

## Selection Regulations

### Cardiothoracic Surgery Training Committee

Version: 1.0

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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
ANZSCTS	Australian and New Zealand Society of Cardiac and Thoracic Surgeons
AHA	American Heart Association
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
Committee	Cardiothoracic Surgery Training Committee
Business days	Working days, excluding Saturday and Sunday
Cardiothoracic Surgeon	A medical practitioner with specialist registration with cardiothoracic scope of practice in Australia or Aotearoa New Zealand
CE	Clinical Examination
CCRiSP	Care of the Critically Ill Surgical Patient
CSANZ	Cardiac Society of Australia and New Zealand
CSET	Committee of Surgical Education and Training
Curriculum Vitae or CV	The scored components of the application for selection
EACTS	European Association of Cardiothoracic Surgery
EMST	Early Management of Severe Trauma Course
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.
ISHLT	International Society for Heart and Lung Transplantation
Interview	The semi-structured interview conducted as part of the selection process.
PGY	Post Graduate Year
RACS	Royal Australasian College of Surgeons
Other Surgical Specialty	Refers to the following Specialities: <ul style="list-style-type: none"> <li>• Breast and Endocrine</li> <li>• Colorectal</li> <li>• General Surgery</li> <li>• Neurosurgery</li> <li>• Orthopaedic Surgery/Spinal Surgery</li> <li>• Otolaryngology, Head and Neck Surgery</li> <li>• Paediatric Surgery</li> </ul>

	<ul style="list-style-type: none"> <li>• Plastic Surgery</li> <li>• Surgical Oncology</li> <li>• Transplant Non-Cardiac (Applicable only if a standalone rotation)</li> <li>• Trauma/Acute Surgical Unit</li> <li>• Upper GI/Hepatobiliary/Bariatric</li> <li>• Urology</li> <li>• Vascular Surgery</li> </ul>
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 2024 Intake
Rotation	An employment period at a hospital within a non-surgical unit/department at post-graduate level
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)
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 will be classified as <b>unsuccessful</b> .
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 program in Cardiothoracic Surgery conducted in 2024 for the 2025 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.

1.3.4 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 2025 intake unless specifically stated in these Regulations.

1.3.5 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 will be 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: [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. This is determined by the Committee.
- 2.1.6 Interviews are not automatically granted to eligible Applicants. Only those Applicants who have satisfied the entry criteria of minimum experience will be eligible for Interview.

### 2.2 Selection Criteria

- 2.2.1 Applicants are expected to have adequate basic experience and insight about the field of Cardiothoracic Surgery to make an informed decision about the specialty as a potential career path.
- 2.2.2 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.
- 2.2.3 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.

- 2.2.4 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.
- 2.2.5 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.
- 2.2.6 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.
- 2.2.7 Applicants are expected to have 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.
- 2.2.8 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.
- 2.2.9 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.
- 2.2.10 Applicants are expected to have insight into their own strengths, weaknesses and performance, 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.
- 2.2.11 Applicants are expected to have 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.
- 2.2.12 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.
- 2.2.13 Applicants are expected to have 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.
- 2.2.14 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.
- 2.2.15 Applicants are expected to have 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.
- 2.2.16 Applicants are expected to have 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.
- 2.2.17 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.

## 2.3 Cardiothoracic Surgery Selection Criteria

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

2.3.2 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.

### 3 Selection initiatives and special measures

#### 3.1 Aboriginal and Torres Strait Selection Initiative

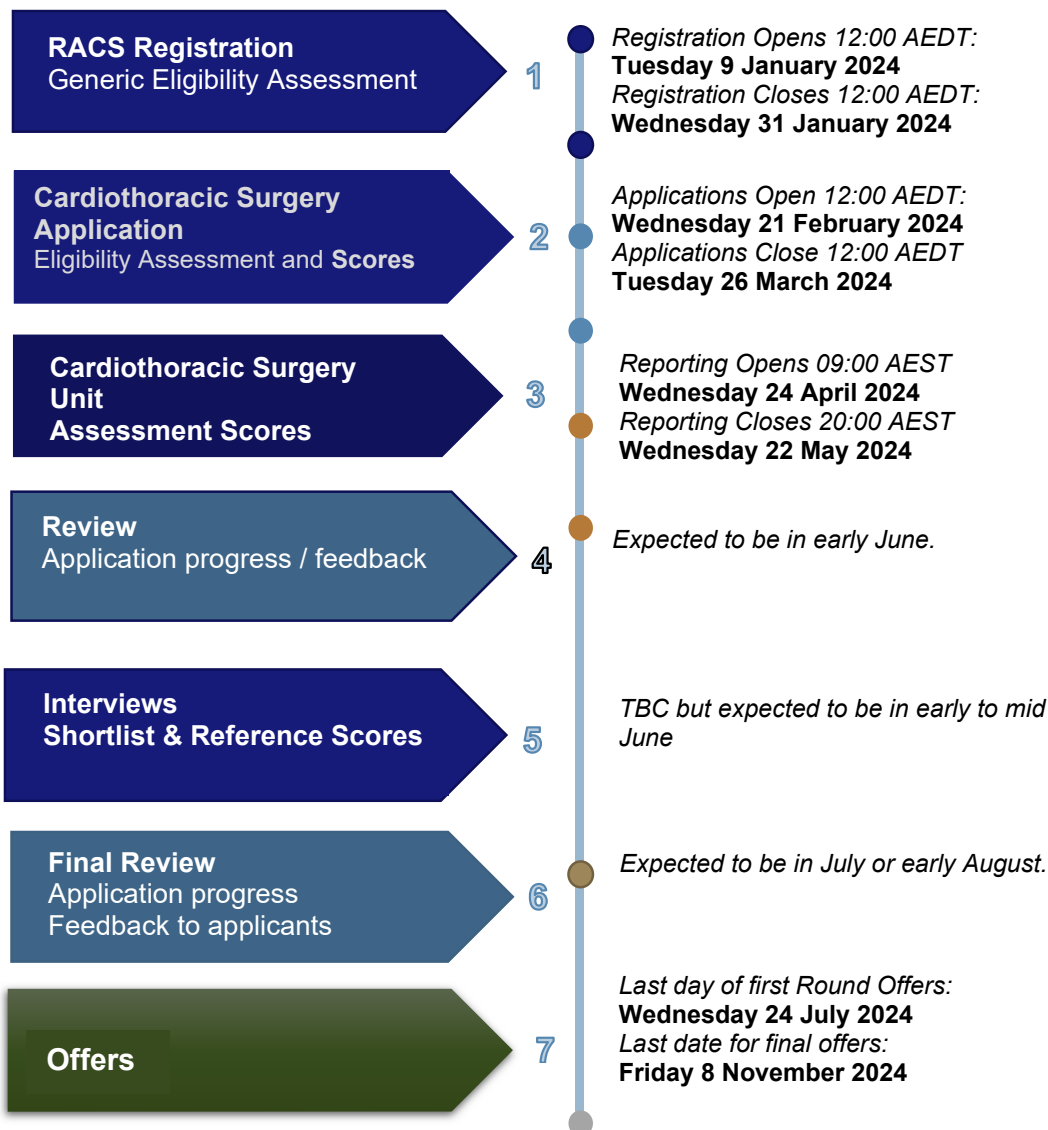
- 3.1.1 RACS Council has approved the [Aboriginal and Torres Strait Selection Initiative](#) and the Committee has introduced special measures to implement this initiative.
- 3.1.2 Applicants wishing to be considered for this initiative must at the time of registration:
- have identified as Aboriginal and/or Torres Strait Islander in the registration process; and
  - have met the eligibility requirements for membership of Australian Indigenous Doctors' Association; and
  - 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 1 post available for the 2025 intake.
- 3.1.5 In the circumstance where more than one 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 the Selection Initiative.

#### 3.2 Regional Distribution

- 3.2.1 Applicants have the option of indicating their preferences for the following regions for their initial years of training:
- New South Wales
  - Queensland
  - South Australia
  - Victoria / Tasmania
  - Western Australia
  - 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 state 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 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
<b>Interview Offers will be based on the final rank of scores from a and b</b>	
c) Semi-Structured Interview	10
Shortlisting of highest ranked 12 candidates based on interview scores	
Structured Reference Check from Two (2) randomly chosen referees from the list of referees (minimum of 3 and maximum of 5) nominated by the applicant.	11
<b>Final Score = Interview Score x Referee Score %</b>	

4.2.2 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 Applicants who wish to apply for the SET Program in Cardiothoracic Surgery must first register in accordance with the RACS Regulation: [Registration for selection into SET](#) available on the [RACS website](#).
- 5.2 Applicants must confirm for themselves that they meet the minimum RACS generic and Cardiothoracic Surgery specific eligibility requirements before submitting their completed registration form.
- 5.3 Applicants must submit a completed registration form including the required supporting documentation and pay the registration fee by the registration closing date.
- 5.4 Registrations will not be accepted after the closing date under any circumstances.
- 5.5 Applicants who are not registered cannot lodge an application for the SET program in Cardiothoracic Surgery.
- 5.6 Applicants will be emailed confirmation of completed registration and eligibility.

## 6 Application

- 6.1.1 Applications must be submitted via the Cardiothoracic Surgery online application system during the published dates. No other form of application will be accepted.
- 6.1.2 Access to the online form will be made available to all registered and eligible applicants on the opening date for applications.
- 6.1.3 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.
- 6.1.4 Applications may be commenced, saved, printed and re-accessed during the application period.



- 6.1.5 Applications must be submitted by the closing date. Saved un-submitted applications will not be considered.
- 6.1.6 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.
- 6.1.7 Incomplete applications or those that do not comply with the instructions within the online application form, or these Regulations will not be considered.
- 6.1.8 Applicants will receive an email confirmation when they have successfully submitted their application.
- 6.1.9 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 closing date, the application will not be considered. The fee is non-refundable as of the closing date for applications.

## 6.2 Documentary Evidence

- 6.2.1 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.
- 6.2.2 In most cases, evidence must be retrospective. Prospective evidence will not be accepted.
- 6.2.3 Forms of evidence other than what is outlined will not be accepted.
- 6.2.4 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.
- 6.2.5 Letters of evidence must be dated.
- 6.2.6 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
- 6.2.7 Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations and the application form will not be awarded points.
- 6.2.8 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.
- 6.2.9 Any entry without documentation that clearly supports and verifies it, will not be scored, or considered.
- 6.2.10 Deliberate submission of inaccurate evidence may result in the application not being considered.
- 6.2.11 No further documentation can be provided after submission of the application.

## 6.3 Completing the Application

- 6.3.1 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.
- 6.3.2 By submitting the application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Committee or its agents.
- 6.3.3 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.



6.3.4 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.

## 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 Applicants must have general (unconditional) registration with the Medical Board of Australia in accordance with RACS Regulation: [Medical Registration for the Surgical Education and Training Program](#), or;
- 7.1.4 Applicants must have general scope or provisional general scope in the relevant specialty in Aotearoa New Zealand with the Medical Council of New Zealand in accordance with RACS Regulation: [Medical Registration for the Surgical Education and Training Program](#)
- 7.1.5 Applicants must have completed **either** the Operating with Respect eModule (retiring 30 November 2023) **or** Introduction to Operating with Respect on the RACS website.

### 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 American College of Surgeons ATLS course or Royal College of Surgeons England and Ireland ATLS course.	Certificate of attendance or letter of completion.
RACS CCrISP® course. or Royal College of Surgeons England and Ireland equivalent course.	Documentary evidence must clearly show the date of the course and the applicant's name.

A minimum of two (2) RACS e-learning modules (with a minimum of one (1) module relating to cultural competency.)	Documentary evidence must clearly show the date of the course and the applicant's name.
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## 7.2.4 Cardiothoracic Surgical experience

Minimum requirement	Documentary evidence
In the last 5 years (between 1/1/2019 and 31/01/2024), completion of a minimum of 18 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 <b>cardiac</b> 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 12 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
In the last 7 years, (1/1/2017 – 31/01/2024) completion of 12 months of non-cardiothoracic surgery rotations. <ul style="list-style-type: none"> <li>Each term should be a minimum duration of 10 weeks at PGY 2 level or above.</li> </ul> Two terms of 10 weeks or more should be in surgical specialties other than cardiac, cardiothoracic, thoracic, or cardiac/lung transplantation.	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 specialties.</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 should be considered.</p>	

## 7.2.6 Procedural Skills in Cardiothoracic Surgery. (Logbook)

Minimum experience	Documentary evidence
Applicants must have the following minimum procedural experience: <ul style="list-style-type: none"> <li>a) Sternotomy – 10 cases</li> <li>b) Conduits – 50 (Minimum of 10 Radial Harvests)</li> <li>c) Chest drain insertion in Ward, ED or ICU setting – 10 cases.</li> <li>d) First assistant in cardiac surgery – 50 cases</li> <li>e) First assistant in thoracic surgery cases - 20</li> </ul>	Must be submitted as a summary logbook or JDocs logbook signed by the Supervisor of Training and / or Head of Unit.  Each case should have Date, UR Number and Procedure description listed.

	<p>For 2024 intake; a spreadsheet with the above information signed by the Supervisor of Training and / or Head of Unit will be accepted.</p> <p>All cases should have been performed during a 5 year period between 1/1/2019 and 31/01/2024.</p>
<p>jDocs subscription allows access to MALT (logbook) which will be a mandatory requirement from 2025. (for the 2026 intake and thereafter)</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. As above
Graduate Certificate in Cardiac Ultrasound and/or echocardiography. (1 point)	
Graduate Diploma in Anatomy. (1 point)	
<p><b>NOTE:</b> 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.</p>	
Intercultural Competency Course. (1 point)	The course must be of a minimum duration of one (1) day and the certificate should clearly indicate the applicant's name, the date/s of the course, the offering institution and the mode of delivery.

### 8.2 Publications. Maximum of five (5) points

Publications	Documentary evidence
1 x Highest First Author Publication	Documentary evidence of publication acceptance (not the publication itself) should be submitted and acceptance 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	
<p><b>NOTE:</b> The publications must have been published in the last 7 years, (1/1/2017 – 31/01/2024) Applicant should select only one 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 at the time of closing for applications.</p>	

## 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.
<b>International Meeting</b> Three (3) points (e.g.: AATS / STS / EACTS, ISHLT, Cong., AHA, ESC)	
<b>National or Bi-National Meetings</b> Two (2) points (e.g.: ANZSCTS, RACS ASC, CSANZ, Tongariro) Two (2) points	
<b>State Level Meetings</b> One (1) point (e.g.: TPC, Aortic Symposium, RACS State)	
<p><b>NOTE:</b>            The presentation must have been conducted in the last 7 years, (1/1/2017 – 31/01/2024)            Applicant should select only one oral presentation for scoring.            Peer review standard is the basis for scoring.            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 above in 8.2.</p>	

## 9 Unit Based Competency Assessment

- 9.1 Confidential unit based competency assessment will be collected by an external agency 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 5 years (1/1/2019 to 31/1/2024)
- 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. There will be six (6) competencies to assess and all 6 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 0 will be assigned to that category.
- 9.8 The unit-based competency assessment process is confidential and the candidate 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 would be rejected and not considered further in the SET selection process.

## 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 18 months of cardiothoracic surgery unit experience, to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her 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 (8.1 – 8.3 above) and the unit based competency assessment (9.6 above)
- 10.1.3 The number of applicants interviewed will be based on the estimated number of positions available in 2025. It is expected that interviews will be offered to the highest ranked 36 applicants.
- 10.1.4 Prior to the interview stage commencing, all candidate scores will be reset to zero (0). This means that all applicants successful in reaching the interview stage, start the interview process on equal footing.

### 10.2 Notice of Interview

- 10.2.1 Interviews will be held in June 2024 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 3 interview panels comprising of at least 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 of the interview panels may utilise a computer-based station instead of verbal interview questions.
- 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) Teams 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 3 to a maximum of 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.
- 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 12.1.

### 11.2 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 12 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 panel members will listen to the response over a speakerphone and mark each reference score. Each question to the referee will be marked out of 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 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 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 involved in the selection process. Inappropriate, aggressive, or bullying behaviour will not be tolerated.

13.2 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET program in Cardiothoracic Surgery.

13.3 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:

- a) That they have been deemed unsuitable for selection and will not be considered further.
- b) The minimum requirements the applicant failed to satisfy.

No breakdown of the individual scores will be released. Verbal feedback will not be provided.

13.4 Applicants will be shortlisted for interview based on the minimum eligibility requirements, additional professional achievement and unit-based competency assessment.

13.5 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:

- a) That they have not ranked high enough to be offered an interview and will not be considered further in the selection process.
- b) Information on the rank will be provided.
- c) No breakdown of the individual scores will be released. Verbal feedback will not be provided.

13.6 Applicants who have successfully progressed through to interview will be ranked based on their Total Interview Score and only the top 12 candidates would be shortlisted for Referee checks. The



- applicants who miss out on the shortlist will be classified as unsuccessful and will be notified in writing. Their rank after the interview process will be provided. No breakdown of interview scores or any verbal feedback will be provided.
- 13.7** Shortlisted candidates 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 candidates.
- 13.8** Applicants who have successfully made it to the shortlist of candidates (12) 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.
- 13.9** 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:
- That they have been successful in the selection process and are being offered a position on the SET Program in Cardiothoracic Surgery.
  - 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.
  - Post allocation details and contact information for the Hospital and Supervisor.
  - Any conditions associated with the offer.
  - 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.
- The Applicant may request further feedback by emailing the Committee. A response to requests for feedback specific to the application will be provided in writing.
- Verbal feedback will not be given.

## 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.
- 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:
- Be prepared to be allocated to an accredited training post in Australia or Aotearoa New Zealand at any time throughout their SET training; and
  - Satisfy the employment requirements of the institution in which the allocated training post is located; and

- c) 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
  - d) Submit the signed RACS Training Agreement 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 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.
- 14.2.2 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.
- 14.2.3 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.
- 14.2.4 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.
- 14.2.5 The Committee can approve deferral of commencement for a fixed period of one 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 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.

## **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. 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.