



Board of Vascular Surgery

Royal Australasian College of Surgeons, Australian and New Zealand Society for Vascular Surgery



Training Regulations Handbook

For the SET Program in Vascular Surgery

Approved: 29 October 2016

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1 Introduction

1.1 Definitions and Terminology

The following terms, acronyms, abbreviations, and their associated definitions will be used throughout these Regulations:

Term	Definition
ANZSVS	Australian and New Zealand Society for Vascular Surgery
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the)	Board of Vascular Surgery
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
College (the)	Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Mini-CEX	Mini Clinical Examination
Post	Training position accredited by the Board of Vascular Surgery
RACS	Royal Australasian College of Surgeons
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SET 2+	The years from SET 2 onward
SSE	Surgical Sciences Examination (Generic and Specific)
Supervisor	The Surgical Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Surgical Supervisor is appointed and approved by the Board and BSET and is a member of the ANZSVS.
Term	The training year consists of two terms. The first term is from 1 February – 31 July, and the second term is from the 1 August – 31 January.
Training Year	Consists of two (2) six month terms.

1.2 Overview of the Regulations for the SET Program in Vascular Surgery

- 1.2.1 These Regulations establish the processes and principles for the SET Program in Vascular Surgery. These Regulations are in accordance with the policies of the Royal Australasian College of Surgeons.
- 1.2.2 All Trainees, Surgical Supervisors, and Board Members are required to comply with these Regulations.
- 1.2.3 The training requirements of SET Program in Vascular Surgery may be changed from time to time. Trainees will be given notice of changes which may affect them.

1.3 Administration

- 1.3.1 The administration of the Vascular SET Program is delegated to the Australian and New Zealand Society for Vascular Surgery in accordance with the Partnering Agreement.
- 1.3.2 RACS has approved policies and procedures that apply to all trainees and should be read in conjunction with these Regulations.

2 SET in Vascular Surgery Program Requirements

2.1 Program Overview

- 2.1.1 The purpose of the SET Program in Vascular Surgery is to achieve proficiency and competency in the nine Surgical Competencies outlined by RACS. The SET Program in Vascular Surgery is designed to provide trainees with clinical and operative

experience to enable them to manage patients with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline. At the conclusion of the SET Program trainees will have a detailed knowledge of the surgery conditions recognised as belonging to the specialty of Vascular surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Vascular surgery.

- 2.1.2 The SET Program is normally for a period of five years.
- 2.1.3 The maximum term for completion of the SET Program in Vascular Surgery is the published expected minimum duration (5 years) of training plus four (4) years.
- 2.1.4 The Board may, in consultation with the trainee, extend the duration of a trainee's SET Program at any time if there is evidence of unsatisfactory or borderline performance in one or more sections of the Trainee Assessment, if there is any incident of sufficient concern, loss of training time, or failure to satisfactorily complete any of the requirements these Regulations.
- 2.1.5 The Board may grant an extension to the duration of training upon request from the trainee.
- 2.1.6 The Board has the discretion to shorten training on the basis of a review of prior learning and experience, demonstration of attainment of the required knowledge, skills and competencies and exemplary performance.

2.2 Program Requirements

- 2.2.1 Satisfactorily complete a minimum of ten (10) six-month rotations in posts accredited by the Board (trainees commencing from 2016).
- 2.2.2 Complete the Early Management of Severe Trauma (EMST) Course by the end of SET2.
- 2.2.3 Complete the Australian and New Zealand Surgical Skills Education and Training (ASSET) Course by the end of SET1.
- 2.2.4 Complete the Care of the Critically Ill Surgical Patient (CCrISP) Course by the end of SET2.
- 2.2.5 Submit In Training Assessment Forms, Mini-CEX, DOPS, and logbooks on the following dates each year
 - 30 April (mid-term)
 - 31 July and (end of term)
 - 31 January (end of term)
- 2.2.6 Satisfactorily complete the Board of Vascular Surgery research requirement set out in section 2.3 of these Regulations.
- 2.2.7 Satisfactorily complete the Clinical Examination, Specialty Specific Examination and Fellowship Examination in Vascular Surgery in accordance with the College policies:
 - Conduct of the Surgical Science Examination – Generic Component
 - Conduct of the Surgical Science Examination – Specialty Specific Component
 - Conduct of the Surgical Science Examination – SET Clinical Exam
 - Conduct of Fellowship Examination

2.2.8 Attend the annual Trainee Skills Course.

2.3 Research

2.3.1 Trainees must complete at least five (5) points of the Research Requirements prior to being to sit for the Fellowship Examination in Vascular Surgery.

2.3.2 The breakdown of points is:

- Presentation at state registrar meeting (1 point)
- Presentation at ANZSVS meeting, RACS ASC, or International meeting, 2 points (to a maximum of 4 points)
- Poster presentation at ANZSVS meeting, RACS ASC, or International meeting, 1 point (to a maximum of 2 points)
- Publication in refereed medical journal 2 points (Max. 4 points)
- Higher Degree: MS 2 points
- Higher Degree PhD MD 3 points
- Publication in non-refereed journal/online article (1 point)

2.3.3 One presentation or publication must be completed during the course of the SET program.

2.3.4 Trainees are expected to provide documentary evidence of completion of the research requirement.

2.4 Ultrasound

2.6.1 Trainees must complete at least 100 hours of ultrasound scanning which must cover a wide variety of ultrasound examinations prior to being approved to sit the Fellowship Examination in Vascular Surgery.

2.6.2 No more than 20 ultrasound hours can be procedure based ultrasound.
eg. Ultrasound guided puncture, endovenous procedures, ultrasound guided sclerotherapy.

2.6.3 Before being approved to sit the Fellowship examination, candidates shall provide evidence of ultrasound hours in the form of a logbook and a casebook containing ten cases.

2.5 Curriculum

2.5.1 Trainees must satisfactorily complete each section of the curriculum for the SET program. The Board may extend a trainee's training program duration if insufficient progression is evident.

2.5.2 The aim of the Board in developing the curriculum is to provide trainees and supervisors with a guide to the scope and competency levels required at the end of each year of the SET program.

2.5.3 The curriculum modules for the SET program are listed on the RACS website www.surgeons.org.

2.6 Fellowship Examination in Vascular Surgery

2.6.1 Candidates must have satisfactorily completed the EMST, ASSET, and CCRISP course, Clinical Exam, Specialty Specific Exam, the online modules, the ultrasound requirement, and the research requirement prior to seeking approval from the

Board to sit the Fellowship Examination. Trainees must also have submitted all training documentation, including evidence of completion of the on-line modules, the ultrasound requirement, and must submit a support letter from his or her supervisor to confirm their preparedness for the Examination and independent consultancy practice.

3 Training Post Administration

3.1 Accredited Training Posts and Rotations

- 3.1.1 Hospitals are accredited to the standards set by the College.
- 3.1.2 The training program is a bi-national program and trainees are expected to spend at least one year in an interstate or overseas post. Trainees may be assigned to an accredited post anywhere in Australia or New Zealand.
- 3.1.3 There is an exchange program with hospitals in the United Kingdom and trainees are encouraged to take up an accredited overseas post to experience different health care systems.
- 3.1.4 In consultation with the trainee the Board of Vascular Surgery will devise a training plan.
- 3.1.5 Trainees may spend a maximum of one (1) year at any one institution from SET 2 – 5.
- 3.1.6 Trainees may participate in an exchange post for a period of one (1) year during their training.
- 3.1.7 Each Trainee is posted to one hospital per year, unless otherwise specified by the Board.
- 3.1.8 Each training year consists of two six month terms with three assessments periods (2.2.5). The April assessment is a mid-term assessment.
- 3.1.9 These requirements may be modified by the Board in accordance with each trainee's experience and individual requirements.

3.2 Allocation to Accredited Training Posts

- 3.2.1 The Board reviews the trainee's progress within the SET program specifically with regard to addressing deficiencies and in relation to the training regulations. If particular deficiencies must be addressed by training at a certain accredited post, this will be identified by the Board and communicated to the trainees during their interview with Board member/s during the Trainee Skills Course.
- 3.2.2 Trainees may advise the Board of their training preferences for the remaining years of their SET program during their interview with Board at the Trainee Skills Course.
- 3.2.3 Trainees may be allocated to posts anywhere in Australia or New Zealand. Allocations may be amended prior to the commencement of the training year. Consideration may be made for training requirements, trainee's performance and available posts.
- 3.2.4 The trainee and surgical supervisor will be notified of placement for the following year by July each year.

3.2.5 Every endeavour will be made to accommodate the trainee's post preference, however this may not always be possible due to limitations in the number of posts available.

3.2.6 While posted at a hospital, the trainee becomes an employee of the hospital and must adhere to the hospital's rules and regulations.

It is the trainee's responsibility to contact the relevant hospital supervisor and medical administration department to arrange employment documents and employment start dates.

3.2.7 The trainee portfolio, which consists of all previous assessment forms, logbooks, and performance management plans will be provided to the supervisor of training each year.

3.3 Supervisors of Training

3.3.1 Each accredited Vascular Surgery training post has a Board and College approved surgical supervisor responsible for the supervision and assessment of each trainee rotating through the position.

3.3.2 Surgical Supervisors are required:

- a. To coordinate the management, education and training of trainees;
- b. To conduct assessment meetings and complete assessment reports as required.
- c. To monitor the trainee's operative experience and regularly review the operative logbook summary.
- d. To identify, document and advise the trainee and the Board of any unsatisfactory or marginal performance at the earliest possible opportunity.
- e. Understand, apply and communicate College policies relevant to Surgical Education and Training.
- f. Conduct themselves in accordance with the College's Code of Conduct.

3.3.3 As per delegation by the Board, surgical supervisors are required:

- a. To participate in the hospital accreditation process.
- b. To notify the Board of any change in circumstances which may impact on the accreditation status of the training post(s).
- c. To make a recommendation to the Board regarding the eligibility of trainees to present for the Fellowship Examination.
- d. To make a recommendation to the Board regarding the eligibility of trainees to be recommended for admission to Fellowship.

3.3.4 Inform hospital management and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.

3.3.5 Surgical supervisors must be current Fellows of RACS, must be compliant with RACS continuing professional development program, and must be a member of the ANZSVS.

3.3.6 Surgical supervisors must complete the following RACS courses:

Supervisors and Trainers for SET (SAT SET)
Keeping Trainees on Track (KTOT)
Foundation Skills for Surgical Educators
Operating with Respect e-learning module

- 3.3.7 Institutions with accredited training posts must nominate a surgical supervisor to the Board who satisfies the eligibility requirements.
- 3.3.8 Nominations must be received when a new training posts is accredited or when an existing surgical supervisor resigns or is time expired.
- 3.3.9 The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for approval.
- 3.3.10 Surgical supervisors shall hold the position for three years after appointment and are eligible for reappointment for two further periods of three years up to a maximum continuous period of nine years.
- 3.3.11 Where consultant numbers on the unit allow, it is the Boards preference that the Supervisor of Training is not also the Head of Unit.

4 Assessment of Clinical Training

4.1 Conducting Assessments

- 4.1.1 An assessment report must be completed by a supervisor for each trainee in an accredited training post:
 - a. on the communicated due date, and
 - b. at the end of a probationary period or at more frequent intervals where requested by the Board or surgical supervisor.
- 4.1.2 The trainee and the surgical supervisor must have a performance assessment meeting to discuss the assessment report.
- 4.1.3 The completed assessment report must be signed and dated by the trainee, the surgical supervisor, and, where practical all surgeons on the unit and reflect the discussions held during the performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed, but does not signify, on the part of the trainee, agreement with the assessment.
- 4.1.4 The trainee is responsible for forwarding the completed assessment report to the Board by the communicated due date or within one week of the signing of the assessment report, whichever is sooner.
- 4.1.5 A trainee is required to keep a copy of the assessment report for their personal records.
- 4.1.6 At the commencement of a term the Supervisor will be provided with a trainee portfolio that comprises of all in-training assessments, mini-CEX, DOPS, and logbook summaries.

4.2 Assessment of Operative Experience during Clinical Training

- 4.2.1 Accurate reporting of the operative experience by each trainee in an accredited training post is required. The operative logbook (the logbook) provides details about the trainee's level of supervised and independent surgical operative experience.
- 4.2.2 The logbook must be reviewed by the surgical supervisor and an accurate record of

the operative, endovascular and ultrasound experience must be entered on the trainee assessment form.

- 4.2.3 The trainee is responsible for forwarding the completed logbook to the Board by the due date.
- 4.2.4 A trainee is required to keep a copy of his/her logbook for their personal records.
- 4.2.5 Inaccurate recording of procedures in the operative logbook is treated as misconduct and may form grounds for dismissal in accordance with these regulations and the College's Misconduct Policy.

4.3 Accreditation of Clinical Training Rotations

- 4.3.1 A clinical rotation will be recorded as satisfactory when the assessment report and logbook have been submitted to the Board by the communicated due date and satisfy the Board's performance standards.
- 4.3.2 A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook is not submitted by the due date or in accordance with instructions from the Board.
- 4.3.3 A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook does not satisfy the Board's performance standards.
- 4.3.4 A clinical rotation may be recorded as unsatisfactory if leave exceeds four weeks in any six month term.

4.4 Borderline Mid-term Assessment

- 4.4.1 Where a mid-term assessment report identifies borderline performance, the Board must notify the trainee in writing, copied to the surgical supervisor stating that a performance management plan is to be applied. Notification should include:
 - a. Identification of the areas of borderline performance
 - b. Confirmation of the performance management plan
 - c. Identification of the required standard of performance to be achieved
 - d. The frequency at which assessment reports must be submitted
 - e. Possible consequences if the required standard of performance is not achieved
- 4.4.2 The Board may meet with the trainee to discuss the mid-term assessment and the performance management plan requirements.
- 4.4.3 During the period in which the performance management plan is applied, the trainee's performance should be regularly reviewed by the surgical supervisor in accordance with the performance management plan.

4.5 Borderline End of Term Assessment

- 4.5.1 Where an end of term assessment report is rated as borderline the Board will meet with the trainee and surgical supervisor to review the report and determine if the clinical rotation is to be recorded as satisfactory or unsatisfactory.
- 4.5.2 The trainee will be invited to make a submission for the Board's consideration.

- 4.5.3 The Board will confirm the final rating in writing.
- 4.5.4 Trainees who have borderline assessments that are rated as unsatisfactory by the Board will have a performance management plan implemented and will be placed on probation in accordance with regulation 4.6.
- 4.5.5 The Board may implement a performance management plan for borderline assessments rated as satisfactory to support the trainee during the next term.

4.6 Probationary Status for Unsatisfactory Performance

- 4.6.1 Where an end of term assessment report identifies unsatisfactory performance, the Board must notify the trainee in writing, copied to the surgical supervisor stating that probationary status has been applied. Such notification should include:
 - a. Identification of the areas of unsatisfactory performance
 - b. Confirmation of the performance management plan
 - c. Identification of the required standard of performance to be achieved
 - d. Notification of the duration of the probationary period
 - e. The frequency at which assessment reports must be submitted
 - f. Possible consequences if the required standard of performance is not achieved
- 4.6.2 If the probationary period will be undertaken in a different training post, the new surgical supervisor will be included in the notification set out in 4.5.1 and 4.6.1.
- 4.6.3 The probationary period will be applied for the term following the unsatisfactory assessment.
- 4.6.4 During the probationary period the trainee's performance should be regularly reviewed by the surgical supervisor in accordance with the performance management plan.
- 4.6.5 A clinical rotation that has been recorded as unsatisfactory will not be accredited and the trainee will be placed on probation for the following term. The trainee may be required to repeat the rotation.
- 4.6.6 If performance has improved to a satisfactory rating at the conclusion of the probationary period the probationary status will be removed.
- 4.6.7 If performance has not improved to a satisfactory rating at the conclusion of the probationary period, the Board may instigate dismissal proceedings in accordance with section 7 of these Regulations.

5 Training Program Administration

5.1 Registration and Training Fees

- 5.1.1 Trainees on the SET Program will be registered with RACS in accordance with RACS *Trainee Registration and Variation Policy*.
- 5.1.2 RACS is responsible for invoicing and collecting fees. All enquiries regarding fees can be submitted to SET Enquiries via email SETenquiries@surgeons.org
- 5.1.3 Trainees who fail to pay outstanding money to RACS may be dismissed from training in accordance with *RACS Dismissal from Surgical Training Policy*.

5.2 Deferral of Training

- 5.2.1 It is expected that applicants to the SET Program in Vascular Surgery will be ready to commence training in the year after selection.
- 5.2.2 The Board of Vascular Surgery can approve deferral of commencement of a SET Program by a fixed period of one year. Trainees who have already commenced on the SET Program cannot apply for deferral and may only apply for interruption of training.
- 5.2.3 In exceptional circumstances the Board of Vascular Surgery 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 prevented from commencing training, and that any resulting vacancy is supported by the training hospital.
- 5.2.4 Where an extended period of deferral is granted the maximum period of completion (2.1.3) will be reduced by the extra time granted for deferral (i.e. time in excess of 1 year).
- 5.2.5 Applicants offered a position on a SET Program in Vascular Surgery who wish to defer entry must apply for deferral at the time the offer of the position is accepted.
- 5.2.6 Where an applicant has been awarded a College research scholarship an application for deferral must be made at the time of acceptance. The deferral will be automatically approved. Where the scholarship is for more than one year, approval required in 5.2.3 will be automatic.
- 5.2.7 Existing trainees on a SET Program offered a position on the SET Program in Vascular Surgery may defer commencement of the program by one year to complete their current SET Program. Notification of deferral must be made at the time of accepting the offer.
- 5.2.8 Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.
- 5.2.9 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

5.3 Interruption of Training

- 5.3.1 Interruption is a period of approved absence by a trainee from the SET Program following commencement.
- 5.3.2 A period of interruption approved by the Board does not compel an employer to grant leave. Trainees must apply for appropriate leave from their employer.
- 5.3.3 With the exception of leave for medical or family reasons, Trainees cannot apply for leave in the first six months of their training program.
- 5.3.4 Trainees must apply to the Board by the 1 June in the year prior to the proposed commencement of the training in which the interruption will commence. Trainees applying for interruption due to medical reasons (illness, family leave) may do so at any time if supported by medical evidence.
- 5.3.5 Trainees who have applied to, or may apply to, undertake an activity that would require interruption to training (e.g. research) must apply to the Board for

provisional approval to interrupt training.

- 5.3.6 Applications for interruption must be for periods in multiples of six months.
- 5.3.7 In order to minimise vacancies on the training program and to not disadvantage other trainees and applicants, the Board may require the period of interruption to be greater than that applied for.
- 5.3.8 Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- 5.3.9 Where a trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the board may adjust the trainee SET level.
- 5.3.10 Interruption will not be granted if the trainee has received notice of dismissal.
- 5.3.11 Trainees approved for interruption will be registered with RACS as interrupted and will be required to pay an applicable fee in accordance with the RACS *Trainee Registration and Variation Policy*.

6 Misconduct

- 6.1 Conduct identified as misconduct is defined in clause 3.1 of the RACS Misconduct Policy.
- 6.2 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 Board via the Surgical Supervisor.
- 6.3 The allegation should be put to the trainee, in writing, by the Board, for an initial response, including relevant facts, reasoning and documentation.
- 6.4 If initial consideration by the Board determines that the alleged conduct is not misconduct, or if the trainee's response is viewed as adequate, no further action will be taken.
- 6.5 If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out in the following regulations will be followed.
- 6.6 The Board will establish a committee to interview the trainee at a hearing. The general purpose of the hearing will be to determine whether the allegations against the trainee are proven on the basis of the evidence.
- 6.7 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.
- 6.8 The trainee will be provided with a minimum ten (10) working days' notice of the hearing and the proceedings will cover the following:
 - a. Details of the allegation including all relevant facts, reasoning and evidence
 - b. Hear the response of the trainee
 - c. Possible consequences
 - d. Process following hearing.

- 6.9 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 6.10 The trainee will be given the opportunity prior to the hearing to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.
- 6.11 Where the trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.
- 6.12 The trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the hearing.
- 6.13 The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:
- a. the allegations need to be amended
 - b. new allegations are added
 - c. new evidence or facts emerge
- 6.14 Following the hearing, the committee will make a finding as to whether misconduct occurred, and if it did will make a recommendation as to penalty, supporting both the finding and the recommendation with written reasons. The finding and the recommendation (if any) and written reasons, together with all documentation relied on, will be given to the Board by the committee. The trainee will be provided with a copy of the finding and the recommendation (if any) and written reasons of the committee.
- 6.15 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 term with a performance management plan; or
 - f. Dismissal from the training program.
- 6.16 The Board will make the decision on the penalty to be imposed on the trainee. If the Board takes any new material into consideration a copy must be given to the trainee and the trainee given an opportunity to respond.
- 6.17 The trainee will be notified of the Board's decision within ten (10) working days of the Board meeting.
- 6.18 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

7 Dismissal

7.1 Unsatisfactory Performance

- 7.1.1 A trainee may be considered for dismissal for unsatisfactory performance

if:

- a. the trainee's performance has been rated by the Board as unsatisfactory during a probationary period applied in accordance with the RACS Assessment of Clinical Training Policy and these Regulations.
- b. the trainee's performance has been rated by the Board as unsatisfactory for each of three or more assessment periods at any time during their SET Program.

- 7.1.2 The Board will establish a sub-committee to interview the trainee prior to a decision being made regarding the trainee's continued participation on the training program. The general purpose of the interview is to provide the trainee with the opportunity to give their perspective in writing and verbally.
- 7.1.3 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.
- 7.1.4 The trainee will be provided with a minimum ten (10) working days' notice of the interview and the proceedings will cover the following:
 - a. Details of the unsatisfactory performance including all relevant facts, reasoning and evidence
 - b. Hear the response of the trainee
 - c. Process following hearing.
- 7.1.5 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 7.1.6 The trainee will be given the opportunity prior to the interview to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.
- 7.1.7 The trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the interview.
- 7.1.8 Where the trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision on the basis of the documentation before the committee and will make a finding and recommendation as to the trainee's continuity on the training program and the reasons for the recommendation.
- 7.1.9 Minutes of the meeting must be kept. The minutes must be provided to the trainee within ten (10) working days and prior to any recommendation to the Board.
- 7.1.10 Following the interview, the committee will make a finding as to whether dismissal is warranted and with written reasons. The finding and recommendation and written reasons, together with all documentation relied on, will be given to the Board by the committee. The trainee will be provided with a copy of the finding and recommendation and written reasons of the committee.
- 7.1.11 The Board will make the recommendation on whether or not the trainee should be dismissed or any additional probationary periods or conditions

that should be applied if dismissal is not recommended.

- 7.1.12 Where dismissal is recommended the trainee may be suspended from training pending the Board's consideration of the recommendation.
- 7.1.13 The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.
- 7.1.14 The employing authority should be advised of the dismissal of the trainee from the training program.

7.2 Dismissal - Failure to complete training program requirements

- 7.2.1 A trainee who fails to complete the training requirements within the maximum timeframe(2.1.3) may be dismissed by the Board.
- 7.2.2 Where a trainee has failed to complete training requirements, the Board will form a subcommittee and follow the above process outlined in Unsatisfactory Performance. Should dismissal not be recommended, the subcommittee will determine any probationary periods or conditions that should be applied.
- 7.2.3 The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.
- 7.2.4 In all instances the final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.

7.3 Failure to pay outstanding monies

- 7.3.1 A trainee who does not pay outstanding monies owed to RACS or the Board of Vascular Surgery will be dismissed in accordance with the RACS Specialty Surgical Education and Training Fee policy.

7.4 Failure to satisfy medical registration and employment requirements

- 7.4.1 Trainees who, for any reason, do not have valid medical registration from the applicable Medical Board or Council in their jurisdiction that enables full participation in the training program will be dismissed.
- 7.4.2 Valid medical registration is defined as general medical registration without restriction or conditions in Australia, and unrestricted, unconditional general scope registration (including restricted general scope registration in Vascular Surgery) in New Zealand.
- 7.4.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.
- 7.4.4 Where employment is refused, the trainee must be informed and provided with copies of the employer's correspondence to the College.
- 7.4.5 Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located may be

eligible for dismissal by their Specialty Board.

7.4.6 After 30 working days of the date of notification to the trainee of any second refusal of employment, the Board may commence dismissal proceedings as outlined above in Unsatisfactory Performance.

7.4.7 The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Vascular Surgery.

8 ANZSVS

8.1 Trainees are considered provisional members of the Australian and New Zealand Society for Vascular Surgery (ANZSVS) and are afforded relevant membership rights as set out by the ANZSVS constitution.

9 Contact Details

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