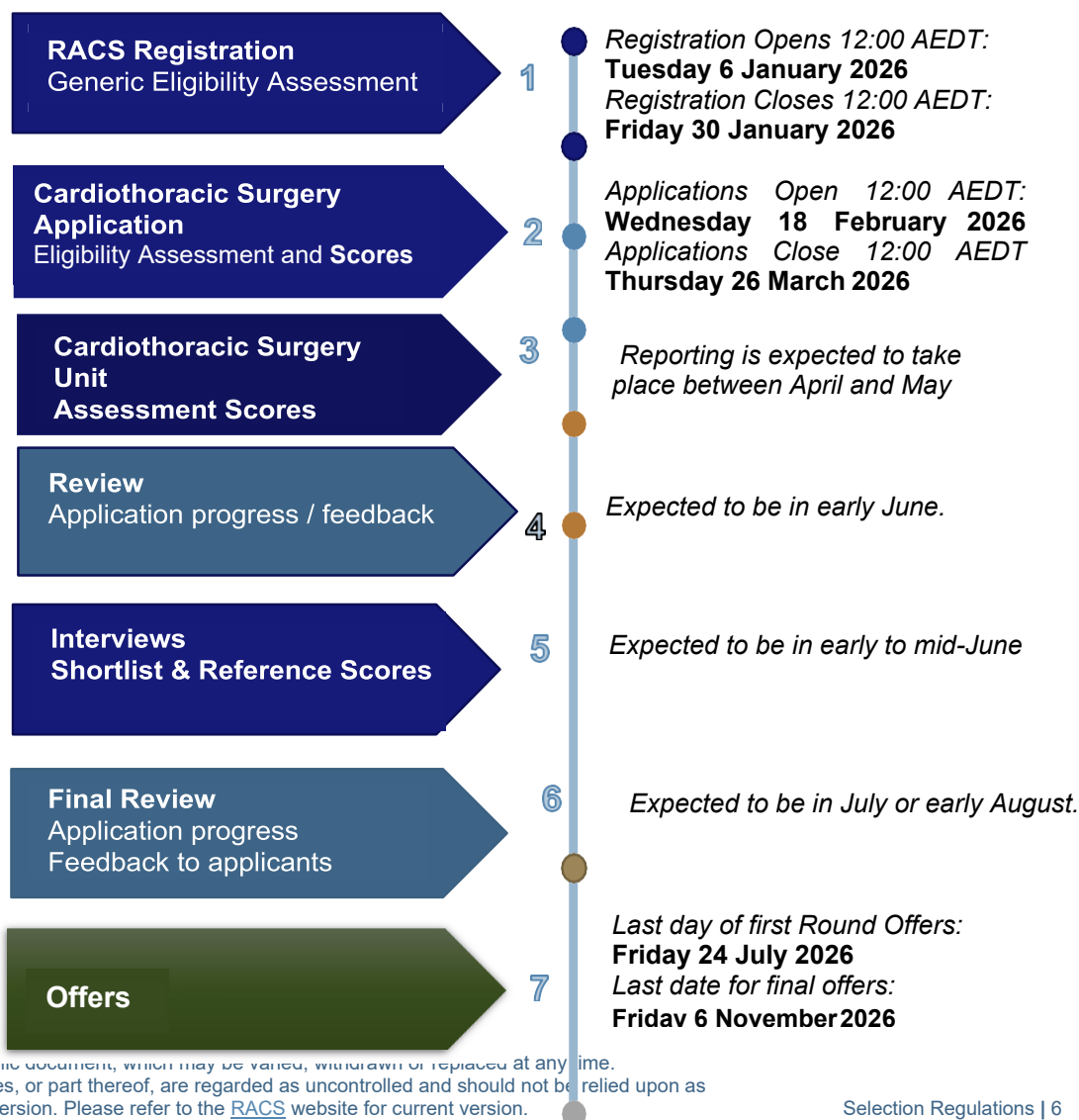
- a) New South Wales
- b) Queensland
- c) South Australia
- d) Victoria / Tasmania
- e) Western Australia
- f) Aotearoa New Zealand

3.2.2 Preferences cannot be altered after submission of the application.

3.2.3 Successful Applicants who are SET 1 eligible, will be allocated to a SET post with consideration given to the preferred region listed in their application to SET program and their ranking in the selection process.

4 Overview of the selection process

4.1 Stages of selection and key dates



4.2 Selection Tools

4.2.1 The selection process uses three (3) selection tools, each contributing the following weightings to the overall selection score out of **100**.

Selection Tool	Scored in accordance with section
a) Structured Curriculum Vitae and Procedural Skills in Cardiothoracic Surgery Logbook	7.2 and 8
b) Unit Based Competency Assessment	9
Interview Offers will be based on the final rank of scores from (a) and (b) above	
c) Semi-Structured Interview	10
Shortlisting of highest ranked 16 Applicants based on Interview scores	
Post Interview Ranking Score	
Overall score = CV - 20% + UBCA - 20% + Semi structured interview score - 60%	
Structured Reference Check from two (2) randomly chosen Referees from the list of Referees (minimum of three (3) and maximum of five (5)) nominated by the Applicant.	11
Final Score = Overall score x referee score percentage	

4.2.2 Applicants who do not meet the minimum score to be deemed suitable for selection for each of the selection tools will not progress further in the selection process.

4.2.3 Only 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 Cardiothoracic Surgery.

5 Registration

5.1.1 Applicants who wish to apply for the SET Program in Cardiothoracic Surgery must first register in accordance with the RACS Regulation: [REG-2017 Registration and Selection to Surgical Education and Training](#) available on the [RACS Website](#).

5.1.2 Applicants must confirm for themselves that they meet the minimum RACS generic and Cardiothoracic Surgery specific eligibility requirements before submitting their completed registration form.

5.1.3 Applicants must submit a completed registration form including the required supporting documentation and pay the registration fee by the Registration Closing Date.

5.1.4 Registrations will not be accepted after the Registration Closing Date under any circumstances.

5.1.5 Applicants who are not registered cannot lodge an application for the SET program in Cardiothoracic Surgery.

5.1.6 Applicants will be emailed confirmation of completed registration and satisfaction of the generic eligibility requirements.

6 Application

6.1 Maximum Attempts

- 6.1.1 As of 2026 applications for 2027 selection intake, Applicants will be allowed a maximum of three (3) eligible attempts at selection into the Cardiothoracic SET program.
- 6.1.2 An eligible attempt is defined as a completed application that has satisfied the generic and specialty eligibility requirements and progresses to interview.
- 6.1.3 Applications submitted before 2026 will not count towards the maximum limit.

6.2 Online Application

- 6.2.1 Applications must be submitted via the Cardiothoracic Surgery online application system during the published dates. No other form of application will be accepted.
- 6.2.2 Access to the online form will be made available to all registered and eligible Applicants on the opening date for applications.
- 6.2.3 Documentary evidence and achievements must be entered in the correct section. If entered in the incorrect section of the online application, achievements will not attract points.
- 6.2.4 Applications may be commenced, saved, printed and re-accessed during the application period
- 6.2.5 Applications must be submitted by the Application Closing Date. Saved un-submitted applications will not be considered.
- 6.2.6 Once an application is submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
- 6.2.7 Incomplete applications or those that do not comply with the instructions within the online application form, or these Regulations will not be considered.
- 6.2.8 Applicants will receive an email confirmation when they have successfully submitted their application.
- 6.2.9 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 Application Closing Date, the application will not be considered. The fee is non-refundable as of the Application Closing Date for applications.

6.3 Documentary Evidence

- 6.3.1 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.
- 6.3.2 In most cases, evidence must be retrospective. Prospective evidence will not be accepted.
- 6.3.3 Forms of evidence other than what is outlined will not be accepted.
- 6.3.4 Where a signature is required, 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.
- 6.3.5 Letters of evidence must be dated.
- 6.3.6 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
- 6.3.7 Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations and the application form will not be awarded points.
- 6.3.8 The selection process and requirements 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 year.

6.3.9 Any entry without documentation that clearly supports and verifies it, will not be scored, or considered.

6.3.10 Deliberate submission of inaccurate evidence may result in the application not being considered.

6.4 Completing the Application

6.4.1 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 in Cardiothoracic Surgery. Information may be disclosed to other parties or where required to do so by law. The Committee 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 Committee will deem the Applicant Ineligible for selection and their application will be withdrawn.

6.4.2 By submitting the application, the Applicant is consenting to the collection, use, disclosure and storage of the information by the Committee or its agents.

6.4.3 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 Referee Reports process.

6.4.4 By submitting an application, the Applicant verifies the information provided is correct and in accordance with these Regulations. The Applicant also verifies no false or tampered documentation has been submitted.

6.4.5 It is a condition of application for selection that, should at any time during the selection process or in the future, the Committee becomes aware that any evidence submitted as part of the application was false or tampered with, or the responses in the application are incorrect, misrepresented, or are untruthful, the Applicant may be deemed Unsuitable for selection, not considered further in the selection program, and the Committee may, at its absolute discretion, report this to the relevant authorities and/or disqualify the Applicant from making further application to the SET program. If the Applicant has already been selected, the Applicant may be dismissed from the SET program. It would be sufficient grounds for dismissal that the Committee has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented, or untruthful.

6.5 Harassment

6.5.1 Harassment of any kind is a serious matter and may result in an Applicant being deemed Unsuitable for selection. Harassment includes but is not limited to repeated requests by an Applicant to any person a referee report may be collected from, Committee member of Cardiothoracic Surgery, ANZSCTS member or RACS staff member involved in the selection process. Inappropriate, aggressive or bullying behaviour will not be tolerated.

7 Eligibility Requirements

7.1 RACS Generic Eligibility

7.1.1 Applicants must have permanent residency or citizenship of Australia or Aotearoa New Zealand at the time of registration.

7.1.2 Permanent Resident (non-citizen) Applicants in Aotearoa New Zealand must ensure they have secured the appropriate visa to apply for a program with Australian rotations.

- 7.1.3 Australian applicants must have general (unconditional) registration with the Medical Board of Australia in accordance with RACS Regulation: [ETA-SET-041 Medical Registration for the Surgical Education and Training Program](#).
- 7.1.4 Aotearoa New Zealand Applicants must have general scope registration or written assurance that general scope will be approved in the relevant specialty in Aotearoa New Zealand with the Medical Council of New Zealand in accordance with RACS Regulation: [ETA-SET-041 Medical Registration for the Surgical Education and Training Program](#).
- 7.1.5 Applicants must have completed **either** the Operating with Respect e-Module (retired November 2023) **or** Introduction to Operating with Respect on the RACS eLearning site.

7.2 Cardiothoracic Surgery Eligibility Requirements

7.2.1 In addition to the RACS generic eligibility criteria, Applicants must fulfil the following Cardiothoracic Surgery eligibility criteria.

7.2.2 Examinations

Requirement	Documentary evidence
Applicants must have passed the GSSE and CE Examination by close of application.	An official certificate of completion or retrospective letter on RACS letterhead with appropriate signature. Prospective evidence will not be accepted.

7.2.3 Mandatory Courses

Courses	Documentary evidence
RACS EMST or equivalent ATLS course	Certificate of attendance or letter of completion.
RACS CCrISP® course or equivalent CCrISP® course	Documentary evidence must clearly show the completion date of the course and the Applicant's name.
A minimum of two (2) RACS e-Learning modules and Courses 1, 2 and 3 of the RACS e-Learning Aboriginal and Torres Strait Islander cultural Safety Courses or other Intercultural Competency course. Course must be of a minimum duration of one (1) day (8 hours)	Documentary evidence the certificate should clearly indicate the Applicant's name, the date/s of the course, the offering institution and the mode of delivery.

7.2.4 Cardiothoracic Surgical experience

Minimum requirement	Documentary evidence
In the last seven (7) years (between 1/1/2019 and 31/01/2026), completion of a minimum of 12 months of Cardiothoracic Surgery experience. Terms must be for a minimum of 6 months duration at PGY 3 or above level. The experience should include both Cardiac and Thoracic Surgery.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in.
<p>a) Must be undertaken in an Australian / Aotearoa New Zealand public hospital where Cardiothoracic surgery is performed.</p> <p>b) Must be purely Cardiac / Thoracic / Cardiothoracic and not shared with another Surgical Specialty.</p> <p>c) If the hospital's Cardiac and Thoracic units are separated, the Applicant must have a minimum of 9 months of Cardiac Surgery and a minimum of 3 months of Thoracic Surgery experience.</p> <p>d) The minimum duration of a rotation excludes any leave taken during the Surgical Rotation (other than rostered annual leave and / or conference leave).</p>	

7.2.5 Non-Cardiothoracic Surgery experience

Minimum requirement	Documentary evidence
<p>Completion of 12 months of non-Cardiothoracic Surgery rotations.</p> <ul style="list-style-type: none"> Each term should be a minimum duration of 10 weeks at PGY 2 level or above. This will change to PGY 3 level or above for the 2027 applications (2028 intake) with minimum duration of 3 months. <p>Two terms of 10 weeks or more should be in surgical specialities other than Cardiac, Cardiothoracic, Thoracic, or Cardiac/Lung transplantation.</p>	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.
<p>a) Eligible rotations shall be at PGY 2 level and above.</p> <p>b) Rotations which are not undertaken on a full-time basis will be adjusted pro rata.</p> <p>c) Rotations must be undertaken within a hospital unit specialising in one of the RACS nine surgical specialities.</p> <p>d) The minimum duration of a rotation excludes any leave taken during the Surgical rotation (other than rostered annual leave and / or conference leave)</p> <p>e) A rotation in ICU, cardiology, respiratory, anaesthesia and /or emergency medicine will be accepted as the only non-surgical terms.</p>	

7.2.6 Procedural Skills in Cardiothoracic Surgery (Logbook)

Minimum experience	Documentary evidence
<p>Applicants must have the following minimum procedural experience:</p> <ul style="list-style-type: none"> a) Sternotomy – 10 cases b) Conduits – 50 (Minimum of 10 Radial Harvests) c) Chest drain insertion in Ward, ED or ICU setting – 10 cases. d) First assistant in cardiac surgery – 50 cases e) First assistant in thoracic surgery cases - 20 	<p>Must be submitted as a logbook report signed by the Supervisor of Training and/or Head of Unit.</p> <p>Each case should have Date, UR Number and Procedure description listed.</p>
<p>JDocs subscription allows access to MALT (logbook)</p> <p>The use of MALT to submit the summary logbook is preferred.</p>	<p>All cases should have been performed during a seven (7) year period between 1/1/2019 and 31/01/2026 and must be undertaken in an Australian / Aotearoa New Zealand hospital where Cardiothoracic surgery is performed</p>

8 Curriculum Vitae Qualifications

8.1 Additional Qualifications Maximum of two (2) points

Additional Qualifications	Documentary evidence
Graduate Diploma in Cardiac Ultrasound and/or echocardiography (2 points)	Documentary evidence should clearly indicate the Applicant's name, the date/s of the course, the offering institution and the mode of delivery.
Graduate Certificate in Cardiac Ultrasound and/or echocardiography including online learning packages which deliver a Certificate or Credit Points. (1 point)	
Graduate Diploma in Anatomy. (1 point)	
NOTE: A qualification must not be listed if it has not been successfully completed prior to the Application Closing Date and documentary evidence is not provided.	

8.2 Publications Maximum of five (5) points

Publications	Documentary evidence
1 x Highest First Author Publication	Documentary evidence of publication acceptance is preferred, but the Committee will accept the title page if it clearly shows the applicant as the first author. These should be submitted and acceptance / publication should have been received prior to Application Closing Date.
Tier 1 Journal (H-index > 501) Five (5) points	
Tier 2 Journal (H-index 101 – 500) Three (3) points	
Tier 3 Journal (H-index <100). One (1) point	

NOTE:

The publications must have been published in the last seven (7) years, (1/1/2019 – 31/01/2026)

Applicants should select only one (1) publication for scoring.

Only publications in English language and in Indexed journals would be considered for scoring.

H-index for a journal is determined to be the value as at the Application Closing Date.

Images, case reports, “How to do it” letters to the editor – **will not be considered.**

H index reference used for scoring this section will be via

<https://www.scimagojr.com/journalrank.php>

8.3 Presentations Maximum of three (3) points

Presentations.	Documentary evidence
1 x Highest Level Oral Presentation (not including mini-oral/abstract/poster presentations)	Documentary evidence of oral presentation acceptance and meeting dates should be submitted.
CATEGORY 1	
International Meeting Three (3) points)	
CATEGORY 2	
National or Bi-National Meetings Two (2) points	
CATEGORY 3	
State Level Meetings One (1) point	

NOTE:

The presentation must have been conducted in the last seven (7) years, (1/1/2019 – 31/01/2026)

Applicants should select only one (1) oral presentation for scoring.

The determination of the category of the meeting will be made by the Committee, taking into account the quality of other presentations at the meeting and the standing of the meeting within the specialty of Cardiothoracic Surgery.

The oral presentation should have been delivered prior to the Application Closing Date.

The presentation cannot be of the same (or sufficiently similar) topic to the publication listed in 8.2.

Local Presentations

Additional points to a maximum of two (2).

Mini oral / poster presentation at ANZSCTS ASM, RACS ASC or the NZ Tongariro Meeting. Half (0.5) point each.

These posters and mini oral presentations will be restricted to the two preceding years (2025 and 2026).

The presentation cannot be of the same (or sufficiently similar) topic to the publication listed above in 8.2 or 8.3.

8.3.1 Marking will be based on categories (as noted above) where the standing of the meeting is considered as to the standard of the examples given.

8.3.2 **Applicants must have one (1) presentation and one (1) publication assessable for CV marking in order to be considered eligible to progress to Interview.**

8.3.3 Documentary evidence described in 7.2.2 till 8.3 must be submitted at the time of Application Closing Date. Should the documentary evidence not be submitted by the Application Closing Date, the Applicant will score zero (0) and not be considered for that category.

8.4 Involvement in Te Ao Māori Maximum of three (3) points

Involvement in Te Ao Māori	Documentary evidence
<p>a. Te Reo Māori</p> <ul style="list-style-type: none"> <p>• Commitment to te reo Māori language (hold a 5 minute conversation) One (1) point</p> <ul style="list-style-type: none"> - Equivalent to NCEA level 2 - Equivalent of stage 2 University level - Equivalent of level 2 Wānanga (TWOA) - (Minimum of 12 months full time study) - Iwi/hapū whare wānanga (examples below) <ul style="list-style-type: none"> ▪ Ngāti Whātua – Matakahi ▪ Hauraki – Te Whare Tāhuhu Kōrero o Hauraki <p>• Basic te reo Māori (hold a 10 minute plus conversation) Two (2) points</p> <ul style="list-style-type: none"> - Te Ara Reo Māori 4 (TWOA) - Poupouhia o te Reo (Raukawa) - Or other similar courses as above <p>• Fluent in te reo Māori Three (3) points</p> <ul style="list-style-type: none"> - Completion of Level 7 Te Pīnakitanga or other full immersion reo course (Takiura) - As assessed by local rūnanga/iwi or hapū leader <p>b. Cultural experience</p> <ul style="list-style-type: none"> <p>• Involvement in kohanga reo or Kura Kaupapa (either Applicant or Applicant's children) One (1) point</p> <p>• Involvement in cultural activities (minimum of 1 year's involvement) Two (2)</p> <p>Examples include waka ama, kapa</p> 	<p>Documentary evidence clearly indicating the Applicant's name and involvement in Te Ao Māori.</p>

haka, local marae involvement (minimum 1 year). Evidence must be provided that clearly states the start and end date (or continuing) and time commitment involved. A letter of endorsement to confirm involvement in each activity from the Kaumātua, Kaiako, coach or from the CEO or Chair of the iwi authority must be included.	points	
NOTE: Experience must not be listed if supporting documentary evidence is not provided.		

8.5 Rurality

Maximum of one (1) point

Rurality		Documentary evidence
Rural education – twelve (12) months or more of attendance at a rural or remote high school certificate	One (1) point	Documentary evidence should clearly indicate the Applicant's name, the date/s of the education completed and the offering institution.
Rural and remote surgical experience – twelve (12) months or more of work in a surgical position in a rural or remote hospital as defined by the Monash Medical Model	One (1) point	Documentary evidence should clearly indicate the Applicant's name, the date/s of the work placement and hospital name.
NOTE: Experience must not be listed if it has not been successfully completed prior to the Application Closing Date and supporting documentary evidence is not provided.		

8.5.1 The Committee relies on the Modified Monash Model (MMM) to define rurality. The Modified Monash Model (MM 2019) is made up of 7 categories:

- MM 1 Metropolitan areas
- MM 2 Regional centres
- MM 3 Large rural towns
- MM 4 Medium rural towns
- MM 5 Small rural towns
- MM 6 Remote communities
- MM 7 Very remote communities

8.5.2 The Health Workforce Locator available on the Department of Health website can be used to determine rural or remote classification by selecting the filter for 'Modified Monash Model'.

- 8.5.3. For the purposes of these Regulations, areas classified MM2 – 5 will be considered rural.
- 8.5.4. For the purposes of these Regulations, areas classified MM6 - 7 will be considered remote.
- 8.5.5. The Committee relies on the Geographic Classification for Health to define rurality in Aotearoa New Zealand.
- 8.5.6. The Rural Health Research Network website can be used to determine rural or remote classification [here](#).

9 Unit Based Competency Assessment

- 9.1 Unit based competency assessment will be collected on behalf of the Committee using an online system to obtain information about the clinical and technical aptitude, communication skills, workplace behaviour, personal attributes of the Applicant and their suitability for SET training.
- 9.2 The Applicant must nominate the Cardiothoracic Unit from which the assessment is to be obtained.
- 9.3 The Applicant must have worked for a **minimum of 12 months** in the nominated Unit during the last seven (7) years (1/1/2019 to 31/1/2026)
- 9.4 The Unit Based Competency Assessment is an online process and must be completed in the online portal by the nominated Cardiothoracic Unit.
- 9.5 It is the Applicant's responsibility to ensure that the Unit Consultants are aware of this process and to provide a valid email address and phone number for the Head of Unit and /or Supervisor of Training.
- 9.6 The Head of Unit or the Supervisor of Training nominated in 9.5 above, will be asked to obtain from all Unit Consultants, (excluding locum Consultants) a consensus mark on a linear scale for each category of scoring. All components of the assessment must be scored. The names of the Consultant Surgeons providing the consensus assessment must be listed as well as the total number of Surgeons in the Unit.
- 9.7 If any category is not scored, then a score of zero (0) will be assigned to that category.
- 9.8 The Unit based competency Assessment process is confidential, and the Applicant should in no way attempt to influence, obtain information or harass the unit consultants in the provision of this assessment. If this condition is breached the application will be rejected and not considered further in the SET selection process.
- 9.9 If an Applicant is marked as not suitable for Cardiothoracic training, then they will be deemed Ineligible for selection.

10 Semi-Structured Interviews

10.1 Overview

- 10.1.1 The Interview is designed to assess competency in dealing with common clinical scenarios appropriate for an Applicant exposed to at least 12 months of cardiothoracic surgery unit experience, to evaluate non-technical professional skills and to provide the Applicant with an opportunity to demonstrate their professional behaviours.
- 10.1.2 To be eligible for Interview, Applicants will be ranked by the combined score of the additional qualifications segment of the CV and the Unit Based competency assessment
- CV Scores will contribute 20% of the overall score.
 - Unit Based Competency Assessment will contribute 20% of the overall score.
- 10.1.3 The number of Applicants interviewed will be based on the estimated number of positions available in 2026. It is expected that interviews will be offered to the highest ranked 36

Applicants based on their rank in the cumulative CV & UBCA. Scores will progress to the Interview Stage.

10.1.4 The cumulative CV & UBCA score will be carried through contributing 40% of the overall score.

10.1.5 The interview score will contribute to 60% of the overall score.

10.2 Notice of Interview

10.2.1 Interviews will be held in June 2026 at a location to be determined. The Applicants offered Interviews will be notified of Interview date/time/location in a timely manner.

10.2.2 It is the Applicants' responsibility to make the appropriate arrangements and to meet costs incurred in presenting for the Interview. Applicants will not be reimbursed for costs incurred throughout the selection process.

10.2.3 Applicants must make themselves available at the scheduled Interview time. Applicants who do not present for the Interview will not be considered further in the selection process and their application will be withdrawn.

10.2.4 Applicants are required to provide proof of identification at the Interview.

10.3 Interview Structure

10.3.1 The structure of the Interview will be determined by the Committee and may vary on a year-to-year basis, but in each year will comprise of at least three (3) Interview panels comprising of at least three (3) interviewers.

10.3.2 An additional non-scoring observer may be present to ensure the validity of the interview process.

10.3.3 One (1) of the Interview panels may utilise a computer-based scenario station instead of verbal Interview.

10.3.4 Each Interview station will be twenty (20) minutes in duration and the total interview time will be approximately sixty (60) minutes.

10.4 Conduct

10.4.1 Applicants will be given a series of scenarios and questions which will explore the individual applicant's breadth and depth of clinical experience, clinical judgement and insight.

10.4.2 The Interview scenarios may explore a combination of the following competencies/areas:

- a. Interest and experience in Cardiothoracic Surgery
- b. Insight and self-motivation
- c. Ethical behaviour
- d. Teamwork and collaboration
- e. Stress response
- f. Risk management and clinical governance
- g. Communication and professional conduct
- h. Research and knowledge acquisition
- i. Cultural competence and cultural safety.

10.5 Scoring

10.5.1 Applicant responses in the Interview will be evaluated based on a standardised Interview scoring guide, which includes positive and negative indicators of performance.

10.5.2 Each panel member will score each Applicant individually.

10.5.3 The **final Interview score** will be the cumulative total score awarded at each Interview station.

11 Shortlisting and reference checks

11.1 Overview

11.1.1 Confidential reference checks will be conducted after the Interview stage to obtain information about the clinical aptitude, workplace behaviours and personal attributes of the Applicant.

11.1.2 The Applicant must provide contact details, including the name, valid email address and phone number of a minimum of three (3) to a maximum of five (5) Referees as part of the application process.

11.1.3 Referee checks are conducted in confidence and Applicants will not be provided with updates on the Referee checks conducted. Feedback or a copy of the Referee Report or individual scores/data will not be provided to Applicants

11.1.4 Applicants must not attempt to ascertain who gave input to their Referee checks or the outcome of the Referee checks. Applicants attempting to discuss their Referee checks in this manner, may be considered in breach of 13.1.

11.2 Surgical Referees

11.2.1 All Referees should be **consultant cardiothoracic surgeons** holding permanent consultant cardiac / thoracic or cardiothoracic surgeon appointments in a Public Hospital in Australia or Aotearoa New Zealand.

11.2.2 The Applicant should have worked with the respective Consultants for a minimum period of 12 months in a clinical role and not in a research supervisory role.

11.2.3 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.

11.3 Process

11.3.1 Based on the final Interview scores, the 16 highest ranked Applicants will be shortlisted for a telephone reference check.

11.3.2 For each short-listed Applicant, two (2) Referees will be randomly chosen from the list of Referees (a minimum of three (3) and a maximum of five (5)) as provided by the Applicant in the online application form.

11.3.3 The Referee interviews will be carried out by two (2) members of the Committee. The members of the Committee conducting the reference check will not be aware of the interview score or the rank of the short-listed Applicants.

11.3.4 Each Referee will be expected to answer five (5) structured questions. The two (2) panel members will listen to the response and mark each reference score. Each question to the Referee will be marked out of ten (10).

11.3.5 Five Questions x 10 marks maximum each x 2 Referees = Reference Score

11.3.6 Adjustment Factor = Score / 100

12 FINAL SET SELECTION SCORE & RANK

12.1 Final SET Selection Score = Total Interview Score X Adjustment Factor

12.2 The final SET selection rank will be ordered by the Final SET Selection Score obtained in 12.1

- 12.3 In the event that two (2) or more Applicants are ranked equally, the Interview score will be the differentiating factor. In the event the Applicants still remain equal, the Unit Based Competency Assessment score (in Section 9) would be the next differentiating factor. The Committee will have discretion to make the final decision regarding the ranking on review of the selection documentation, Applicant experience and performance.

13 Application Progress

- 13.1 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET program in Cardiothoracic Surgery.
- 13.2 Applicants who do not meet the minimum eligibility requirements outlined in Regulation 7 will be deemed **Unsuitable** and will not progress further. In this instance, Applicants will be advised in writing:
- That they have been deemed Unsuitable for selection and will not be considered further.
 - The minimum requirements the Applicant failed to satisfy.
 - No breakdown of the individual scores will be released. Verbal feedback will not be provided.
- 13.3 Applicants will be shortlisted for Interview based on the minimum eligibility requirements, additional professional achievement and unit-based competency assessment.
- 13.4 Applicants who satisfy the minimum standards for selection but do not rank high enough to be offered an interview are deemed **Unsuccessful for Interview** and will not be considered further in the selection process. In this instance, Applicants will be notified in writing:
- That they have not ranked high enough to be offered an Interview and will not be considered further in the selection process.
 - No breakdown of the individual scores will be released. Verbal feedback will not be provided.
- 13.5 Applicants who have successfully progressed through to Interview will be ranked based on their Total Interview Score and only the top 16 applicants would be shortlisted for Referee checks. The Applicants who miss out on the shortlist will be classified as **Unsuccessful** after Interview and will be notified in writing.
- No breakdown of Interview scores or any verbal feedback will be provided.
- 13.6 Shortlisted Applicants will go through a reference check process and a Final SET Selection Score (Total Interview Score adjusted for the Referee Score) will be arrived at to enable final ranking of the Applicants.
- 13.7 Applicants who have successfully made it to the shortlist of Applicants (16) but who did not rank highly enough to be made an offer of a position will be classified as **Unsuccessful (but on a waitlist) after Interview**. In this instance, Applicants will be advised in writing:
- That they have been deemed suitable for selection but have not ranked highly enough to be made an offer.
 - Information on the waiting list process and the Applicant's position on the list should a position become available.
 - No breakdown of the individual scores will be released. Verbal feedback will not be provided.
- 13.8 Applicants who ranked high enough in comparison to the number of available training positions will be classified as **successful** and will be allocated to a training post. Applicants will be advised in writing:

- a) That they have been successful in the selection process and are being offered a position on the SET Program in Cardiothoracic Surgery.
- b) That they must sign the RACS Training Agreement indicating that they will abide to all relevant RACS policies in relation to their surgical training and to comply with all Regulations and reasonable directions of RACS.
- c) Post allocation details and contact information for the Hospital and Supervisor.
- d) Any conditions associated with the offer.
- e) Information on any applicable recognition of prior learning or additional training conditions which form part of the offer.

In addition, successful Applicants will be provided with a copy of the Training Regulations for the SET program Cardiothoracic Surgery.

14 Application Outcome

14.1 Offers

- 14.1.1 Successful Applicants will be offered a training post with allocations made with consideration given to an Applicant's ranking, regional preferences and post availability. The Committee endeavours to give all Applicants their first preference of training location but cannot guarantee this. The Committee's decision on Trainee placement is final.
- 14.1.2 Successful Applicants are required to accept or decline the training post allocated to them.
- 14.1.3 Where a successful Applicant declines the offered training post, they will forfeit their offer and will not be considered further in the selection process.
- 14.1.4 Acceptance of the offer will be conditional on an Applicant agreeing to:
 - a) Be prepared to be allocated to an accredited training post in Australia or Aotearoa New Zealand at any time throughout their SET training; and
 - b) Satisfy the medical registration requirements in the state/country of offer
 - c) Satisfy the employment requirements of the institution in which the allocated training post is located; and
 - d) 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; and
 - e) Submit the signed RACS Training Agreement in accordance with the instructions given by the due date.
- 14.1.5 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.
- 14.1.6 Forfeited offers will be made available to the next highest ranked Applicant.

14.2 Deferral

- 14.2.1 Applicants who wish to defer the commencement of the SET Program must formally apply to the Committee at the time of acceptance outlining the reasons for their request and providing any related documentary evidence.
- 14.2.2 All applications for deferral are governed by the RACS Regulation: Trainee Registration and Variation and the SET Program Training Regulations, as well as the Cardiothoracic Surgery SET Program Regulations.
- 14.2.3 On the application form, Applicants are asked to advise of their intention to defer commencement of the SET Program in Cardiothoracic Surgery, 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.

- 14.2.4 All requests for deferral will be considered but not necessarily granted. The Committee will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations.
- 14.2.5 The Committee can approve deferral of commencement for a fixed period of one (1) year.
- 14.2.6 Requests for deferral may be denied. Should a request for deferral be denied, Applicants must either accept the original offer or withdraw from the SET program.
- 14.2.7 Applicants are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.
- 14.2.8 An approved period of deferral does not preclude the Applicant from being employed in a non-training clinical rotation.

14.3 Flexible training

- 14.3.1 Successful Applicants who wish to be considered for flexible training must lodge a request to the Committee at the time of acceptance.
- 14.3.2 While every effort will be made to accommodate flexible training requests, no guarantees can be provided. Where a flexible training request cannot be accommodated the Applicant may either accept the full-time training offer, defer for one (1) year, or decline the offer.
- 14.3.3 Applications for flexible training governed by the RACS Regulation: Trainee Registration and Variation and the Cardiothoracic Surgery SET Program Training Regulations.

15 Reconsideration

- 15.1 An Applicant dissatisfied with a decision made in relation to these Regulations may apply to have the decision reconsidered (Reconsideration).
- 15.2 The Reconsideration will be processed in accordance with the RACS Regulation: Reconsideration, Review and Appeal. The original decision maker under these Regulations is the **Committee**.
- 15.3 Applications for Reconsideration must be addressed to the Chair, Cardiothoracic Surgery Training Committee, and received within seven (7) days of the Applicant being notified of the decision.
- 15.4 When applying for Reconsideration, reason and clear evidence for reconsideration should be clearly stated.
- 15.5 Applications for Reconsideration received outside this timeframe will not be considered.
- 15.6 In the interests of clarity, the release of each score which forms part of the selection process is the notification of a decision. Once the period to apply for Reconsideration of that score expires, the score is final and the Applicant cannot request a Reconsideration of that score at a later stage in the selection process.

In the absence of manifest error in the scoring of Structured Curriculum Vitae (CVs) for selection to the SET program, applications concerning CV scoring will not be accepted.

16 Selection Process Review

- 16.1 The Committee will review the selection process on an annual basis and consider feedback from Applicants, interviewers, Referees and other stakeholders.
- 16.2 Applicants may be asked to complete an evaluation form/survey as part of the selection process.
- 16.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

- 16.4 New selection tools may be developed and piloted during the selection process. If piloted, it will be communicated as such and any data collected will not be used in the current selection process but may be used to analyse and validate the tool piloted.
- 16.5 The Committee and its staff will not enter into any form of advice, pre-scoring or interpretation of the Regulations outside of the formal application and scoring process.