

Guide to SET - 2025

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 (SET) 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

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 7,100 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 whilst ensuring the Trainee experience is enjoyable, productive, and well-supported.

The RACSTA Committee comprises of current Trainees dedicated to advocacy, education, and support. The executive is made up of six (6) 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 boards/committees and eight (8) regional representatives elected by RACSTA to sit on the State/Territory/Aotearoa New Zealand National Committees. Up to three (3) 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.
- **Surveys:** Conducting an annual survey for Aotearoa New Zealand Trainees to assess surgical education quality and gather feedback. Australian Trainees contribute via the Medical Training Survey (MTS).
- **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 separation of the written and clinical/viva components of the Fellowship exam, effective from 2025.
- Financial hardship assistance

Currently, RACSTA is campaigning for:

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

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 in the surgical profession strengthens collective cultural competence and fosters cultural safety for people from diverse backgrounds who in the past have been less visible in surgery. It increases and improves services to under-served populations and will help ensure that surgeons who are overseas trained, First Nations and other people of colour, feel part of the RACS community and able to contribute fully and safely.

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. This training is now a pre-requisite for application to surgical training.

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.

Feedback and Complaints

Complaints management, and working with employers, are areas of ongoing focus for the College. 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 Programs and Initiatives

RACS Health and Wellbeing Support Program

Doctors are focused on improving the health of others but this can sometimes come at the cost of looking after their own health. Being healthy means more than just the absence of ill-health. It encompasses mental, physical and social wellbeing.

A [RACS Wellbeing Action Plan](#) has been developed to guide wellbeing priorities and initiatives for Trainees, Fellows and Specialist International Medical Graduates.

As part of this, RACS offers a variety of wellbeing programs that address:

- emotional stress
- interpersonal conflict
- mental health concerns
- changes to 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

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 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 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 appointment 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 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, and plans to continue this work with a mentoring scheme
- Scientific and education programs, including the Women in Surgery Breakfast, run at the Annual Scientific Congress (ASC).

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.

Rural Health

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 health 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](#) and [Rural Activities Page](#).

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 open annually in March.

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



**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 train surgeons and maintain surgical standards in Aotearoa New Zealand and Australia. RACS conducts selection, training and assessment to ensure that surgical Trainees become competent surgeons who provide safe, comprehensive surgical care of the highest standard to the communities we serve.

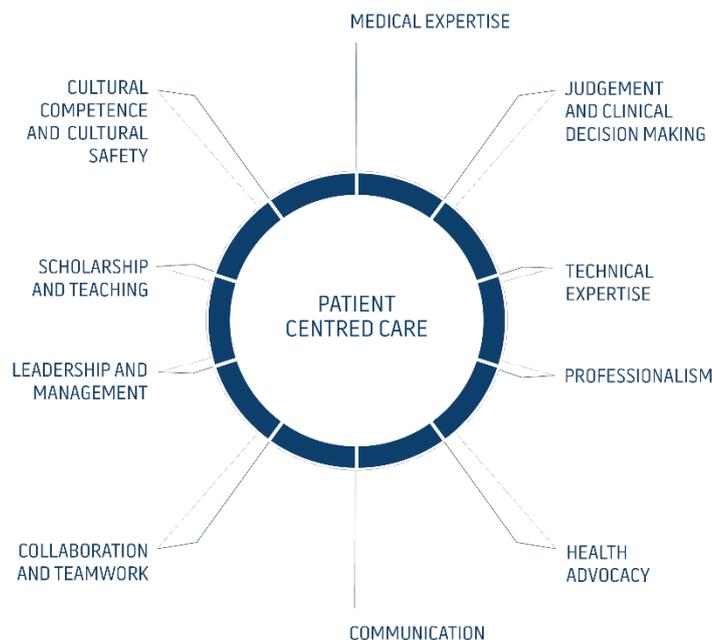
Surgical Trainees work and train in hospitals under the supervision of experienced surgeons. During their period of training, they progress in levels of competency to become a practising specialist surgeon.

The main components of SET 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 ten (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 [Surgical Competence and Performance Guide](#) booklet.

While specialty surgical training may primarily focus on the RACS competencies of medical expertise and technical expertise, this training is complemented by the RACS [Professional Skills Curriculum](#) which describes the knowledge, skills and behaviour expected of surgical Trainees in the other eight (8) RACS competencies. The RACS [Guide to Assessing Professional Skills](#) supports the Professional Skills Curriculum and assists in understanding and assessing the complex skills required in modern surgical training and practice.

Further information about the RACS [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

Each Specialty Training Board/Committee accredits hospital training posts, in accordance with RACS and specialty accreditation standards to ensure that all posts provide appropriate training opportunities and facilitate the training of safe and competent surgeons. More information about Hospital Accreditation standards is available on the RACS website under [Training post accreditation](#).

Every year, each Specialty Training Board/Committee allocates their Trainees to accredited hospital training posts which align with their individual training needs. Over the course of their training by being allocated to a range of accredited hospital training posts, Trainees acquire the competencies needed to become consultant surgeons who can practice both independently and as part of a multidisciplinary team.

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. 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 this activity unsupervised. EPAs are an important component of workplace based assessments in conjunction with other assessments. EPAs are constructed around daily tasks which describe the knowledge, skills and behaviours required for both the level of training and for the task at hand. EPAs make clear the everyday judgments Supervisors make about whether to trust a Trainee with a specific task.

Within the workplace, day-to-day assessment is made of the Trainee's ability to perform the EPAs safely and appropriately under decreasing supervision. 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 and allows the entrustment decision to be made. Multiple assessments over time limit the impact of contextual variations and help Trainees 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, Trainees should 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 Training Board/Committee review logbooks at regular intervals.

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 (10) surgical competencies and are taught by an expert faculty. All skills courses include pre-course reading, assessment and online learning.

Some specialties may specify additional courses that must be completed during various stages of the SET Program. Please refer to specialty's regulations for further information.

ASSET course: Australian and Aotearoa New Zealand Surgical Skills Education and Training

ASSET is a practical two (2) 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, Orthopaedic Surgery Australia and Paediatrics.

The course is delivered in two (2) components. The first component includes ten (10) eLearning modules that are required to be completed prior to the course followed by the classroom component which includes eight (8) modules undertaken over two (2) 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 (9) surgical specialties in Australia and Aotearoa New Zealand.

CCrISP® comprises of a mandatory pre-course eLearning component and a two (2) and a half-day face-to-face component consisting of lectures and small group teachings. It includes demonstrations, interactive lectures, 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.

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. 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 (2) 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.

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 (1) to two (2) 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 (9) surgical specialties in Australia and Aotearoa New Zealand and certification lasts for four (4) years.

The EMST course comprises of a mandatory pre-course eLearning component and a two (2) and a half day face-to-face component. The program includes interactive discussions, practical skill stations and clinical case scenarios.

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

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 (2) 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 Paediatric, Orthopaedic and General Surgery and in 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 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:

- Clinical Examination (CE)
- 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).

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 five (5) minutes in each of 16 assessed stations, with an additional four (4) minutes of reading time. Examples of tasks include history taking, examination, procedure and non-technical skills.

The CE is a requirement for some SET Programs. SET Trainees must check with their Specialist Training Board/Committee as to whether they are required to sit the CE. This examination must be passed within the first two (2) years of active training and Trainees are permitted a maximum of four (4) 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 Clinical Examination Policy](#) on the RACS website.

Specialty Specific Surgical Science Examination

The Specialty Training Board/Committee 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](#) (PPE) Examination.
- Plastic & Reconstructive Surgery - Plastic and Reconstructive [Surgical Sciences and Principles](#) Examination (PRSSP)
- OHN Surgery – [Surgical Science Examination](#) in OHNS
- Urology - [Surgical Science Examination](#) in Urology
- Vascular Surgery –[Surgical Science Examination in Vascular Surgery](#)

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 (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.

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 Specialty 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 defer, interrupt or undertake a period of flexible training during their time in the SET Program. 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](#).

Deferral, Interruption & Flexible Training

Decisions to grant applications for 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:

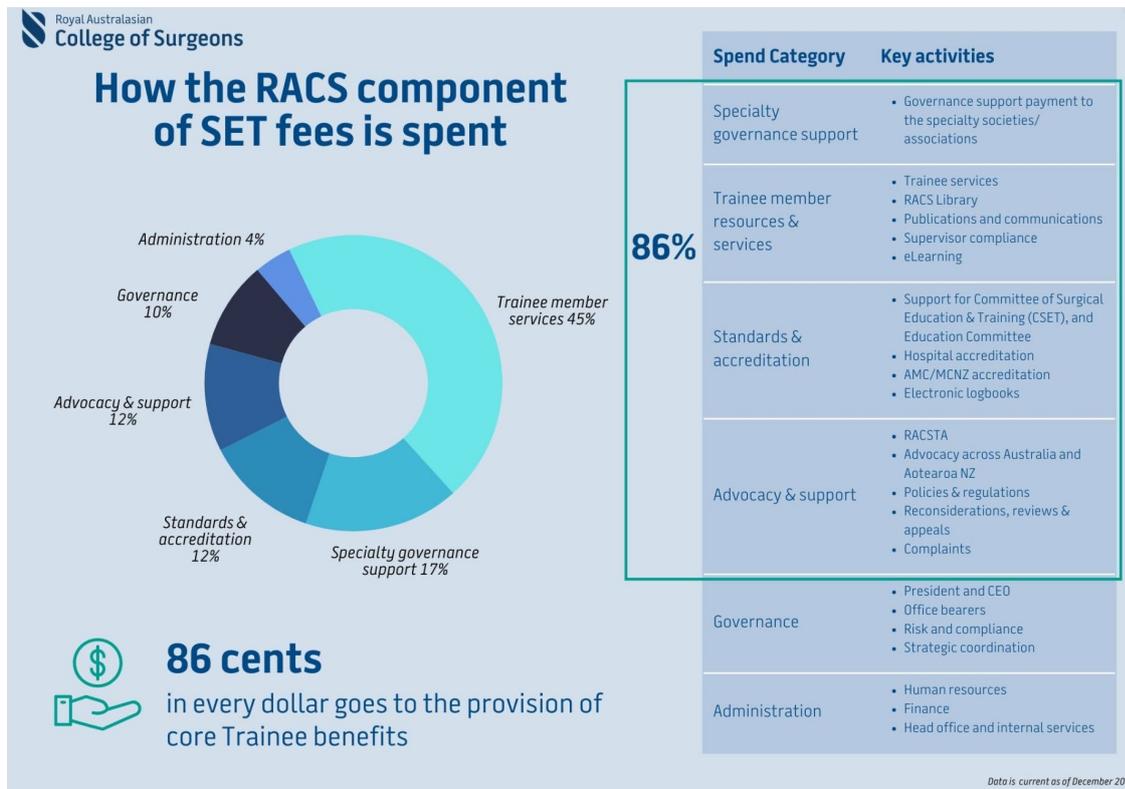
1. **The RACS SET fee:** This is charged at the same rate to Trainees of all specialties (although weighting will be applied to those on part time or interrupted training). It funds RACS' training accreditation, legal, compliance and regulatory requirements as well as education-related activities and 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 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. 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 12x 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 (CASP)		✓	✓	✓		
Clinical Examination**	✓	✓				
Fellowship Examination					✓	✓
COURSES						
ASSET Course	✓					
CCrISP® Course	✓					
EMST Course	✓	✓				
Annual Cardiothoracic Course	✓	✓	✓	✓	✓	✓
MEETINGS						
ANZSCTS Meeting	✓	✓	✓	✓	✓	✓
ANZSCTS ASM Trainee wetlab	✓	✓	✓	✓	✓	✓

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

** As of 2024, candidates applying for SET in Cardiothoracic Surgery must successfully complete the Clinical Examination. This is now a mandatory pre-requisite.

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

General Surgery in Aotearoa New Zealand

General Surgery is the core specialty within the discipline of surgery and is the broadest of the surgical specialties. A General Surgeon is a surgical specialist engaged in the comprehensive care of surgical patients and in some situations a 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 GSET Program](#) in Aotearoa New Zealand is administered by the New Zealand Association of General Surgeons.

Duration

The Program is structured over five (5) years as follows:

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					✓
Entrustable Professional Activities (EPAs)	✓	✓	✓	✓	✓
Procedure Based Activities (PBAs)	✓	✓	✓	✓	✓
SEAM (SURGICAL EDUCATION AND ASSESSMENT MODULES)					
Content and Assessment Modules	✓	✓			
EXAMINATIONS²					
Fellowship Examination				✓	✓
COURSES³					
ASSET Course	✓	✓	✓		
CCrISP® Course	✓	✓	✓		
CLEAR Course	✓	✓	✓	✓	✓
EMST Course	✓	✓	✓		
TIPS	✓	✓	✓	✓	✓
Sedation Training online course	✓	✓	✓		
EDUCATIONAL SESSIONS⁴					
NZAGS Trainee Days	✓	✓	✓	✓	✓

1. The Research Requirement must be completed prior to 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 (8) 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 [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			
CCrISP® Course	✓		
EMST Course		✓	
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 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 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	✓		
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

The Program 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					✓
Pass of the Clinical Exam by end of SET 2 or prior to application* from the 2025 year of application*	✓	✓			
COURSES – ONLY 1 SUCCESSFUL ATTEMPT IS REQUIRED					
ASSET Course	✓	✓			
CCrISP® Course	✓	✓			
CLEAR Course	✓	✓			
EMST Course	✓	✓			
TIPS		✓	✓		

*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 Exercises		✓	
Tympanoplasty Audit		✓	
500 Type A & 500 Type B Procedures			✓
ASSESSMENT			
In Training Assessment Forms	✓	✓	✓
Logbook	✓	✓	✓
Research Pre-Approval		✓	
Research Completion			✓
CBDs		✓	✓
DOPS	✓		
Mini-CEX	✓	✓	
PBA's	✓	✓	✓
EXAMINATIONS			
Surgical Science Examination (SSE) in Otolaryngology	✓		
Fellowship Examination			✓
COURSES			
ASSET Course	✓		
CCrISP® Course	✓		
EMST Course	✓		
Functional Endoscopic Sinus Surgery (FESS) x2*	✓		✓
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	✓	✓	
DOGS		✓	✓
MOUSE	✓	✓	✓
Mandatory Presentations (1 st year of SET)	✓		
COURSES			
TIPS Course	✓	✓	
CCrISP® Course	✓		
EMST Course	✓		
APLS 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.

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

Duration of Training

Trainees commence competency based training in Early SET progressing through to Mid SET and 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)	24 months	48 months	36 months*
ASSESSMENT			
Logbook	✓	✓	✓
Research Requirement**	✓	✓	✓
Trainee Progress Review	✓	✓	✓
Workplace Based Assessment	✓	✓	✓
Entrustable Professional Activity (EPAs)***	✓	✓	✓
EXAMINATIONS			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓		
Practice Examination ****		✓	✓
Fellowship Examination			✓
COURSES			
ASSET Course	✓		
CCrISP® Course	✓		
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 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 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					
Clinical Examination***	✓	✓			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓	✓	✓	✓	
Fellowship Examination					✓
COURSES					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓				
Emergency Management of Severe Burns (EMSB)		✓			
TIPS Course	✓	✓	✓		
PSEN Modules					
Module 1	✓				
Modules 2-6		✓	✓		
Module 7				✓	
Module 8****				✓	
Module 9					✓
MEETINGS					
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.

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

**** Module 8 is optional and not mandatory

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) 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. Definitive Stone
5. Localised Prostate Cancer
6. Renal Mass
7. Lower Urinary Tract Symptoms
8. Haematuria
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			
ASSET Course	✓		
CCrISP® Course	✓		
EMST Course	✓		
CLEAR Course	✓		
Induction Course	✓		
FSSE Course			✓
MEETINGS			
Trainee Week	✓	✓*	
USANZ ASM	✓	✓*	
USANZ Section Meetings	✓	✓*	

* Each year

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	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓	✓
Endovascular or Open Surgery Observation (DOPS)	✓	✓	✓	✓	✓
Consultation Observation (Mini-CEX)	✓	✓	✓	✓	✓
Trainee Tutorials	✓	✓	✓	✓	
360 Degree Evaluation Survey*					
EXAMINATIONS					
Surgical Sciences Examination (SSE) in Vascular Surgery		✓	✓		
Clinical Examination**	✓	✓			
Fellowship Examination					✓
COURSES					
ASSET Course	✓				
CCrISP® Course	✓	✓			
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.

** Trainees commencing from 2026 (applied in 2025) must have completed the Clinical Exam pre SET



Contacts

RACS Contacts

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P: +61 3 9249 1245

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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
Neurological 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 (Freecall)

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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