

Selection Regulations

Surgical Education and Training program in Cardiothoracic Surgery

Version: 1.1

Approval date: 14/09/2022

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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:
ANZSCTS	Australian and New Zealand Society of Cardiac and Thoracic Surgeons
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
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, being 12:00 AEDT, 29 February 2023
ASC	Annual Scientific Congress
ASM	Annual Scientific Meeting
Award	A medal, prize or award at an academic, tertiary level
BSET	Board of Surgical Education and Training
Board	Board of Cardiothoracic Surgery
Business days	Working days, excluding Saturday and Sunday
Cardiothoracic Surgical Rotation	An employment period within a Cardiothoracic surgical hospital unit/department at post-graduate level.
Cardiothoracic Surgical Supervisor	A surgical supervisor on the SET program as approved by the Board in accordance with the RACS Surgical Supervisors Policy
Cardiothoracic Surgeon	A specialist with cardiothoracic scope of practice in Australia or Aotearoa New Zealand
Curriculum Vitae or CV	The scored components of the application for selection
FRACS	Fellow of the Royal Australasian College of Surgeons
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.
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
PGY	Post Graduate Year
RACS	Royal Australasian College of Surgeons
Other Surgical Specialties	Refers to the following Specialities: <ul style="list-style-type: none"> • Breast and Endocrine • Colorectal • General Surgery • Neurosurgery

	<ul style="list-style-type: none"> • Orthopaedic Surgery/Spinal Surgery • Otolaryngology, Head and Neck Surgery • Paediatric Surgery • Plastic Surgery • Surgical Oncology • Transplant Non-Cardiac (Applicable only if a standalone rotation) • Trauma/Acute Surgical Unit • Upper GI/Hepatobiliary/Bariatric • Urology • Vascular Surgery
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.
Referee Report	An in-depth report conducted by the Referee as part of the selection process.
Registration closing date	The date upon which registrations close, being 12:00 AEDT, 31 January 2023
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 Board
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
Unsuccessful	Applicants who have achieved the minimum standard for selection but who do not rank high enough to be made an offer of a position on the SET Program, or who have achieved the minimum standard for an interview but who do not rank high enough to be made an offer of an interview.
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 2023 for the 2024 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 Board 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 2024 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 on the basis of 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 Board](#).

2.1.6 Interviews are not automatically granted to eligible Applicants. Only those Applicants who have obtained the minimum standard for the Structured Curriculum Vitae and Referee Reports will be eligible for Interview.

2.2 Selection Criteria

2.2.1 Applicants are expected to have adequate insight in 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 examination 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 a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
- 2.2.6 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.
- 2.2.7 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.
- 2.2.8 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.
- 2.2.9 Applicants are expected to have insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.
- 2.2.10 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.
- 2.2.11 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.
- 2.2.12 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.
- 2.2.13 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.
- 2.2.14 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.
- 2.2.15 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.
- 2.2.16 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 Board 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.

3 Selection initiatives and special measures

3.1 Aboriginal and Torres Strait Selection Initiative

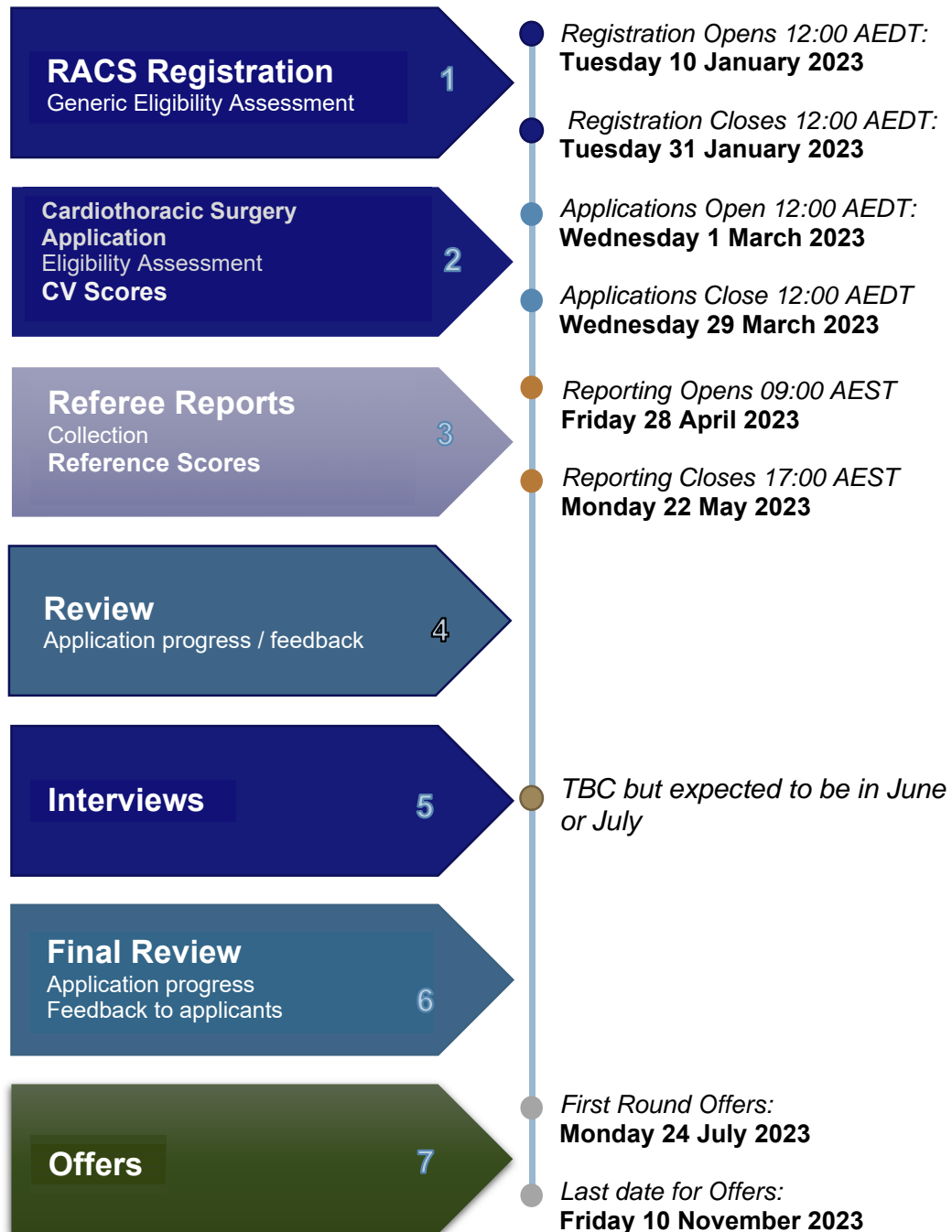
- 3.1.1 RACS Council has approved the [Aboriginal and Torres Strait Selection Initiative](#) and the Board has introduced special measures to implement this initiative.
- 3.1.2 Applicants wishing to be considered for this initiative must at the time of registration:
- have identified as Aboriginal and/or 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 2024 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.
- 3.1.6 An applicant's status as Aboriginal or Torres Strait Islander will only be known to staff and Board 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:
- New South Wales / Australian Capital Territory
 - 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	Weighting	Scored in accordance with section
a) Structured Curriculum Vitae	30%	8
b) Referee Reporting	10%	9
c) Semi-Structured Interview	60%	10
Total Overall Score	100	

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 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 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; 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 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 Board may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the Board will deem the applicant ineligible for selection and their application will be withdrawn.
- 6.3.2 By submitting the application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board 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 Board 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 Board 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 Board 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 online learning modules:
- The **Hand Hygiene Royal Australasian College of Surgeons Online Learning Module** on the Australian Commission on Safety and Quality in Healthcare website.
 - The **Operating with Respect eLearning module** 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 Cardiothoracic Surgery eligibility criteria.

7.2.2 Examinations

Requirement	Documentary evidence
Applicants must have passed the GSSE 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.

PLEASE NOTE:

- In 2023 SET Selection (for the 2024 intake) - successful completion of the CE in 2023 is preferred but not compulsory. If selected without the CE, Trainees commencing in 2024 will be required to complete the examination as per the RACS Clinical Examination (CE) policy.
- In 2024 SET Selection (for the 2025 intake) - successful completion of the CE will be a mandatory eligibility requirement

7.2.3 Cardiothoracic Surgical experience

Minimum requirement	Documentary evidence
Complete one (1) Cardiothoracic Surgical Rotation of a minimum of ten (10) continuous weeks. The Cardiothoracic Surgical Rotation must be undertaken within the last seven (7) years and must be completed before 31 January 2023.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

- a) Must be undertaken within a hospital unit where a Board approved Cardiothoracic Surgical Supervisor is present.
- b) Must be purely cardiac / cardiothoracic and not shared with another surgical specialty.
- c) If the hospital's cardiac and thoracic units are separated, the applicant will be deemed as having completed a Cardiothoracic Surgical Rotation if they completed at least ten (10) weeks in cardiac surgery.

7.2.4 Surgical experience

Minimum requirement	Documentary evidence
Complete two (2) Surgical Rotations in two (2) different surgical specialties (excludes cardiac & or thoracic surgery) of a minimum of ten (10) continuous weeks each. The Surgical Rotations must be undertaken within the last seven (7) years and must be completed before 31 January 2023.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

7.2.5 Direct Observation of Procedural Skills in Surgery (DOPS) Eligibility

Minimum experience	Documentary evidence
Applicants must submit mandatory Eligibility DOPS procedures of: <ul style="list-style-type: none"> a) Chest Drain Insertion; b) Saphenous Vein Harvesting; and c) Harvesting of Radial Artery. 	Must be submitted through the Cardiothoracic Eligibility DOPS forms available on the RACS website and be signed by a FRACS.
<ul style="list-style-type: none"> a) Eligibility DOPS must have been completed within the last seven (7) years and must be completed before 31 January 2023. b) Eligibility DOPS may be completed outside of a Cardiothoracic Surgical Rotation. c) If the applicant is a current SET trainee in a different specialty, the Eligibility DOPS must have been completed in the five years prior to acceptance to the SET program in that other specialty. 	

7.2.6 In relation to the Cardiothoracic & Surgical experience described in 7.2.3 and Surgical experience outlined in 7.2.4:

- a) Eligible rotations shall be at PGY 2 level and above.
- b) Rotations which are not undertaken on a full-time basis will be adjusted pro rata.
- c) Rotations must be undertaken within a hospital unit specialising in one of the RACS nine surgical specialties.
- d) The minimum duration of a Rotation excludes any leave taken during the Surgical Rotation.
- e) Rotations prior to 1 December 2015 for Aotearoa New Zealand rotations and after 1 February 2016 for all Australian rotations should not be included in the application and will not be accepted.

8 Structured Curriculum Vitae

This is a public document, which may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. Please refer to the [website] for current version.

8.1 Overview

8.1.1 The online application form includes the Structured CV which captures information and evidence on an applicant's surgical experience, other qualifications, publications, presentations, skills courses and medical achievements.

8.2 Scoring

8.2.1 Each Structured CV will be independently scored by a panel comprising of three (3) Board Members, using the structured scoring system.

8.2.2 Where any discrepancy occurs in any part of the Structured CV between the scorers, the Board Chair will review the discrepancy and provide a final score for that part.

8.2.3 Any entry without documentation that clearly supports and verifies it, will not be scored or considered. No further documentation can be provided after submission of the application.

8.2.4 The CV will be scored out of a maximum of 45 points. The components scored are:

- a) Qualifications (6 points)
- b) Surgical and Medical Experience (12 points)
- c) Publications (10 points)
- d) Presentations (10 points)
- e) Skills Courses (5 points)
- f) Medical Awards/Achievements (2 points)

8.3 Qualifications (maximum 6 points)

8.3.1 Listing qualifications that are not completed at the time of application will lead to the application being deemed as misleading, the application will be dismissed and not considered further and the candidate will be deemed Unsuccessful

Qualification	Documentary evidence
FRACS or recognised surgical/specialist registration within Australia or Aotearoa New Zealand (5 points)	Transcript or testamur from University confirming awarding of the degree.
Fellowship of a non-surgical medical specialty training program in Australia or Aotearoa New Zealand (3 points)	
PhD for a medical qualification (3 points)	
Master's degree for a surgical qualification (2 points)	
Master's degree for a non-surgical qualification (1 point)	
A post-graduate diploma in Anatomy (not as undergraduate for a graduate medical course) (1 point)	
Graduate Diploma in a surgical or medical field (1 point)	
a) Scoring does not include primary medical qualifications (MBBS, BMedSci/MD or BMBS in the applicant's respective jurisdiction)	

b) A qualification must not be listed if it has not been successfully completed prior to the application closing date

8.4 Surgical and Medical Experience (Overall maximum 12 points)

Surgical experience	Documentary evidence
<p>A Cardiothoracic (including a cardiac or thoracic rotation) Surgical Rotation above PGY 3 level will be scored two (2) points for the first six (6) months and then one (1) point for a maximum of three (3) points for every subsequent Cardiothoracic Surgical Rotation of 6 months duration undertaken in the same unit. Further Cardiothoracic Surgical Rotations of 6 months or more undertaken at a different hospital unit will be scored one (1) point for a maximum of two (2) points)</p> <p>(Max 6 points)</p>	<p>Statement of Service from hospital administration identifying commencement and end dates, position held, and hospital.</p> <p>An employment contract, letter of offer or roster is not adequate documentation and will not be scored.</p>
<p>Surgical Rotations other than Cardiothoracic Surgical Rotations undertaken for a minimum of ten (10) weeks at PGY 2 level and above will score one (1) point for a maximum of five (5) points.</p> <p>Rotations must be in any of the other Surgical Specialties as defined in 1.1.</p> <p>(Max 5 points)</p>	
<p>Any other rotation undertaken for a minimum of ten (10) weeks at PGY 2 level and above in ICU, Respiratory Medicine, Cardiology, Anaesthesiology or Emergency Medicine will be scored one (1) point for a maximum of three (3) points)</p> <p>(Max 3 points)</p>	
<p>a) All rotations included must be in addition to the eligibility requirements. An applicant cannot use the same rotation for CV scoring as they used for the eligibility requirements.</p> <p>b) Rotations which are not undertaken full-time will be adjusted pro-rata</p> <p>c) Relieving/Night Cover Rotations are not scored</p> <p>d) Rotations must have been completed within seven (7) years from the date of application and after 1 December 2015 for Aotearoa New Zealand rotations and after 1 February 2016 for all Australian rotations.</p> <p>e) Rotations NOT COMPLETED prior to the application closing date will not be scored and should not be listed. Doing so will be deemed to be attempting to mislead the process, the application will be rejected and not considered further, and the candidate will be deemed Unsuccessful.</p>	

8.5 Publications (maximum 10 points)

Publications	Documentary evidence
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A first author Indexed article (2 points)	Letter of acceptance from the publishing body (not the supervisor) or the first page of the publication which clearly shows the publication reference. Applicants should not provide a copy of the entire publication.
A co-authored Indexed article is scored one (1) point for a maximum of one (1) point	
A first author Indexed case report is scored one (1) point for a maximum of three (3) points	
<p>a) Scoring only includes medical publications made in the last seven (7) years. (From 1 January 2016). Scoring is restricted to publications accepted for publication in a peer-reviewed journal listed in the NCBI and excludes published abstracts.</p> <p>b) Each publication can only be scored once. <u>Bodies of work which have sufficiently similar topics that have been published in more than one publication will only be scored once.</u></p> <p>c) <u>Publications and presentations</u> of sufficiently similar topics will only be scored once. The applicant should ensure that only the higher scoring entry is listed. If entered under both publications and presentations then the first encountered entry would be scored and all others disregarded.</p> <p>d) Book chapters will be scored in the same fashion as an indexed article.</p>	

8.6 Presentations (maximum 10 points)

Presentations	Documentary evidence
International, or Australasian Society or Association Meeting presentations, two points each. (2 points each)	<p>Letter of acceptance of the abstract from the meeting of organisers or a copy of the published abstract or a copy of the applicable program page from the meeting.</p> <p>Must clearly identify the applicant as the presenter.</p> <p>The applicant should not include a copy of the actual presentation or a digital copy of the conference handbook (in full or in part)</p>
Presentations at National Meetings of professional societies are scored one (1) point each for a maximum of three (3) points	
Presentations at State Meetings of professional societies are scored one (1) point each for a maximum of two (2) points	
Poster presentations at International Society or Association Meetings are scored one (1) point each for a maximum of two (2) points	
Poster presentations at National or Australasian Society or Association Meetings are scored one (1) point each for a maximum of one (1) point.	
<p>a) Presentations must be relevant to medicine and presented in the last seven (7) years (from 1 January 2016)</p> <p>b) Each presentation will only be scored once.</p> <p>c) Presentations must have been personally given by the applicant.</p> <p>d) Only includes presentations subject to abstract selection.</p> <p>e) Publications and presentations of sufficiently similar topics will only be scored once.</p>	

8.7 Skills Courses (maximum 5 points)

Courses	Documentary evidence
RACS ASSET, CLEAR, EMST, TIPS and CCrISP® courses; and RCS England and Ireland ASSET, ATLS, and CCrISP® courses; and American College of Surgeons ATLS courses will each be scored 1 point (max 3 point)	Certificate of attendance or letter of completion.
Non-Technical Skills professional development courses offered by Specialist Medical Colleges, Sub-Specialty Societies and Universities will be scored 1 point (max 2 points)	
a) Documentary evidence must clearly show the date of the course and the applicant. b) Entries without adequate documentation will not be scored. c) Refresher courses will not be scored.	

8.8 Awards (maximum 2 points)

Courses	Documentary evidence
University medal for highest rank in a Primary Medical Degree (MBBS, MD or BMBS in the applicant's respective jurisdiction) will be scored one (1) point.	Must clearly state the applicant as the recipient of the Award
RACS Medal (Gordon-Taylor Prize) is scored two (2) points.	
a) Dean's List, Scholarships and Subject Medals are excluded	

9 Referee Reports

9.1 Overview

- 9.1.1 Confidential Referee Reports are collected by an external agency on behalf of the Board using an online system to obtain information about the clinical aptitude, workplace behaviour and personal attributes of the applicant.
- 9.1.2 The applicant must provide contact details, including a valid email address, for twelve (12) referees. The applicant should list the referees in the applicant's preferred order from most preferred to least preferred.
- 9.1.3 The Referee Report is an online application and must be completed in the online portal. It is the applicant's responsibility to ensure that referees are aware of this process and to provide a valid email address for each referee.
- 9.1.4 Referee Reports are collected in confidence. Applicants will not be provided with updates on the reports collected, nor will they be involved in the collection process in any way.

- 9.1.5 Applicants must not attempt to ascertain who gave input to their Referee Report or the outcomes of their Referee Report. Applicants attempting to discuss their Referee Reports in this manner may be considered in breach of 11.1
- 9.1.6 The referee report score will contribute to 10% to the overall percentage score.
- 9.1.7 The total referee report score (of up to a maximum of 600 points) cannot be revised.

9.2 Referees

- 9.2.1 Referees must have acted in a supervisory capacity for the applicant within a Rotation, Surgical Rotation or Cardiothoracic Surgical Rotation which occurred within the last five (5) years prior to the application closing date.
- 9.2.2 The applicant must provide at least two (2) referees from their most recent Cardiothoracic Surgical Rotation.
- 9.2.3 The applicant must provide at least two (2) referees from their current Rotation/Surgical Rotation/Cardiothoracic Surgical Rotation
- 9.2.4 At least three (3) referees must be from rotations with whom clinical interaction over ten (10) weeks have occurred as part of a rotation listed for scoring in the Structured CV.
- 9.2.5 A maximum of four (4) referees can be nominated per Rotation, Surgical Rotation, or Cardiothoracic Surgical Rotation.
- 9.2.6 A maximum of two (2) Research Supervisors can be used as referees.
- 9.2.7 Referees holding a Fellowship or equivalent practising qualification from an Australian or Aotearoa New Zealand Specialist Medical College are eligible to act as a referee.
- 9.2.8 Referees who have not been awarded a Fellowship or equivalent practising qualification from an Australian or Aotearoa New Zealand Specialist Medical College are eligible to act as a referee only after completing two (2) years of continuous work within the area of their diploma at a recognised Australian or Aotearoa New Zealand institution.
- 9.2.9 Specialist International Medical Graduates (SIMG) under assessment at the application closing date cannot act as a referee. Time spent working whilst under oversight/supervision due to a period of assessment does not count towards the two-year minimum outlined in 9.2.7.

9.3 Process

- 9.3.1 The external agency on behalf of the Board will endeavour to obtain references from referees in accordance with the applicant's preferred order.
- 9.3.2 The Board will contact the nominated referees requesting them to complete the online Referee Report.
- 9.3.3 A minimum of six (6) valid referee reports must be returned in order for the applicant to progress through the selection process. If these are not received by 20:00 AEST on 20 May 2023, the applicant will be considered unsuitable and their application will not be considered further.
- 9.3.4 A referee report is considered valid where a minimum of 80% of the questions are answered.
- 9.3.5 The names of those referees selected to submit referee reports will not be released to applicants.
- 9.3.6 The total score for the referee reports will be determined by averaging six (6) referee report scores based on the applicant's preferred order as specified in their application.

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 a pre-SET level applicant and to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.
- 10.1.2 Applicants will be ranked by the combined score of the Structured CV and Referee Reports. Applicants must score a minimum combined CV and Referee report score of 25 out of 40 (60%), to be eligible for interview.
- 10.1.3 Applicants who do not satisfy this criterion, will be considered Unsuitable, shall not progress to interview stage and shall be advised accordingly.
- 10.1.4 If two (2) or more applicants have equal combined scores, the applicant with the higher structured CV score will be ranked higher.
- 10.1.5 In the event the applicants remain equal, the applicant's individual structured CV component scores will be reviewed in the following order until one applicant ranks higher than the other in an individual component:
- a) Qualifications
 - b) Surgical Experience
 - c) Publications
 - d) Presentations
 - e) Skills Courses
 - f) Awards/Achievements
- 10.1.6 The number of applicants interviewed will be based on the estimated number of positions available in 2024. It is expected that interviews will be offered based on a ratio of 2.5 - 3 applicants to one (1) available training post (2.5-3:1).

10.2 Notice of Interview

- 10.2.1 Interviews will be held in June/July 2023 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 Board, 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, with each interview lasting at least 20 minutes
- 10.3.2 An additional non-scoring observer may be present to ensure the validity of the interview process.
- 10.3.3 Each interview panel 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 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 total score awarded by the nine (9) interviewers and will contribute to 60% of the overall selection score.

11 Application Progress

- 11.1 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.
- 11.2 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET program in Cardiothoracic Surgery.
- 11.3 Applicants who do not meet the minimum eligibility requirements outlined in Regulation 7 and who do not meet the minimum CV score and referee report of 60% 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 standard or CV component the applicant failed to satisfy.
 - c) Information on the overall percentage adjusted scores for each of the selection tools completed. No breakdown of the individual scores will be released. Verbal feedback will not be provided.
- 11.4 Applicants will be shortlisted for interview based on the combined CV and Referee Report score ranking.
- 11.5 Applicants who satisfy the minimum standards for selection but do not rank high enough to be offered an interview are deemed **unsuccessful** 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 overall percentage adjusted scores for each of the selection tools completed.
 - c) No breakdown of the individual scores will be released. Verbal feedback will not be provided.

- 11.6 Applicants who have successfully progressed through to interview will be ranked based on their CV score, referee reports, and Interview scores. The ranking will be weighted according to the selection tools outlined in 4.2.1 to the percentage adjusted score out of 100, providing an overall score rounded to the nearest two decimal places (Overall Score).
- 11.7 The minimum standard for selection into the SET program is an overall score of at least 70% in the three (3) selection tools.
- 11.8 Applicants who successfully progressed to interview but who did not rank highly enough to be made an offer of a position will be classified as **unsuccessful**. 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.
 - Information on overall percentage scores (adjusted for weighting) received for each of the selection tools completed.
 - No breakdown of the individual scores will be released. Verbal feedback will not be provided.
- 11.9 Applicants who successfully progressed to interview and 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.
 - 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 and a SET Trainee Agreement.
- The Applicant may request further feedback by emailing the Board of Cardiothoracic Surgery. A response to requests for feedback specific to the application will be provided in writing.
- Verbal feedback will not be given.
- 11.10 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 CV score will be the differentiating factor. In the event the applicants still remain equal, the referee report score will be the differentiating factor. In the event the applicants still remain equal, the Board will have discretion to make the final decision regarding the ranking on review of the selection documentation, applicant experience and performance.

12 Application Outcome

12.1 Offers

- 12.1.1 Successful applicants will be offered a training post with allocations made with consideration given to an applicant's ranking, regional preferences and post availability.
- 12.1.2 Successful Applicants are required to accept or decline the training post allocated to them.
- 12.1.3 Where a successful applicant declines the offered training post, they will forfeit their offer and will not be considered further in the selection process.

12.1.4 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 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 Training Agreement by the due date.

12.1.5 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.

12.1.6 Forfeited offers will be made available to the next highest scoring eligible applicant.

12.2 Deferral

12.2.1 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.

12.2.2 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.

12.2.3 All requests for deferral will be considered but not necessarily granted. The Board will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations.

12.2.4 Applicants who wish to defer the commencement of the SET Program, must formally apply to the Board at the time of acceptance outlining the reasons for their request and providing any related documentary evidence.

12.2.5 The Board can approve deferral of commencement for a fixed period of one year.

12.2.6 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.

12.2.7 Applicants are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.

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

12.3 Flexible training

12.3.1 Successful applicants who wish to be considered for flexible training must lodge a request to the Board at the time of acceptance.

12.3.2 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.

12.3.3 Applications for flexible training governed by the RACS Regulation: Trainee Registration and Variation and the Cardiothoracic Surgery SET Program Training Regulations.

13 Reconsideration

- 13.1 An applicant dissatisfied with a decision made in relation to these Regulations may apply to have the decision reconsidered (Reconsideration).
- 13.2 The Reconsideration will be processed in accordance with the RACS Regulation: Reconsideration, Review and Appeal. The original decision maker under these Regulations is the Board.
- 13.3 Applications for Reconsideration must be addressed to the Chair, Board of Cardiothoracic Surgery and received within seven (7) days of the applicant being notified of the decision. Applications received outside this timeframe will not be considered.
- 13.4 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.

14 Selection Process Review

- 14.1 The Board will review the selection process on an annual basis and consider feedback from applicants, interviewers, referees and other stakeholders.
- 14.2 Applicants may be asked to complete an evaluation form/survey as part of the selection process.
- 14.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.
- 14.4 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.