

# 2024 Selection Regulations

## Committee of Paediatric Surgery

Version: 2

Approval date: 17/10/2023

Effective date: 17/10/2023

## 1 Introduction

### 1.1 Definition of terms and acronyms

#### 1.1.1 Acronyms, definitions and terms used in these Regulations.

<b>Acronym/term</b>	<b>shall mean/is defined as:</b>
<b>Accredited Training Post</b>	A training position accredited by the Committee as part of the Training Program
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>AMC</b>	Australian Medical Council
<b>ANZAPS</b>	Australian and New Zealand Association of Paediatric Surgeons
<b>Applicant</b>	A person who has applied for selection into the Training Program
<b>ASC</b>	Annual Scientific Congress
<b>ASM</b>	Annual Scientific Meeting
<b>Attachment</b>	A defined period of allocation to a unit within a health service. An individual may have one Attachment during the entire period of contracted employment, or undertake multiple separate Attachments
<b>Closing date for applications</b>	By 12:00 noon AEDT on 13 March 2024 unless otherwise stated
<b>College or RACS</b>	The Royal Australasian College of Surgeons
<b>Committee</b>	The Committee of Paediatric Surgery
<b>Completion Date</b>	4 February 2024
<b>Consultant</b>	A Fellow of the Royal Australasian College of Surgeons (FRACS) or a Vocationally Registered Surgeon (VRS) in Aotearoa New Zealand
<b>CSET</b>	Committee of Surgical Education and Training
<b>Curriculum Vitae or CV</b>	the scored components of the application for selection
<b>FRACS</b>	A person who is a Fellow of RACS
<b>Ineligible</b>	Applicants who fail to satisfy one or more of the eligibility requirements, or who have reached the maximum number of application attempts.
<b>Interview</b>	The Paediatric Surgery Multiple Mini-Interview conducted as part of the Selection Process
<b>MBA</b>	Medical Board of Australia

<b>MCNZ</b>	Medical Council of New Zealand
<b>PHO</b>	Principal House Officer in Queensland is considered a registrar or unaccredited registrar
<b>RACS</b>	Royal Australasian College of Surgeons
<b>Referee</b>	A person who knows the Applicant, is willing to describe or report on observed work performance, character and abilities; and meets the eligibility requirements outlined in these Regulations
<b>Referee Report</b>	an in-depth report conducted as part of the selection process
<b>Registrar</b>	A registrar, unaccredited registrar, or PHO in Queensland. In a registrar role the responsibilities will include taking referrals, independently assessing patients, initiating and monitoring management plans, organising and where appropriate performing surgery (acute or elective) and reporting directly to a Consultant surgeon (Supervising Surgical Consultant)
<b>Registration closing date</b>	By 12:00 noon AEDT on 31 January 2024
<b>Regulations</b>	The document governing the 2024 Selection to Surgical Education and Training in Paediatric Surgery for 2025 Intake as approved by the Committee
<b>Rotation</b>	Refer to Attachment
<b>SET</b>	Surgical Education and Training
<b>SET Program</b>	The Surgical Education and Training program as approved by the Committee of Paediatric Surgery
<b>Successful</b>	Applicants who have ranked high enough to be made an offer of a position on the SET program
<b>Supervising Surgical Consultant</b>	Any FRACS or VRS Consultant to whom the Applicant may report directly to at any time for the duration of the Attachment in question. Within larger Units this will include all FRACS or VRS Consultants within that Unit not just those of the Applicants Team
<b>Team</b>	The Team you work in is the group of Consultants you are allocated to during a particular rotation. It may be a subspecialty group or a team within a unit.
<b>Total Selection Score</b>	A combined score calculated as 75% of the Interview score (as a %) and 25% of the Referee Report score (as a %)
<b>Unit</b>	A grouping of Consultant and junior staff that share the provision of a defined range of health service such as General Surgery or Urology. A Unit will include all Consultants that participate in the on-call roster for that defined service
<b>Unsuccessful</b>	Applicants who meet the minimum score of 80% on the Referee Reports but have not ranked high enough to be invited to interview or achieved the minimum standard for selection but have not ranked high enough to be shortlisted for a training position on the SET program
<b>Unsuitable</b>	Applicants who have not achieved the minimum standard for selection at any point in the selection process or who have not met the requirements as set out in these Regulations

**VRS**

A Vocationally Registered Surgeon in Aotearoa New Zealand

**1.2 Purpose**

- 1.2.1 The purpose of these Regulations is to establish the principles, terms and conditions of the selection process for the RACS Surgical Education and Training program in Paediatric Surgery conducted in 2024 for the 2025 intake.

**1.3 Administration**

- 1.3.1 The RACS is the body accredited and authorised to conduct surgical education and training (SET) in Australia and Aotearoa New Zealand.
- 1.3.2 The Committee of Paediatric Surgery (the Committee) is responsible for the delivery of the SET program in Paediatric Surgery, the accreditation of hospital training posts, and the assessment and supervision of Paediatric Surgery Trainees in Australia and Aotearoa New Zealand.
- 1.3.3 Selection is conducted annually. These Regulations may be changed from year to year and cannot be relied on for the intakes conducted in future years for the SET program. Any Regulations for the SET Program from any previous years are not applicable and cannot be relied upon for meeting the SET program requirements for the 2025 intake unless specifically stated in these Regulations.

**1.4 Objective of the SET program**

- 1.4.1 The overall objective of the SET program is to produce competent independent specialist surgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe ethical and comprehensive care and leadership.
- 1.4.2 The SET program is structured to ensure Trainees achieve competencies in
- a) Medical expertise
  - b) Judgement and clinical decision making
  - c) Technical expertise
  - d) Professionalism
  - e) Health advocacy
  - f) Communication
  - g) Collaboration and teamwork
  - h) Leadership and management
  - i) Scholarship and Teaching
  - j) Cultural Competence and cultural safety

**2 Principles and selection criteria****2.1 Principles of Selection**

- 2.1.1 The aim of the selection process is to select trainees of the highest calibre for the SET program in Paediatric Surgery on the basis of merit through a fair, open and accountable process.
- 2.1.2 The selection process will be documented, transparent, and objective with Applicants having access to eligibility criteria, information on the selection process, selection criteria and a reconsideration, review and appeal process.

- 2.1.3 The selection process will be subject to continuous review to ensure continued validity and objectiveness.
- 2.1.4 The selection process will abide by the principles of the RACS Regulation: Selection to Surgical Education and Training.
- 2.1.5 The number of trainees selected in any year will depend on the number of eligible Applicants together with the number of accredited training posts available.

## **2.2 General Selection Criteria**

- 2.2.1 Applicants are expected to have adequate insight in Paediatric Surgery to make an informed decision about the specialty as a potential career path.
- 2.2.2 Applicants are expected to have a sound knowledge of basic sciences, and a commitment and motivation to continuous self-directed learning including a demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.
- 2.2.3 Applicants are expected to have exposure to varied working environments, work hours and an aptitude to appropriately manage high stress environments in a responsible, efficient and dependable manner, seeking appropriate assistance when needed.
- 2.2.4 Applicants are expected to have suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial examination to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.
- 2.2.5 Applicants are expected to have a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
- 2.2.6 Applicants are expected to have a history of being considerate to the views of others at all times, reacting appropriately and diplomatically in all work situations and behaving in a manner, which is professional and supportive for all work, ethnic, social, and gender groups.
- 2.2.7 Applicants are expected to have interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy, respect and reliability at all times and actively contributing to assessing progress and providing workable solutions.
- 2.2.8 Applicants are expected to have a history of reliability and punctuality, assuming responsibility for completing tasks without prompting in a timely and efficient manner and demonstrating a high level of self-motivation and organisation.
- 2.2.9 Applicants are expected to have insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.
- 2.2.10 Applicants are expected to have a willingness at all times to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.
- 2.2.11 Applicants are expected to have highly effective listening and vocabulary skills and timely and highly effective written and verbal communication, keeping all team members up to date without prompting and always providing clear directions and descriptions of situations in an appropriate tone, which encourages confidence and understanding.
- 2.2.12 Applicants are expected to have ethical and responsible behaviour at all times with concern and sensitivity to the needs of others, demonstrating aesthetic sensibility, sound judgment and a focus on providing safe, comprehensive surgical care of the highest standard relating to patients, families and members of the health care team in a manner which exhibits honesty, integrity and compassion.

- 2.2.13 Applicants are expected to have a good knowledge of ethical principles and practices and the ability to identify ethical expectations that impact on patient care and the work environment including informed consent, risk minimisation, confidentiality and clinical governance.
- 2.2.14 Applicants are expected to have interests outside their career and a balance in their work and personal life with community involvement considered to be a positive reflection of the character of the Applicant.
- 2.2.15 Applicants are expected to have an understanding of the importance of research and its application to clinical practice. Publications, presentations or research experience, resulting in some meaningful and tangible outcome are highly regarded.
- 2.2.16 Applicants are expected to have good integrity, honesty and character upholding high service and professionalism standards, in keeping with the need for the public to have absolute trust and confidence in medical professionals.

### **2.3 Paediatric Surgery Selection Criteria**

- 2.3.1 The Training Program is conducted by the Committee across both Australia and Aotearoa New Zealand. Successful Applicants must be prepared to be allocated to a Training Post in either of those two jurisdictions.
- 2.3.2 The Selection Process reflects the bi-national nature of the Training Program and is open to Applicants from both Australia and Aotearoa New Zealand.
- 2.3.3 Applicants are expected to have a commitment to children's health and wellbeing and understand how that requires different considerations to health systems designed to deliver care to adults.
- 2.3.4 Applicants are expected to have a commitment to equity of health outcomes and understand issues that face marginalised and disadvantaged groups within our communities.
- 2.3.5 Applicants are expected to have demonstrated capacity to deal with paediatric patients and their families.
- 2.3.6 Applicants are expected to have some experience with operating on children and infants.
- 2.3.7 Applicants are expected to have competency navigating medico-legal and ethical issues surround delegated consent to parents or legal guardians and tensions that can arise when there is conflict between carers and/or the interests of the child.
- 2.3.8 Applicants are expected to have a reasonable level of understanding of normal growth and development and be able to identify the significance of deviations from norms.
- 2.3.9 Applicants are expected to have an awareness of the potential for non-accidental injury and must understand local jurisdictional responsibilities related to identification and reporting.
- 2.3.10 Applicants must have knowledge and experience in managing the psycho-social implications of illness and hospitalisation for children and their families.

## **3 Selection initiatives and special measures**

### **3.1 Aboriginal and Torres Strait Selection Initiative**

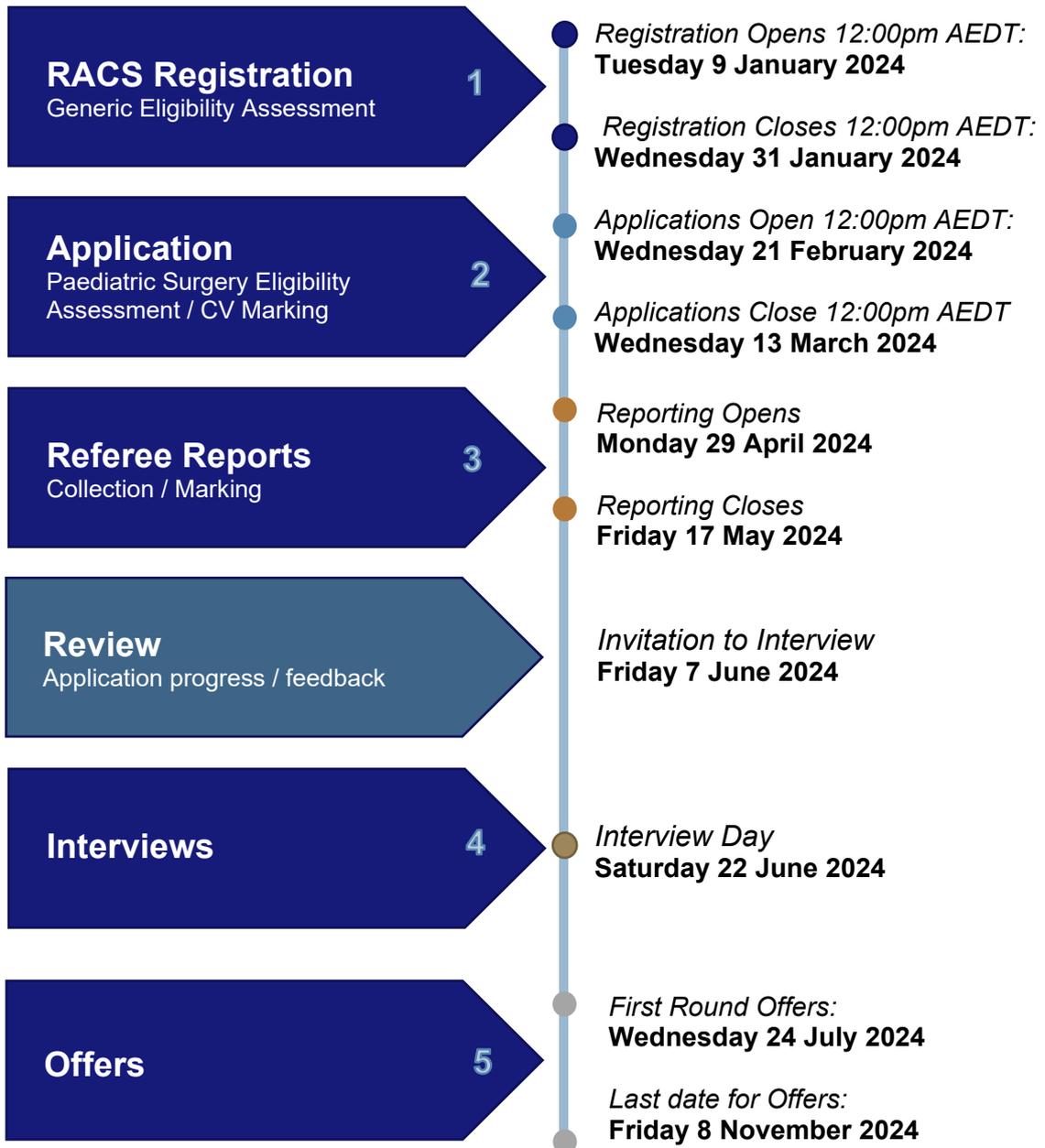
- 3.1.1 RACS Council has approved the Aboriginal and Torres Strait Selection Initiative and the Committee has introduced special measures to implement this initiative.
- 3.1.2 Applicants wishing to be considered for this initiative must at the time of registration:
- have identified as Aboriginal and/or Torres Strait Islander in the registration process; and
  - have met the eligibility requirements for membership of Australian Indigenous Doctors' Association; and

c) have met the eligibility requirements and minimum standards for selection contained in these Regulations.

- 3.1.3 The special measures apply preferencing of the top ranked Aboriginal and/or Torres Strait Islander who has satisfied the eligibility requirements and minimum standards for all selection tools as detailed in these Regulations.
- 3.1.4 Under this initiative, it is expected there will be 1 post available for the 2025 intake.
- 3.1.5 In the circumstance where more than two Applicants meet the above criteria, the post will be allocated to the highest-ranking Applicant.
- 3.1.6 An Applicant's status as Aboriginal or Torres Strait Islander will only be known to staff and Committee of Paediatric Surgery members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

## 4 Overview of the selection process

### 4.1 Stages of selection and key dates



## 4.2 Selection Tools

4.2.1 The selection process uses three selection tools.

Selection Tool	Minimum score to be deemed suitable for selection	Scored in accordance with section
a) Structured Curriculum Vitae	33/50 or 66%	8 & 11
b) Referee Reporting	80%	9 & 11
c) Multiple Mini-Interview	80%	10 & 11
Total Selection Score	75% of the Interview Score and 25% of the Referee Score	11

4.2.2 Applicants who do not meet the minimum score to be deemed suitable for selection for each of the selection tools will not progress further in the selection process.

4.2.3 Only Applicants who satisfy the eligibility and application requirements in accordance with RACS policy and these Regulations will be considered in open competition for selection to the SET program in Paediatric Surgery.

## 5 Registration

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

## 6 Application

### 6.1 Maximum Attempts

- 6.1.1 Unsuitable Applicants will be allowed a maximum of three (3) attempts.
- 6.1.2 An attempt is defined as an application to the Training Program that has been deemed unsuitable at any point in the selection process. An unsuitable application is defined as an Applicant who has not achieved the minimum standard for selection at any point in the selection process or who has not met the requirements as set out in these Regulations.
- 6.1.3 There is no maximum number of attempts for Applicants who achieve the minimum standard for selection but have not ranked high enough to be shortlisted for a training position on the SET program.
- 6.1.4 Only applications submitted in 2020 (for the 2021 intake) and subsequent years count towards this total.

## **6.2 Online Application**

- 6.2.1 Applications must be submitted via the RACS online application system during the published dates. No other form of application will be accepted. Documentation submitted via email will not be accepted.
- 6.2.2 Access to the online form will be made available to all registered and eligible Applicants on the opening date for applications.
- 6.2.3 Applications may be commenced, saved, printed and re-accessed during the application period.
- 6.2.4 Applications must be submitted by the closing date. Saved un-submitted applications will not be considered.
- 6.2.5 Once an application is submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
- 6.2.6 Incomplete applications or those that do not comply with the instructions within the online application form, or these Regulations will not be considered.
- 6.2.7 Applicants will receive an email confirmation when they have successfully submitted their application.
- 6.2.8 Applicants must pay a selection application fee at the time of application to be considered for selection. If the fee is not received by the closing date, the application will not be considered. The fee is non-refundable as of the closing date for applications.

## **6.3 Documentary Evidence**

- 6.3.1 Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.
- 6.3.2 In most cases, evidence must be retrospective. Prospective evidence will not be accepted.
- 6.3.3 Forms of evidence other than what is outlined will not be accepted.
- 6.3.4 Where a signature is required, the signature must be either a physical, handwritten signature or an electronic scanned version of such a signature. Address-blocks, typed signatures and email signatures are not acceptable.
- 6.3.5 Letters of evidence must be dated.
- 6.3.6 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
- 6.3.7 Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations and the application form will not be awarded points.
- 6.3.8 The selection process and requirements change on an annual basis; no data is carried over from one year's selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current selection year.

## **6.4 Disclosure Requirements**

- 6.4.1 To enable the Committee to give effect to the generic eligibility criteria under clause 2.2, applicants are required to disclose, at the time of this application, all or any of the following information:
  - a) In the last 10 years, has the Applicant been made aware of any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA or any other regulatory health complaints entity in any State or Territory of Australia or in Aotearoa New Zealand relating to their medical practice?
  - b) If the Applicant has practised in other countries, whether the Applicant was aware of any similar notifications or complaints made in those countries?

- c) Is the Applicant aware of any formal complaint made to any hospital or health service in which they have been engaged or employed during the last five years?
- d) Is the Applicant aware of any other formal complaint being made otherwise in relation to their practice as a medical practitioner in the last five years?
- e) Applicants are required to provide full details if answering 'yes' to any of the questions.

6.4.2 Disclosure of any matters set out above will not automatically disqualify an Applicant but are relevant to the Committee's assessment of the Applicant's suitability for the SET Program.

6.4.3 If the Committee makes any adverse decision based on the Applicant's response to any of the questions contained in clause 6.4, the Applicant will be entitled to respond by making submissions for the Committee to consider.

## 6.5 **Completing the Application**

6.5.1 The information collected as part of the application and during the selection process will be used to assess the Applicant's suitability for the SET program in Paediatric Surgery. Information may be disclosed to other parties or where required to do so by law. The Committee may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the Committee will deem the Applicant ineligible for selection and their application will be withdrawn.

6.5.2 By submitting the application, the Applicant is consenting to the collection, use, disclosure and storage of the information by the Committee or its agents.

6.5.3 By submitting an application, the Applicant is consenting to references being collected, and to the named referees within the application providing the information requested as part of the Referee Reports process.

6.5.4 By submitting an application, the Applicant verifies the information provided is correct and in accordance with these Regulations. The Applicant also verifies no false or tampered documentation has been submitted.

6.5.5 It is a condition of application for selection that, should at any time during the selection process or in the future, the Committee becomes aware that any evidence submitted as part of the application was false or tampered with, or the responses in the application are incorrect, misrepresented, or are untruthful, or the Applicant omits relevant information, the Applicant may be deemed unsuitable for selection, not considered further in the selection program, and the Committee may, at its absolute discretion, report this to the relevant authorities and/or disqualify the Applicant from making further application to the SET program. If the Applicant has already been selected, the Applicant may be dismissed from the SET program. It would be sufficient grounds for dismissal that the Committee has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful, and or the Applicant omitted relevant information.

## 6.6 **Harassment**

6.6.1 Harassment of any kind is a serious matter and may result in an Applicant being deemed unsuitable for selection. Harassment includes but is not limited to repeated requests by an Applicant to any person a referee report may be collected from, Committee member of Paediatric Surgery, ANZAPS member or RACS staff member involved in the selection process. Inappropriate, aggressive or bullying behaviour will not be tolerated.

# 7 **Eligibility Requirements**

## 7.1 **RACS Generic Eligibility**

7.1.1 Applicants must have permanent residency or citizenship of Australia or Aotearoa New Zealand at the time of acceptance of an offer on the Training Program.

- 7.1.2 Australian Applicants must have general (unconditional) registration with the Medical Board of Australia in accordance with RACS Regulation: Medical Registration for the Surgical Education and Training Program
- 7.1.3 Aotearoa New Zealand Applicants must have general scope registration or written assurance that general scope will be approved in the relevant specialty in Aotearoa New Zealand with the Medical Council of New Zealand in accordance with RACS Regulation: Medical Registration for the Surgical Education and Training Program
- 7.1.4 Applicants must have completed either the Operating with Respect eModule (retiring 30 November 2023) or the Introduction to Operating with Respect on the RACS website.

## 7.2 Paediatric Surgery Eligibility Requirements

7.2.1 In addition to the RACS generic eligibility criteria, Applicants must fulfil the Paediatric Surgery eligibility criteria.

### 7.2.2 Examinations

Requirement	Documentary evidence
a) Applicants must have passed the GSSE Examination by close of application	An official certificate of completion or retrospective letter on RACS letterhead with appropriate signature. Prospective evidence will not be accepted.

### 7.2.3 Paediatric Surgical experience

Minimum requirement	Documentary evidence
Complete a minimum ten (10) week Attachment in an Australian or Aotearoa New Zealand paediatric surgical Unit composing full-time paediatric surgery workload. This must have been completed by 4 February 2024.	A letter of verification from a Paediatric Consultant must verify the experience and be submitted with the application. Prospective evidence is not valid. Copies of contracts and letters of offer are not acceptable. This letter must confirm commencement and end dates, position held and the names of all the Paediatric Surgery Consultants in the team with the Applicant during that period.

### 7.2.4 Surgical experience

Minimum requirement	Documentary evidence
Complete a total of twelve (12) months or fifty-two (52) weeks supervised post-graduate clinical work in surgery in an Australian or Aotearoa New Zealand Unit at a Registrar level. This must have been completed by 4 February 2024.  If not full-time, may be calculated pro-rata and must add up to an FTE of at least 52 weeks	Statement of Service from hospital administration identifying level of employment, length of employment, position held, and specialty working in. Prospective evidence is not valid. Copies of contracts and letters of offer are not acceptable.
a) If the Applicant is a FRACS and has completed a RACS SET Program in the last three (3) years or has another reason for a longer interval since the completion of this requirement, the	

Applicant may apply to the Committee for an exemption to time limits for completion.

- b) The Committee may grant an exemption at its discretion.
- c) To apply for exemption, the Applicant must email the Committee via [Committee.Paediatricsurgery@surgeons.org](mailto:Committee.Paediatricsurgery@surgeons.org) by 17:00 AEDT 22 January 2024.

### 7.2.5 Procedural Skills and Professional Capabilities Eligibility

Minimum experience	Documentary evidence
<p>Applicants must demonstrate proficiency in a range of procedural skills and capabilities as listed in the Paediatric Surgery Procedural Skills and Professional Capabilities form. Each procedure must be verified.</p> <p>Failure to upload the form, with each procedure verified by the closing date for applications will result in the application being deemed unsuitable.</p>	<p>Submit the Paediatric Surgery Procedural Skills and Professional Capabilities form available on the RACS website via the RACS online application system by the Closing Date for Applications. Each procedural skill and capability listed must be verified and signed by a Supervising Surgical Consultant.</p>

### 7.2.6 Completion of Structured CV Scoresheet

The Applicant must download and complete the Structured CV scoresheet from the RACS website and provide evidence (see section 6.3). The evidence should be in order of the items listed and scored for on the Structured CV scoresheet. Applications received without a completed Structured CV scoresheet will be deemed ineligible.

## 8 Structured Curriculum Vitae

### 8.1 Overview

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

### 8.2 Scoring

8.2.1 Each Structured CV will be scored by two (2) Committee Members, using the structured scoring system with ceiling limits placed on specific areas.

8.2.2 In the instance of a discrepancy of more than two (2) points between scorers, the Committee Chair will review the discrepancy and provide a final score for that part.

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

8.2.4 The CV will be scored out of a maximum of 50 points.  
The components scored are:

- a) Surgical and Medical Experience (27 points)
- b) Skills Courses (3 points)
- c) Qualifications (12 points)
- d) Publications and Presentations (8 points)

### 8.3 Surgical and Medical Experience (27 points)

Surgical Experience	Documentary evidence
An RMO term in paediatric medicine or paediatric surgery is scored 3 points per 10-12 weeks (maximum 6 points)	Must include a signed statement on letterhead from the health service administration (HR Department) or Head of Department. This must confirm completion of the relevant Attachment, work history, position held, including commencement and end dates. No other forms of evidence will be accepted. Copies of contracts and letters of offer are not acceptable.
A Registrar term in paediatric medicine, PICU, NICU, is scored 6 points per 6-month rotation (maximum 6 points)	
An unaccredited Registrar term in Paediatric Surgery is scored 6 points per 6-month rotation (maximum 12 points)	
An unaccredited Registrar term in General Surgery is scored 6 points per 6-month rotation (maximum 12 points)	
An accredited Registrar terms as a RACS SET Trainee in another specialty is scored 9 points per 6-month rotation (maximum 27 points)	
<p>a) A Principal House Officer (PHO) is scored as an unaccredited Registrar.</p> <p>b) Attachments must have been completed by 4 February 2024 to be scored.</p> <p>c) Attachments less than ten (10) weeks in duration will not be scored.</p> <p>d) Attachments that were not full-time will be scored pro-rata on presentation of detailed evidence of hours worked, signed and on letterhead from the health service.</p> <p>e) Private assisting will not be scored. Attachments in private hospitals are scored but only to a total of six (6) months across the whole structured CV.</p> <p>f) For Registrar rotations of less than six (6) months duration, the Committee may assign points on a pro-rata basis if appropriate documentation supports similar exposure. Please contact the Committee via <a href="mailto:Committee.Paediatricsurgery@surgeons.org">Committee.Paediatricsurgery@surgeons.org</a> prior to the Closing Date for Applications.</p> <p>g) Relief Attachments in General Surgery (including sub-specialities) are recognised as providing some experience and are scored at 50%. Relief attachments cannot be counted towards minimum requirements.</p>	

### 8.4 Skills Courses (maximum 3 points)

Courses	Documentary evidence
<p>The following courses will be scored 1 point each:</p> <ul style="list-style-type: none"> <li>• APLS</li> <li>• ASSET</li> <li>• CCrISP</li> <li>• CLEAR</li> <li>• EMSB</li> <li>• PCM</li> <li>• TIPS</li> </ul> <p>For a maximum of 3 points. These courses are not required to be completed within the last six (6) years.</p>	Signed letter from the relevant training provider confirming completion of the relevant course, including dates or a certificate of completion or attendance must be submitted. No other forms of evidence will be accepted.

The EMST/ATLS course will be scored 1 point provided it is within the Course certification validity period (four years).	
Scoring for surgical courses (or equivalent) includes those related to professional development in clinical and technical competencies score 1 point each	
<p>a) Courses will only be awarded points if completed within the last six (6) years prior to the closing date for applications (excluding the above-mentioned courses).</p> <p>b) Where a course has exceeded its validity period, completion of an appropriate refresher or maintenance of instructor status will score 1 point.</p> <p>c) Courses must be delivered by a recognised training provider as determined by the Committee and must be of at least eight (8) hours in duration.</p> <p>d) Entries without adequate documentation will not be scored.</p>	

### 8.5 Qualifications (maximum 12 points)

Qualification	Documentary evidence
<p>A Graduate Diploma in a relevant field of medicine from an Australian and Aotearoa New Zealand recognised institution is scored two (2) points.</p> <p>Must be an accredited degree granting institution with the university seal on the diploma. Co-badged courses with branding, and the certificate produced by a third party (e.g. hospital) do not count.</p>	<p>A degree or diploma from the institution must be submitted. No other forms of evidence will be accepted.</p>
<p>A Master's Degree or Master of Philosophy in a relevant field of medicine from a New Zealand or Australian tertiary institution is scored six (6) points.</p> <p>Note: The University of Melbourne Medical Degree (Doctor of Medicine) is not scored as a Master's.</p>	
<p>A PhD in a relevant field of medicine from a recognised tertiary institution is scored nine (9) points.</p>	
<p>A Fellowship of the Royal Australasian College of Surgeons (FRACS) is scored twelve (12) points.</p>	
<p>a) Only the two highest scoring qualifications will be included in the CV Score.</p> <p>b) Scoring only includes higher degrees successfully completed at the time of application at a recognised institution.</p> <p>c) Higher degrees that were accredited by RACS at the time of commencement will be accepted if an official letter from the institution confirming the course was accredited by RACS is submitted with the application.</p>	

**8.6 Publications and Presentations (maximum 8 points)**

Publications	Documentary evidence
A first or second authored article (4 points)	A copy of the first page of the publication only or an official letter from the editor clearly stating the publication date. No other forms of evidence will be accepted.
A first authored book chapter (4 point)	
A case report or conference poster, including a poster presentation (1 point)	
Documented participation in a multi-author collaborative project/paper (1 point)	
An article or book chapter where the Applicant is not the first or second author (2 points)	
Presentations made at a Scientific Meeting that is convened by a recognised organisation in a relevant medical field <b>and</b> subject to abstract peer review (3 points)	A letter from the convenor or conference organiser confirming the presentation, including the dates of presentation, or a certificate of presentation. No other forms of evidence will be accepted.
<p>a) Only the two highest scoring items will be included in the CV Score. Applicants must only submit the two highest scoring items under this category.</p> <p>b) Scoring only includes presentations and publications relevant to medicine presented or published in the five (5) years prior to the closing date for applications.</p> <p>c) Publications should be in a peer reviewed journal listed in the NCBI. Contributions to Book chapters must be in an area relevant to medicine.</p> <p>d) Multiple publications or presentations with duplicate or similar topics or content must only be uploaded once and will only be scored once.</p> <p>e) Publications directly related to either a previously claimed Masters or PhD thesis will not be counted.</p> <p>f) Scoring only includes presentations personally given by the application. If affected by COVID-19, documentation of acceptance of presentation and cancellation of the event will be accepted.</p> <p>g) No points will be awarded for presentations at in-house hospital meetings or Hospital Grand Rounds.</p>	

## **9 Referee Reports**

### **9.1 Overview**

- 9.1.1 Confidential Referee Reports are collected to obtain information about the clinical aptitude, workplace behaviour and personal attributes of the Applicant.
- 9.1.2 The referee collection period will be from 29 April to 17 May 2024.
- 9.1.3 An application will be deemed unsuitable if the list of referees are not uploaded via the RACS online application system or found to be incomplete by the closing date for applications.
- 9.1.4 Applicants who cannot provide referees according to these Regulations due to exceptional circumstances must apply to the Committee for consideration of these circumstances by 17:00 AEDT 22 January 2024.
- 9.1.5 It is the Applicant's responsibility to ensure that referees are aware of this process and to provide a valid email address and mobile number for each referee.
- 9.1.6 Referee Reports are collected in confidence. Applicants will not be provided with updates on the reports collected, nor will they be involved in the collection process in anyway. Feedback or a copy of the Referee Report or individual scores/data will not be provided to Applicants.
- 9.1.7 Applicants must not attempt to ascertain who gave input to their Referee Report or the outcomes of their Referee Report. Applicants attempting to discuss their Referee Reports in this manner may be considered in breach of section 6.6.1.
- 9.1.8 Applicants must achieve a minimum score of 80% to progress to the next stage of selection.

### **9.2 Surgical Referees**

- 9.2.1 Applicants must provide an employment history that lists every Team they have worked in during the last two (2) years prior to 4 February 2024, or two (2) years of equivalent full-time clinical work if working less than full time or have had breaks greater than six (6) weeks (e.g. research, parental leave, etc.).

In addition, list the full name, email address and mobile number of all Supervising Consultants within that Team. The employment history must be organised by order of recency and the Applicant must provide the exact date range in which they worked with the Supervising Consultants. If there is a break greater than six (6) weeks, please provide further information.

- 9.2.2 Applicants are not to list Consultants from an Attachment that commenced after 4 February 2024, or Attachments that are less than 10 weeks in duration.

### **9.3 Process**

- 9.3.1 The Executive Officer and Committee Chair (or nominated Committee member) will sample from the referee lists to select referees who are able to complete the referee report to a total of three (3) valid Referee Reports.
- 9.3.2 A valid Referee Report will be one in which the referee can provide an assessment of the Applicant's competency on every section of the structured Referee Report. In particular, technical skills which will require an appropriate period of direct supervision at an appropriate level.
- 9.3.3 At least one (1) valid Referee Report must come from a Paediatric Surgical Consultant.
- 9.3.4 The Committee will have absolute discretion as to the Referees which are selected to provide a Referee Report. Details provided by the Applicant under the Surgical and Medical Experience section of their Structured CV will be used by the Committee to confirm the referee list and sample appropriate referees.
- 9.3.5 If the selected referee is unable to provide a valid report due to scheduling issues or lack of observation, a further referee will be sampled from the list provided.
- 9.3.6 An application will be deemed ineligible if a minimum of three (3) valid Referee Reports cannot be obtained from the provided list before the closing date for referee reporting.

## **9.4 Scoring**

- 9.4.1 The preparation of the Referee Report for each Applicant will be the responsibility of a subcommittee approved by the Committee. The assessors on the subcommittee will ordinarily be members of the Committee or Paediatric Surgical Supervisors/Trainers.
- 9.4.2 The assessors together (via teleconference or in person) will personally speak with Supervising Surgical Consultants with whom the Applicant has worked with to assist them in preparing a Referee Report.
- 9.4.3 A pro forma Referee Report will be used. The Referee Report will have questions focused on each of the RACS competencies.
- 9.4.4 Having considered the responses from all referee interviews, the assessors will independently generate a score based on the guidelines and scale on the Referee Report.

## **10 Multiple Mini-Interview**

### **10.1 Overview**

- 10.1.1 The interview is designed to evaluate non-technical professional skills and to provide the Applicant with an opportunity to demonstrate his or her professional behaviours.
- 10.1.2 The conduct of the interviews will be contingent on COVID-related restrictions to travel and congregation as they pertain to all States and Territories in Australia and Aotearoa New Zealand. At the time of invitation to interview, it will be specified if these are face-to-face or via an internet-based platform. If factors outside the control of the Committee cause disruption to the interview process after invitations have been sent, such as cancellation of face-to-face interviews or disruption of the video-based process, the Selection Process may be abandoned. If this occurs, this will not count as an unsuccessful attempt for Applicants that are affected.
- 10.1.3 At the time of invitation to interview, details of the format, timing and conduct of the interview panels will be provided to the Applicant.
- 10.1.4 Applicants must achieve an interview score of 80%. Applicants who achieve an interview score less than the minimum standard will be considered unsuitable and will not proceed further in the selection process.

### **10.2 Notice of Interview**

- 10.2.1 Interview notifications will be sent out at least ten (10) business days prior to the interview date. Applicants may be required to travel interstate or internationally for the interview.
- 10.2.2 It is the Applicants' responsibility to make the appropriate arrangements and to meet costs incurred in presenting for the interview. Applicants will not be reimbursed for costs incurred throughout the selection process.
- 10.2.3 Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview will not be considered further in the selection process.
- 10.2.4 It is the Applicant's responsibility to be aware of the interview date and make any requests for a specific time no later than 30 April 2024. Applicants must be aware that requests for specific times may not be able to be accommodated. Times will not be changed after invitations have been sent.
- 10.2.5 Applicants are required to provide proof of identification at the interview.

### **10.3 Interview Structure**

- 10.3.1 The interview will be conducted by a series of panel comprised of two (2) members of the Committee or Paediatric Surgical Supervisors/Trainers with the Applicant rotating between panels.
- 10.3.2 Interview panels may have one (1) observer who will not participate in scoring. The role of the observer is to witness the interview process but not participate.

- 10.3.3 If an observer is present, the Applicant will be notified prior to the commencement of the interview.
- 10.3.4 Applicants will be given the same initiating questions by each panel, with follow-up probing questions to explore the breadth and depth of the Applicant's experience and insight in relation to each selection criteria particularly as they correlate to the RACS competencies.

#### **10.4 Scoring**

- 10.4.1 Applicants will be scored using a structured scoring system and criterion statements. Each panel members (excluding any observer) will score the Applicant independently on a specific form. All scores will be added to give the final interview score. A copy of the interview question sheet or individual scores/data will not be provided to Applicants.

## **11 Application Progress**

- 11.1 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET program in Paediatric Surgery.
- 11.2 Applicants who do not meet the minimum CV score of 33 out of 50 will be deemed unsuitable and will not be considered further in the process. Applicants will be advised in writing:
  - a) They have been deemed unsuitable for selection and will not be considered further.
  - b) The minimum standard or CV component the Applicant failed to satisfy.
- 11.3 Applicants who meet the minimum CV score will progress to the preparation of Referee Reports.
- 11.4 Applicants who do not meet the minimum score of 80% on the Referee Reports will be deemed unsuitable and will not be considered further in the process. Applicants will be advised in writing:
  - a) They have been deemed unsuitable for selection and will not be considered further.
  - b) The overall referee score (adjusted for weighting) will be provided to the Applicant. Note: Individual structured referee reporting scores or comments will not be released to the Applicant.
- 11.5 Applicants who meet the minimum score of 80% on the Referee Reports but have not ranked high enough to be invited to interview, will be deemed unsuccessful and will not be considered further in the selection process. Applicants will be advised in writing:
  - a) They have been deemed unsuccessful for selection and will not be considered further.
  - b) The overall referee score (adjusted for weighting) will be provided to the Applicant. Note: Individual structured referee reporting scores or comments will not be released to the Applicant.
- 11.6 Applicants who do not meet the minimum standard score of 80% on the interview will be deemed unsuccessful and will not be considered further in the selection process. Applicants will be notified in writing:
  - a) Information on overall scores (adjusted for weighting) received for each of the selection tools completed. Note: Individual structured referee reporting scores or comments will not be released to the Applicant.
- 11.7 Applicants who meet the minimum score of 80% on the interview will be ranked based on a combined score calculated as 75% of the interview score and 25% of the referee score (as a percentage) (Total Selection Score).
- 11.8 Applicants who meet the minimum score of 80% on the interview but have not ranked high enough to be made an offer of a position will be deemed unsuccessful. Applicants will be advised in writing:
  - a) They have been deemed suitable for selection but have not ranked high enough to be made an offer.
  - b) Notification of their ranking among those who met the minimum score of 80% on the interview.

- c) Information on overall percentage scores (adjusted for weighting) received for each of the selection tools completed. Note: individual structured referee reporting scores or comments will not be released to the Applicant.
- 11.9 Applicants who meet the minimum score of 80% on the interview and who ranked high enough in comparison to the number of available training positions will be classified as **successful** and will be allocated to a training post. Applicants will be advised in writing:
- They have been successful in the selection process and are being offered a position on the SET Program in Paediatric Surgery.
  - Notification of their ranking among those who met the minimum score of 80% on the interview.
  - Information on overall scores (adjusted for weighting) received for each of the selection tools completed. Note: Individual structured referee reporting scores or comments will not be released to the Applicant.
  - Conditions associated with the offer.
  - A SET Trainee Agreement
- 11.10 The Committee will select the highest ranked eligible Applicants for interview. Applicants will be ranked based solely on their Referee Report score ranking.
- 11.11 The Committee will determine the number of interviews to be conducted based on the number of training positions expected to be available in the following year. Interviews will be scheduled according to a ratio of four (4) Applicants to each one (1) accredited training post (4:1).
- 11.12 Fluctuations in the number of available Accredited Training Posts occur for a number of reasons, including Trainees pursuing a research program. The Committee's ability to appoint Trainees will be limited by the number of Accredited Training Posts available in the next and subsequent years for Trainees to advance through the Training Program. Accredited Training Posts may be limited to ensure at least two (2) posts are available for subsequent years.
- 11.13 Should two or more Applicants have a Total Selection Score <1% different, they will be considered equal in ranking.
- 11.14 In the event two or more Applicants are ranked equally, the Referee Report score will be the differentiating factor. In the event the Applicants still remain equal, the Interview score will be the differentiating factor. In the event the Applicants still remain equal, the CV score will be the differentiating factor. In the event the Applicants still remain equal, the Committee will have discretion to make the final decision regarding the ranking on review of the selection documentation, Applicant experience and performance and available number of positions.

## **12 Application Outcome**

### **12.1 Offers**

- 12.1.1 Allocation to Accredited Training Posts are determined by the Committee based on a combination of Applicant rank and preference. The Committee endeavours to give all Applicants their first preference of training location but cannot guarantee this. The Committee's decision on trainee placement is final.
- 12.1.2 Successful Applicants are required to accept or decline the training offer by the due date specified in the letter of offer.
- 12.1.3 Where a successful Applicant declines the offer, they will forfeit their offer and will not be considered further in the selection process.
- 12.1.4 Acceptance of the offer will be conditional on the following:
- Acceptance of the training post
  - Applicants satisfying the medical registration requirements in the state/country of offer

- c) Applicants satisfying the employment requirements of the relevant health areas and/or the allocated hospital
- d) The information submitted in the application form being true and correct
- e) Satisfactory completion of all minimum eligibility criteria
- f) Agreement to abide by the SET Program Regulations and RACS policies at all times which form part of the contract and acceptance of the conditions which are likely to affect, or be affected by dismissal
- g) Return of a signed SET Trainee Agreement, in accordance with instructions given, by the stipulated deadline.

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

12.1.6 Forfeited offers will be made available to the next highest scoring suitable Applicant.

## **12.2 Deferral**

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

12.2.2 The Committee can approve deferral of commencement for a fixed period of one year.

12.2.3 All applications for deferral are governed by the RACS Regulation: Trainee Registration and Variation and the SET Program Training Regulations, as well as the Paediatric Surgery SET Program Regulations.

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

12.2.5 Requests for deferral may be denied. Should a request for deferral be denied, Applicants must either accept the original offer or withdraw from the SET program.

12.2.6 When an Applicant advises of their intention to commence clinical training, the Committee will determine their allocation based on their relative selection ranking in comparison with other Applicants appointed in the year they will commence clinical training.

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

12.2.8 Applicants must apply in writing for permission to undertake any training requirements (compulsory courses, exams, etc.) whilst on deferral.

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

## **12.3 Flexible training**

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

12.3.2 While every effort will be made to accommodate flexible training requests, no guarantees can be provided. Where a flexible training request cannot be accommodated the Applicant may either accept the full-time training offer, apply for a deferral of one year, or decline the offer.

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

## **13 Reconsideration**

- 13.1 An Applicant dissatisfied with a decision made in relation to these Regulations may apply to have the decision reconsidered (Reconsideration).
- 13.2 The Reconsideration will be processed in accordance with the RACS Regulation: Reconsideration, Review and Appeal. The original decision maker under these Regulations is the Committee of Paediatric Surgery.
- 13.3 Applications for Reconsideration must be addressed to the Chair, Committee of Paediatric Surgery and received within seven (7) days of the Applicant being notified of the decision. Applications received outside this timeframe will not be considered.
- 13.4 In the interests of clarity, the release of each score which forms part of the selection process is the notification of a decision. Once the period to apply for Reconsideration of that score expires the score is final and the Applicant cannot request a Reconsideration of that score at a later stage in the selection process.
- 13.5 Applications for Reconsideration must be accompanied by all relevant information or grounds upon which the Applicant seeks to rely in respect of the Reconsideration. The Applicant will bear the onus of proof to establish the grounds of the reconsideration application.
- 13.6 In the absence of manifest error in the scoring of Structured Curriculum Vitae (CV) for selection to the SET program, applications concerning CV scoring will not be accepted.

## **14 Selection Process Review**

- 14.1 The Committee will review the selection process on an annual basis and consider feedback from Applicants, interviewers, referees and other stakeholders.
- 14.2 Applicants may be asked to complete an evaluation form/survey as part of the selection process.
- 14.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates. De-identified responses will be analysed for potential improvement to the process.
- 14.4 New selection tools may be developed and piloted during the selection process. Any data collected will not be used in the current selection process but may be used to analyse and validate the tool piloted.