

# Guide to SET - 2023

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

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# Introduction

Surgery is a demanding but rewarding career. Surgeons make a significant positive impact in peoples' lives and in the wider health and wellbeing of communities. It is a popular choice for early career doctors with approximately 748 applications to all nine specialties in 2021 received for 254 training posts in the 2022 intake.

This Guide provides a general overview of the Surgical Education and Training (SET) Program in the nine specialties of the Royal Australasian College of Surgeons.

Note: Information about SET selection is published in November each year. Please refer to the [2023 Guide to Selection \(2024 Intake\)](#) for detailed information about the SET application process.

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# RACS Overview

RACS' purpose is to promote excellence in surgical training and practice in Australia and Aotearoa New Zealand.

RACS represents around 6,700 Surgeons and 1,300 surgical Trainees and Specialist International Medical Graduates.

Training is offered in nine surgical specialties through the Surgical Education and Training (SET) program:

- **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 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.



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# RACS Committees

There are over 100 Committees at RACS. RACSTA Trainee Representatives sit on many of those, representing Trainee interests. The following RACS Committees allow Trainees to be members without being a representative.

- RACS Trainees' Association (RACSTA)
- Women in Surgery
- Indigenous Health Committee

## RACS Trainees' Association (RACSTA)

All Trainees are automatically members of RACSTA upon entrance to the SET program. RACSTA exists to represent Trainees' interests within RACS and improve surgical education and training, as well as make the Trainee journey as enjoyable, productive and supported as possible.

The RACSTA Committee consists of the executive; six members taking on roles to represent the interests of Education, Training, Support and Advocacy, and Communications portfolios. There are also 13 specialty representatives elected by the respective training boards and eight regional representatives elected by RACSTA who are co-opted to sit on the State/Territory/ Aotearoa New Zealand National Committee. There are also up to three co-opted members to RACSTA.

RACSTA supports Trainees by:

- advocating on matters affecting Trainees.
- conducting a survey at the end of each term of trainees in Aotearoa New Zealand to assess the quality of surgical education and gain valuable feedback.
- holding an induction conference every year to welcome new Trainees, which offers valuable information to help guide them through training and offers a networking opportunity.
- tri-annual newsletters to feedback wins and successes of fellow Trainees as well as keep Trainees up to date with College and RACSTA updates.

Currently, RACSTA is campaigning for transferrable leave entitlements between Australian states and relocation costs for Trainees. In 2022, RACSTA helped bring about financial hardship assistance as part of the RACS' Delegations and Authorities Policy. In addition, a private Facebook group has recently been launched for Trainees.

In the past, RACSTA has played a leading role in creating flexible training arrangements, now available to all Trainees. The Committee were instrumental in creating the RACS policies on safe working hours, breast feeding, and training hospital accreditation. RACSTA lobbied the College on discrimination, bullying, and sexual harassment, leading to the Operate with Respect (OWR) campaign – perhaps the biggest cultural change programme that RACS has ever undertaken.

Find out more about RACSTA or request to be a future RACSTA Committee member by visiting the [RACSTA webpage](#) or [contact](#) the Executive Officer.

## Women in Surgery (WiS)

The RACS [Women in Surgery](#) (WIS) Section encourages all new Trainees (irrespective of gender) to consider joining the Section. The WIS Section elects a committee that works to encourage and advocate for support for Trainees, medical students and Fellows in their pursuit of a surgical career. Further information on the WiS Section can be found on the RACS website.

To join either log into your RACS Portfolio and select the Section under your profile, or email [wis@surgeons.org](mailto:wis@surgeons.org) to express your interest.

## Indigenous Health Committee

The Indigenous Health Committee guides the ongoing review and development of RACS Indigenous health portfolio, to ensure that it continues to meet RACS' aim to improve the health of Aboriginal, Torres Strait Islanders and Māori. The Indigenous Health Committee comprises Māori and Aboriginal Fellows and Trainees and may include non-Indigenous Fellows and Trainees.

### [RACS Indigenous Health position paper 2013](#)

The College submits that Indigenous people would be more likely to present for medical treatment and comply with treatment guidelines if 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 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 may implement a selection initiative to expand opportunities for Aboriginal and Torres Strait Islanders to enter training. Specialties may set aside posts for applicants who: when

- 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 appointment as defined by the Specialty Training Board.

RACS also offers an Indigenous Scholarship Program to support medical graduates who identify as Aboriginal, 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 Committee initiatives, refer to the activities of the [Indigenous Health Committee](#) on the RACS website. See [Contacts](#) for more information.

For more information about the Australian Indigenous Surgical Pathways initiative [click here](#) or to learn more about IHC Indigenous Surgical Pathways initiatives contact [IndigenousHealth@surgeons.org](mailto:IndigenousHealth@surgeons.org)

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## Rural Health Equity Strategic Action Plan

The RACS Rural Health Equity Strategy aims to improve health equity for Remote, Rural and Regional/Provincial people in Australia and New Zealand.

RACS acknowledges its social responsibility to address health inequity, through its levers of selecting, training, retaining and collaborating 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 surgical problems which need the care of all kinds of surgeons.

The RACS Rural Health Equity 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. For more information please refer to the

[Rural Health Equity Strategic Action Plan](#).

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# Health and Wellbeing Programs and Initiatives

## RACS Health and Wellbeing Support Program

As surgeons, your profession is focused improving the health of others, but this can sometimes come at the cost of looking after our own. Being healthy means more than just the absence of ill-health. It encompasses our mental, physical and social wellbeing and it enables us to practice effectively throughout our career.

RACS is committed to supporting the wellbeing of surgical Trainees and offers a variety of wellbeing programs that address:

- emotional stress
- interpersonal conflict
- mental health concerns
- changes to your work environment
- bullying and harassment
- grief and bereavement
- family relationships
- personal crisis or trauma

You can read more about these programs on the [website](#).

## Wellbeing Charter for Doctors

The Wellbeing Charter for Doctors is a collaborative effort by several medical colleges. These colleges have come together to form a Charter that defines and sets out the shared responsibility for supporting doctors' wellbeing in Australia and Aotearoa New Zealand. It demonstrates a unified approach to doctors' wellbeing to advocate with one voice to institutions, governments and policy makers.

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

The RACS Wellbeing Working Group is currently reviewing existing RACS initiatives that support surgeon wellbeing. This includes confidential counselling services through the RACS Support Program as well as research, policies and initiatives that promote a safe and professional surgical workforce.

The [Wellbeing Charter](#) is available on the RACS website.

If you have any feedback or enquiries, please email [wellbeing@surgeons.org](mailto:wellbeing@surgeons.org)





**The SET  
Program**

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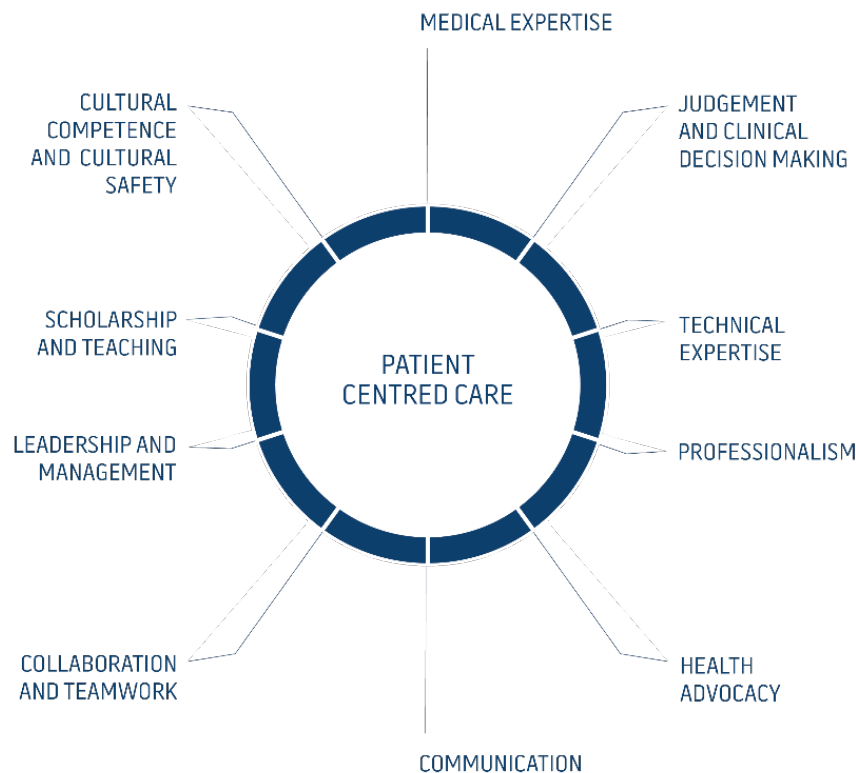
# The SET Program

Surgical Trainees work and train in hospitals under the supervision of experienced surgeons. The training year begins in February in Australia and Aotearoa New Zealand. The main components of SET training are:

- clinical placements (or rotations) in accredited hospital training posts
- short courses
- research
- assessments – including work-based assessments and examinations (generic or specialty-specific)

## Competencies and Training Standards

The SET program is underpinned by 10 RACS competencies.



While on the SET program, Trainees are expected to progress against each of the competencies. Further details on the [RACS competencies](#) are available on the RACS website and in the [Becoming a Competent and Proficient Surgeon](#) booklet.

## 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 and a minimum time in training specified.

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

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# Clinical Placements

Each Specialty Training Board accredits hospital training posts that enable their Trainees to acquire the competencies needed to become consultant surgeons who can practice independently and as part of a multidisciplinary team.

Every year, each Specialty Training Board allocates their Trainees to accredited hospital training posts which align with their individual training needs. See [Appendix 1](#) for information on relocation costs.

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## Training Status Variation

Some Trainees may need to defer, interrupt or undertake a period of part-time training at some point during their time in the SET Program. The following is an overview of the mechanisms by which Trainees may apply for variations to their registration status to undertake periods of deferral, interruption or part-time 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](#).

### Deferral, Interruption & Part-Time Training

Decisions to grant applications for deferral, interruption or part-time training are made by the relevant Specialty Board in accordance with specialty regulations. These decisions take into account:

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

### Parental Leave Entitlements

RACS has worked 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. See [Appendix 2](#) for information on the latest parental 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 may be of interest 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 Boards 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 this policy.

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# Assessments

SET Trainees are assessed through a combination of work-based assessments and examinations. Work-based assessments include Mid-Term and End of Term reports, Direct Observation of Procedural Skills (DOPS) reports, Mini Clinical Examination (Mini-CEX) reports 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 Board are responsible for the in-training evaluation of SET Trainees.

Evaluation forms will not be considered valid unless signed by both the Trainee and their Assessor, Trainees are responsible for the submission of forms and retaining copies for their own records.

## Entrustable Professional Activities (EPA)

EPAs are the essential responsibilities of the specialty that can be left or *entrusted* to the trainee and is a necessary component of workplace based assessments (WBA). EPAs are constructed around daily tasks which describe the knowledge, skills and behaviours required for the level of training and for the task at hand. EPAs make explicit, the everyday judgments supervisors make regarding whether to trust a trainee with a specific task. Day-to-day assessment allows for progression to competence in the context of clinical training and allows the entrustment decision to be made. Multiple assessments over time limit the impact of contextual variations and help the trainee to make more informed decisions while focusing on the end goal of independent practice.

## 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, each Trainee is recommended to keep a record of the management of each patient in which they play a role (entries being made concurrently 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 Board review logbooks at regular intervals.

## Mini-CEX

The Mini Clinical Examination (Mini-CEX) is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback to drive learning. This assessment involves an assessor observing the Trainee interacting with a patient in an unrehearsed clinical encounter in the workplace.

The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide immediate verbal developmental feedback to the Trainee. These assessments are formative and are aimed at guiding further development of clinical skills.

## Surgical DOPS

Direct Observation of Procedural Skills in surgery (Surgical DOPS) is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback to drive learning.

The assessment involves an assessor observing the Trainee performing an operative procedure within the workplace. The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide immediate verbal developmental feedback to the Trainee.

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# Courses

## Skills Courses

Surgical trainees are required to complete a number of Skills Training courses generic to all specialties. Many surgical specialties also deliver specialty-specific courses. Information about these is available in each specialty's regulations.

The skills courses mandated within SET provide an opportunity for Trainees to learn and practice skills in the ten surgical competencies and are taught by an expert faculty. All skills courses include pre-course reading, assessment and online learning.

An overview of the most commonly required skills courses is provided below. Some specialties may specify additional courses that must be completed during various stages of the SET Program. Further information is contained in each specialty's regulations.

### **ASSET course: Australian and New Zealand Surgical Skills Education and Training**

ASSET is a practical two-day course teaching basic surgical skills. Taught by experienced surgeons, attendees benefit from high teacher to student ratios in an intensive, hands on environment.

The ASSET course is mandatory for Trainees in all surgical specialties excluding Neurosurgery and Paediatrics.

The course is delivered in two components. The first component includes ten eLearning modules that are required to be completed prior to the course followed by the classroom component which includes eight modules undertaken over two days.

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

The ASSET course is not assessed; trainees are given direct observational feedback throughout the course.

### **CCrISP® Course: Care of the Critically Ill Surgical Patient**

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

The CCrISP course is mandatory for Trainees in all nine surgical specialties in Australia and Aotearoa New Zealand.

CCrISP comprises of a mandatory pre-course eLearning component and a two and a half-day face-to-face component consisting of lectures and small group teachings.

By completing this course, you 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.

The course runs over two and a half days, and the program includes demonstrations, interactive lectures, practical skill stations and clinical case scenarios.

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.

### **CLEAR Course: Critical Literature Evaluation and Research**

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 all Trainees in General Surgery Aotearoa New Zealand, Neurosurgery, Orthopaedic Surgery Aotearoa New Zealand and Urology Trainees. It is also mandatory for Trainees in General Surgery Australia who are not on the GSET program.

CLEAR comprises of a mandatory pre-course eLearning component and a two-day face-to-face component consisting of lectures and small group teachings.

After completing CLEAR, you 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.

### **EMST Course: Early Management of Severe Trauma**

EMST 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. Adapted from the Advanced Trauma Life Support (ATLS®) course from the American College of Surgeons the course emphasis is on life saving skills and systematic clinical approach.

The EMST course is mandatory for all nine surgical specialties in Australia and Aotearoa New Zealand **and certification lasts for four years.**

The EMST course comprises of a mandatory pre-course eLearning component and a two-day face-to-face component.

After completing the EMST course, a participant 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;
- In a given trauma situation, demonstrate skills that are often required in the initial assessment and treatment of patients with multiple injuries.

The course runs over two and a half days, and the program includes interactive discussions, practical skill stations and clinical case scenarios.

EMST is an assessed course. Participants are required to attend and engage in every session of the course. Participants are assessed on both a written multiple-choice questionnaire and an Initial



Assessment practical exam. Each component must be completed successfully in order to achieve EMST certification,

### **TIPS Course: Training in Professional Skills**

TIPS offers a unique opportunity to learn and practice professional skills relevant to surgery in a safe and supportive learning environment. TIPS is a two-day course focussing on patient-centred care and communicating in teams, recognising the direct impact enhanced communication has on patient outcomes.

The TIPS course is mandatory for all Trainees in General Surgery and Orthopaedic Surgery in Australia and Aotearoa New Zealand, Paediatric Surgery and Plastic and Reconstructive Surgery in Aotearoa New Zealand.

The TIPS course is a combination of pre-course online videos, 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 this course, a participant 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.

### **Overview of specialty course requirements**

	<b>ASSET</b>	<b>CCrISP</b>	<b>CLEAR</b>	<b>EMST</b>	<b>TIPS</b>
<b>Cardiothoracic</b>	SET 1	SET 1		SET 1-2	
<b>General – Au (GSET)</b>	GSET 1-3	GSET 1-3		GSET 1-3	GSET 1-3
<b>General – Au (Other)</b>	SET 2	SET 2	SET 5	SET 2	
<b>General - AoNZ</b>	SET 1-3	SET 1-3	SET 1-3	SET 1-3	SET 1-5
<b>Neurosurgery</b>		SET 1-2	SET 3-4	SET 3-4	
<b>Orthopaedic - Au</b>	SET 1-2	SET 1-2		SET 3-4	SET 1-2
<b>Orthopaedic - AoNZ</b>	SET 1-2	SET 1-2	SET 1-2	SET 1-2	SET 2-3
<b>Otolaryngology Head and Neck</b>	SET 1-2	SET 1-2		SET 1-2	
<b>Paediatric</b>		SET 1-2		SET 1-2	SET 1-4
<b>Plastic &amp; Reconstructive - Au</b>	SET 1-2	SET 1-2		SET 1-2	
<b>Plastic &amp; Reconstructive - AoNZ</b>	SET 1	SET 1		SET 1	SET 1-3
<b>Urology</b>	SET 1	SET 1	SET 1-2	SET 1-2	
<b>Vascular</b>	SET 1	SET 1-2		SET 1-2	

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# 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:

- Clinical Examination (CE)
- Specialty Specific Surgical Science Examination (SSE)
  - The General Surgery SET program has specialty specific online modules in place of an examination
  - The Neurosurgery SET program does not include SSE
- Fellowship Examination (FEx)

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).

## Clinical Examination

The Clinical Examination (CE) is a practical examination designed to assess early SET Trainees (preferably SET 1) in the clinical application of the basic sciences. The emphasis of the CE is on the application of basic science knowledge and understanding and clinical practise relevant to all forms of surgery. Trainees spend nine minutes at each of 16 assessed stations. Examples of tasks include history taking, examination, procedure and communication skills.

The CE is a requirement for some SET (Surgical Education and Training) Programmes. SET Trainees must check with their Specialist Training Board as to whether they are required to sit the CE. This examination must be passed within the first two years of active training and Trainees are permitted a maximum of four attempts. Similarly, some SET programs have mandated the CE as a selection criteria for SET selection. Prevocational candidates are advised to check with the relevant SET training program about the exact timing and requirements for their desired SET program.

Refer to the [Conduct of SET Clinical Examination Policy](#) on the RACS website.

## Specialty Specific Surgical Science Examination

The Specialty Training Board will determine which Specialty Specific examination (SSE) a Trainee must undertake and timelines. The SSE must be completed in accordance with each Specialty's requirements:

- Cardiothoracic Surgery – [Cardiothoracic Surgical Sciences and Principles](#) (CSSP)
- Orthopaedic Surgery - [Orthopaedic Principles and Basic Science Examination](#) (OPBS)
- Paediatric Surgery – [Paediatric Anatomy & Embryology](#) (PAE) Examination and the [Paediatric Pathophysiology](#) (PPP) Examination.
- Plastic & Reconstructive Surgery - Plastic and Reconstructive [Surgical Sciences and Principles](#) Examination (PRSSP)
- [OHN Surgery](#), [Urology](#) and [Vascular Surgery](#) – Surgical Science Specialty Specific (SSE) Examination

Refer to the relevant [Conduct of SSE Examination Policy](#) on the RACS website.

## Fellowship Examination

The Fellowship Examination comprises a written component and a clinical/viva component. These are made up of seven segments in total, which for most specialties is divided into two written segments and five clinical/viva segments.

The Fellowship Examination assesses the knowledge, clinical skills, judgment and decision-making and professional competencies of candidates, in order 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 determines the content of their examination and candidates are advised as to the components of the examination unique to their Specialty. Any changes to the format of the Fellowship Examination will be **updated on our website six months prior to an 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 Board](#).

The Specialty Training Boards determine the surgical training program that must be completed by a Trainee. Each Specialty Training Board 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 Specialty Training Board as having satisfactorily completed all requirements and is adequately prepared will be approved to present for the examination.

A letter of support from the applicant's current supervisor of training and/or Director of Training must be submitted directly to the Trainee's relevant specialty training board if required. A letter of support from the applicant's Regional Training Committee Chair is also acceptable for Orthopaedic Surgery Trainees only.

An application outside the published timeframes will not be accepted.

Refer to the [Conduct of the Fellowship Examination Policy](#) available on the RACS website.

Please note that completion of the Fellowship Examination does not automatically provide a Trainee with a FRACS. Trainees who have successfully completed the Fellowship Examination may apply for Fellowship. Refer to the [Admission to Fellowship Policy](#) on the RACS website.

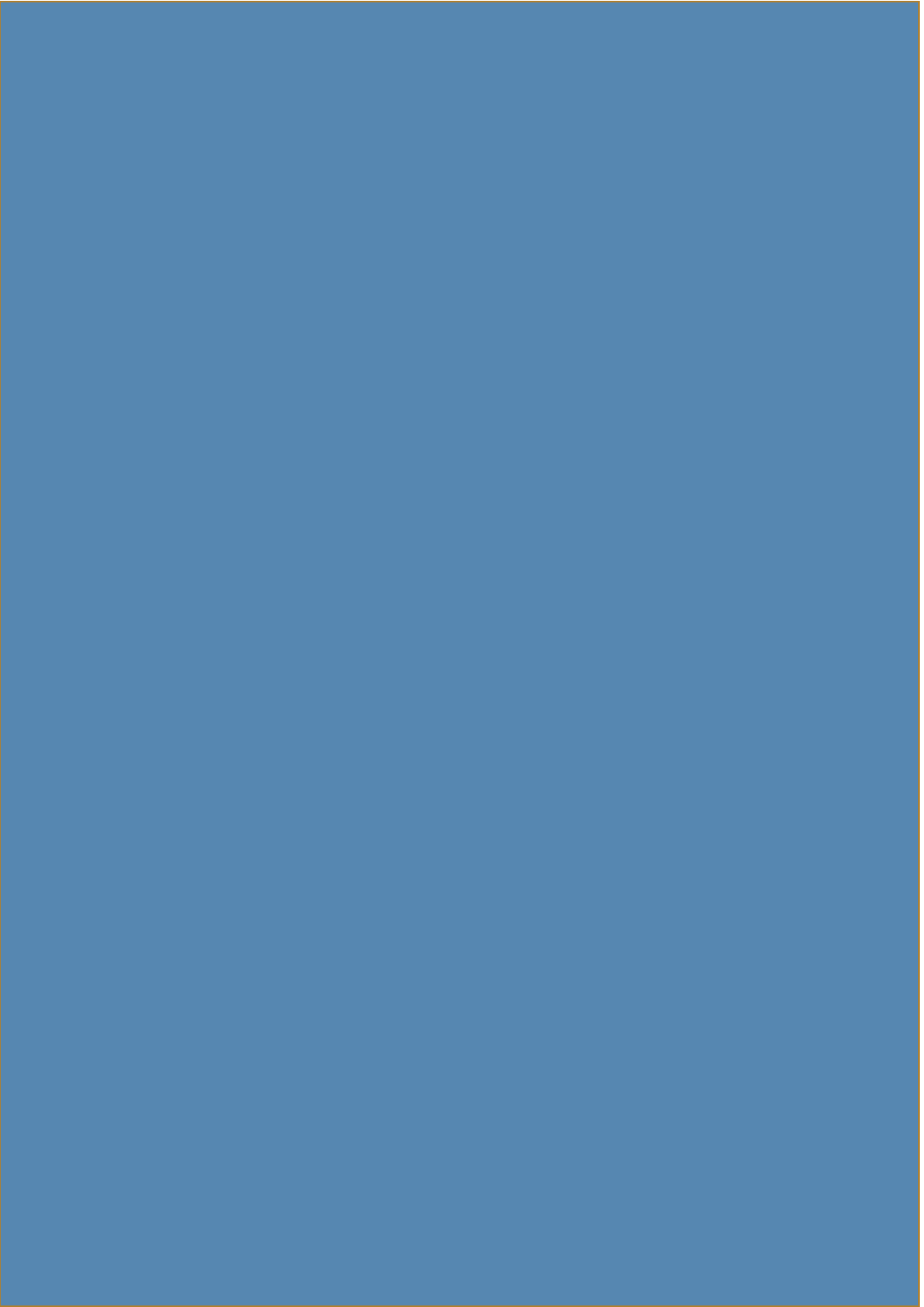
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## Research

All surgical Trainees undertake one or more research projects during SET. Research is strongly encouraged by RACS, and some Specialty Boards specify that a research requirement is 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





# **Surgical Specialties**

# Surgical Specialties

## Cardiothoracic Surgery

Cardiothoracic Surgery is the medical specialty devoted 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.

### Duration

The SET Program in Cardiothoracic Surgery is structured over a six year sequential curriculum as follows:

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

### Training Requirements

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

For further information, please refer to the most recent [Training Regulations](#).

## General Surgery [Australia](#)

General Surgery is the core specialty within the discipline of surgery and is the broadest of the surgical specialties. The 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. The 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 SET and GSET Programs in Australia are administered is by [General Surgeons Australia](#) (GSA).

In 2022, the Australian Board in General Surgery implemented the revised General Surgery Education and Training (GSET) program. 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 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

A diagrammatic representation of the program is depicted below and the GSET Regulations can be found [here](#).

An overview of the development of the GSET program can be found [here](#).

CORE			PRINCIPAL	
GSET1	GSET2	GSET3	GSET4	GSET5
2 Rotations	2 Rotations	2 Rotations	2 Rotations	2 Rotations
100 EPAs to the level of <b>Entrustable</b>			60 EPAs to the level of <b>Entrustable</b>	
37 PBAs to the level - <b>Able to Perform Independently</b>			28 PBAs to the level - <b>Able to Perform Independently</b>	
Skills Courses – EMST, <a href="#">CCrISP</a> , ASSET, TIPS,				
SEAM				
500 Research Points				
1000 Majors with appropriate primary operator rate				
200 Endoscopies and 100 Colonoscopies				
4 GSA Trainees' Days				
Training Committee Educational Sessions				
Fellowship Exam				

**Note:** EPAs - *Entrustable Professional Activities*  
PBAs - *Procedure Based Activities*

Trainees who commenced their General Surgery training in 2021 or prior will remain on the SET (Surgical Education and Training) Program and are governed by those Regulations and the information outlined below.

## SET Program Duration

The SET Program in General Surgery in Australia is structured over four years as follows:

**SET 2-5** satisfactory completion of 8 x six-month terms in posts accredited by the Australian Board in General Surgery (AUBiGS) beyond SET 2.

## Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>SURGICAL ROTATIONS</b>					
General Surgery Training		✓	✓	✓	✓
<b>ASSESSMENT</b>					
In Training Assessment Forms		✓	✓	✓	✓
Logbook		✓	✓	✓	✓
Research Requirement <sup>1</sup>			✓		
<b>SEAM (SURGICAL EDUCATION AND ASSESSMENT MODULES)</b>					
Content and Assessment Modules		✓	✓		
<b>EXAMINATIONS</b>					
Fellowship Examination					✓
<b>COURSES</b>					
ASSET Course		✓			
CCrISP® Course		✓			
CLEAR Course					✓
EMST Course		✓			
<b>EDUCATIONAL SESSIONS<sup>5</sup></b>					
GSA Trainees' Days (AU)		✓	✓	✓	✓

The Research Requirement must be completed prior being awarded Fellowship of the Royal Australasian College of Surgeons.



## General Surgery New Zealand

General Surgery is the core specialty within the discipline of surgery and is the broadest of the surgical specialties. The 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. The 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 GSET Program in New Zealand is administered New Zealand Association of General Surgeons.

### Duration

The GSET Program in General Surgery in New Zealand is structured over five years as follows:

**GSET 1-5** satisfactory completion of at least 8x six-month terms in posts accredited by the Aotearoa New Zealand Committee in General Surgery (AONZCiGS).

### Training Requirements

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

1. The Research Requirement must be completed prior being awarded Fellowship of the Royal Australasian College of Surgeons.
2. Trainees commencing from 2022 are eligible for accelerated learning and may be able to sit the Fellowship Examination in GSET 4.
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 NZAGS Trainee Days over the course of their training.

## 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 Surgical Education and Training Program in Neurosurgery (SET Program) operates in Australia and Aotearoa New Zealand and is administered by the Neurosurgical Society of Australasia.

### Selection Process

Selection into the SET Program is a competitive process which occurs annually.

Anyone intending to apply for selection must register their intention with RACS, by the registration closing date, and pay the RACS registration fee.

After registration, eligible applicants can apply for selection using the neurosurgery online application form during the advertised application period. Those applicants who are eligible will receive direct communication with the link to the application form.

The selection process uses four selection tools, each contributing the following weightings to the overall selection score out of 100:

- Structured Curriculum Vitae 10%
- Neurosurgery Anatomy Examination 30%
- Reference Report 30%
- Semi-Structured Interview 30%

Full details of the selection process can be found in the SET Program section on the Neurosurgical Society of Australasia website at [www.nsa.org.au](http://www.nsa.org.au). They are published in November each year for the selection process the following year.

### Duration

The overall objective of the SET Program is to produce competent independent specialist neurosurgeons 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.

The SET 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 can be completed in a minimum of five years and a maximum of nine years' subject to satisfactory progression through the levels in the timeframes outlined in the Training Program Regulations.

### Training Requirements

	BASIC	INTERMEDIATE	ADVANCED
<b>SURGICAL ROTATIONS</b>			
Neurosurgery Training	✓	✓	✓
<b>ASSESSMENT</b>			
Professional Performance Assessment	✓	✓	✓
Direct Observation of Procedural Skills Assessments	✓	✓	✓
Logbook	✓	✓	✓
Research Requirement		✓	
<b>EXAMINATIONS</b>			
Fellowship Examination			✓
<b>COURSES</b>			
CCrISP® Course	✓		
CLEAR Course		✓	
EMST Course		✓	
<b>MEETINGS</b>			
Neurosurgical Training Seminars	✓	✓	✓

## Orthopaedic Surgery 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 health 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 AOA 21 Training program in Orthopaedic Surgery is competency based, however there is a minimum duration of four years.

### Training Requirements

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

## Orthopaedic Surgery [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

The SET Program in Orthopaedic Surgery is structured over a five-year period of training. Each training year is split into 4 quarters, with assessment requirements per quarter.

### Training Requirements

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

## 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 years and it includes compulsory six-month rotations in Paediatric and Head and Neck surgery.

### Training Requirements\*\*

	Novice	Intermediate	Competent
<b>SURGICAL ROTATIONS</b>			
Otolaryngology Head and Neck Surgery Training	✓	✓	✓
<b>PROCEDURES</b>			
60 x Temporal Bone Dissection Exercises		✓	
Tympanoplasty Audit		✓	
500 Type A & 500 Type B Procedures			✓
<b>ASSESSMENT</b>			
In Training Assessment Forms	✓	✓	✓
Logbook	✓	✓	✓
Research <b>Pre-Approval</b>		✓	
Research Completion			✓
CBDs		✓	✓
DOPS	✓		
Mini-CEX	✓	✓	
PBAs	✓	✓	✓
<b>EXAMINATIONS</b>			
Surgical Science Examination (SSE) in Otolaryngology	✓		
Fellowship Examination			✓
<b>COURSES</b>			
ASSET Course	✓		
CCrISP® Course	✓		
EMST Course	✓		
Functional Endoscopic Sinus Surgery (FESS) x2*	✓		✓
Head and Neck Course*			✓
Temporal Bone Course x2*	✓		✓
Online Temporal Bone Course x 2 Trainees commencing 2021	✓		
<b>EDUCATIONAL MEETINGS</b>			
ASOHNS / NZSOHNS ASM / <b>Frontiers in Otolaryngology x 3</b>			✓
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 Surgery is the specialty that includes surgeons who have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Specialist 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.

**Early SET** Early SET will usually be completed in 2 years. Early SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved. The first year of the program is structured as a provisional year with some additional assessments and specific supervision to ensure smooth transition into surgical training.

**Mid & Senior SET** Mid and Senior SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved, usually over four (4) years.

### Duration

The SET Program in Paediatric Surgery is structured over a 6 year sequential curriculum as follows:

### Training Requirements

	EARLY SET	MID SET	SENIOR SET
<b>SURGICAL ROTATIONS</b>			
Paediatric Surgery Training	✓	✓	✓
<b>ASSESSMENT</b>			
In Training Assessment Forms	✓	✓	✓
Research Requirement	✓	✓	✓
MALT Logbooks	✓	✓	✓
Progressive Non-Operative Logbook	✓	✓	✓
Mini-CEX	✓		
360 Degree Evaluation Survey	✓		
CATS	✓	✓	
DOGS	✓	✓	
MOUSE	✓	✓	✓
Mandatory Presentations (1 <sup>st</sup> year of SET)	✓		
<b>COURSES</b>			
TIPS Course	✓	✓	
CCrISP® Course	✓		
EMST Course	✓		
APLS Course	✓		
EMSB Course	✓		
<b>EXAMINATIONS</b>			
Paediatric Anatomy & Embryology Examination	✓		
Paediatric Pathophysiology Examination		✓	
Fellowship Examination			✓
<b>MEETINGS</b>			
Registrar Annual Training Seminar	✓	✓	✓

## Plastic and Reconstructive Surgery 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 organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties.

The SET Plastic and Reconstructive Surgery Program is administered in Australia by the [Australian Society of Plastic Surgeons Inc. \(ASPS\)](#).

### Selection

Selection into Surgical Education and Training in Plastic and Reconstructive Surgery requires, as a minimum, ICU/emergency department experience, a pass grade in the Generic Surgical Sciences Examination and the Clinical Examination, minimum surgical experience in surgery (any specialty), and in plastic surgery, as well as reference checks. One training position is reserved for an Aboriginal and Torres Strait Islander applicant who satisfies the minimum standard for selection.

### Duration of Training

Trainees commence competency based training in Early SET progressing through to Mid SET and Late SET. Each rotation is 6 months in duration and includes various formative assessments for learning and concludes with a summative assessment of learning. Typically, trainees should complete Surgical Education and Training in Plastic and Reconstructive Surgery in Australia in five years. Nine years is the maximum permitted time to complete SET training requirements. Flexible training is permitted after 12 months of full time training is completed satisfactorily.

### Training Requirements

	Early SET	Mid SET	Late SET
<b>SURGICAL ROTATIONS (6 months each)</b>			
Plastic and Reconstructive Surgery Training	✓	✓	✓
Minimum time (4 years)	12 months	24 months	12 months
Maximum time (9 years)	24 months	48 months	36 months*
<b>ASSESSMENT</b>			
Logbook	✓	✓	✓
Research Requirement**	✓	✓	✓
Trainee Progress Review	✓	✓	✓
Workplace Based Assessments	✓	✓	✓
Entrustable Professional Activities (EPAs)***	✓	✓	✓
<b>EXAMINATIONS</b>			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓		
Practice Examination ****		✓	✓
Fellowship Examination			✓
<b>COURSES</b>			
ASSET Course	✓		
CCrISP® Course	✓		
EMST Course	✓		
Emergency Management of Severe Burns (EMSB)			✓
<b>MEETINGS</b>			
Registrars' Annual Training Seminar	✓	✓	✓

\* Trainees are not allocated to an accredited training post after the maximum time duration passes.

\*\* 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.

\*\*\*\* Observing in Mid SET. Participating in Mid SET and Late SET.

## Plastic and Reconstructive Surgery New Zealand

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 organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties.

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).

Selection into Surgical Education and Training in Plastic and Reconstructive Surgery in New Zealand requires a minimum 26 continuous weeks at Registrar level in a Plastic and Reconstructive Surgery rotation and 26 continuous weeks in any one of the following rotations: General Surgery, Orthopaedic Surgery, Emergency Department, ICU or High Dependency. A pass grade in the Generic Surgical Sciences Examination is required prior to application.

### Duration

Trainees begin training in SET1 (Surgical Education and Training /year one) and are expected to complete a minimum of five years and no more than nine years of Surgical Education and Training in Plastic and Reconstructive Surgery in Aotearoa New Zealand.

### Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5
<b>SURGICAL ROTATIONS</b>					
Plastic and Reconstructive Surgery Training	✓	✓	✓	✓	✓
<b>ASSESSMENT</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*	✓	✓	✓	✓	✓
Trainee Progress Review	✓	✓	✓	✓	✓
<b>BURNS ROTATION</b>					
Burns Rotation**					✓
<b>EXAMINATIONS</b>					
Clinical Examination	✓	✓			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓	✓	✓	✓	
Fellowship Examination					✓
<b>COURSES</b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓				
Emergency Management of Severe Burns (EMSB)		✓			
TIPS Course	✓	✓	✓		
<b>PSEN Modules</b>					
Module 1	✓				
Modules 2-6		✓	✓		
Modules 7-8				✓	
<b>MEETINGS</b>					
Registrar Annual Training Seminar	✓	✓	✓	✓	✓

\* 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.



## 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 Urology program is administered by the [Urological Society of Australia and New Zealand \(USANZ\)](#).

### Duration

The SET Program in Urology is structured over a five year sequential curriculum as follows:

- SET1** Foundations of Urology
- SET2** Advanced Urological Training
- SET3** Advanced Urological Training
- SET4** Advanced Urological Training
- SET5** Transition to Independent Practice

### Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>SURGICAL ROTATIONS</b>					
Urology Training	✓	✓	✓	✓	✓
<b>ASSESSMENT</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*	✓	✓	✓	✓	
Observed Surgical Performance (OSP)	✓	✓	✓		
Observed Patient Consultation (OPC)	✓	✓	✓		
<b>EXAMINATIONS</b>					
Surgical Science Examination (SSE) Urology	✓	✓	✓		
Clinical Examination	✓	✓			
Fellowship Examination				✓	✓
<b>COURSES</b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓	✓			
CLEAR Course	✓	✓			
Induction Course	✓				
FSSE Course					✓
<b>MEETINGS</b>					
Trainee Week	✓	✓	✓	✓	
Regional Education Programs		✓**	✓**	✓**	
USANZ ASM	✓***	✓**	✓**	✓**	
USANZ Sections Meetings	✓***	✓**	✓**	✓**	

\* Must be completed before sitting Fellowship Examination

\*\* Required

\*\*\* Expected

## 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 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 SET Vascular Surgery Program is administered by the [Australian and New Zealand Society for Vascular Surgery](#) (ANZSVS).

### Duration

The SET Program in Vascular Surgery is structured over a five 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
<b>SURGICAL ROTATIONS</b>					
Vascular Surgery Training	✓	✓	✓	✓	✓
<b>ASSESSMENT</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓	✓
DOPS	✓	✓	✓	✓	✓
Mini-CEX	✓	✓	✓	✓	✓
Trainee Tutorials	✓	✓	✓	✓	
360 Degree Evaluation Survey*					
<b>EXAMINATIONS</b>					
Surgical Sciences Examination (SSE) in Vascular Surgery		✓	✓		
Clinical Examination	✓	✓			
Fellowship Examination					✓
<b>COURSES</b>					
ASSET Course	✓				
CCrISP® Course	✓	✓			
EMST Course	✓	✓			
Trainee Skills Course	✓	✓	✓	✓	✓

\* The Board of Vascular Surgery has introduced a 360 degree assessment which will only be required if a trainee has an unsatisfactory rotation; it will also be available to supervisors if they have a satisfactory trainee but want to do a 360 degree assessment to broaden the trainee's awareness beyond technical skills



# Contacts

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# RACS Contacts

## Surgical Training Department

SET Program Coordinator

SET Selection Enquiries

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**E:** [SETEnquiries@surgeons.org](mailto:SETEnquiries@surgeons.org)

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## Examinations Department

Royal Australasian College of Surgeons

**GSSE and Specialty Specific Examinations**

**P:** +61 3 9249 1244

**Clinical Exam**

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## Indigenous Health Committee

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## RACS Trainees' Association

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# Specialty Training Boards

## Cardiothoracic Surgery

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## General Surgery Australia

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## General Surgery New Zealand

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## Neurosurgery

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## Orthopaedic Surgery Australia

Training Department  
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## Orthopaedic Surgery New Zealand

Education and Training Manager  
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## Otolaryngology Head and Neck Surgery Australia

National Education and Training Manager  
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## Otolaryngology Head and Neck Surgery New Zealand

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## Paediatric Surgery

Executive Officer

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## Plastic and Reconstructive Surgery Australia

National Education and Training Manager

National Society of Plastic Surgeons

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## Plastic and Reconstructive Surgery New Zealand

Executive Officer

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## Urology

Education and Training Manager

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## Vascular Surgery

Executive Officer

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# Appendix



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# Appendix 1: Clinical Placements

## Relocation Costs

Trainees are often assigned postings in another state, territory or country (Australia and Aotearoa New Zealand) and this is usually a location of the Trainee's choosing. The cost of relocation for a Trainee is between the Trainee and the hospital health service agreement or enterprise bargaining agreement (EBA).

This agreement is completely dependent on the hospital and health service a Trainee is posted to. Whilst RACS and the Specialty Training Boards are involved with assessing training, they are not the employer of the Trainee. It is an employer's role to provide relocation costs (depending on what has been negotiated with the development of that states award). Depending on the agreement, the Trainee may be covered upfront, reimbursed, receive partial payment or, in some cases, this agreement may require the Trainee to pay for their own relocation costs.

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# Appendix 2: Training Status Variation

## Parental Leave Entitlements

By advice of the AMA, the progress as of December 2020 is as follows:

- Gender specific entitlements in ACT, SA, and QLD
  - NT, TAS, VIC, WA offer the entitlement to the "primary care giver"
- Protected service continuity when returning to home state/territory in NSW (by Ministerial determination), NT (within 12 months), QLD (12 months), SA (if worked for "public" employer), and VIC (public hospital or private sector vocational training work treated as if it occurred in a Victorian public hospital)
  - No protection in ACT or TAS
- Protected service continuity when arriving from another state/territory for the first time in ACT, QLD, SA, VIC, and WA
  - No protection in NSW, NT, TAS (though NSW has recently changed this via a Premier's Memorandum, as noted below.)
- 14 weeks paid leave (NSW only)
  - from 1 July 2021 any public sector employee (regardless of gender) who has the primary responsibility for the care of a newborn child will have access to 14 weeks paid leave. This will initially be by way of the Premier's Memorandum; however, it will then be incorporated into Industrial Awards.



