



## **Paediatric Surgery Training Regulations**

These regulations are specific to the SET program in Paediatric Surgery, and do not cover in detail, requirements that are already explicit in RACS regulations and policies. The Committee of Paediatric advises these regulations should be read in conjunction with RACS regulations and policies.

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## 1. Introduction

These regulations are specific to the SET program in Paediatric Surgery and have been certified as being compliant with RACS policies. The Committee advises that these regulations should be read in conjunction with RACS policies.

### 1.1 Definition of terms for the purpose of these Regulations

- **ANZAPS** is the Australian and New Zealand Association of Paediatric Surgeons.
- **CoPS** is the Committee of Paediatric Surgery. The Terms of Reference for the CoPS is available on the RACS [website](#).
- **College/RACS** is the Royal Australasian College of Surgeons.
- **Committee** is the Royal Australasian College of Surgeons Committee of Paediatric Surgery.
- **Consultant** is defined as a Fellow of the Royal Australasian College of Surgeons (FRACS) or a Vocationally Registered Surgeon (VRS) in Aotearoa New Zealand.
- **Due Date** is the Due Date as specified on the Paediatric Surgery Training Calendar, available on the RACS [website](#).
- **FEX** is the fellowship examination (Paediatric Surgery),
- **FRACS** is a person who is a Fellow of the Royal Australasian College of Surgeons.
- **SET Program** is the Surgical Education and Training (SET) Program in Paediatric Surgery as approved by the Royal Australasian College of Surgeons Committee of Paediatric Surgery, and accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ).
- **Supervisor** is a Surgical Supervisor of an accredited training position approved by the Royal Australasian College of Surgeons Committee of Paediatric Surgery, who has been designated as having direct responsibility for coordinating the education program and for undertaking assessments which are used to determine progress in the SET program.
- **Suspension** (also Suspended) is a temporary prohibition or exclusion of a Trainee from participating in the SET program.
- **Rotation** is a period of summative clinical training, sometimes also referred to as term. A rotation is three months for Early SET One and 6 months for all other phases of training.
- **Trainee** is a registered Surgical Education and Training Trainee in Paediatric Surgery of the Royal Australasian College of Surgeons.
- **Trainer** is a Surgical Trainer of an accredited training position approved by the Royal Australasian College of Surgeons Committee of Paediatric Surgery, who interact with Trainees in the workplace and in other educational activities.
- **Training Calendar** is the published calendar of submission dates, training and examination events and other deadlines which can be obtained from the RACS website.
- **VRPS** is a Vocationally registered Paediatric Surgeon in Aotearoa New Zealand.

## **1.2 Purpose**

The purpose of these Regulations is to set forth and establish the terms and conditions of the Royal Australasian College of Surgeons Surgical Education and Training (SET) Program in Paediatric Surgery.

The training requirements of the SET Program may be refined from time to time. Trainees will be notified at a sufficiently early stage of any changes to the training program which may affect them.

## **1.3 Administration and Ownership**

The RACS is the body accredited and authorised by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) to conduct Surgical Education and Training in Australia and Aotearoa New Zealand.

The CoPS is responsible for the delivery of the SET Program, the accreditation of hospital posts and the supervision and assessment of Paediatric Surgery Trainees. The FEX is administered by RACS.

## **1.4 Purpose and Objective of the Training Program**

- 1.4.1 A Trainee successfully completing the SET program will have demonstrated proficiency in the Surgical Competencies outlined by RACS. The SET Program is designed to provide Trainees with clinical and operative experience to enable them to manage children with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.
- 1.4.2 At the conclusion of the SET Program it is expected that Trainees will have a detailed knowledge of surgery of those conditions recognised as belonging to the specialty of Paediatric Surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Paediatric Surgery. This should include knowledge of the embryology, anatomy, physiology and pathology related to the discipline of these conditions.

## **2. Duration of the SET Program**

- 2.1.1 The SET program is based on the attainment of a standard of competency specified by the CoPS.
- 2.1.2 A maximum period for completion of training applies from the commencement of approved clinical rotations.
- 2.1.3 It is expected that the average Trainee who commenced training after 2020 will take six years to attain the required standard of competency. The maximum period for completion of the SET program is 10 years from the commencement of approved clinical rotations.
- 2.1.4 It is expected that the average Trainee who commenced between the 2012 and 2020 training year will take seven years to attain the required standard of competency owing to the necessity to complete their Early SET 'surgery in general' training (as detailed in the Training Regulations dated November 2019). The maximum period for completion of the Paediatric SET program is 11 years from the commencement of approved clinical rotations.
- 2.1.5 Interruption, terms that are not assessed (Regulations 3.5.1), or the Academic Pathway will not be included in the calculation of the maximum period for completion.
- 2.1.6 The time taken by each individual Trainee to complete the training program will depend on attainment of competency but cannot exceed the period specified in this section.
- 2.1.7 Notwithstanding 5.8.2, as the SET Program is a competency based program, the CoPS does not accept applications for recognition of prior learning and does not grant time credits for Paediatric rotations based on prior learning alone.

Prior learning is implicit in the ability of a Trainee to demonstrate the attainment of competence.

### **3. Trainee Administration**

#### **3.1 Deferral**

- 3.1.1 Deferral occurs when an offer to join the SET program is made and a candidate postpones the commencement of training. Deferral cannot occur once SET training has commenced.
- 3.1.2 Requests for deferral must be made before or at the time of acceptance of an offer of a place on the SET program. Requests submitted after this time will only be considered in exceptional circumstances.
- 3.1.3 The standard period of deferral is 12 months. In exceptional circumstances, the CoPS may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.
- 3.1.4 Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum period of completion will be reduced by the extra time granted for deferral.

#### **3.2 Interruption**

- 3.2.1 Interruption is a period of approved absence by a Trainee from the SET program following commencement of SET. With the exception of interruption for medical, carers or parental leave, Trainees cannot apply for interruption for the first six months of training.
- 3.2.2 The CoPS is not an employer. A period of approved interruption does not compel the Trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.
- 3.2.3 To apply for a period of interruption from the SET program, the Trainee must submit a request in writing to the CoPS as part of the allocation process (as per the Due Date). Interruption for medical, carers or parental leave can be submitted for approval at any time if the request is supported by appropriate evidence in the form of a statutory declaration or medical certificate. Failure to provide evidence may result in the request being denied. The CoPS will confirm in writing to the Trainee if the application is approved or denied.
- 3.2.4 Trainees are required to confirm their return date or their intention to extend their period of interruption, no later than 12 weeks prior to recommencing clinical training.
- 3.2.5 A Trainee can apply for an extension to a period of approved interruption. Requests for an extension must be submitted in writing to the CoPS and must adhere to the same criteria as new requests. Failure to do so may result in the application being denied.
- 3.2.6 If interruption is approved, the rules, regulations and policies that apply to that Trainee will be those that apply at the time of returning to the SET Program unless otherwise advised by the CoPS. Refer to the policy; [Returning to Work after a Period of Leave](#).
- 3.2.7 Upon return to training from a period of interruption, Trainees will be calibrated to SET level at their next assessment. The Trainee will be advised of the revised SET level in writing.
- 3.2.8 The CoPS may set conditions the Trainee must meet before returning to active training following a period of interruption. The CoPS may also set conditions applicable to the Trainee's clinical training when returning from a period of

interruption. The conditions will be specified at the time the interruption is approved or upon return to training.

### **3.3 Medical Interruption**

- 3.3.1 Trainees who apply for medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required, from their health practitioner at the time of request.
- 3.3.2 If medical interruption is approved, Trainees will be required to submit a report from their health practitioner no later than 12 weeks prior to recommencing clinical training confirming their ability to return to training.

### **3.4 Flexible Training**

- 3.4.1 Flexible training is a period of training undertaken on a part-time basis (i.e. undertaking clinical training in a post between 50% and 100% of full-time equivalent) as part of the SET program.
- 3.4.2 The CoPS fully supports the concept of flexible training. Recognising the complexities in arranging appropriate posts, the CoPS is unable to guarantee flexible accredited training posts can be identified and/or requests fulfilled.
- 3.4.3 Applications for flexible training must be made as part of the allocation process (as per the Due Date on the training calendar). Approval an application will be subject to approval of the employing hospital.
- 3.4.4 Applications for flexible training must have a training commitment of at least 50% of a full-time Trainee.
- 3.4.5 The maximum period for completion of the SET program is unchanged by being in a period of flexible training (see section 2).
- 3.4.6 The CoPS will make a decision to approve or otherwise taking into consideration the availability of a suitable flexible training position.
- 3.4.7 Trainees granted approval to undertake a period of flexible training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In-Training Assessments and logbook data. Flexible Trainees are required to complete formative and summative Assessments at the end of each quarter and submit them at the same time as full time Trainees (as per the Due Date on the training calendar).

### **3.5 Leave**

- 3.5.1 Trainees undertaking full-time training are permitted a maximum of six weeks of leave per six-month rotation or three weeks per three months in Early SET One, subject to approval by the employing authority. Leave beyond this may result in the rotation being recorded as “unsatisfactory” or “not assessed”.
- 3.5.2 The leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer’s leave.
- 3.5.3 Trainees taking their employment leave entitlements to a total of six weeks do not need to make a separate application to the CoPS.
- 3.5.4 Trainees wishing to take more than six weeks’ leave during a six-month rotation or three weeks per three months in Early SET One, must seek prospective approval from the CoPS and the employing authority.
- 3.5.5 Where a Trainee takes more than six weeks leave during a six-month rotation, the rotation may be deemed assessable if the CoPS, Trainee, Supervisor and consultants are able to confirm that the rotation objectives will still be met.
- 3.5.6 Repeated rotations deemed ‘not assessed’ will require review by CoPS and may lead to probation.

- 3.5.7 Trainees may seek leave from the SET program without taking leave of employment at the allocated post. The CoPS will consider whether leave without vacating a post impacts on the appointment of another Trainee.

### **3.6 Withdrawal from Training Program**

- 3.6.1 Trainees who do not wish to continue on the SET Program must notify the CoPS of their withdrawal in writing; stipulating when the withdrawal will be effective.
- 3.6.2 Following withdrawal, former Trainees are recommended to honour the terms of their employment contract.
- 3.6.3 Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the CoPS.
- 3.6.4 Trainees who resign from a position without the prior approval of the CoPS will be deemed to have withdrawn from the SET program. The CoPS will confirm the withdrawal in writing.
- 3.6.5 Trainees should contact their Hospital Supervisor or the CoPS Chair for support, advice, and assistance before resigning from employment.
- 3.6.6 Withdrawal may affect eligibility to reapply for a RACS surgical specialty.

### **3.7 Extension of Training**

- 3.7.1 Extension of training relates to the year following FEX presentation.
- 3.7.2 Requests for an extension of training must be made in writing to the CoPS.
- 3.7.3 Requests must be made in writing to the CoPS and outline the following:
- a. Length of extension
  - b. Reason for the extension
  - c. Areas the Trainee does not feel competent in
- 3.7.4 Extensions of training will only be granted if a suitable post is available.
- 3.7.5 If an extension of training has been approved, the Trainee must participate in all assessment processes as outlined these Regulations.
- 3.7.6 The CoPS may also require a Trainee to undertake an extension of training based on performance.
- 3.7.7 For further information on Extension of Training, see the RACS website.

### **3.8 Exam Pending Trainees**

- 3.8.1 Trainees who have completed the required clinical training requirements, including clinical rotations, and have been deemed eligible to present for the Fellowship Exam (as per 5.9.4 c) but are yet to successfully complete the Fellowship Examination, may be deemed exam pending. Exam Pending training periods count towards the maximum training period.
- 3.8.2 Exam Pending Trainees are required to submit to the CoPS their secured post and their chosen Paediatric Surgery Supervisor for approval ahead of their pending Fellowship Examination.
- 3.8.3 Exam Pending Trainees are required to be monitored by a Supervisor of their choosing, and to provide quarterly updates to the Committee. Exam Pending Trainees are encouraged to attend the Fellowship Examination pre-course, and attend the Registrar Annual Training Seminar (RATS) educational sessions, and must attend the RATS feedback sessions virtually or in person.
- 3.8.4 If failure in the Fellowship Examination is assessed by the CoPS as reflecting a failure to demonstrate competencies normally obtained during the SET Program, then continuation of SET training will occur rather than the Trainee



being deemed exam pending, as long as the maximum period of training will not be exceeded. The CoPS will make every effort to allocate a suitable training post for this purpose, recognising that this may be difficult if it is the second Fellowship Examination sitting in that year as by this stage allocations of Trainees for the subsequent year will have already been made.

- 3.8.5 Exam pending Trainees will be required to provide the CoPS with the following information two (2) months prior to the application to present for the Fellowship Examination:
- a. A description of clinical activities undertaken since completing clinical rotations in the SET Program.
  - b. A description of exam preparation activities undertaken since completing clinical rotations in the SET Program.
  - c. A portfolio of continuing medical educational activities undertaken since completing clinical rotations in the SET Program.
  - d. A report on steps taken to meet any recommendations from any previous exam review interview with the CoPS or CoPS Subcommittee.
  - e. A signed letter from a current clinical Supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing.
- 3.8.6 Where an Exam Pending Trainee is unable to provide the required information or where the CoPS deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the CoPS may request further information or ask the Trainee to attend an interview.
- 3.8.7 In the event of review by CoPS or CoPS Subcommittee after an Exam Pending Trainee fails the Fellowship Examination, the CoPS may recommend that the Exam Pending Trainee re-enter formal training in an accredited training post before having any further examination applications approved. Location and timing of this post will be dependent on availability and the educational needs of the Trainee. The Trainee's preference for a particular post may not be able to be accommodated.
- 3.8.8 Should such an Exam Pending Trainee be time expired (refer to section 2) they will be ineligible to re-enter training or re-present for the Fellowship Examination.
- 3.8.9 The Exam Pending Trainee on commencement of employment in the accredited training post and re-entering formal training will be referred to as a Senior SET Paediatric Surgical Trainee and be subject to the usual training fees and regulations.

### **3.9 Trainee Portfolio**

- 3.9.1 CoPS recommends Trainees maintain a portfolio containing copies of received RACS and CoPS correspondence regarding their training progress, logbook summaries, Trainee assessment forms, updated Progressive non-operative logbook, DOGS and CAT results, DOGS and CAT submissions, MOUSEs, evidence of completion of compulsory courses, and other relevant training documentation.

## **4. Curriculum**

- 4.1.1 The curriculum of the SET program is published on the Paediatric Surgery page of the RACS [website](#).
- 4.1.2 The curriculum provides Trainees and Supervisors with a guide as to the scope and competency levels expected to be achieved by the end of the SET program. The FEX will be directly based on the curriculum.

- 4.1.3 The outline of the required competencies for the SET program is listed on the RACS website.
- 4.1.4 The SET program list of resources on the RACS website.

## **5. Requirements of SET Program**

### **5.1 Program Overview**

- 5.1.1 The below depicts the overall requirements of the SET Program. Further information on each component is detailed in the various sections of the Regulations.
- 5.1.2 Trainees are to meet the following requirements during the course of the SET Program:
  - a. Satisfactorily complete Paediatric Surgical training in three SET phases accomplished in the following order: Early SET, Mid SET and Senior SET.
  - b. Submit satisfactory In-Training Assessment Forms at the conclusion of each quarter by the Due Date.
  - c. Submit completed Logbook reports at the end of each quarter by the Due Date.
  - d. Submit a completed Progressive Non-Operative Logbook form by the Due Date at the conclusion of each rotation as required.
  - e. Satisfactorily complete the research requirement.
  - f. Attend the Registrar Annual Training Seminar (RATS) held each year.
  - g. Attend three Scientific Meetings during training, ANZAPS Annual Scientific Meeting or RACS Annual Scientific Congress (ASC).  
The Advanced Trauma Life Support (ATLS) Course.
  - h. The Emergency Management of Severe Burns (EMSB) Course.
  - i. The Training in Professional Skills (TIPS) course.
  - j. Paediatric Anatomy & Embryology Examination.
  - k. Paediatric Pathophysiology Examination.
  - l. Paediatric Fellowship Examination.

## **5.2 Early SET Overview**

- 5.2.1 Early SET will usually be completed in two years. Early SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved. Once complete, the assessments will be the same as Early SET 2. The first year of Early SET is designated as Early SET One.
- 5.2.2 The CoPS will approve progression to Mid SET once all Early SET competencies have been achieved including the following:
  - a. Relevant courses listed under section 5.8.
  - b. Measure of Understanding and Surgical Expertise (MOUSE).
  - c. Mini Clinical Examination (Mini-CEX).
  - d. 360 Degree Evaluation Surveys.
  - e. Critical Appraisal Tasks (CATs) (Early SET Two only).
  - f. The Paediatric Anatomy and Embryology Examination.

## **5.3 Mid and Senior SET Overview**

- 5.3.1 Mid SET would normally be completed in two years when compulsory assessments examinations and competencies identified in curriculum are satisfactorily achieved.
- 5.3.2 Senior SET would normally be completed in two years when compulsory assessments, examinations and competencies identified in curriculum are satisfactorily achieved.
- 5.3.3 Trainees must complete Paediatric Surgical Training in posts accredited by the CoPS in order to demonstrate the competencies as identified in the curriculum, usually over four years, including the following:
  - a. Measure of Understanding and Surgical Expertise (MOUSE).
  - b. Critical Appraisal Tasks (CATs) (optional for Senior SET).
  - c. Directed Online Group Studies (DOGS).
  - d. The Training in Professional Skills (TIPS) course by the end of Mid SET.
  - e. The Paediatric Pathophysiology Examination by the end of Mid SET.
  - f. Research requirement by the end of Mid SET.
  - g. Fellowship Examination in Paediatric Surgery.

#### 5.4 Summary of Requirements

The table below depicts the overall requirements of the Paediatric Surgery SET Program. Further information on each component is detailed in the various sections of the regulations.

Assessment	Early SET ONE	EARLY SET TWO	MID SET	Senior SET
In-Training Assessment Forms	✓	✓	✓	✓
Research requirement	✓			
MALT Logbooks	✓	✓	✓	✓
Progressive Non-Operative Logbook	✓	✓	✓	✓
Registrar Annual Training Seminar	✓	✓	✓	✓
Attend three Scientific Meetings (ANZAPS or RACS ASC)	✓			
EMSB Course	✓	✓		
ATLS Course	✓	✓		
TIPS Course	✓	✓	✓	
Mini-CEX	8 per year	4 per year		
360 Degree Evaluation Survey	✓			
MOUSE	As per Early SET One assessment plan record	X 12 per year	X 12 per year	X 12 per year
CATs		✓	✓	Optional
DOGS	Optional	Optional	✓	✓
Mandatory Presentations	✓			
Paediatric Anatomy & Embryology Examination	✓	✓		
Paediatric Pathology & Pathophysiology Examination			✓	
Paediatric Fellowship Examination				✓

## 5.5 Research Requirement

- 5.5.1 The research requirement comprises two essential components. Trainees are expected to engage in a specified research activity and deliver a presentation, as detailed below.
- 5.5.2 Trainees must complete the research requirement by the end of Mid SET. Trainees will not be permitted to enter Senior SET training if they have not completed the research requirement.
- 5.5.3 Trainees must complete at least one of the following research activities:
- Successful completion of a research higher degree at the Masters level or above. The Trainee is required to provide official documentation, including the awarded degree certificate or official communication from the University on letterhead, to facilitate the approval process.
  - A specific research project prospectively approved by the CoPS. It is expected that a peer-reviewed publication will result from such research. Trainees prospectively approved for a research project will be advised in writing of the evidence required on completion for approval of the research requirement.
  - An article in a journal which referees all manuscripts. The publication must satisfy the following requirements:
    - The peer-reviewed article must be published in a journal that is listed in the National Centre for Biotechnology Information (NCBI) database; and
    - Be a minimum level 4 publication (i.e. Level 5\* publications do not fulfil the research requirements); and
    - The Trainee must be first or second author if the publication is level 4 or 3\*; or
    - The Trainee must be a contributing author, able to demonstrate that contribution, for level 1 or 2\* publications.
- 5.5.4 Trainees may apply to the CoPS to have research undertaken prior to commencing SET assessed for recognition as fulfilling the Paediatric SET research requirement. This evaluation solely pertains to the research aspect and does not include the presentation component, which must be fulfilled during training.
- 5.5.5 Where a Trainee does not have a single publication that would satisfy 5.5.3 they may submit a portfolio of research activity conducted as a participant in the Australia and New Zealand Surgery in Children Registrar's Association for Trials (ANZSCRAFT) group for consideration. This research portfolio must demonstrate significant contribution to a project or projects across several aspects of authorship as defined by the ANZSCRAFT model;
- Writing group
  - Steering committee
  - Site lead
  - Statistical analysis
- 5.5.6 Trainees must present a paper at the ANZAPS Annual Scientific Meeting or RACS ASC. Evidence of the presentation must be submitted to the CoPS for approval of this component of the research requirement. Acceptable forms of evidence include a certificate of attendance or official correspondence on letterhead.
- 5.5.7 Trainees presenting at the ANZAPS Annual Scientific Meeting are encouraged to enter the ANZAPS Registrar Prize.

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<sup>1</sup> As per Oxford definitions

## 5.6 Academic Pathway

- 5.6.1 Academic Pathway is formal training in Academic Surgery during the SET Program, during a period of fulltime research under supervision approved by the CoPS.
- 5.6.2 Approved Academic Pathway must be for a minimum of six months and a maximum of three years. Requests for extensions will be considered prospectively and must be made in writing.
- 5.6.3 Requests for Academic Pathway must be made in writing to the CoPS prior to the allocation process.
- 5.6.4 At the time of applying for the Academic Pathway Trainees must submit applicable documentation including a letter of support from the intended Supervisor, synopsis of research project and/or proof of offer to a higher degree.
- 5.6.5 The Supervisor will be required to submit to the CoPS a document outlining:
  - a. Personal background in supervising research
  - b. Outline of the proposed project or degree
  - c. Planned level of supervision of Trainee

The purpose of this document is to allow the CoPS to assess prospectively the quality of the academic environment into which the Trainee is entering.
- 5.6.6 Trainees will not be approved for the Academic Pathway until there has been satisfactory completion of the following requirements:
  - a. Satisfactory completion of Early SET One
  - b. Current rotation assessed as satisfactory
- 5.6.7 Trainees must be performing satisfactorily prior to entering the Academic Pathway. The Academic Pathway will not be approved if the Trainee's preceding rotation was unsatisfactory or the Trainee is currently on probation.
- 5.6.8 Attendance at RATS is mandatory, except in the case of a Trainee undertaking research or a higher degree outside of Australia or Aotearoa New Zealand.
- 5.6.9 Trainees on approved Academic Pathway must submit a progress report for each three-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the CoPS within two weeks of the completion of each three-month period. The CoPS will review the progress report and confirm with the Trainee if they deem the progress satisfactory.
- 5.6.10 A final report must be provided by the Trainee and Supervisor of research to the CoPS within two weeks of the completion of the research.
- 5.6.11 Prior to returning to SET, the Trainee must provide proof of completion of coursework or the research programme. For those Trainees undertaking a higher degree, proof of submission of the completed thesis will be deemed sufficient to fulfil this requirement.
- 5.6.12 Trainees returning from a period of Academic Pathway will be assessed for the retention of competency as per section 3.2.6.
- 5.6.13 Clinical work may be undertaken during approved Academic Pathway but cannot exceed two clinical sessions per week and two after hour shifts per week.
- 5.6.14 Participation in the Academic Pathway will increase the maximum period of training. The maximum period of training will be increased by the average time it takes to complete the higher degree plus one year. For example, completion of a PhD will increase the maximum period by an additional four years.

- 5.6.15 The CoPS will confirm the revised maximum period to the Trainee at the time of application.

## **5.7 Registrar Annual Training Seminar**

- 5.7.1 The Registrar Annual Training Seminar (RATS) is held annually (usually in October/November) over four consecutive days and is compulsory for all active Trainees and optional for Trainees on interruption (inactive). Attendance is compulsory for Trainees on the Academic Pathway except in the case of a Trainee undertaking an International higher degree.
- 5.7.2 The CoPS may consider any requests for exemption from attending the RATS. Any requests for exemption must be forwarded in writing to the CoPS Chair no later than six weeks prior to the RATS detailing the exceptional circumstances requiring an exemption.
- 5.7.3 By accepting accreditation as a Paediatric SET post, hospital management has agreed that accredited Trainees will be granted appropriate leave to attend the RATS and no Trainee should be required to perform clinical duties or meet on-call requirements whilst the RATS is in progress (including the night before the RATS commences). Trainees not approved by their employer for appropriate leave must contact the CoPS Chair.
- 5.7.4 It is the individual Trainee's responsibility to cover their costs while at the RATS. The RATS is organised to provide Trainees with the opportunity for personal and professional development, through activities with peers and under the guidance of the CoPS. The RATS comprises two major activities:
- a. The Registrar Conference; and
  - b. Trainee Feedback Sessions

### **5.7.5 Registrar Conference**

The purpose of the Registrar Conference is to:

- a. Conduct educational sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can provide training on issues pertinent to surgical practice.
- b. Conduct personal development sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can address Trainees on work/life balance issues and other areas of personal development.
- c. Participate in the Trainee forum where Trainees engage in open discussion over (suggested) one whole day or two half day sessions regarding training program issues; including preparation of an agenda for these issues to be discussed with the CoPS, election of a Trainee Representative to sit on the Committee for the duration of two years and election of a Trainee Organiser and location for the following year's RATS.
- d. The format and scheduling of these activities are the responsibility of the RATS co-ordinator and the Trainee Representative. The program should be presented to the CoPS for approval.

### **5.7.6 Committee of Paediatric Surgery Meetings and Trainee Feedback Sessions**

Concurrently the CoPS conducts a Committee Meeting where it will discuss relevant issues and review Trainees performance. The CoPS meets with the Trainees as a group to discuss training program issues, and on an individual basis to discuss SET program progression and feedback to the Committee.

## **5.8 Courses**

- 5.8.1 Trainees should visit <https://www.surgeons.org/Education/skills-training-courses> for more details on the RACS courses.

- 5.8.2 If a Trainee can demonstrate competencies that a specific course teaches, the CoPS may exempt them from completing a course. To apply for exemption, Trainees must submit a request in writing to the CoPS outlining the reasons for requesting an exemption. Requests for exemption must be submitted in the preceding year, specifically prior to the end of Early SET 1 for courses listed in section 5.8.2, and prior to the end of Mid SET 1 for courses listed in section 5.8.3.
- 5.8.3 Trainees must satisfactorily complete the following courses by the end of Early SET. Although a number of courses are conducted throughout Australia and Aotearoa New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program:
- Emergency Management of Severe Burns (EMSB) Course. Australian and New Zealand Burns Association (ANZBA) EMSB. Trainees should visit [www.anzba.org.au](http://www.anzba.org.au) for more details on the course.
  - Advanced Trauma Life Support (ATLS) RACS Course
- 5.8.4 Trainees must satisfactorily complete the Training in Professional Skills (TIPS) Course by the end of Mid SET.

## 5.9 Examinations

- 5.9.1 Trainees are advised to discuss their preparation with their Supervisor before registering and sitting any Examination in the SET program. Trainees should visit <https://www.surgeons.org/Examinations> for more details on the RACS Examinations.
- 5.9.2 **Paediatric Anatomy and Embryology Examination (PAE)**
- The PAE can be taken by the Trainee at any time during Early SET.
  - Trainees will be required to complete the PAE by the end of Early SET. Trainees will not be permitted to enter Mid SET training if they have not been successful in the PAE.
  - Trainees are required to submit a letter of support from their Supervisor to the CoPS before registering for the PAE. The letter of support must confirm that the Trainee is well-prepared to present for the exam and has a suitable and supported preparation plan. The letter of support must be submitted to the CoPS at least 15 working days prior to the closing date for registrations.
  - Candidates who receive a result of less than 50%, or repeatedly fail will be placed on probation.
  - The conduct of the PAE is the responsibility of a sub-committee of the CoPS.
  - The sub-committee is responsible for setting the questions and defining the standards of the examination.
  - The exam questions are drawn from the Paediatric Surgery Curriculum. More detail can be found in the Curriculum Modules available on the RACS [Website](#).
  - Trainees should refer to the RACS policy *Conduct of the Paediatric Anatomy and Embryology Examination* on the RACS website for details of the examination, including eligibility, structure and timelines. The examination date and application closing date/s are published on the Examinations page of the RACS website.
- 5.9.3 **Paediatric Pathophysiology Examination (PPE)**
- The PPE can be taken by the Trainee at any time once they have commenced Mid SET. Trainees are required to apply for the examination no later than the second year of Mid SET.



- b. Trainees will be required to complete the PPE by the end of Mid SET. Trainees will not be permitted to enter Senior SET training if they have not been successful in the PPE.
- c. Trainees are required to submit a letter of support from their Supervisor to the CoPS prior to registering for the PPE. The letter of support must confirm that the Trainee is well-prepared to present for the exam and has a suitable and supported preparation plan. The letter of support must be submitted to the CoPS at least 15 working days prior to the closing date for registrations.
- d. Candidates who receive a result of less than 50%, or repeatedly fail will be placed on probation.
- e. The conduct of the PPE examination is the responsibility of a sub-committee of the CoPS.
- f. The sub-committee is responsible for setting the questions and defining the standards of the examination.
- g. The exam questions are drawn from the Paediatric Surgery Curriculum. More detail can be found in the Curriculum Modules and the Specific Syllabus for the Pathophysiology Exam both available on the [RACS Website](#).
- h. Trainees should refer to the RACS policy *Conduct of the Paediatric Pathophysiology Examination* on the RACS website for details of the conduct of the examination, including structure and timelines. The examination date and application closing date/s are published on the Examinations page of the RACS website.

#### 5.9.4 Fellowship Examination (FEX)

- a. The Examination is coordinated by the Examinations Department of RACS. Trainees should refer to policies relating to the FEX on the [RACS website](#).
- b. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a report from the Court of Examiners. Trainees will be invited to attend a meeting as per the FEX Eligibility, Review and Feedback policy.
- c. For information on the format of the FEX please refer to the RACS website.

#### 5.9.5 Eligibility to present for the Fellowship Examination

A Trainee will be eligible to present for the FEX in Paediatric Surgery when they have:

- a. Lodged an application to present with the RACS Examinations Department and paid the Examination fee; and
- b. Satisfactorily completed Early and Mid-SET, and satisfactory progression in Senior SET; and
- c. Completed all other examinations and courses in the Paediatric SET program; and
- d. Completed the approved research requirement; and
- e. Fully paid up dues and fees owed to RACS
- f. Trainees are required to obtain the CoPS Chair (or Deputy Chair in the Chair's absence) approval to register for the Fellowship Examination. In order to do so the Trainee must complete the Paediatric Surgery Fellowship Examination (FEX) Sign Off form available on the RACS website. The FEX Sign Off form must be submitted to the CoPS at least 15 working days prior to the closing date for registrations.

5.9.6 A Trainee on probation cannot apply for the Fellowship Examination.

## 6. Accredited Training Positions

- 6.1.1 It is the aim of the CoPS to facilitate optimal clinical exposure to the breadth and depth of Paediatric surgical practice by directing placement of Trainees to appropriate accredited hospital posts. Hospital posts are accredited to the standards set by RACS. A list of accredited Paediatric Surgery training positions is available on the RACS website.

## **6.2 Training Position Placement**

- 6.2.1 Rotation of Trainees between units will occur in SET training and Trainees may be assigned to a unit anywhere in Australia or Aotearoa New Zealand.
- 6.2.2 The CoPS believes that diversity of training experience is acquired by spending time in a number of training centres. This facilitates exposure to the full scope Paediatric Surgery practice, and the breadth of training experiences. Trainees in Paediatric Surgery should, in consultation with the CoPS, devise a training rotation plan for Mid and Senior SET based on the following principles.
- 6.2.3 SET training **must** be undertaken for a minimum period of twelve months in at least two training regions. The Paediatric Surgery training regions are Aotearoa New Zealand, New South Wales/Australian Capital Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia.
- A minimum of one year of satisfactory Senior SET training must be undertaken at an institution with more than one Senior SET training position.
  - Trainees are encouraged to spend a minimum of one year in an accredited training position in a regional paediatric surgical centre.
  - Posts are accredited as Early/Mid or Mid/Senior SET. Any post can be utilised as an Early SET One position if there is an eligible Supervisor however they must attend NEWTS.
  - Some posts are accredited as only Early SET One in units that may not provide a training environment to support a further Mid or Senior SET Trainee.
- 6.2.4 In certain circumstances in order to meet a particular educational requirement identified by a Trainee or the CoPS, a Trainee may be allocated into an accredited training position in another speciality.
- For Trainee initiated requests it is the Trainee's responsibility to secure appointment and furnish all information required for approval. The CoPS is under no obligation to approve such requests.
  - Trainee initiated requests for such allocation must be made in writing to the CoPS as part of the allocation process (as per the Due Date on the training calendar).
  - Such allocations will be for six to twelve month duration only.
- 6.2.5 Following such an allocation the Trainee will be assessed for the retention of competency on return to an accredited Paediatric Surgical SET position.
- Such allocations would not be for the purpose of remediation and if a Trainee is on a Structured Learning Cycle (SLC) or probation an application will not be approved.

## **6.3 Allocation process**

- 6.3.1 The CoPS reviews the Trainee's progress within the SET program in relation to the training regulations to identify any deficiencies to be addressed. If particular deficiencies must be addressed by training at a certain accredited hospital, this will be identified by the CoPS and communicated to the Trainee.
- 6.3.2 In addition to geographical distinctions influencing allocation of training positions as outlined under section 6.2.2, the CoPS acknowledges the significant educational opportunities offered by specific regional training centres. These centres are identified based on the following criteria:

- Not located in a major metropolitan region
  - Active outreach program with trainee involvement
  - Recognised for providing important regional health care
  - Historically challenging in recruiting a Senior Medical Officer workforce
  - Significant referral population with high health needs or disadvantages
  - Substantial case load
- 6.3.3 Centres meeting these criteria contribute significantly to fulfilling the requirement of relocating out of the region to gain important experiences  
A maintained list of centres that satisfy some or all of these criteria is available.
- 6.3.4 Trainees submit their training preferences for the following year/s to the CoPS as per the Due Date.
- 6.3.5 The CoPS allocates Trainees according to training requirements identified for each Trainee and in order of seniority in the SET program. The order of seniority by training phase is as follows:
- a. Senior SET
  - b. Mid SET
  - c. Early SET
- 6.3.6 Should an additional year of training occur, the phase of training will take precedence (e.g. S1>M3).
- 6.3.7 Trainees within a specific centre will lose priority after a continuous 3-year period.
- 6.3.8 Early SET One allocation will account for availability of Early SET One supervision.
- 6.3.9 Every effort will be made to accommodate preferences for allocation to posts; however this is not always possible due to limitations in the number of posts available.
- 6.3.10 It is understood that Trainees' individual preferences may alter during their progression through the SET program. The CoPS will endeavour to accommodate Trainees' preferences as they are advised but cannot guarantee that all requests will be fulfilled.
- 6.3.11 Trainees who have notified the CoPS of their intention to defer or interrupt training or take up an alternative position (6.1.4) for twelve months will not be allocated to a paediatric surgical training position for that period. Any subsequent change to the Trainee's preference requiring placement in an accredited clinical position may not be able to be accommodated.
- 6.3.12 The CoPS will endeavour to finalise allocations for the following year and notify both Trainees and hospitals by mid-term of rotation two. If required for on boarding at the hospital, Trainee details will be shared with the relevant jurisdiction or health department.
- 6.3.13 It is the Trainee's responsibility to contact the employing hospital to make the appropriate application for appointment to the allocated Paediatric Surgery training position. The hospital to which a Trainee is allocated will be the employing body and as such may require documentation to complete the appointment process such as a full structured curriculum vitae, confirmation of medical registration or completed criminal record checks.
- 6.3.14 A Trainee who resigns from their accredited clinical post without the permission of the CoPS will be considered to have withdrawn from the SET program.
- 6.3.15 Should a Trainee refuse to commence employment in their CoPS allocated training post, dismissal proceedings for failure to follow RACS direction will be initiated.

## **7. Assessment of Performance during Clinical Training**

### **7.1 Overview**

- 7.1.1 It is the responsibility of the Trainee to read the Training Calendar and communicate any queries they have regarding the Due Dates in a timely manner.
- 7.1.2 Each accredited training position has an approved Supervisor nominated by the hospital and approved by the CoPS. Supervisors coordinate, and are responsible for, the management, education, training and assessment of Trainees rotating through their designated accredited training posts. Early SET One posts will usually have a Supervisor different to the Supervisor responsible for Mid and Senior SET Trainees. The Supervisor will have completed the NEWTS at least once in addition to the other Supervisor requirements.
- 7.1.3 Where a Trainee is placed in an accredited post of another specialty a Supervisor of that specialty will be nominated by that Specialty Training Committee and will assume overall responsibility for the assessment of performance during that period of clinical training.
- 7.1.4 Consultants/Trainers are Fellows of RACS or VRPS as approved by the CoPS who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers assist the Supervisor with monitoring, guiding and giving feedback to Trainees, as well as appraising and assessing their performance. Only Trainers with FRACS or NZ Vocational Registration can complete MOUSE or Mini-CEX forms.
- 7.1.5 The assessment of a Trainee's performance by the Supervisor in conjunction with other Trainers is fundamental to their continuing satisfactory progression through the SET program.
- 7.1.6 At the start of each rotation the Supervisor will meet with each Trainee to develop training goals and objectives for that rotation. The trainee may choose to share their assessment form from their last rotation to discuss goals they have been working on.
- 7.1.7 The CoPS is responsible for the review of the assessment form and the subsequent determination of a satisfactory or unsatisfactory clinical rotation.
- 7.1.8 Trainees are required to retain copies of all assessments and logbook summaries.

### **7.2 Assessment of Operative Experience during Clinical Training**

- 7.2.1 The CoPS is responsible for the review of logbook and accreditation of clinical rotation.
- 7.2.2 From the commencement of SET, Trainees will maintain a logbook by using the MALT system according to RACS processes. Data entry should not be delayed by more than four weeks at any one time and must be completed and submitted to the CoPS as per the Due Date.
- 7.2.3 Trainees are required to submit the following three (3) MALT logbook reports by the Due Date:
  - a. Logbook Summary Report
  - b. Operative Experience Report
  - c. Major and Minor Totals Report
- 7.2.4 Those Trainees in surgical posts of other specialties will use the relevant specialty logbook summary form.
- 7.2.5 The Logbook Summary Report must be sighted by the Supervisor and Trainee. Reports not sighted by both parties will be considered invalid and that period of training will be assessed as unsatisfactory. If the logbook reports are not

sighted or submitted by the Due Date that period of training will be assessed as unsatisfactory by the CoPS.

- 7.2.6 A Supervisor's sign off on the Logbook acknowledges that it is the logbook information the Trainee is presenting for that period of training but the responsibility to ensure the accuracy of the data remains with the Trainee.
- 7.2.7 The Trainee is responsible for forwarding the completed logbook summary and other two logbook reports to the CoPS by the communicated Due Date or within one week of signing of them whichever is sooner.
- 7.2.8 The CoPS will assess Trainee logbooks to ensure they adequately cover the major areas of the curriculum. At its discretion, the CoPS may extend the duration of the Trainee's SET program if the exposure or level of participation are considered deficient or marginal in any area.
- 7.2.9 Adequate operative experience must be evident to the CoPS Chair prior to any Trainee presenting for the Fellowship Examination.
- 7.2.10 Inaccurate recording of procedures in the operative logbook may be treated as misconduct and may form grounds for dismissal in accordance with the RACS Dismissal from Surgical Training policy, Misconduct policy and these regulations.

### **7.3 Early SET One**

- 7.3.1 Early SET One is usually completed in one year and is considered an extension of the selection process during which Trainees assess whether they are confident in their choice of Paediatric Surgery and the CoPS examines their ability to acquire training competencies at a rate expected for the SET Program.
- 7.3.2 Unsatisfactory assessment is defined under section 8.
- 7.3.3 Early SET One is divided into four three month rotations.
- 7.3.4 Early SET One Trainees are required to submit in-training assessment forms at the conclusion of each rotation.
- 7.3.5 All Early SET One end of rotation assessments are summative assessments.
- 7.3.6 Two unsatisfactory rotations (a total of six months) in Early SET One will result in dismissal from SET.
- 7.3.7 There is no probationary status in Early SET One.

### **7.4 Early SET One Trainee Assessment**

- 7.4.1 Summative assessments are completed at the end of each three month rotation in Early SET One and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies for that rotation. Positive feedback is equally advisable.
- 7.4.2 There are no formative/mid-term assessments in Early SET One.
- 7.4.3 Areas of above or below average performance should be highlighted with constructive comment as to further development. The development of a Structured Learning Cycle may be considered by the Supervisor at this stage for deficient areas of performance or may be directed by the CoPS. This meeting should include a review of the Goals and Objectives established at the start of the rotation.
- 7.4.4 If a Trainee's performance has been assessed as unsatisfactory, the CoPS will follow the process outlined in Section 8.

### **7.5 Early SET One Mandatory Presentations**

- 7.5.1 Early SET One Trainees are required to present on topics as outlined in the Early SET One Assessment Plan Record. The Supervisor or a FRACS/VRPS

Consultant Trainer will sign that satisfactory completion of each presentation has occurred in the Trainee's Early SET One Assessment Plan Record.

- 7.5.2 Presentations are to be 5–10 minutes in length and are to be given by the Trainee without reference to notes. Audio-visual aids are to be restricted to pictures of radiology or patients to illustrate a significant symptom or sign.
- 7.5.3 Minimum audiences for presentations are a FRACS Paediatric Surgical Consultant or VRPS
- 7.5.4 Presentations for perioperative management should demonstrate a safe working knowledge of diagnosis, investigation and management of those conditions in children. Presentations for perioperative management should be in the following format:
  - a. Key pathological features of condition
  - b. Key presenting features
  - c. Key diagnostic features and investigations
  - d. Essential perioperative management steps
- 7.5.5 Presentations for specific mandated paediatric conditions should demonstrate knowledge of key features of presentation, pathogenesis and diagnosis of those conditions. In depth knowledge of management of these specific mandated conditions at a Fellowship level is not required in Early SET One. Presentations should be in the following format:
  - a. Key pathological features of condition
  - b. Key presenting features
  - c. Key diagnostic features and investigations

## **7.6 Early SET One Assessment Plan Record**

- 7.6.1 The Early SET One Assessment Plan Record outlines the minimum set of assessments to be successfully completed in Early SET One.
- 7.6.2 All mandated areas of Perioperative Management must be formally assessed by either Mini-CEX (mini clinical examination) or a presentation.
- 7.6.3 The specified mandated paediatric conditions in the Early SET One Assessment Plan Record should be assessed by presentation.
- 7.6.4 Each category of mandatory Early SET One procedures will be formally assessed using MOUSE forms (see 7.10.)
- 7.6.5 All assessments must be successfully completed within the timelines indicated in the Early SET One Assessment Plan Record.
- 7.6.6 Failure to adhere to the timelines indicated in the Early SET One Assessment Plan Record will result in the rotation being assessed as unsatisfactory.
- 7.6.7 Once the Early SET One Assessment Plan Record is completed, requirements are per Early SET Two.

## **7.7 360 Degree Evaluation Surveys**

- 7.7.1 Two surveys are to be completed in Early SET One.
- 7.7.2 Completed 360 Degree Evaluation Surveys must be submitted at the end of rotation two and rotation four in Early SET One or as directed by the CoPS.
- 7.7.3 Trainees in Early SET Two, Mid and Senior SET may also be directed by the CoPS to complete 360 Degree Evaluation Surveys after review of their Trainee Assessment forms.

- 7.7.4 Relevant Trainees and Supervisors will be required to nominate a minimum of eight contacts (four each) with a minimum of one from each of the following positions:
- a. Registrar equivalent or similar level as the Trainee
  - b. Registrar from a different specialty
  - c. Resident
  - d. Medical/Clinical Nurse
  - e. Administration staff (non-medical)
- 7.7.5 Trainees are advised to obtain approval from prospective participants in the surveys before nominating them.
- 7.7.6 The Trainee will also be required to complete a self-assessment, which is to be completed by the Due Date for assessments.
- 7.7.7 The forms are scored in the following categories: Technical Expertise, Scholar and Teacher, Communication, Collaboration, Management and Leadership, Health Advocacy, Professionalism and Cultural Competence and Cultural Safety.
- All scores, including the Trainee's, are collated into a summary sheet which is reviewed by the CoPS. The summary sheet is made available to the Supervisor and the Trainee to discuss the feedback.

## **7.8 Process for conducting an Assessment**

- 7.8.1 At least two weeks before the Due Date for completing the Trainee Assessment Form, the Trainee makes a request of the Supervisor (or RACS notified delegate in case of leave) who will then coordinate the assessment process.
- 7.8.2 A Trainee Assessment form must be completed for each Trainee quarterly, and submitted to the CoPS by the Due Date, or:
- a. as soon as is practical any time after the identification of unsatisfactory performance as determined by the Supervisor (see section 8).
  - b. at the end of the probationary period
  - c. at more frequent intervals as requested by the CoPS.
- 7.8.3 The Supervisor (or RACS notified delegate in the case of leave) is responsible for documenting the contribution of all Trainers or reasons for not contributing (e.g. absence for leave). The Trainee Assessment Form should be a consensus statement by the Department, i.e. all Consultants within the Department who have clinical interactions with the Trainee are required to contribute to the Trainee's assessment.
- 7.8.4 Where a consensus cannot be reached by a Department, any dissenting Department member/s must prepare a separate Trainee Assessment Form which also must be discussed with the Trainee.
- 7.8.5 A meeting is arranged between the Trainee, the Supervisor (or RACS notified delegate in case of leave) and/or other appropriate consultant/s within the Department, to discuss the Trainee Assessment Form and any other relevant training documentation. The Supervisor and Trainee must sign the form/s, before the Trainee submits to the CoPS Executive Officer on or before the Due Date. Trainee assessment forms not signed by both parties will be considered invalid.
- 7.8.6 Signing the assessment form by the Trainee confirms the Trainee Assessment Form has been discussed but does not signify agreement with the assessment.
- 7.8.7 The Trainee is responsible for forwarding completed training documentation to the Executive Officer and ensuring receipt on or before the Due Date. If the

documentation is not received by the Due Date the period of training will be assessed as unsatisfactory and the Trainee will be placed on probation.

#### **7.9 Early SET Two, Mid and Senior SET Trainee Assessment**

- 7.9.1 Trainees in an accredited post of another specialty will use the Trainee Assessment Form of the relevant specialty.
- 7.9.2 Formative assessments are completed halfway through each six month rotation at a time such that the assessment can be submitted by the Due Date. The aim of the formative assessments is to identify areas of good performance and areas of performance requiring improvement to reach competence.
- 7.9.3 Summative assessments are completed at the end of each rotation at a time such that the assessment can be submitted by the Due Date. Summative assessments indicate whether a Trainee has demonstrated satisfactory performance in the RACS competencies for that rotation. Positive feedback is equally advisable.
- 7.9.4 During an assessment meeting, the Trainee may request or the Supervisor may recommend the development of a SLC to highlight areas of good performance and address areas of deficiency using constructive comments. If a SLC is developed, this should include a review of the goals and objectives established at the start of the rotation. The CoPS may at any time mandate a SLC in accordance with these regulations.
- 7.9.5 When areas of performance are identified as “areas of concern” in the summative assessments (as per 7.9.3), the following assessment at the middle of the next rotation (or earlier if directed by the CoPS) will be treated as a summative assessment.
- 7.9.6 Where an area of concern is identified, the CoPS may request more frequent submission of a Trainee Assessment form.
- 7.9.7 Where persisting areas of concern are identified, the Supervisor will discuss this formally with the Trainee and agree to an appropriate Structured Learning Cycle. The CoPS will assist in co-ordinating a Structured Learning Cycle with the Trainee and Supervisor.

#### **7.10 Measure of Operative Understanding and Surgical Experience (MOUSE) Forms**

- 7.10.1 Trainees are required to initiate the assessment and are advised to discuss with the assessing Consultant how areas of deficiency could be improved during the next procedure.
- 7.10.2 All MOUSE forms should be submitted to the CoPS. Additional MOUSE in paediatric surgical procedures may be submitted to demonstrate competency or formative feedback. Trainees may be directed to complete more frequent MOUSE forms.
- 7.10.3 In Early SET One there should be a progression of complexity of procedural MOUSE from the beginning of the year to the end of the year. In Early SET One, Trainees are required to complete MOUSE according to the schedule outlined in the Early SET One Assessment Plan Record.
- 7.10.4 A minimum of three MOUSE need to be submitted at the end of each quarter, by the Due Date.
- 7.10.5 All paediatric surgical procedures may be considered for MOUSE assessment and feedback at any stage of training.
  - a. Early SET Two Trainees are required to complete MOUSE forms for procedures listed as Early SET competencies in the curriculum.
  - b. Mid SET Trainees are required to complete MOUSE forms for procedures listed as Mid SET competencies in the curriculum.



- c. Senior SET Trainees are required to complete MOUSE forms for procedures listed as Senior SET competencies in the curriculum.
- 7.10.6 All assessors of MOUSE must be Fellows of RACS or CoPS approved Vocationally Registered Paediatric Surgeons in Aotearoa New Zealand.
- 7.10.7 Failure to demonstrate competency (as defined in the curriculum) will result in failure to satisfactorily complete the current SET Phase.
- 7.10.8 Poor performance and progress when identified should result in more frequent MOUSE and should form part of a Structured Learning Cycle (SLC) established in order to learn these skill sets.
- 7.10.9 Failure to submit all completed forms by the Due Date may result in an unsatisfactory rotation assessment.

#### **7.11 Mini Clinical Examination (Mini-CEX) Forms**

- 7.11.1 Early SET One Trainees are required to complete a minimum of eight successful Mini-CEX in total as outlined in the Early SET One Assessment Plan record. Successful Mini-CEX need to be performed on different conditions to demonstrate acquisition of perioperative management competency across all mandatory areas. A minimum of two successful Mini-CEX must be submitted by the end of each rotation or as directed by the CoPS. Each Mini-CEX does not need to cover all areas listed on the form, but each area should be assessed at least once across all submitted Mini-CEX for the year.
- 7.11.2 Early SET Two Trainees are required to complete a minimum of four successful Mini-CEX in total. A minimum of one successful Mini-CEX must be submitted by the end of each quarter or as directed by the CoPS .
- 7.11.3 All assessors of Mini-CEX forms must be Fellows of RACS or CoPS approved Vocationally registered Paediatric Surgeons in Aotearoa New Zealand.
- 7.11.4 Failure to submit all completed forms by the Due Date may result in an unsatisfactory rotation assessment.

#### **7.12 Progressive Non-Operative Logbook**

- 7.12.1 The Progressive Non-Operative Logbook has been developed to provide Trainees, Supervisors and the CoPS with a summary of the Trainee's progress and to identify strengths and weaknesses.
- 7.12.2 Trainees are required to take their completed form to any meeting with their Supervisor.
- 7.12.3 Trainees are required to submit an updated form at the conclusion of each rotation in addition to other in-training assessment forms, by the Due Date.
- 7.12.4 The Trainee will be responsible for forwarding the completed form to the CoPS by the Due Date. Failure to submit an up-to-date form by the Due Date may result in an unsatisfactory rotation assessment.
- 7.12.5 Trainees must keep a copy of their current Progressive Non-Operative Logbook in their training portfolio.

#### **7.13 Critical Appraisal Tasks (CATs)**

- 7.13.1 A Critical Appraisal Task (CAT) is a training tool designed to enable Trainees to address a clinical question using the best available evidence. Trainees are expected to appraise the relevant literature and, based upon this, to concisely provide a rationale for their chosen management. These tasks equip the Trainee to continually adjust management approaches during their career as a paediatric surgeon, as new information becomes available. CATs are designed to approximate the framework expected during written components of the Fellowship Examination.

- 7.13.2 CATs are compulsory for Early SET Two and Mid SET Trainees. A minimum of two successful CATs must be completed throughout Training.
- 7.13.3 Trainees on interruption are not required to complete CATs unless a specific request is made and approved by the Committee. Requests must be submitted to the CoPS at least ten working days prior to the start date of the CAT.
- 7.13.4 A Trainee may request exemption from CATs in exceptional circumstances such as conflicting educational priorities or personal/family issues that wouldn't otherwise warrant interruption (see section 3.2.) Requests must be submitted to the CoPS at least ten working days prior to the start date of the CAT.
- 7.13.5 Two CATs per year are conducted. Trainees must submit their CAT electronically by the Due Date.
- 7.13.6 The submission must include a cover sheet with the following information:
  - a. CAT title,
  - b. Due Date,
  - c. Trainee RACS ID (not the Trainee's name for anonymity in marking).
- 7.13.7 A marking release date for both CATs will be set and documented on the training calendar.
- 7.13.8 The submission must answer all questions clearly identified and referenced where appropriate. A bibliography must be included in the submission.
- 7.13.9 If a Trainee receives a Borderline result they can resubmit their CAT for marking within two weeks of being notified of their CAT result.
- 7.13.10 A CoPS member is allocated the role of CAT coordinator and is tasked with authoring CAT topics and recruiting other authors and assessors from the CoPS or ANZAPS membership. CATs are assessed by the author and one other nominated CoPS or ANZAPS member using the prescribed assessment template.
- 7.13.11 Assessment templates are used for each SET level.
- 7.13.12 Representative answers will be made available to all Trainees, to assist improvement of future submissions.
- 7.13.13 Failure to submit the CAT by the Due Date will result in an unsatisfactory result.
- 7.13.14 Refer to section 8 regarding unsatisfactory performance in CATs.

#### **7.14 Directed Online Group Studies (DOGS)**

- 7.14.1 DOGS have been designed to encourage discussion and understanding of management plans related to clinical paediatric surgical problems and are based on our curriculum. The answer will be in the style of a medium or short clinical exam question, either in the written paper or viva section of the Fellowship Exam. Marking will take into account the SET level of the candidate and performance will be used by the CoPS to determine progress through the program.
- 7.14.2 Two DOGS are to be completed annually, and each will be available on the RACS website for a period of three weeks as specified in the training calendar.
  - a. **Session 1 and 2:**

Trainees are asked to approach the sessions as a learning exercise as well as a simulation of the Fellowship short answer questions. A recommended approach is to thoroughly research the topic, develop learning notes, and then answer the question under strict examination conditions. It is expected that the Trainee demonstrates core knowledge and advanced clinical judgement. The marking will reflect this expectation. Session 1 and 2 are open for seven days.

**b. Session 3:**

During this session Trainees are asked to identify a clinical issue related to a case from their own clinical experience and submit it to the forum. Trainees are also required to select at least two of the issues submitted by their colleagues and to provide comments based on their own experience. New clinical issues may be raised in this session. Marking will reflect the extent and depth of individual Trainee involvement. Session 3 is open for seven days.

- 7.14.3 DOGS are compulsory for all Mid and Senior SET Trainees only. Early SET Trainees may choose to complete DOGS, however, they will be marked at a Mid SET level.
- 7.14.4 Trainees on interruption are not required to complete DOGS unless a specific request is made and approved by the CoPS. Requests must be submitted to the CoPS at least ten working days prior to the start date of the DOGS.
- 7.14.5 A Trainee may request exemption from DOGS in exceptional circumstances such as conflicting educational priorities or personal/family issues that wouldn't otherwise warrant interruption (see section 3.2). Requests for exemption must be submitted in writing to the CoPS at least ten working days prior to the start date of the DOGS they are requesting exemption from.
- 7.14.6 A CoPS member or elected RACS Fellow is allocated to the role of DOGS coordinator and is tasked with authoring DOGS topics and recruiting other authors and assessors from the CoPS or ANZAPS membership if required.
- 7.14.7 Failure to complete DOGS by the Due Date will result in an unsatisfactory result.
- 7.14.8 Refer to section 8 regarding unsatisfactory performance in DOGS.

## **8. Unsatisfactory Performance / Assessment**

### **8.1 Conditions for unsatisfactory performance**

- 8.1.1 If a Trainee receives two consecutive or three unsatisfactory CATS and/or DOGS assessments.
- 8.1.2 Repeated poor performance in the MOUSE and/or Mini-CEX assessments.
- 8.1.3 A clinical rotation may be recorded as unsatisfactory:
  - a. an assessment form or logbook does not satisfy the CoPS performance standards.
  - b. leave exceeds six weeks in any six-month rotation (or pro-rata) or three weeks in any three months in Early SET One.
  - c. training documentation is not received by the Due Date. The Trainee will be placed on probation.
- 8.1.4 When a clinical rotation is recorded as unsatisfactory for 8.1.1 to 8.1.3. The CoPS will institute probation (refer 8.4) and/or a Structured Learning Cycle (refer 8.5) with a view to remediating the Trainee's performance.

### **8.2 Unsatisfactory performance in Early SET One**

- 8.2.1 The rotation will be deemed as unsatisfactory when:
  - a. areas of performance are identified as "areas of concern"
  - b. the Trainee fails to submit completed training documentation, signed logbook/s and assessments by the Due Date
  - c. the Trainee fails to demonstrate acquisition of competencies in their Early SET One assessments (i.e. all assessment forms and logbooks)

- 8.2.2 Early SET One Trainees who receive an unsatisfactory assessment for a rotation will meet with the Supervisor within seven working days to discuss the areas of deficiency. The Supervisor will inform the Trainee of the minimum requirements to be completed in the next rotation. This will be confirmed in writing and will constitute a remedial Structured Learning Cycle.
- 8.2.3 If performance has not improved to the required standard of the Structured Learning Cycle generated after section 8.2.2 the CoPS will initiate dismissal proceedings in accordance with the RACS regulation: *Dismissal from Surgical Training* and these regulations.
- 8.2.4 There is no probationary status in Early SET One.

### **8.3 Unsatisfactory performance in Early SET Two, Mid and Senior SET**

- 8.3.1 With respect to the summative Trainee Assessment Form, an overall unsatisfactory assessment is defined as persistent or recurrent performance below current SET level.
  - a. One or more criteria assessed as area of concern in a prior assessment rotation (i.e. persisting or recurrent deficiencies)
  - b. Failing to submit completed training documentation, logbook and assessments by the Due Date
- 8.3.2 As a competency based training program there is an expectation of progression of competency over time. Where consecutive assessments show poor progression in the Trainee Assessment Form the CoPS will notify the Trainee and Supervisor of areas of concern and expected targets for progression in terms of standard and time frame. If performance at the following assessment has not improved to the standard expected, the rotation will be assessed as unsatisfactory.
- 8.3.3 As per section 7.9.5, when 1 or more criteria are identified as “areas of concern” in the summative assessment for Early SET Two, Mid and Senior SET Trainees, the following assessment at the middle of the next rotation (or earlier if directed by the CoPS) will be treated as a summative assessment.
- 8.3.4 If a Trainee's performance in a clinical rotation has been assessed as unsatisfactory, the CoPS will follow the process outlined in section 8.4.

### **8.4 Probation**

- 8.4.1 Probationary training is designed to
  - a. allow the Trainee time to implement strategies to improve performance,
  - b. monitor progress; and
  - c. identify whether the Trainee has been successful in remediating unsatisfactory performance with a Structured Learning Cycle by the end of the probationary rotation.
- 8.4.2 During probation, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.
- 8.4.3 Upon reviewing any assessment resulting in a performance standard being unsatisfactory; the CoPS will formally notify the Trainee that a probationary period and probationary status has been applied. A copy of this correspondence is sent to the Supervisor and such notification will include:
  - a. Notification of the duration of the probationary period
  - b. The frequency at which assessment forms must be submitted
  - c. Notification of any additional performance standards or conditions

- d. Possible implications if the required standard of performance is not achieved
- 8.4.4 The Trainee and Supervisor will meet within seven days of notification to prepare a Structured Learning Cycle addressing areas of deficiency.
- 8.4.5 The probationary period set by the CoPS will be no less than three months and no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.
- 8.4.6 If the required performance standard(s) identified in the probationary notification letter and any additional conditions have been satisfied at the conclusion of the probationary period, the probationary status will be removed, and the Trainee will be allowed to progress in the SET program.
- 8.4.7 If performance has not improved to the required standard at the conclusion of the probationary period the CoPS may initiate dismissal proceedings in accordance with the RACS regulation: *Dismissal from Surgical Training* and these regulations.
- 8.4.8 If a Trainee receives an unsatisfactory End of Rotation In-Training Assessment having satisfactorily met the requirements of a prior probationary rotation, the Trainee will commence a second six-month rotation of probationary training, pending a review by the CoPS.
- 8.4.9 If the Trainees' performance has been rated as unsatisfactory for two consecutive or three non-consecutive assessment rotations at any time during the SET Program, the Trainee's continuation in the Program will be reviewed in accordance with the RACS regulation: *Dismissal from Surgical Training* and these regulations. The Trainee will be placed on Suspension for up to six months pending review.
- 8.4.10 If probation has been applied as per Section 8.4.9 a formal interview will be convened with the Trainee, CoPS representatives and the Supervisor. The proceedings of the interview are to be duly documented. The interview will address the following:
  - a. Details of unsatisfactory performance
  - b. Response of the Trainee
  - c. Remedial action advised via a Structured Learning Cycle
  - d. Consequences of any further unsatisfactory assessments
- 8.4.11 Trainees who are on probation are not permitted to apply for interruption or the Academic Pathway.

## **8.5 Structured Learning Cycle (SLC)**

- 8.5.1 The purpose of the SLC is to:
  - a. Support Trainees who have areas requiring improvement, or who have received an unsatisfactory assessment, to set objectives that will assist in achieving a satisfactory rotation
  - b. Provide Supervisors and Trainers with a list of objectives the Trainee must meet
  - c. Assist Supervisors and Trainers in providing opportunities to enable the Trainee to meet these objectives
- 8.5.2 The Structured Learning Cycle must include:
  - a. Identification of the areas of unsatisfactory performance
  - b. Identification of the required performance standard(s) to be achieved
- 8.5.3 The SLC is to be completed as follows:
  - a. During the meeting held with the Supervisor a discussion will occur regarding the Trainee's assessment.

- b. At the meeting objectives will be discussed and set. These will need to be documented on the SLC. Instructions for designing a SLC and a SLC template are to be downloaded from the RACS website.
- c. The Supervisor and Trainee are to meet at least monthly to review the objectives and determine the outcome. They may meet more frequently if required or if recommended by the CoPS.
- d. The Trainee should undertake a self-evaluation first and then present this to their Supervisor 24 hours before the meeting. This enables the Trainee to undertake a self-reflection and assess his/her own performance.
- e. The Supervisor and Trainee are then to confirm the final outcome.
- f. The monthly review is also an opportunity to modify, delete or add new indicators to the SLC and to discuss developmental opportunities.
- g. At each review both the Trainee and Supervisor have the opportunity to make further comments.
- h. The form is to be returned to the Executive Officer following each review.

8.5.4 Trainees on a SLC are not permitted to apply for interruption or the Academic Pathway from the training program.

## 9. Management of Misconduct

### 9.1 Misconduct is defined as:

- 9.1.1 Misconduct means conduct defined as misconduct in clause 3.1 of the RACS regulation: *SET Misconduct*.
- 9.1.2 Possible penalties for Misconduct may be, but are not limited to:
  - a. formal censure, warning or counselling; and/or
  - b. limitation of progression to the next level of training for up to one year; and/or
  - c. Suspension of the Trainee for a period of up to one year; and/or
  - d. prohibition from sitting the Fellowship Examination for a period of up to one year;
  - e. probationary rotation with a Structured Learning Cycle; or
  - f. dismissal from the SET Program.

### 9.2 Process

- 9.2.1 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Supervisor, Fellow or other person has identified the misconduct, it should be reported to the CoPS Chair via the Supervisor.
- 9.2.2 Upon receiving a report regarding alleged misconduct, the CoPS Chair may determine:
  - a. That the alleged conduct does not appear to be misconduct and that either an alternative process is more appropriate or that no further action is required; or
  - b. That the allegation be put to the Trainee, in writing, for an initial response. The Trainee will be given ten working days to provide such a written response.
- 9.2.3 If the response (9.2.2b) from the Trainee is considered by the CoPS Chair as being appropriate, no further action will be taken.
- 9.2.4 If the Trainee does not submit a response, or their response is viewed by the CoPS Chair as inadequate, the following process will occur:
  - a. The Trainee may be placed on Suspension while the process described in 9.2.6 occurs. The period of Suspension will not be counted in the maximum period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the process.
  - b. A subcommittee will be formed to consider the misconduct matter further in accordance with 9.2.6.
- 9.2.5 The subcommittee will consist of a maximum of five and a minimum of three members of the CoPS. A quorum of the subcommittee is three members. The CoPS will appoint one of the members of the subcommittee as Chair.
- 9.2.6 The subcommittee Chair will write to the Trainee to inform them of the following:
  - a. That the subcommittee has been formed to further consider the misconduct;
  - b. To provide all information obtained to date by the subcommittee in relation to the misconduct including all relevant facts, reasoning and evidence;
  - c. To invite the Trainee to make a written submission concerning the misconduct allegation. The submission must be received at least five working days prior to the interview; and
  - d. To invite the Trainee to an interview with the subcommittee.

- 9.2.7 The interview referred to above shall be conducted as follows:
- a. The Trainee will be provided with a minimum of ten working days' notice of the interview.
  - b. The subcommittee will invite the Trainee to provide a further verbal response to the allegations.
  - c. The Trainee will be informed as to the possible consequences of a misconduct finding and the process following the interview.
  - d. The Trainee will be permitted to invite a support person who is not a practising lawyer. Legal representation is not permitted.
  - e. Following conclusion of the interview, the Trainee and subcommittee will be provided with the minutes of the interview. The Trainee may be asked if they believe the minutes are an accurate reflection of the interview. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.
  - f. Where the Trainee has been duly notified of the interview and declines or fails to attend, the subcommittee may make a recommendation to the CoPS based on the information before them.
  - g. If at any stage the subcommittee is provided with new evidence, further allegations are made or existing allegations are amended, the subcommittee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond to that information or allegation.
  - h. Within ten working days of the interview, the subcommittee will make a finding as to whether misconduct occurred and if it did will make a recommendation as to penalty, supporting both finding and recommendation with written reasons. The finding, recommendation and written reasons, together with all documentation relied on, will be given to the CoPS by the subcommittee.
- 9.2.8 The CoPS will determine whether the allegation of misconduct has been made out, and if so the appropriate penalty, taking into account the recommendation of the subcommittee together with all information before the subcommittee.
- 9.2.9 The CoPS Chair, and members of the subcommittee, shall not participate in the discussions or voting relevant to the CoPS decision.
- 9.2.10 The Trainee will be notified of the CoPS decision within five working days of the decision being made. The Trainee will be provided with a copy of all documentation relied upon during the misconduct process.
- 9.2.11 Where the CoPS dismisses a Trainee due to misconduct the CoPS will inform the RACS Chair of the Committee of Surgical Education and Training of the decision and they will decide if a mandatory notification to medical registration authorities is required.
- 9.2.12 For the avoidance of doubt, where the CoPS determines that a Trainee be dismissed from the SET Program in relation to misconduct, such dismissal is not required to follow the process described in section 10 having already been subject to the process described in section 9.



## **10. Dismissal from the Training Program**

### **10.1 Dismissal for unsatisfactory performance for Early SET One**

- 10.1.1 Early SET One Trainees who have two unsatisfactory rotations will be dismissed from the program.
- 10.1.2 When an Early SET One Trainee has had one unsatisfactory rotation recorded and they submit a Trainee Assessment form that records unsatisfactory performance the Executive Officer will notify the CoPS Chair and the Trainee that a dismissal process has been initiated.
- 10.1.3 The Trainee may make a written submission on their continuation of training no later than five working days prior to the ensuing CoPS meeting.
- 10.1.4 The CoPS will review all Trainee assessment documents and make a decision after taking into consideration any submission received from the Trainee.
- 10.1.5 The CoPS may confirm a second unsatisfactory rotation and dismissal from training, or record the rotation as satisfactory or unassessed and allow training to continue.
- 10.1.6 In the event the rotation is recorded as unassessed, the Trainee will be required to complete a further 3-month period of Early SET One in the following training year prior to progression to Early SET Two.
- 10.1.7 The Trainee will be informed in writing of the decision of the CoPS within five working days of the decision being made.

### **10.2 Dismissal for unsatisfactory performance for all other SET levels**

- 10.2.1 A Trainee will be considered for dismissal for unsatisfactory performance if:
  - a. The Trainee's performance has been assessed as unsatisfactory in two consecutive rotations or three rotations at any time during the SET Program; or
  - b. The Trainee's performance has been assessed as unsatisfactory during a probationary period; or
- 10.2.2 Where a Trainee is considered for dismissal in accordance with 10.2.1, or any other matter described in these Regulations, the CoPS will form a subcommittee to review the Trainee's participation in the SET Program.
- 10.2.3 The subcommittee shall consist of a minimum of three and a maximum of five members who shall be Fellows of RACS. The subcommittee must not include a practising lawyer.
- 10.2.4 The Trainee will be given the opportunity to give their perspective to the subcommittee in writing and verbally at a meeting with the subcommittee.
- 10.2.5 In relation to the Trainee's meeting with the subcommittee:
  - a. The Trainee will be provided with a minimum of ten working days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program.
  - b. Where a Trainee elects to make a written submission to the subcommittee it should be submitted at least three working days before the meeting.
  - c. The Trainee may be accompanied by a person who can provide support but cannot advocate for the Trainee. The support person cannot be a practising lawyer.
  - d. The meeting will be minuted and the Trainee (if in attendance) and subcommittee will be provided with the minutes of the meeting. The Trainee will be asked to confirm the minutes are an accurate reflection of the meeting. Any amendments suggested by the Trainee can be attached to the

minutes. No new information may be submitted to the subcommittee at this time by the Trainee for inclusion in the minutes.

- e. Where a Trainee is duly notified of the meeting and declines or fails to attend, the subcommittee may make a recommendation to the CoPS regarding dismissal.
- 10.2.6 Further to the written submission and the interview, the subcommittee may inform itself as it sees fit, including by requesting further information from relevant parties. Any additional information obtained by the subcommittee must be put to the Trainee for their response.
- 10.2.7 The subcommittee will make a recommendation, together with written reasons, to the CoPS concerning the Trainee's further participation in the SET Program. The recommendation may include any additional probationary periods or conditions that should be applied if the Trainee is recommended to continue in the SET Program.
- 10.2.8 The CoPS will make the final decision as to whether the Trainee should be dismissed from the SET Program having regard to the recommendation of the subcommittee and all information considered by the subcommittee.
- 10.2.9 The Trainee will be informed in writing of the decision of the CoPS within ten working days of the decision being made. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

### **10.3 Dismissal for failure to satisfy medical registration or employment requirements**

- 10.3.1 Trainees who fail to maintain appropriate medical registration as defined in the RACS regulation: *Medical Registration for the Surgical Education and Training Program* will be Suspended from the SET Program and may be dismissed.
- 10.3.2 Trainees who receive conditions or undertakings on their registration, or whose registration is cancelled, made inactive or Suspended, must notify the CoPS within 2 working days of notification from the MBA or the Australian Health Practitioners Regulatory Authority (AHPRA) or the Medical Council of New Zealand (MCNZ). Failure to report within this timeframe will be considered as misconduct and may result in misconduct proceedings as per section 10.
- 10.3.3 A Trainee is automatically Suspended from the SET program if their medical registration is cancelled, made inactive or Suspended.
- 10.3.4 Trainees who:
  - a. Resign from employment at their allocated training post without the prior written approval of the CoPS, or
  - b. Are terminated from employment at their allocated training post, or
  - c. Are refused employment at their allocated training postare considered to have failed to satisfy the employment requirements of the institution in which their allocated training position is located.
- 10.3.5 Where the CoPS is notified by the CEO or HR Director or equivalent of the matters described in section 10.3.4, the Trainee may be Suspended from the training program and dismissal proceedings may be commenced.
- 10.3.6 Where employment at an allocated training post is refused, the Trainee must notify the CoPS within two working days and provide copies of the prospective employer's correspondence to RACS.
- 10.3.7 Trainees who are refused employment for two or more institutions in which allocated training positions are located will be subject to dismissal proceedings as per section 10.2.2.

#### **10.4 Other Dismissals**

- 10.4.1 Trainees may also be considered for dismissal for other reasons including, but not limited to:
  - a. Failure to complete training requirements within specified timeframes; or
  - b. Failure to comply with RACS direction
- 10.4.2 Where the CoPS decides that there is a prima facie case for dismissal, the CoPS will follow the dismissal process outlined from section 10.2.2.

### **11. Final Assessment of Completion of the SET Program**

On successful completion of the total SET Program the CoPS Chair shall recommend to the RACS Education Committee the awarding of the Full Fellowship in Paediatric Surgery in accordance the RACS Admission to Fellowship policy on the RACS website.

### **12. Review, Reconsideration and Appeals**

Please refer to the RACS regulation: Reconsideration, Review and Appeal on the RACS website.

### **13. CoPS Discretion**

The CoPS may in its discretion take individual circumstances into account when making decisions under these Regulations.

### **14. Other Information**

- 14.1.1 The CoPS advises that entry onto the SET Program does not equate to guaranteed employment at the completion of training.
- 14.1.2 Enquiries regarding any variations to training should be directed to the Executive Officer, CoPS.
- 14.1.3 Trainees are eligible to be Provisional Members of ANZAPS and are afforded relevant membership rights as set out by the ANZAPS constitution.
- 14.1.4 Regulations and assessment forms are regularly revised. Current forms should be obtained from the RACS website or the Executive Officer.
- 14.1.5 Where Trainees are required by these regulations to submit forms, information and other documents to the CoPS or the CoPS Chair, it must be done via the CoPS Executive Officer.
- 14.1.6 Contact details for the CoPS are:
  - Executive Officer
  - Committee of Paediatric Surgery
  - Royal Australasian College of Surgeons
  - College of Surgeons' Gardens
  - 250- 290 Spring Street
  - East Melbourne VIC 3002
  - AUSTRALIA
  - Ph: +61 3 9276 7416
  - Email: [Committee.PaediatricSurgery@surgeons.org](mailto:Committee.PaediatricSurgery@surgeons.org)