Royal Australasian College of Surgeons

Guide to SET - 2027

A Comparative Guide of Surgical Specialties and an Overview of Surgical Education and Training

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Introduction

Welcome to the Royal Australasian College of Surgeons (RACS).

We are delighted that you are considering a career in surgery. Surgery is both a demanding and deeply rewarding profession, offering the opportunity to make a profound positive impact on individual lives and the broader health and wellbeing of communities.

At RACS, we are committed to delivering high-quality surgical education and training to ensure that our Trainees are well-prepared to meet the rigorous requirements for surgical practice across Australia and Aotearoa New Zealand.

This Guide provides a general overview of the SET Program, in the nine (9) surgical specialties offered by RACS.

Key components of SET include:

- Clinical placements (or rotations) in accredited hospital training posts
- Assessments, including work-based assessments and specialty-specific or generic examinations
- Short courses
- Research activities required within training

Trainees work and train in hospitals under the supervision of experienced surgeons.

We hope this guide serves as a valuable resource to help you understand what to expect throughout a surgical training journey.

For detailed information about the SET Program application process, please refer to the ***Guide to Selection*****.**

RACS Overview

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand.

RACS supports the ongoing development, maintenance of expertise and lifelong learning that accompanies the surgical practice of more than 7,200 surgeons and 1,300 surgical Trainees and Specialist International Medical Graduates (SIMGs).

RACS promotes, teaches and assesses standards across nine (9) surgical specialties in Australia and Aotearoa New Zealand:

- **Cardiothoracic Surgery**
- **General Surgery**
- **Neurosurgery**
- **Orthopaedic Surgery**
- **Otolaryngology, Head and Neck Surgery**
- **Paediatric Surgery**
- **Plastic and Reconstructive Surgery**
- **Urology**
- **Vascular Surgery**

RACS conducts selection, training and assessment to ensure that Trainees become competent surgeons who provide safe, comprehensive surgical care of the highest standard.

Values

The values at RACS are the strong beliefs of our organisation. They describe the way in which our Fellows, Trainees, SIMGs and staff behave, interact and work together and determine the culture of the College. Our values are held in high regard by everyone within the organisation.



RACS Trainees' Association (RACSTA)

The Royal Australasian College of Surgeons Trainees' Association (RACSTA) represents the interests of Trainees within RACS. It aims to enhance surgical education and training while ensuring the Trainee experience is enjoyable, productive, and well-supported.

The RACSTA Committee comprises of up to 30 current Trainees dedicated to advocacy, education, and support. The Executive is made up of six members taking on roles to represent the interests of Education, Training, Support and Advocacy, and Communications portfolios. There are 13 specialty representatives elected by the respective training committees/boards and eight regional representatives elected by RACSTA to sit on the State/Territory/Aotearoa New Zealand National Committees. Up to three co-opted members can be elected to RACSTA.

RACSTA provides a range of resources, awards and advocacy efforts to benefit Trainees, including:

- Advocacy: Addressing issues that impact Trainees, such as working conditions, policies, and training standards.
- Induction Conference: Hosting an annual conference to welcome new Trainees, offering guidance, resources, and networking opportunities.
- Newsletters: Publishing tri-annual updates to celebrate Trainee achievements and provide RACS and RACSTA updates.
- The John Corboy Medal: The highest accolade a Trainee can receive from RACS, recognising exceptional contributions and achievements.

RACSTA has driven numerous improvements in surgical training and workplace culture, including:

- Establishing flexible training arrangements for all Trainees.
- Developing policies on safe working hours, breastfeeding, and training hospital accreditation.
- Advocating against discrimination, bullying, and sexual harassment, culminating in the Operate with Respect (OWR) campaign—one of RACS' most impactful cultural change programs.
- Advocating for the decoupling of the written and clinical/viva components of the Fellowship exam, effective from 2025.
- Financial hardship assistance for Trainees

Currently, RACSTA is campaigning for:

- Transferrable parental leave entitlements between Australian states.
- Relocation cost support for Trainees in Australia (note relocation costs are covered in Aotearoa New Zealand)

Visit the RACSTA homepage on the RACS website to find out more about RACSTA and who represents you.

RACS Programs and Initiatives

Building Respect and Improving Patient Safety

RACS is committed to building a culture of respect in surgery and improving patient safety through identifying and addressing unacceptable behaviours.

RACS Building Respect, Improving Patient Safety Action Plan 2022 sets out the current phase of our work. The Action Plan builds on all the good work our community has done so far and continues our three big areas of focus: Cultural Change and Leadership, Surgical Education, and Feedback and Complaints.

Cultural Change and Leadership

Increasing diversity in surgery and fostering inclusive workplaces will strengthen the profession and over time, ensure it more closely reflects the community it serves. Our Building Respect Action Plan 2022 includes a specific, re-energised focus on actions to support gender diversity and other diversity dimensions and foster inclusion in surgery.

Cultural diversity improves the health workforce by enriching teams' cognitive diversity. This then supports better problem solving, decision making, innovation and helps to mitigate unconscious bias. It helps everyone reach their full potential.

RACS 10th Surgical Competency – Cultural competence and cultural safety – focuses on Aboriginal and Torres Strait Islander and Māori groups. It is a reference point in our ongoing work to support increased action on other diversity dimensions in Australia and in Aotearoa New Zealand.

The Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning modules were developed in support of the 10th competency. These comprise three courses which are designed to be completed over a 12-month period as a series of small individual modules.

With the support of the Foundation of Surgery, RACS launched Te Rau Poka, a surgical academy for Māori. Te Rau Poka refers to the pursuit of excellence in the area of surgery in a holistic sense, encompassing all aspects on one's being such as physical, mental, spiritual, and cultural. One of the objectives of this program is to increase and maintain the numbers of Māori surgeons to levels that reflect Aotearoa New Zealand's Māori demographic.

In 2023 RACS Council endorsed refreshed gender equity targets. By 2027, RACS aims to have 40 per cent of Trainees selected to be women, 40 percent to be men, and 20 percent to be any gender. SET data from 2025 highlights continued progress towards a more diverse and representative profession. Women now comprise almost 35 per cent of all surgical Trainees, while 41 per cent of successful SET applicants in 2025 were women. Women account for 27 per cent of Fellows under 49 years of age, up from 17 per cent a decade ago.

Surgical Education

Improving surgical education is a cornerstone of our commitment to building a culture of respect in surgery and is consistent with our vision to lead surgical performance, professionalism and improve patient care.

The first wave of our *Building Respect Improving Patient Safety* education program focused on increasing awareness and knowledge of discrimination, bullying and sexual harassment through a mandated e-learning module, Introduction to Operating with Respect. This training has been a pre-requisite for application to surgical training since 2017.

More recent work has focused on surgical educators, senior surgeons and RACS committee members, by expanding their teaching skills (including their ability to give constructive feedback) and equipping them with strategies and skills to respond to unacceptable behaviour. In 2023 the Identifying and Addressing Microaggressions course was introduced to support the Building Respect initiative. Content from this course has been incorporated into the Introduction to Operating with Respect e-learning module

Feedback and Complaints

Complaints management, and working with employers, are areas of ongoing focus for the College. Handling concerns and complaints effectively is a crucial component to RACS upholding a high standard of professionalism and patient safety within the surgical community. Effective complaints management is a shared endeavour between RACS, individual surgeons, Trainees, employers, and in the most serious cases, regulators. Each of us has a role to play.

We've developed an Information Sharing Protocol to guide information sharing with hospitals, to help RACS monitor and manage the training environment. The protocol guides information sharing between a hospital and RACS (and vice versa), when concerns have been raised about breaches of the RACS' Code of Conduct, including discrimination, bullying and sexual harassment. The protocol is consistent with RACS' privacy policies and the principles of procedural fairness.

To learn more visit Building Respect

Health and Wellbeing

The demands of surgical training and practice can affect every aspect of wellbeing. RACS supports Trainees, Fellows and Specialist International Medical Graduates through a range of wellbeing initiatives, resources and confidential support services.

Further information is available on the RACS Wellbeing webpage.

RACS Health and Wellbeing Support Program

The *RACS Wellbeing Action Plan* guides wellbeing priorities and initiatives for Trainees, Fellows and Specialist International Medical Graduates.

As part of this, RACS offers a range of wellbeing programs and support services that can assist with:

- emotional stress
- interpersonal conflict
- mental health concerns
- bullying and harassment
- grief and bereavement
- family and relationship difficulties
- personal crisis or trauma
- workplace change and transition

You can read more about these programs on the RACS Support Program webpage.

Wellbeing Charter for Doctors

The Wellbeing Charter for Doctors is a collaborative effort developed by several medical colleges to outline the shared responsibility for supporting doctors' wellbeing across Australia and Aotearoa New Zealand. It provides a unified approach that enables colleges to advocate with one voice to institutions, governments and policy makers.

Trainees, Specialist International Medical Graduates and Fellows are encouraged to use the Charter as a resource to start conversations with colleagues, teams and workplaces about how we can better support doctors' wellbeing.

Further information, including the *Wellbeing Charter* is available on the RACS website.

If you have any feedback or enquiries, please email wellbeing@surgeons.org

Indigenous Health

RACS has committed to prioritising Indigenous Health, building workforce and increasing services to better meet the health needs of Māori, Aboriginal and Torres Strait Island people. Focus is also on collaborating effectively with our partners and supporting the communities we serve. RACS Indigenous Health Position Statement outlines RACS ongoing obligations under The Treaty of Waitangi (in Aotearoa New Zealand), The Close the Gap Statement of Intent (in Australia) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP).

The College recognises that Indigenous people would be more likely to present for medical treatment and comply with treatment guidelines if cultural safety is embedded in all aspects of patient care and increased numbers of Indigenous people were represented in the medical workforce at all levels of the provision of care.

Furthermore, the College acknowledges that Australia and Aotearoa New Zealand have a severe shortage of Indigenous surgeons. RACS' Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative is designed to address the low participation of Aboriginal and Torres Strait Islander doctors in the surgical specialties. Individual Specialty Training Boards/Committees may implement a selection initiative to expand opportunities for Aboriginal and Torres Strait Islander people to enter training. Specialties may set aside posts for applicants who: -

- identify as Aboriginal and Torres Strait Islander,
- meet the eligibility requirements for membership of Australian Indigenous Doctors' Association (AIDA) and
- meet the minimum standards for appointments as defined by the Specialty Training Board/Committee.

RACS also offers an Indigenous Scholarship Program to support medical graduates who identify as Aboriginal and Torres Strait Islander, or Māori, on their chosen career path to becoming a Surgeon. The Indigenous Health Committee is working with AIDA and the Māori Medical Practitioners Association of Aotearoa (Te ORA) to promote surgery as a career to Indigenous doctors.

For more information about RACS' Indigenous Health initiatives including a position paper, refer to the Indigenous Health section on the RACS website. See Contacts for more information.

Women in Surgery

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

The Women in Surgery Section (WIS) aims to:

- encourage and support all Fellow and Trainees, but females in particular;
- be a source of advice and guidance for Council in relation to gender and Trainee issues;
- develop guidelines and policies to combat the numerous issues faced by all individuals in the surgical field, and
- remove any barriers Trainees or medical graduates face through the development of a mentoring program within the College to assist medical students, Trainees and Younger Fellows.

The Women in Surgery section provides a range of resources and examples of advocacy efforts including:

- Developing the Women in Surgery Strategic plan .
- Advocating for flexible training and assisting in the development of resources and toolkits to support Trainees and hospitals.

- Assisting in the development of some of the College's key policies and related documents. It has been fundamental in establishing guidelines on issues such as discrimination and harassment, and safe working hours.
- Scientific and education programs, including the Women in Surgery Breakfast, run at the Annual Scientific Congress (ASC) and other opportunities such as webinars and networking functions.

The Women in Surgery section welcomes Trainees as members. Contact the WIS section secretariat at wis@surgeons.org to join.

RACS in the Community

RACS supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. This support has been enabled through the generous contributions of governments, Fellows, Trainees, SIMGs and friends of RACS through the Foundation for Surgery, the philanthropic arm of the organisation.

The Foundation for Surgery supports ground-breaking research to ensure safe surgical practice and assists people to have access to early detection and surgical care when they need it.

The Foundation has facilitated long-term change by supporting aspiring Indigenous surgeons in Australia and Aotearoa New Zealand, and also worked to enhance recognition and awareness of their health needs.

RACS also provides specialist medical education, training, capacity development and medical aid to 18 countries in the Asia-Pacific region. Visiting teams and in-country personnel provide clinical mentoring and education to the national medical workforces and deliver train-the-trainer programs to strengthen the capacity of national health services in the region.

Community need also sits at the centre of the Surgical Pathways Strategy 2026 to 2030, which sets the College's direction for surgical education and training. The Strategy commits RACS to aligning training pathways to build culturally safe and responsive training and education that supports Aboriginal and Torres Strait Islander, Māori and Pacific peoples into and during surgical training. The strategy also aims to develop pathways that broaden surgical capability in rural, regional and underserved settings. It commits the College to reporting openly on how standards are set, how Trainees are selected and how outcomes against the strategy are met.

Rural Health

RACS acknowledges its social responsibility to address health inequity, through its levers of governance selection, training, retention and collaboration for rural surgical services and rural communities. It's well known that rural people have poorer health outcomes than urban people. They have all kinds of health problems which need the care of all kinds of surgeons.

The RACS Rural Health Equity Strategy (the Strategy) aims to improve health equity for remote, rural and regional/provincial people in Australia and Aotearoa New Zealand. The strategy embeds actions for rural health equity in all RACS activities and across all specialties, addressing two key goals: increasing the rural surgical workforce and reducing workforce maldistribution through the Select for Rural, Train for Rural and Retain for Rural strategies; and building sustainable surgical services through the Collaborate for Rural strategy.

For SET specifically, this work has direct implications for selection, training content and training site accreditation:

- The **Rural Selection Initiative** and the **Remote, Rural and Regional Professional Skills Curriculum and eLearning course** contribute to training a workforce skilled in providing care for rural people. The curriculum was developed through a comprehensive process, including a

literature review and Delphi consultation with subject matter experts, which found that the greatest divergence between rural and urban surgical practice lies in the non-technical skills of judgment and clinical decision-making, specifically, understanding rural context, rural contextual decision-making, Rural Focused Urban Surgical skills (RUFUS), communication, collaboration and teamwork in virtual and geographically dispersed teams. RUFUS surgeons support rural people and rural surgeons through in reach, outreach, telehealth and surgical systems design, even where their own practice is largely urban-based.

- The **Flexible Approach to Training in Expanded Settings (FATES)** program, run in partnership with other specialist medical colleges, has now completed two projects addressing barriers to rural hospitals achieving training post accreditation, so that more Trainees can gain rural experience as part of SET:
    - FATES 1 – Rural Accreditation Final Report, conducted in partnership with the Royal Australasian College of Medical Administrators (RACMA), identified barriers to rural hospitals applying for and meeting training post accreditation criteria and proposed an administrative model to support rural hospitals through the accreditation process.
    - FATES 2 – Rural Training Models Final Report, conducted with RACMA, the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Royal Australasian College of Physicians (RACP), built on this work by establishing a foundation for distributing training posts based on community need through health and workforce data-sharing partnerships with jurisdictions.
    - FATES 4 Generalism, Global, Regional, Rural, Remote and Deployable – Military and Humanitarian (GRiD) Project, conducted with the Australian College of Rural and Remote Medicine (ACRRM), ANZCA, RACMA, RACP and RANZCO aims to build and sustain generalist surgical skills after Fellowship, so surgeons can work in rural and remote communities, in austere or resource-limited settings, and on humanitarian and military deployments. The problem is that Trainees don't feel prepared for this kind of practice, and no part of the College is responsible for building, maintaining or credentialling generalist skills once someone is a Fellow. To address it, the project is producing three things:
        - an evidence base on generalist versus subspecialist care and centralised versus dispersed care,
        - a proposed cross-specialty GRiD Faculty, and
        - a credentialling guide for hospitals so surgeons with broader scopes of practice can be recognised and credentialled.

      The intended model is bespoke, non-compulsory, and open to surgeons in all nine specialties.

For more information please refer to the Rural Health Equity Strategic Action Plan.

Scholarships and Grants

RACS Scholarships and Grants Program, through the Foundation for Surgery, supports surgeons, Trainees and health professionals as they inform, learn, educate, facilitate change and improve the quality of surgical care and practice. Approximately 50 Scholarships, Grants and Awards are on offer. Applications for the 2027 Program will be open from 3 March to 14 April 2026. Please see the list of Grants and Scholarships available to SET Trainees below.

Learning and Development grants offer recipients the opportunity to pursue professional development, training or small research activities in Australia, Aotearoa New Zealand or overseas.

Research scholarships offer recipients the opportunity to pursue a major research project over a period ranging from one to three years.

For further information on Grants, Scholarships and Awards available including eligibility, conditions, application requirements and dates refer to the Scholarships and grants program page.

Learning and Development Grant	Description	Value
Aziz Hamza Rural Surgery Grant	This grant funds attendance at RACS professional development activities, meetings, conferences or workshops with the intention of improving the delivery of surgical services in remote and regional Australia and Aotearoa New Zealand.	$2,000
Hugh Johnston Travel Grant	This grant supports travel for Trainees to take time away from clinical positions to gain specialist knowledge and expertise.	$9,000 2 on offer
John Buckingham Travelling Grant	This grant supports a Trainee to attend the American College of Surgeons Annual Clinical Congress in the year following application and establish professional and academic collaborations and friendships.	$4,000
Johnson & Johnson MedTech SET Scholarship – Indigenous Program	This grant supports Aboriginal and/or Torres Strait Islander and Māori Trainees to pursue surgical training. Funds may be used for course and examination fees, research projects, mentoring programs, travel/accommodation/registration fees to attend local or overseas conferences, or any other relevant professional development activities.	$5,000 (Aboriginal &/or Torres Strait Islander) 2 on offer $2,000 (Māori) 4 on offer
Marjorie Hooper Travel Scholarship	This grant supports a Trainee to undertake postgraduate studies and/or advance their surgical skills for the benefit of the surgical community of South Australia.	$100,000
Murray & Unity Pheils Travel Grant	This grant supports Trainees to obtain further training and experience in the field of colorectal surgery by undertaking training overseas.	$16,000

Ngarra Grant	This grant is for female Aboriginal or Torres Strait Islander Trainees. The funds may be used for educational activities including, but not limited to, post-graduate studies, course fees, conference presentation and/or attendance, mentoring programs, travel, professional childcare and accommodation.	$2,800
Poate Family Plastic & Reconstructive Surgery Travel Grant	This grant supports the advancing plastic and reconstructive training and experience by funding travel, accommodation, conference and course fees.	$3,000
Stuart Morson Neurosurgical Grant	This grant supports Trainee neurosurgeons to advance their experience and skills in neurosurgery by undertaking further training or research.	$30,000
Williams Family Grant	This grant supports educational opportunities or research which focuses on health outcomes for Aboriginal and Torres Strait Islander peoples.	$15,000
ANZ Endocrine Surgeons (ANZES) Research Scholarship	This scholarship supports research in the field of Endocrine Surgery or may be used to fund a travelling fellowship to an endocrine centre of excellence to learn new techniques in endocrine surgery.	$10,000 2 on offer
Aotearoa NZ Research Scholarship	This scholarship supports research into the prevention and treatment of trauma injuries in Australia and Aotearoa New Zealand.	$80,000
Brendan Dooley/Gordon Trinca Trauma Research Scholarship	This scholarship supports medical research projects.	$11,000
Foundation for Surgery Research Scholarship	This scholarship supports a Trainee who wishes to take 12 months away from their clinical position to undertake a research project under the supervision of an experienced investigator.	$80,000
F & P Thornell-Shore Research Scholarship	This scholarship supports Trainees who wish to take time away from clinical positions to undertake a research project with a focus on medical research.	$40,000

Herbert & Gloria Kees Research Scholarship	This scholarship supports the advancement of surgical research, technologies, techniques and treatments.	$80,000 2 on offer
Ian & Ruth Gough Surgical Education Scholarship	This scholarship supports Trainees to become expert surgical educators. Funding may be used towards visits to specialist centres or enrolment into courses that will enhance the recipient's ability to become an expert surgical educator.	$15,000
James Ramsay Research Grant	This scholarship supports Trainees to undertake an innovative project or purchase state-of-the-art equipment.	$100,000 pa for 2 years
John Hargrave Cardiothoracic Research Scholarship	This scholarship supports Trainees who wish to take time away from clinical positions to undertake a research project.	$80,000 pa for 3 years
John Loewenthal Project Grant	This scholarship supports Trainees to undertake a surgical research project or to fund an innovative service or piece of equipment.	$80,000 pa for 2 years
MAIC-RACS Trauma Scholarship	This scholarship supports research with a focus on epidemiology, prevention, protection, rehabilitation or immediate or definitive management in trauma that will benefit Queenslanders.	$80,000
Paul Mackay Bolton Scholarship for Cancer Research	This scholarship supports a Trainee who wishes to take time away from a clinical position to undertake a research project with a focus on the prevention, causes, effects, treatment and/or care of cancer.	$80,000 pa for 2 years
Prof Philip Walker Vascular Research Scholarship	This scholarship supports research undertaken within a higher degree in an area related to vascular surgery.	$20,000
Roy & Marjory Edwards Research Scholarship	This scholarship supports medical research conducted at a South Australian university, as part of a higher degree.	$35,000 pa for 3 years
Richard Jepson Research Scholarship	This scholarship supports Trainees to undertake research as part of a higher degree.	$30,000

Small Project Grant	This scholarship supports Trainees to carry out a small clinical or research project, or to purchase equipment required for a research project.	$10,000
Surgeon Scientist Research Scholarship	This scholarship supports Trainees to undertake research as part of a higher degree.	$80,000 pa for 3 years
Tour de Cure Cancer Research Scholarship	This scholarship supports a cancer research project undertaken at an approved research institute under the supervision of an experienced investigator.	$125,000
WG Norman Research Scholarship	This scholarship supports trauma-focused research to be in undertaken in South Australia.	$55,000

The SET Program

The SET Program

The Royal Australasian College of Surgeons (RACS) is accredited by the Medical Council of New Zealand (MCNZ) and the Australian Medical Council (AMC) to deliver surgical education and training and maintain surgical standards across Australia and Aotearoa New Zealand.

Through the Surgical Education and Training (SET) program, RACS conducts accreditation, selection, training and assessment to support surgical Trainees becoming competent surgeons who provide safe, comprehensive surgical care of the highest standard to the communities we serve.

While RACS holds overall responsibility for surgical training, the delivery of specialty-specific training is undertaken by the surgical specialty societies, with oversight from the relevant RACS specialty training committee /board.

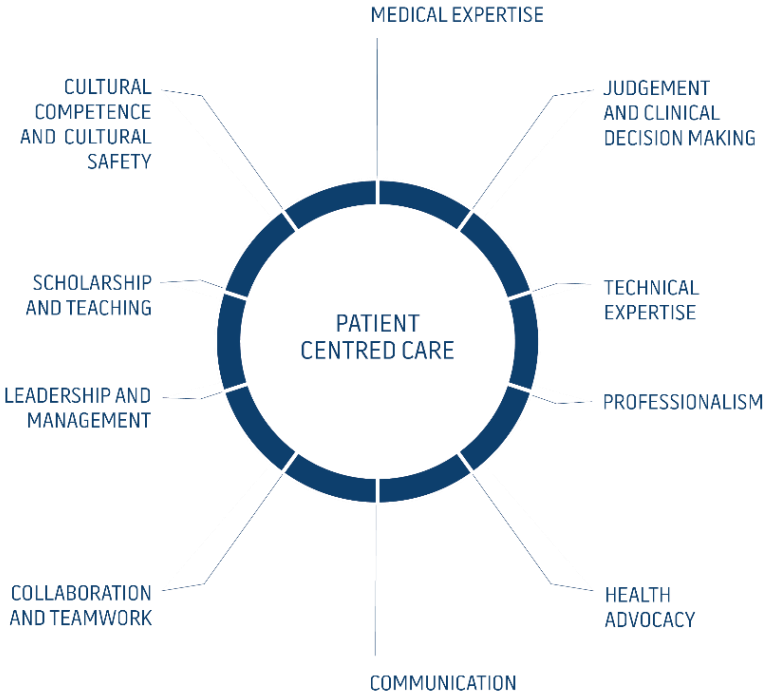
Over the course of their training, Trainees work in accredited hospital training posts under the supervision of experienced surgeons, progressively developing the knowledge, skills, and professional behaviours required for independent specialist practice.

The SET program includes:

- clinical placements (rotations) in accredited training posts
- education and skills courses
- research
- workplace-based assessments
- examinations (generic or specialty-specific)

Competencies and Training Standards

The SET program is underpinned by the ten (10) RACS competencies, which define the knowledge, skills and behaviours required for contemporary surgical practice.



Trainees are expected to progress against each of the competencies throughout their training. Further information is available on the RACS competencies webpage and in the Surgical Competence and Performance Guide booklet.

While specialty surgical training focuses primarily on the competencies of medical expertise and technical expertise, the RACS Professional Skills Curriculum supports development across the remaining competencies, including communication, collaboration, leadership, health advocacy, scholarship, and professionalism.

The Guide to Assessing Professional Skills supports the curriculum by providing guidance on the assessment of the professional capabilities required for contemporary surgical practice.

Further information about the Professional Skills Curriculum is available on the RACS website.

Minimum Time and Stages of Training

Each specialty curriculum outlines the stages of training in terms of either SET year level or competency level. All specialties have specific assessment requirements to allow progression as well as a minimum time in training specified. These requirements are detailed in the relevant Specialty Training Regulations which are published on the specialty websites (refer to list of Specialty Training Committees Surgical specialties | RACS).

Minimum time	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Cardiothoracic Surgery	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6
General Surgery (AU) (commenced prior to 2022)	SET 2	SET 3	SET 4	SET 5		
General Surgery (AU) (commencing 2022 or after)	Core Training			Principal Training		
	GSET1	GSET2	GSET3	GSET4	GSET5	
General Surgery (AoNZ)	GSET1	GSET2	GSET3	GSET4	GSET5	
Neurosurgery	Basic	Intermediate		Advanced		
Orthopaedic Surgery (AU)	Introduction to Orthopaedics		Core Orthopaedics		Transition to Practice	
Orthopaedic Surgery (AoNZ)	SET 1	SET 2	SET 3	SET 4	SET 5	
Otolaryngology, Head & Neck Surgery (AU)	Novice	Intermediate		Competent		
Otolaryngology, Head & Neck Surgery (AoNZ)	Novice	Intermediate		Competent		
Paediatric Surgery	Early SET		Mid SET		Senior SET	
Plastic & Reconstructive Surgery (AU)	Early SET	Mid SET		Late SET		
Plastic & Reconstructive Surgery (AoNZ)	SET 1	SET 2	SET 3	SET 4	SET 5	
Urology (commenced 2023 or earlier)	Foundations	Advanced			Transition to Practice	
	SET 1	SET 2	SET 3	SET 4	SET 5	
Urology (commencing 2024 or after)	Basic	Intermediate		Advanced		
Vascular Surgery	Early		Mid		Late	
	SET 1	SET 2	SET 3	SET 4	SET 5	

Clinical Placements

The Accreditation of training posts is a core component of the SET program. Each Specialty Training Committee or Board accredits training posts in accordance with RACS and specialty-specific accreditation standards to ensure that Trainees have access to appropriate training opportunities and can develop the competencies required for safe surgical practice both independently and as part of a multidisciplinary team. These standards are being aligned to the AMC NHPO Model Standards standards throughout 2027 for an effective adoption date of January 2028.

Further information about hospital accreditation standards is available on the RACS website under Training post accreditation.

Relocation Costs

Some Training Programs require Trainees to be assigned postings in another state, territory or country (Australia and Aotearoa New Zealand). Whilst RACS and the Specialty Training Boards/Committees are involved with assessing training, they are not the employer of the Trainee. The cost of relocation for a Trainee is between the Trainee and the hospital health service agreement or enterprise bargaining agreement (EBA).

In Australia, the hospital or health service may cover relocation costs (in full or partially). In Aotearoa New Zealand, Trainees who are required to relocate will usually have their costs paid by Health NZ. Specific entitlements however may vary depending on contract terms and Trainees should review their employment agreements or check with their HR department for details.

Assessments

SET Trainees are assessed through a combination of work-based assessments and examinations. Work-based assessments vary by each specialty and refer to any assessment tool implemented by a supervisor on behalf of RACS training programs. These may include Mid-Term and End of Term reports, Case Based Discussions (CBD), Direct Observation of Procedural Skills (DOPS), Entrustable Professional Activities (EPAs), Procedure Based Activities (PBAs), Mini Clinical Examination (Mini-CEX) reports, Case Based Discussions (CBDs), tutorials, and logbooks.

Individual SET Programs have specialty-specific assessment tools and requirements which are documented in the relevant training regulations.

In-training Evaluation

Supervision and assessment of Trainees by Surgical Supervisors is necessary to ensure quality of training, general progress, suitability to continue training, suitability to sit the Fellowship Examination and the completeness of training. During training, each Trainee will undergo regular in-training evaluation reports. The Surgical Supervisor and the Specialty Training Board/Committee are responsible for the in-training evaluation of SET Trainees.

Entrustable Professional Activities (EPA)

An EPA is a task or set of tasks that can be left or *entrusted* to a Trainee as soon as they have demonstrated the necessary competence to execute the activity unsupervised. They help Trainees to integrate the practical application of theoretical knowledge and skills into the workplace. EPAs are built around daily essential tasks and are based on the knowledge, skills and behaviours required for ***both*** the level of training as well as for the task at hand. They provide a structured framework for Supervisors to evaluate and support Trainees throughout their training.

Within the workplace, day-to-day real-time observation is made of the Trainee's ability to perform the tasks underlying the EPAs safely and appropriately under decreasing supervision. Self-assessment

also encourages Trainees to reflect on their performance and identify their own strengths and weaknesses. Trainees progress from being permitted to only view a task through to being able to supervise more junior colleagues. This allows for progression to competence within the context of clinical training Multiple assessments over time together with feedback mechanisms encourage continuous improvement help Trainees make more informed decisions while focusing on the end goal of being able to practice independently.

Logbooks

Trainees are required to keep a record of work undertaken in an official logbook, which is designed for recording their experience and to support the audit of Trainee performance and the unit in which they work.

The format of the operative logbook is specific to each specialty. To assist in compiling their logbook, Trainees should keep a record of the management of each patient in which they play a role (entries being made concurrently and with the permission of with hospital management). This information can then be used to compile the official logbook. Logbooks provide information on operation statistics (including endoscopic procedures) and outcome of surgery. For recording purposes, several categories are listed so that a Trainee may indicate their actual level of involvement.

The Surgical Supervisor and Specialty Training Board/Committee review logbooks at regular intervals.

Courses

Skills Training Courses

In addition to any specialty-specific courses, which are outlined in speciality regulations, surgical Trainees are required to complete a range of Skills Training courses that are common across all surgical specialties.

The Skills Training courses mandated within SET provide Trainees with the opportunity to develop and refine skills in the ten surgical competencies. Delivered by expert faculty, these courses combine theoretical and practical learning to support professional development and clinical practice.

Australia and New Zealand Surgical Skills Education and Training (ASSET)

The ASSET course provides an educational package of agreed generic surgical skills required by surgical Trainees for the following specialities:

- General surgery – Australia and Aotearoa New Zealand
- Orthopaedic surgery – Aotearoa New Zealand
- Plastics & Reconstructive surgery – Australia and Aotearoa New Zealand
- Vascular surgery.

The ASSET course is delivered in two components:

1. ten online eLearning modules to be completed prior to the face-to-face component
2. two-day face-to-face component which includes lectures, practical skill stations, case scenarios and discussions.

After completing the ASSET course, participants will be able to:

- practice standard precautions
- demonstrate integration of incision, tissue handling, instrument, suture and needle selection, and suturing/tying skills
- vessel dissection, ligation and repair, and bowel anastomosis
- display competence in a variety of basic practical skills relating to different endoscopic environments and the mechanics of instrumentation.

The emphasis of the course is on small group teaching, intensive hands-on practice of surgical skills, individual tuition, personal feedback to participants and the performance of practical procedures.

The ASSET course is not assessed. Participants are given direct observational feedback throughout the course and must demonstrate an appropriate attitude and enthusiasm as well as satisfactory knowledge, skills, and clinical insight throughout the course.

RACS recognises that the ASSET course is equivalent to the Intercollegiate Basic Surgical Skills course delivered by the following colleges:

- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Surgeons of Edinburgh
- Royal College of Surgeons of England
- Royal College of Surgeons in Ireland

Advanced Trauma Life Support (ATLS)

The ATLS course provides an educational package of agreed generic surgical skills required by surgical Trainees for all nine specialities in Australia and Aotearoa New Zealand.

ATLS teaches a systematic, concise approach to the care of a trauma patient, providing a safe and reliable method for immediate management of injured patients in the first one to two hours following injury with an emphasis is on life saving skills and systematic clinical approach.

The ATLS course is delivered in two components:

1. mandatory online pre-learning and multiple-choice questionnaire to be completed prior to the face-to-face component
2. two-and-a-half-days face-to-face component which includes interactive discussions, practical skill stations and clinical case scenarios.

After completing the ATLS course, participants will be able to:

- demonstrate the concepts and principles of primary and secondary patient assessment
- establish management priorities in the initial management of a trauma patient.
- initiate primary and secondary management of a simulated trauma patient in a timely manner
- demonstrate skills that are often required in the initial assessment and treatment of patients with multiple injuries, in each trauma situation.

ATLS is an assessed course. Participants are required to attend and engage in every session of the course and are assessed on both a written multiple-choice questionnaire and an initial assessment practical exam. Each component must be completed successfully to achieve ATLS certification.

ATLS certification is valid for four years.

RACS ATLS course is equivalent to the ATLS course delivered by the following colleges:

- Royal College of Surgeons of England (RCS England)
- Royal College of Surgeons of Ireland (RCS Ireland)
- American College of Surgeons (ACS)

Care of the Critically Ill Surgical Patient (CCrISP)

CCrISP course teaches doctors to adopt a structured and comprehensive approach to managing surgical patients, to recognise the deteriorating patient and determine which patients are most at risk.

The CCrISP course is mandatory for surgical Trainees for the following specialities:

- Cardiology

- General surgery – Australia and Aotearoa New Zealand
- Orthopaedic surgery – Australia and Aotearoa New Zealand
- Plastics & Reconstructive surgery – Australia and Aotearoa New Zealand
- Urology
- Vascular surgery.

The CCrISP course is delivered in two components:

1. mandatory online pre-learning and multiple-choice questionnaire to be completed prior to the face-to-face component
2. two-and-a-half-days face-to-face component which includes interactive discussions, practical skill stations and clinical case scenarios.

After completing the CCrISP course, participants will be able to:

- adopt a structured, comprehensive approach to managing surgical patients
- judge which patients are at most risk and plan to reduce their risk of adverse outcomes
- recognise the deteriorating patient and intervene to correct the problem
- acknowledge the importance of the multidisciplinary team as well as patient centred communication in managing surgical patients.

CCrISP is an assessed course. Course assessment includes continual subjective assessment of participant's core knowledge, clinical insight, enthusiasm and assessment of the final day patient management scenario.

RACS CCrISP course is equivalent to the CCrISP course delivered by the following colleges:

- Royal College of Surgeons of England (RCS England)
- Royal College of Surgeons of Ireland (RCS Ireland)

Critical Literature Evaluation and Research (CLEAR)

CLEAR provides participants with core knowledge and skills needed for critical appraisal of medical literature, and tools for understanding, designing and implementing surgical research.

The CLEAR course is mandatory for surgical Trainees for the following specialities:

- General surgery – Aotearoa New Zealand
- Orthopaedic surgery Aotearoa New Zealand
- Urology.

It is also mandatory for Trainees in General Surgery Australia who are not on the GSET program.

The CLEAR course is delivered in two components:

1. mandatory pre-course eLearning component to be completed prior to the face-to-face component
2. two-day face-to-face component consisting of lectures and small group teachings.

After completing the CLEAR course, participants will be able to:

- ask answerable clinical questions
- find and critically appraise literature efficiently
- understand study methodologies
- extract numerical information from literature
- apply evidence to surgical practice
- develop sound foundations for conducting research
- incorporate current research into practice
- identify areas where good evidence is lacking and future research necessary.

The CLEAR course is not formally assessed.

Training in Professional Skills (TIPS)

The TIPS course provides participants with the opportunity to practice and develop professional skills relevant in a surgical setting, including patient-centred communication and teamwork in a safe and supportive learning environment.

The TIPS course is mandatory for surgical Trainees for the following specialities:

- General surgery – Australia and Aotearoa New Zealand
- Orthopaedic surgery – Australia
- Plastics & Reconstructive surgery – Aotearoa New Zealand

The TIPS course is delivered in two components:

1. mandatory pre-course Human Factors modules to be completed prior to the face-to-face component
2. two-day face-to-face component consisting interactive lectures, small group activities, discussions and immersive simulation scenarios. Participants address issues and events that occur in the clinical and operating theatre environment which require skills in communication, teamwork, decision making, conflict resolution and leadership.

After completing the TIPS course, participants will be able to:

- describe the benefits and challenges associated with effective patient-doctor communication in surgical practice
- describe the benefits and challenges associated with effective teamwork and collegial communication in surgical practice
- identify personal strengths and areas for improvement with respect to skills relevant to the above domains
- identify methods for practising and integrating these skills in the workplace
- reflect on achieving appropriate professional behaviours

The TIPS course is not formally assessed. Formative assessment throughout the course aims to improve participants' skills and connect the lessons with clinical applications.

Examinations

Examinations comprise both written format and practical 'clinical' format exams, and the topics being examined are either generic to all surgical Trainees or specialty-specific. SET Trainees' knowledge and skills are formally assessed by a number of examinations.

During the course of training, all SET Trainees, unless otherwise indicated, will undertake:

- Specialty Specific Surgical Science Examination (SSE)*
- Fellowship Examination (Fex)

*The General Surgery SET program has specialty specific online modules in place of an examination, and the Neurosurgery SET program does not include SSE.

Other assessments are conducted in the workplace. Each specialty has established time limits and eligibility requirements for the successful completion of the different components of the examination (refer to individual specialty training regulations).

Specialty Specific Surgical Science Examination

The Specialty Training Board/Committee will determine which Specialty Specific examination (SSE) a

Trainee must undertake and timelines. Each SSE must be completed in accordance with each Specialty's requirements:

- Cardiothoracic Surgery – Cardiothoracic Surgical Sciences and Principles (CSSP)
  - Examination structure
  - Syllabus and recommended reading
- Orthopaedic Surgery – Orthopaedic Principles and Basic Science Examination (OPBS)
  - Examination structure
  - Syllabus and recommended reading
- OHN Surgery – Surgical Science Examination in OHNS
  - Examination structure
  - Syllabus and recommended reading
- Paediatric Surgery – Paediatric Anatomy & Embryology (PAE) Examination and the Paediatric Pathophysiology (PPE) Examination.
  - PAE Examination structure
  - PPE Examination structure
  - Syllabus
- Plastic & Reconstructive Surgery – Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSP)
  - Examination structure
  - Syllabus and recommended reading
- Urology - Surgical Science Examination in Urology
  - Examination structure
  - Syllabus and recommended reading
- Vascular Surgery –Surgical Science Examination in Vascular Surgery
  - Guidance on the examination
  - Examination structure
  - Practice exams
  - Recommended reading

Refer to the relevant Conduct of SSE Examination Policy on the RACS website.

Fellowship Examination

The Fellowship Examination (Fex) comprises both written and clinical/viva components. Across most specialties, the examination consists of seven segments: two written segments and five clinical/viva segments. For Vascular Surgery, the examination comprises one written segment and six clinical/viva segments.

From 2027, the Fellowship Examination will be uncoupled. Candidates must achieve at least one pass in the written component before progressing to the clinical/viva component of the examination.

The Fellowship Examination assesses candidates' knowledge, clinical skills, judgement, decision-making, and professional competencies to ensure they are safe and competent to practise as surgeons. The examination is blueprinted to the specialty curriculum, and examiners assess candidates against agreed marking criteria and the required standard.

Each Specialty Court of Examiners determines the content and assessment requirements for its examination. Candidates will be advised of any specialty-specific examination components. Updates to the format or delivery of the Fellowship Examination will be published on the RACS website within a reasonable timeframe before the examination.

To be eligible to sit the Fellowship Examination, a Trainee must:

1. Be registered as an accredited Trainee of the College.
2. Have satisfied all specialty-specific training requirements as determined by the relevant Specialty Training Board or Committee.

Specialty Training Boards and Committees determine the training program requirements that must be completed before a Trainee is eligible to apply for and present at the Fellowship Examination.

A Trainee who has been assessed by their Specialty Training Board or Committee as having satisfactorily completed all required training and who is considered adequately prepared will be approved to present for the examination.

For detailed information about the Fellowship Examination, including examination processes, conduct, assessment requirements, and candidate responsibilities, refer to the Conduct of the Fellowship Examination Regulation and the Notes to Candidates, available on the RACS website.

Fellowship Examination

The Fellowship Examination comprises a written component and a clinical/viva component. These are made up of seven (7) segments in total, which for most specialties is divided into two (2) written segments and five (5) clinical/viva segments, except for Vascular Surgery which is divided into one (1) written segment and six (6) clinical/viva segments.

From 2025, the Fellowship Examination is uncoupled. All candidates will need to achieve at least one pass in the written component of the Fellowship Examination to progress to the clinical/viva component of the exam.

The Fellowship Examination assesses the knowledge, clinical skills, judgement, and decision-making and professional competencies of candidates, to ensure that they are safe and competent to practice as surgeons. The examination is blueprinted to the specialty curriculum, and examiners use agreed marking guidelines to assess against the required standard.

The Specialty Court of Examiners establishes the content of their examination, and candidates are notified about the components that are specific to their Specialty. Any updates to the format of the Fellowship Examination are posted on the RACS website within a reasonable timeframe before the examination. To sit the Fellowship Examination, a Trainee must:

1. Be registered as an accredited Trainee of the College
2. Have satisfied the specialty specific requirements of training by the Specialty Training Board/Committee.

The Specialty Training Boards/Committees determine the surgical training program that must be completed by a Trainee. Each Specialty Training Board/Committee determines the elements of the training program that must be completed before a Trainee is eligible to apply and present for the Fellowship Examination.

A Trainee who is assessed by their Speciality Training Board/Committee as having satisfactorily completed all requirements and is adequately prepared will be approved to present for the examination. Refer to the Conduct of the Fellowship Examination Policy available on the RACS website.

Research

Research is strongly encouraged by RACS, and some Specialty Training Boards/Committees specify that a research requirement must be completed as part of the SET program.

The research requirement may include (but is not limited to):

- presentation of a paper/poster display at a meeting for which abstracts are subject to review and selection.
- a publication in a journal which referees all manuscripts.
- a dissertation with a written review of a clinical problem, together with a critical literature review.
- a period of full-time research.
- a research based higher degree at Masters level or above.

Training Status Variation

Some Trainees may need to interrupt or undertake a period of flexible training during their time in the SET Program. Flexible training is defined as training that is undertaken at less than full-time equivalent during a clinical rotation.

There are several means by which Trainees may apply for variations to their training.
Further details can be found in the RACS Trainee Registration and Variation Policy available on the RACS website under Surgical Education and Training (SET) Policies.

Information on the specific requirements for each specialty are also included in their training regulations.

Extension of Deferral, Interruption & Flexible Training

Decisions to grant applications for extensions of deferral, interruption or flexible training are made by the relevant Specialty Training Board/Committee in accordance with specialty regulations. These decisions take into account:

- the reasons for the request
- the Trainee's progress to date, and
- logistical considerations

Leave Entitlements

RACS is working closely with the RACSTA Committee on portability of leave entitlements for Trainees with the aim to establish agreements from all Australian states, territories, and Aotearoa New Zealand to support reciprocal leave entitlements.

Flexible Training

RACS supports flexible surgical training. It increases diversity in the surgical workforce by increasing the appeal of surgical training to more candidates and enables Trainees to broaden their focus and pursue wider interests while training.

Flexible training refers to less than full-time training and is available to all Trainees, regardless of gender. Increasing numbers of surgical Trainees in Australia and Aotearoa New Zealand are benefiting from training in a flexible manner.

For more information refer to the RACS website or download the Flexible Training Toolkit.

Recognition of Prior Learning (RPL)

It is recognised that Trainees entering SET may have gained prior medical training or experience which is comparable to particular components of the RACS SET program in terms of learning outcomes, competency outcomes, and standards. The RACS Recognition of Prior Learning Policy is available on the RACS Website under Surgical Education and Training (SET) Policies. Some Specialty Training Boards/Committees may recognise prior learning and details for individual programs can be found in their specialty regulations.

Note: recognition of prior learning is available only for the specific components identified within the policy.

Fees

The SET fee is charged annually to surgical Trainees. It consists of two components:

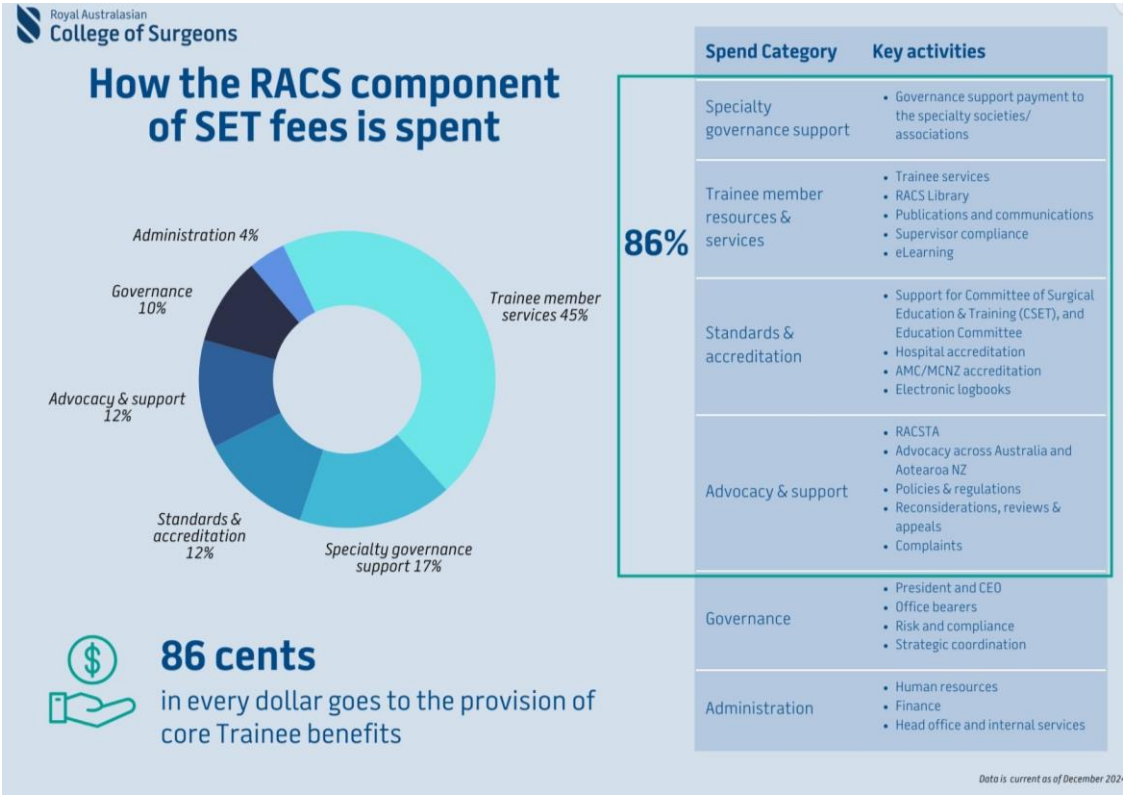
1. **The RACS SET fee:** This is charged at the same rate to Trainees of all specialties (although weighting will be applied to those on part time or interrupted training). It funds RACS' training accreditation, legal, compliance and regulatory requirements as well as education-related activities and resources and includes RACS membership and the Wellbeing Support Program. Find out more about the benefits we offer to Trainees.
2. **The specialty SET fee:** This funds the delivery of each specialty training program. The rate is set by the specialty training boards/committees and will differ depending on which of RACS' nine surgical specialties a Trainee is pursuing and which country they are training in (Australia or Aotearoa New Zealand).

The SET fee invoices are sent to Trainees mid-December and are due mid-January (either to be paid in full or the first partial instalment paid).

Whilst the College does not have a specific financial hardship policy, RACS provides for financial hardship considerations in the application of fee relief or loan arrangements of any RACS fee. Any Trainee who is experiencing financial hardship may apply for fee relief for consideration.

The RACS component of SET fees

The spend breakdown below shows 86% of the RACS component of SET fees goes towards the provision of core Trainee benefits.



To see the full fee list for pricing of other College activities including assessment, professional development and events visit College fees .

Surgical Specialties

Surgical Specialties

Cardiothoracic Surgery

Cardiothoracic Surgery is the medical specialty dedicated to the surgical management of intrathoracic diseases and abnormalities. The Cardiothoracic Surgeon may perform surgical procedures that involve the lung, heart, and/or the great vessels. The SET Program in Cardiothoracic Surgery is designed to provide Trainees with clinical and operative experience, to enable them to manage both cardiac and thoracic conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline. The SET program in Cardiothoracic Surgery operates in Australia and Aotearoa New Zealand and is administered by RACS.

Duration

The Program is structured over a six (6) year sequential curriculum as follows:

SET 1-6 Satisfactory completion of 12 six (6) month terms and six (6) years of satisfactory operative experience in Cardiothoracic Surgery training.

Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5	SET 6
SURGICAL ROTATIONS						
Cardiothoracic Surgery Training	✓	✓	✓	✓	✓	✓
ASSESSMENT						
Trainee Evaluation Report	✓	✓	✓	✓	✓	✓
MALT Logbook	✓	✓	✓	✓	✓	✓
DOPS	✓	✓	✓	✓	✓	✓
Longitudinal Requirement Form	✓	✓	✓	✓	✓	✓
Self-Evaluation	✓					
Rotation Evaluation	✓					
360 Degree Evaluation Survey	✓					
Thesis Requirement *	✓	✓	✓	✓		
2 Publications	✓	✓	✓	✓	✓	✓
EXAMINATIONS						
Surgical Sciences and Principles (CSSP)		✓	✓	✓		
Fellowship Examination					✓	✓
COURSES						
ASSET Course **	✓					
Annual Cardiothoracic Course	✓	✓	✓	✓	✓	✓
MEETINGS						
ANZSCTS Meeting	✓	✓	✓	✓	✓	✓
ANZSCTS ASM Trainee wetlab	✓	✓	✓	✓	✓	✓

* The Thesis must be submitted within four (4) years of commencing SET training.

** Trainees selected for SET training starting in 2027 will not be required to complete the ASSET course.

General Surgery in Australia

A General Surgeon is a surgical specialist engaged in the comprehensive care of surgical patients and in some situations the General Surgeon may require knowledge of the whole field of surgery. A General Surgeon is frequently the one first confronted with the acutely ill or injured person and is responsible for the early investigation of the obscure surgical illness.

The General Surgery Education and Training (GSET) Program in Australia is administered by General Surgeons Australia (GSA).

The overall objective of the GSET Training program is to ensure that the graduating General Surgery Trainee has the competencies and skills required to undertake core General Surgery procedures, be able to participate independently in an acute on call general surgical roster and be competent across the RACS Core Competencies.

GSET is a five (5) year training program structured into two (2) stages – Core and Principal.

Core Training	GSET Levels 1 – 3 and focuses on the foundation skills relating to general surgery
Principal Training	GSET Levels 4 – 5 where the Trainees' involvement and clinical complexity is increasing

Training Requirements

	GSET1	GSET2	GSET3	GSET4	GSET5
SURGICAL ROTATIONS					
General Surgery six (6) month rotations	✓ ü	✓	✓	✓ ü	✓ ü
ASSESSMENT					
In Training Assessment	✓	✓	✓	✓	✓
Logbook Points – 400 points per six (6) month rotation	✓	✓	✓	✓	✓
Logbook – Endoscopy – 200 prior to Fellowship	✓	✓	✓	✓	✓
Logbook – Colonoscopy – 100 prior to Fellowship	✓	✓	✓	✓	✓
Research Requirement – 300 points	✓	✓	✓	✓	✓
Entrustable Professional Activities (EPAs)	✓	✓	✓	✓	✓
Procedure Based Activities (PBAs)	✓	✓	✓	✓	✓
SEAM (SURGICAL EDUCATION AND ASSESSMENT MODULES)					
Content and Assessment Modules	✓	✓			
EXAMINATIONS					
Fellowship Examination				✓	✓
COURSES[3]					
ASSET Course	✓	✓	✓		
CCrISP® Course	✓	✓	✓		
ATLS Course (Former EMST)	✓	✓	✓		
TIPS	✓	✓	✓	✓	✓
EDUCATIONAL SESSIONS					
GSA Trainee Days	✓	✓	✓	✓	✓
Regional Educational Sessions	✓	✓	✓	✓	✓

General Surgery in Aotearoa New Zealand

General Surgery is the broadest surgical specialty and encompasses the comprehensive care of patients with a wide range of surgical conditions, including emergency, elective and complex surgical presentations. General Surgeons are trained to provide safe, effective and evidence-based care across the continuum of surgical management and are frequently responsible for the initial assessment and management of acutely ill or injured patients.

The General Surgery Education and Training (GSET) Programme in Aotearoa New Zealand is governed by AoNZCIGS and administered by NZAGS under agreement with RACS. The programme is competency-based and designed to ensure graduates are able to independently manage core General Surgical practice while demonstrating the RACS competency framework.

Duration

The Programme is structured over five (5) years as follows: Core Training (GSET 1-3) and Principal Training (GSET 4-5). **GSET 1-5** satisfactory completion of at least ten x six (6) month terms in posts accredited by the Aotearoa New Zealand Committee in General Surgery (AONZCiGS).

Training Requirements

	GSET1	GSET2	GSET3	GSET4	GSET5
SURGICAL ROTATIONS					
General Surgery Training	✓	✓	✓	✓	✓
ASSESSMENT					
In Training Assessment Forms	✓	✓	✓	✓	✓
Personal Development and Learning Plan (PDLP)	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement[1]					✓
Research requirement		Pre-approval	Ongoing	Ongoing	Completed
Entrustable Professional Activities (EPAs)	✓	✓	✓	✓	✓
Procedure Based Activities (PBAs)	✓	✓	✓	✓	✓
SEAM (SURGICAL EDUCATION AND ASSESSMENT MODULES)					
Content and Assessment Modules	✓	✓			
EXAMINATIONS[2]					
Fellowship Examination				✓	✓
COURSES[3]					
ASSET Course	✓	✓	✓		
CCrISP® Course	✓	✓	✓		
CLEAR Course	✓	✓	✓	✓	✓
ATLS Course (Former EMST)	✓	✓	✓		
TIPS	✓	✓	✓	✓	✓
Sedation Training online course	✓	✓	✓		
EDUCATIONAL SESSIONS[4]					
NZAGS Trainee Days	✓	✓	✓	✓	✓

1. The Research Requirement must be completed prior being awarded Fellowship of the Royal Australasian College of Surgeons.
2. Eligibility to present for the Fellowship Examination is determined by successful completion of the required clinical, educational and assessment milestones. Trainees granted Accelerated Learning may become eligible prior to completion of GSET5.

3. Courses are listed at the latest GSET level they must be completed in order to progress through GSET. Courses may be undertaken prior to the GSET level indicated.
4. Trainees commencing from 2022 onwards must attend at least eight (8) NZAGS Training Days over the course of their training. Successful completion of DSTC may be used in place of two training days.

Neurosurgery

Neurosurgery provides for the operative and non-operative management of disorders that affect the central, peripheral and autonomic nervous system, including their supportive structures and vascular supply. This includes prevention, diagnosis, evaluation, treatment, critical care and rehabilitation as well as the operative and non-operative management of pain.

Neurosurgery encompasses disorders of the brain, meninges, skull and their blood supply including the extracranial carotid and vertebral arteries, disorders of the pituitary gland, disorders of the spinal cord, spinal cord meninges and spine, including cranial and peripheral nerves.

The SET Program in Neurosurgery operates in Australia and Aotearoa New Zealand and is administered by the Neurosurgical Society of Australasia.

Duration

The Program is structured on a three-level sequential curriculum to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective. The SET Program - Neurosurgery can be completed in a minimum of five (5) years full-time equivalent and a maximum of nine (9) calendar years from commencement.

Training Requirements

	BASIC	INTERMEDIATE	ADVANCED
SURGICAL ROTATIONS			
Neurosurgery Training	✓	✓	✓
ASSESSMENT			
Professional Performance Assessment	✓	✓	✓
Direct Observation of Procedural Skills Assessments	✓	✓	✓
Logbook and case requirements	✓	✓	✓
Research Project		✓	
Research Presentation		✓	
Research Publication			✓
EXAMINATIONS			
Fellowship Examination			✓
COURSES			
ATLS Course (Former EMST)	✓		
MEETINGS			
Neurosurgical Training Seminars	✓	✓	✓

Orthopaedic Surgery in Australia

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin. These elements make up the musculoskeletal system. The physicians who specialise in this area are called Orthopaedic surgeons. Orthopaedic surgeons are involved in all aspects of heath care pertaining to the musculoskeletal system. They use medical, physical and rehabilitative methods as well as surgery.

The SET Program in Orthopaedic Surgery is administered in Australia by the Australian Orthopaedic Association (AOA) and is called the AOA 21 Training Program.

Duration
The program is competency based, however there is a minimum duration of four (4) years.

Training Requirements

	Introduction to Orthopaedics (minimum of 12 months)	**Core Orthopaedics** (minimum of 24 months)	**Transition to Practice** (minimum of 12 months)
SURGICAL ROTATIONS			
Orthopaedic Surgery AU Training	✓	✓	✓
ASSESSMENT			
In Training Assessment Forms (Performance Appraisals, Progress Reviews, Workplace Based Assessments)	✓	✓	✓
Orthopaedic Modules	✓	✓	✓
Feedback Entries	✓	✓	✓
Electronic Logbook (eLog)	✓	✓	✓
Research Pathway Approval	✓		
Research Requirement			✓
Bone School		✓	✓
EXAMINATIONS – ONLY 1 SUCCESSFUL ATTEMPT IS REQUIRED			
Orthopaedic Principles and Basic Science Surgery Examination (OPBS)	✓		
Fellowship Examination		✓	
COURSES – ONLY 1 SUCCESSFUL ATTEMPT IS REQUIRED			
Bone Camp	✓		
CCrISP® Course	✓		
TIPS Course	✓		
ATLS (Former EMST Course)		✓	
AOA 21 Workshops			✓

Orthopaedic Surgery in Aotearoa New Zealand

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin. These elements make up the musculoskeletal system. The physicians who specialise in this area are called Orthopaedic Surgeons. Orthopaedic Surgeons are involved in all aspects of care pertaining to the musculoskeletal system.

The SET Program in Orthopaedic Surgery is administered in Aotearoa New Zealand by the New Zealand Orthopaedic Association (NZOA).

Duration

Training is structured over a five (5) year period of training. Each training year is split into four (4) quarters, with assessment requirements per quarter.

Training Requirements

	SET1	SET2	SET3	SET4	SET5
SURGICAL ROTATIONS					
Orthopaedic Surgery NZ Training	✓	✓	✓	✓	✓
ASSESSMENT					
Quarterly Run Assessment completed at end of each Quarter	✓	✓	✓	✓	✓
Electronic Logbook (eLog)	✓	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓	✓
Workplace Based Assessments	✓	✓	✓	✓	✓
Feedback Entries	✓	✓	✓	✓	✓
EXAMINATIONS – ONLY 1 SUCCESSFUL ATTEMPT IS REQUIRED					
Orthopaedic Principles and Basic Science Surgery Examination	✓	✓	✓		
Fellowship Examination					✓
COURSES – ONLY 1 SUCCESSFUL ATTEMPT IS REQUIRED					
ASSET Course	✓	✓			
CCrISP® Course	✓	✓			
CLEAR Course	✓	✓			
ATLS (Former EMST Course)	✓	✓			
EPiC	✓				

*The NZOA has reinstated the requirement for the Clinical Exam to be passed prior to a 2025 application to SET. For the 2025 intake (2024 application year) the NZOA requirement is that it must be passed by the end of SET 2.

Otolaryngology Head and Neck Surgery

Practitioners of otolaryngology head and neck surgery are specialist surgeons who investigate and treat conditions of the ear, nose, throat and neck.

The SET Program in Otolaryngology Head and Neck Surgery is administered in Australia by the Australian Society of Otolaryngology Head & Neck Surgery (ASOHNS), and in Aotearoa New Zealand conjointly by the New Zealand Society of Otolaryngology, Head & Neck Surgery (NZSOHNS) and the Aotearoa New Zealand office of the College.

Duration
The SET Program in Otolaryngology Head and Neck Surgery is conducted over an average of five (5) years and it includes compulsory six (6) month rotations in Paediatric and Head and Neck surgery.

Training Requirements**

	Novice	Intermediate	Competent
SURGICAL ROTATIONS			
Otolaryngology Head and Neck Surgery Training	✓	✓	✓
PROCEDURES			
60 x Temporal Bone Dissection Exercices		✓	
Tympanoplasty Audit		✓	
500 Type A & 500 Type B Procedures			✓
ASSESSMENT			
In Training Assessment Forms	✓	✓	✓
Logbook	✓	✓	✓
Research **Pre-Approval**		✓	
Research Completion			✓
CBDs		✓	✓
DOPS	✓		
Mini-CEX	✓	✓	
PBAs	✓	✓	✓
EXAMINATIONS			
Surgical Science Examination (SSE) in Otolaryngology	✓		
Fellowship Examination			✓
COURSES			
ASSET Course	✓		
CCrISP® Course	✓		
ATLS (Former EMST Course)	✓		
Functional Endoscopic Sinus Surgery (FESS) x 1 and/or a Board Approved Course	✓		✓
Head and Neck Course			✓
Temporal Bone Course x2	✓		✓
Online Temporal Bone Course (Effective 2021)	✓		
EDUCATIONAL MEETINGS			
ASOHNS / NZSOHNS ASM **/ Frontiers in Otolaryngology x 3**	✓	✓	✓
Registrar Annual Training Seminar (NZ) *	✓	✓	✓
Robert Guerin Annual Memorial Trainees Meeting (AU) *	✓	✓	✓
Weekly Tutorials	✓	✓	✓

*Unless sat and passed Fellowship Examination

**Correct as at November 2020

Paediatric Surgery

Paediatric Surgeons have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Paediatric surgeons normally deal with non-cardiac thoracic surgery, general paediatric surgery and paediatric urology. Their responsibilities include involvement in the antenatal management of congenital structural abnormalities, neonatal surgery and oncological surgery for children.

The Paediatric Surgery program is divided into three SET levels (Early, Mid and Senior). Early SET is usually completed in two (2) years. Early SET is considered complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved. The first year of the program is a provisional year with some additional assessments and specific supervision to ensure smooth transition into surgical training. Mid and Senior SET is complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved, usually over four (4) years.

Duration

The Program is structured over a six (6) year sequential curriculum as follows:

Training Requirements

	EARLY SET	MID SET	SENIOR SET
SURGICAL ROTATIONS			
Paediatric Surgery Training	✓	✓	✓
ASSESSMENT			
In Training Assessment Forms	✓	✓	✓
Research Requirement		✓	
MALT Logbooks	✓	✓	✓
Progressive Non-Operative Logbook	✓	✓	✓
Mini-CEX	✓		
360 Degree Evaluation Survey	✓		
CATS	(Early SET 2 only)	✓	(Optional)
DOGS		✓	✓
MOUSE	✓	✓	✓
Mandatory Presentations (1st year of SET)	✓		
COURSES			
ATLS (Former EMST Course)	✓		
EMSB Course	✓		
EXAMINATIONS			
Paediatric Anatomy & Embryology Examination	✓		
Paediatric Pathophysiology Examination		✓	
Fellowship Examination			✓
MEETINGS			
Registrar Annual Training Seminar	✓	✓	✓
Scientific Meetings (ANZAPS or RACS ASC)	✓	✓	✓

Plastic and Reconstructive Surgery in Australia

Plastic and Reconstructive Surgery is a wide-ranging specialty involving manipulation, repair and reconstruction of the skin, soft tissue and bone. Plastic surgery is a specialty not restricted to one (1) organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties. Read the Graduate Outcome Statement for more information.

Plastic and reconstructive surgery Curriculum covers a broad range of conditions affecting children and adults. Areas of practice include skin and soft tissue cancers; burns and other skin and soft tissue conditions; hand and upper limb surgery; breast reconstruction; craniomaxillofacial surgery, head and neck surgery; reconstruction of the chest, trunk, perineum and lower limbs; and aesthetic and cosmetic surgery. The specialty also encompasses paediatric plastic surgery, microsurgery and gender affirming surgery.

The SET Plastic and Reconstructive Surgery Program is administered and managed in Australia by the Australian Society of Plastic Surgeons Inc. (ASPS) and is a hybrid of time and competence.

Rural Pathway in Plastic and Reconstructive Surgery
The Australian Board of Plastic and Reconstructive Surgery has introduced a Rural Pathway commencing with the 2028 intake (2027 applications) to support the development of a surgical workforce serving regional, rural and remote communities. The pathway combines accredited rural training posts with metropolitan rotations to provide the breadth of experience required to complete SET. Applicants must meet the eligibility and selection requirements specified in the applicable Selection Regulations. Trainees appointed through the pathway must meet the same training and assessment standards as all other SET trainees and commit to completing their allocated Rural Pathway program. Withdrawal from the Rural Pathway while remaining in SET is only permitted in exceptional circumstances, with the Board's written approval.

Duration of Training
Trainees commence competency-based training in Early SET progressing through Mid SET to Late SET. Each rotation is six (6) months in duration and includes various formative assessments for learning and concludes with a summative assessment of learning. Typically, Trainees should complete training in five (5) years. Nine (9) years is the maximum permitted time to complete SET training requirements. Flexible training is permitted after 12 months of full-time training is completed.

Training Requirements

	Early SET	Mid SET	Late SET
SURGICAL ROTATIONS (6 months each)			
Plastic and Reconstructive Surgery Training	✓	✓	✓
Minimum time (4 years)	12 months	24 months	12 months
Maximum time (9 years cumulative)	24 months	48 months	36 months*
ASSESSMENT			
Logbook	✓	✓	✓
Research Requirement**	✓	✓	✓
Quarterly Trainee Progress Review	✓	✓	✓
Workplace Based Assessment	✓	✓	✓
Entrustable Professional Activity (EPAs)***	✓	✓	✓
EXAMINATIONS			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓		
Fellowship Examination			✓
COURSES			
ASSET Course	✓		
CCrISP® Course	✓		

ATLS (Former EMST Course)	✓		
Emergency Management of Severe Burns (EMSB)			✓
MEETINGS			
Registrars Annual Training Seminar	✓	✓	✓

* Trainees are not allocated to an accredited training post after the maximum time in Late ET has passed.

****** Research must be completed before the end of SET and can be undertaken at any time during SET. Annual research milestones are also required.

*** EPA targets differ between stages of training to match the development of competence.

Plastic and Reconstructive Surgery in Aotearoa New Zealand

Plastic and Reconstructive Surgery is a versatile field that involves the manipulation, repair, and reconstruction of the skin, soft tissues, and bone. Plastic surgery is not restricted to one (1) organ or tissue type and encompasses a wide range of procedures. The primary goal is to preserve or restore form and function, often in collaboration with other medical professionals.

The SET Plastic and Reconstructive Surgery Program is administered in Aotearoa New Zealand by the New Zealand Association of Plastic Surgeons Te Kāhui Whakamōhou Kiri (NZAPS/TKWK).

Duration

Trainees begin training in SET1 (Year 1) and are expected to complete training in a minimum of five (5) years and a maximum of no more than nine (9) years.

Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5
SURGICAL ROTATIONS					
Plastic and Reconstructive Surgery Training	✓	✓	✓	✓	✓
ASSESSMENT					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*	✓	✓	✓	✓	✓
Trainee Progress Review	✓	✓	✓	✓	✓
BURNS ROTATION					
Burns Rotation**					✓
EXAMINATIONS					
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓	✓			
Fellowship Examination					✓
COURSES					
ASSET Course	✓				
CCrISP® Course	✓				
ATLS (Former EMST Course)	✓				
Emergency Management of Severe Burns (EMSB)		✓			
TIPS Course	✓	✓	✓		
PSEN Modules					
Module 1	✓				
Modules 2-6		✓	✓		
Module 7				✓	
Module 8****				✓	
Module 9					✓
MEETINGS					
Australasian SET Induction Conference	✓				
Australasian SET Registrar Conference	✓	✓	✓	✓	✓
NZ PRS Training weekend	✓	✓	✓	✓	✓

* Research must be completed before the end of SET and can be undertaken at any time during SET.

** Burns rotation must be completed prior to the end of SET.

*** For SET Trainees who commenced training prior to 2025

**** Module 8 is optional and not mandatory

For all trainees commencing training from 2026, the PRSSPE must be completed by the end of SET 2.

Urology

Urology is the medical specialty dedicated to the treatment of men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems. Urologists prescribe and administer medications and perform surgical procedures in the treatment of disease or injury. Urology is a challenging, innovative and technologically advanced surgical subspecialty.

The SET Program in Urology is administered by the Urological Society of Australia and New Zealand (USANZ) and further information on training and selection can be found on the USANZ website.

Program Overview

The Program is competency-based, comprising three (3) stages of training:

- Basic
- Intermediate
- Advanced.

Trainees are required to complete the following ten (10) Entrustable Professional Activities (EPAs) which cover the breadth of the curriculum:

1. Renal Colic
2. Acute Scrotum
3. Acute Urinary Retention
4. Localised Prostate Cancer
5. Lower Urinary Tract Symptoms
6. Haematuria
7. Definitive Stone
8. Renal Mass
9. Neurogenic Bladder
10. Muscle Invasive Bladder Cancer

Training Requirements

	Basic	Intermediate	Advanced
DURATION			
Minimum Duration	12 months	24 months	12 months
Maximum Duration	24 months	60 months (Basic & Intermediate)	36 months
	Maximum duration of the program is 8 years (96 months)		
SURGICAL ROTATIONS			
Urology Training	✓	✓	✓
TEACHING AND LEARNING			
In Training Assessment Report	✓	✓	✓
Logbook	✓	✓	✓
Observed Surgical Performance (OSP)	✓	✓	✓

Observed Patient Consultation (OPC)	✓	✓	✓
Case Based Discussion (CbD)	✓	✓	✓
Multi-Source Feedback (MSF)	✓	✓	✓
EPAs	1,2,3	Any 3 EPAs	Remaining 4 EPAs
RESEARCH			
Clinical Audit Proposal	✓		
Clinical Audit		✓	
Critical Appraisal of a Paper or Topic		✓	
Research Proposal	✓		
Research Project			✓
EXAMINATIONS			
Surgical Science Examination (Urology)	✓		
Fellowship Examination			✓
COURSES			
CCrISP® Course	✓		
ATLS Course (Former EMST)	✓		
CLEAR Course	✓		
Induction Course	✓		
FSSE Course			✓
MEETINGS			
Trainee Week	✓	✓	✓ *
USANZ ASM	✓	✓	✓ *
USANZ Section Meetings	✓	✓	✓ *

** Mandatory attendance in first year of Advanced Training.*

Vascular Surgery

Vascular Surgery is a specialty of surgery in which diseases of the vascular system, or arteries and veins, are managed by medical therapy, minimally-invasive catheter procedures and surgical reconstruction. The SET Program in Vascular Surgery is designed to provide Trainees with clinical and operative experience to enable them to manage patients with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline. At the conclusion of the SET Program in Vascular Surgery, Trainees will have a detailed knowledge of the surgical conditions recognised as belonging to the specialty of Vascular surgery and will be able to perform as independent practitioners, meeting the requirements of all identified RACS competencies.

The Program is administered by the Australian and New Zealand Society for Vascular Surgery (ANZSVS).

Duration

Structured over a five (5) year sequential curriculum of speciality Vascular Surgery training in posts accredited by the Board of Vascular Surgery of the Royal Australasian College of Surgeons.

Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5
SURGICAL ROTATIONS					
Vascular Surgery Training	✓	✓	✓	✓	✓
ASSESSMENT					
In Training Assessment Forms	✓	✓	✓	✓	✓
eLogbook Procedure Tracking	✓	✓	✓	✓	✓
Research & Ultrasound Requirement	✓	✓	✓	✓	✓
Endovascular Procedure Observation	✓	✓	✓	✓	✓
Open Surgery Observation	✓	✓	✓	✓	✓
Consultation Observation	✓	✓	✓	✓	✓
Case Based Discussion	✓	✓	✓	✓	✓
Trainee Tutorials	✓	✓	✓	✓	
360 Degree Evaluation Survey*					
EXAMINATIONS					
Surgical Sciences Examination (SSE) in Vascular Surgery		✓	✓		
Fellowship Examination					✓
COURSES					
ASSET Course	✓				
CCrISP® Course	✓	✓			
ATLS (Former EMST Course)	✓	✓			
Trainee Skills Course	✓	✓	✓	✓	✓

* The Board of Vascular Surgery may use 360 degree assessments at any time during the training year, these assessments are also available to broaden the source of trainee feedback on performance.

**** The RACS General Surgical Sciences Examination is a pre-requisite for Vascular applications to training.**

Contacts

RACS Contacts

Surgical Education and Training Department

SET Program Coordinator
SET Selection Enquiries
P: +61 3 9249 1114
E: SET.Enquiries@surgeons.org
W: www.surgeons.org

Examinations Department

P: +61 3 9249 1280
E: examinations@surgeons.org
W: www.surgeons.org

Indigenous Health Committee

W: www.surgeons.org/about-racs/indigenous-health
E: IndigenousHealth@surgeons.org

Pre-Vocational Coordinator (JDocs)

E: jdocs@surgeons.org
W: www.jdocs.surgeons.org

RACS Trainees' Association

P: +61 3 9249 1212
E: racsta@surgeons.org
W: https://www.surgeons.org/en/Trainees/trainee-association-racsta

Skills Courses Department

P: +61 3 9276 7450
E: skills.courses@surgeons.org
W: www.surgeons.org

Specialty Training Boards and Committees

Cardiothoracic Surgery
Executive Officer
Royal Australasian College of Surgeons
P: +61 3 9276 7418
E: cardiothoracic.surgery@surgeons.org
W: www.surgeons.org

General Surgery Australia
General Surgeons Australia
E: board@generalsurgeons.com.au
W: www.generalsurgeons.com.au

General Surgery New Zealand
General Manager, Education and Policy
New Zealand Association of General Surgeons
P: +64 4 384 3355
E: ray@nzags.co.nz
W: www.nzags.co.nz

Neurosurgery
Education and Training Officer
Neurosurgical Society of Australasia
P: +61 3 9600 1276
E: set.neurosurgery@nsa.org.au
W: www.nsa.org.au

Orthopaedic Surgery Australia
Training Department
Australian Orthopaedic Association
P: +61 2 8071 8000
E: training@aoa.org.au
W: www.aoa.org.au

Orthopaedic Surgery New Zealand
Education and Training Manager
New Zealand Orthopaedic Association
P: +64 4 913 9898
E: prue@nzoa.org.nz
W: www.nzoa.org.nz

Otolaryngology Head and Neck Surgery Australia
National Education and Training Manager
Australian Society of Otolaryngology Head and Neck Surgery
P: +61 2 9954 5856
E: ohnstrainees@asohns.org.au
W: www.asohns.org.au

Otolaryngology Head and Neck Surgery New Zealand
Executive Officer, Surgical Education and Training (SET), Aotearoa/New Zealand
Royal Australasian College of Surgeons (AoNZ Office)
P: +64 4 385 8247
E: gloria.aumaivao-tasi@surgeons.org
W: www.surgeons.org

Paediatric Surgery
Executive Officer
Royal Australasian College of Surgeons
P: +61 3 9276 7416
E: committee.paediatricsurgery@surgeons.org
W: www.surgeons.org

Plastic and Reconstructive Surgery Australia
National Education and Training Manager
Australian Society of Plastic Surgeons
P: +61 2 9437 9200
E: education@plasticsurgery.org.au
W: www.plasticsurgery.org.au

Plastic and Reconstructive Surgery New Zealand
Training Manager
New Zealand Association of Plastic Surgeons
P: +64 4 803 3020
E: training@plasticsurgery.org.nz
W: www.plasticsurgery.org.nz

Urology
Education and Training Manager
Urological Society of Australia and New Zealand
P: +61 2 9362 8644
E: education@usanz.org.au
W: www.usanz.org.au

Vascular Surgery
Executive Officer
Australian and New Zealand Society for Vascular Surgery
P: +61 413 161 915
E: vascular.board@anzsvs.org.au
W: www.anzsvs.org.au

Other contacts

Australian Indigenous Doctor's Association (AIDA)
P: +61 2 6273 5013
P: 1800 190 498 (Free call)
E: aida@aida.org.au
W: www.aida.org.au

Te Ohu Rata O Aotearoa/Māori Medical Practitioners Association (Te ORA)
E: teora@teora.maori.nz
W: https://teora.maori.nz

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