1. Introduction to the SET Program in Cardiothoracic Surgery

1.1 Overview of the SET Program in Cardiothoracic Surgery

The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist cardiothoracic surgeon in the respective countries is the Fellowship of the Royal Australian College of Surgeons (FRACS) in Cardiothoracic Surgery.

The Royal Australian College of Surgeons (RACS or College) is the body accredited and authorised to conduct surgical education and training in Australian and New Zealand. The Surgical Education and training (SET) Program in Cardiothoracic Surgery is the accredited training program to obtain the FRACS and operates in Australia and New Zealand. The administration and management of the training program is achieved in conjunction with the Australasian Society of Cardiac andThoracic Surgeons (ASCTS) and the RACS.

The Surgical Education and Training Program in Cardiothoracic Surgery is designed to allow doctors to achieve competency in the nine Surgical Competencies outlined by the Royal Australasian College of Surgeons, leading to competent, independent practice as a specialist cardiothoracic surgeon.

The official website for the SET Program in Cardiothoracic Surgery is [www.surgeons.org](http://www.surgeons.org). The website is the main form of communication and outlines all relevant information pertaining to the training program.

For assistance or information regarding the SET Program in Cardiothoracic Surgery please contact

Mailing Board of Cardiothoracic Surgery
College of Surgeons’ Gardens
250 – 290 Spring St
EAST MELBOURNE VIC 3002
AUSTRALIA
Phone: + 61 3 9276 7418
Fax: + 61 3 9249 1240
Email: Cardiothoracic.Board@surgeons.org
Website: [www.surgeons.org](http://www.surgeons.org)

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

1.2.1 The Regulations encompass the rules and principles for the control and conduct of the SET Program in Cardiothoracic Surgery. These Regulations are in accordance with the policies and strategic direction of RACS and should be read in conjunction with the RACS policies governing Surgical Education and Training. All RACS policies may be found on the RACS website.
1.2.2 All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations at all times.

1.2.3 The information in these Regulations was as accurate as possible at the time of printing. The Board of Cardiothoracic Surgery reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available within the Cardiothoracic section of the RACS website. All persons are advised to ensure they are consulting the most current version.

1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail.

1.3 Terminology

1.3.1 In these Regulations the following terminology shall have the following meanings

a. RACS or College is the Royal Australian College of Surgeons
b. Board is the Board of Cardiothoracic Surgery
c. Regulations are the rules and principles for the control and conduct of the SET Program in Cardiothoracic Surgery only.
d. SET Program is the Surgical Education and Training Program in Cardiothoracic Surgery only
e. ASCTS is the Australasian Society for Cardiac and Thoracic Surgeons.
f. Board Member is a Fellow of RACS who has been elected to the Board of Cardiothoracic Surgery
g. Chair is the Chair of the Board of Cardiothoracic Surgery
h. Supervisor is a surgical supervisor of an accredited position approved by the Board of Cardiothoracic Surgery
i. Trainee is a registered surgical trainees in the Royal Australian College of Surgeons Surgical Education and Training Program in Cardiothoracic Surgery.

2. SET Program in Cardiothoracic Surgery

The purpose of the SET Program in Cardiothoracic Surgery is to achieve proficiency and competency in the nine Surgical Competencies outlined by the Royal Australasian College of Surgeons. The SET Program in Cardiothoracic Surgery is designed to provide trainees with clinical and operative experience, to enable them to manage both cardiac and thoracic conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.

At the conclusion of the SET Program it is expected that trainees will have a detailed knowledge of surgery and of those conditions recognised as belonging to the specialty of Cardiothoracic surgery. This should include knowledge of anatomy, physiology and pathology related to the discipline.

2.1 Duration and Structure

2.1.1 The SET Program is structured on a minimum of twelve rotations usually taken sequentially over a six year period. The curriculum combines clinical learning and the acquisition of knowledge through a variety of mediums including instruction,
courses and examinations. The curriculum aims to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.

2.1.2 The first year (SET1) constitutes a foundation year. The subsequent five years, SET2 – SET6 provide specialist training in cardiothoracic surgery with increasing complexity as the trainee assumes more responsibility and builds on the foundational experience, knowledge, skills and attributes towards the required level of competence.

2.1.3 The SET program duration may be decreased or increased in accordance with these regulations.

2.2 Clinical Training and Assessment Overview

2.2.1 Trainees are expected to satisfactorily complete the following clinical and assessment requirements during their time on the SET program
   a. Twelve clinical rotations.
   b. A thesis (for trainees commencing 2009 onwards)
   c. Publish two articles in a peer-reviewed journal
   d. EMST course
   e. CCriSP course
   f. ASSET course
   g. Cardiothoracic Course (each year in SET3 – SET6)
   h. ASCTS ASM mandatory for all years

<table>
<thead>
<tr>
<th>Assessment</th>
<th>SET1</th>
<th>SET2</th>
<th>SET3</th>
<th>SET4</th>
<th>SET5</th>
<th>SET6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Generic Surgical Sciences Exam</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic Surgical Exam</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Exam</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMST Course</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSET Course</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCriSP Course</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery in General (2010 only)</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Supervisors Report</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Logbook</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self Evaluation</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation Evaluation</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thesis Requirement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Publications</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cardiothoracic Course</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ASCTS Meeting</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cardiothoracic Fellowship Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Notes: “✓” reflects assessment may be completed at the SET levels indicated
2.3 Clinical Training Positions

2.3.1 Clinical training positions facilitate workplace hands on learning and exploration in a range of training environments providing opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist surgeon.

2.3.2 Clinical training positions are accredited in accordance with the RACS policy and item 8 of these Regulations. Trainees can only occupy accredited training positions while active on the SET program.

2.3.3 Each training unit has a unique profile providing diversity in case mixture, staffing levels, work requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to a variety of work environments during training. The maximum amount of time a trainee may spend at any one institution is detailed in item 8 of these Regulations.

2.3.4 The Board conducts the allocation of trainees to accredited positions during all clinical training years. Trainees must be prepared to be assigned to a position anywhere in Australia and New Zealand.

2.3.5 Successful applicants who are deemed to be SET1 eligible are allocated to SET1 based primarily on the preferred state listed in their application to the SET program and their ranking in the selection process. Successful applicants will be provided the opportunity to nominate their preferred allocation. The Board will conduct the final allocation.

2.3.6 Trainees in SET2 and above will be given the opportunity to indicate their allocation preferences for the forthcoming year. Allocation requests must be received in writing (email is acceptable) prior to 30 June each year or as advised by the Executive Officer.

The request must outline the institution requested and any relevant mitigating factors.

2.3.7 The Board will consider all allocation requests received and allocate trainees according to the training requirements of each individual and the group as a whole. It may not be possible to allocate trainees to their preferred institution, even if support has been secured from the supervisor of that position. The decision of the Board is final and trainees are not permitted to swap.

2.3.8 Trainees wishing to attend institutions outside of Australia and New Zealand must obtain prior consent from the Board. Approval may involve accreditation of the relevant unit. The accreditation process can take up to twelve months.
2.4 SET 1

2.4.1 Trainees selected into SET 1 in 2010 are required to complete the following mandatory rotations
   a. 3 month rotation in Cardiothoracic Surgery

2.4.2 The rotations for the remainder of the year may comprise of the following:
   a. General Surgery (excluding relieving and nights)
   b. Rural Surgery
   c. Trauma Surgery
   d. ICU
   e. Vascular Surgery
   f. Cardiology
   g. Respiratory Medicine

2.4.3 SET 1 Trainees may spend a maximum of six (6) months in any one rotation.

2.4.4 It is preferred that trainees in SET 1 are provided registrar type responsibilities and training opportunities.

2.4.5 Trainees are required to complete the following assessments
   a. Log book for each rotation as outlined in item 2.6
   b. Supervisors report for each rotation as outlined in item 2.7
   c. Self Assessment as outlined in item 2.4.6
   d. Rotation Feedback as outlined in item 2.4.7

2.4.6 Trainees in SET 1 must complete a Self Assessment for each six month period. Trainees are expected to write a self appraisal of their performance during the last rotation. This does not have to be lengthy but must provide insight into your activities over the last six months.

2.4.7 Trainees in SET 1 must complete provide Rotation Feedback. Trainees are expected to document the experience gained from the current rotation. This feedback should include a description of the rotation undertaken as well as the positive and negative attributes of the rotation.

2.4.8 Trainees undertaking rotations other than cardiothoracic rotations must complete the appropriate assessment forms for the specialty of the current rotation. For example, if a Trainee is undertaking a surgery in general rotation, the trainee should use the relevant General Surgery logbook and supervisors report forms.

2.4.9 Whilst undertaking rotations as part of the SET 1 year Trainees remain on the SET Program in Cardiothoracic Surgery. Trainees are therefore required to complete assessments and courses as advised by the Executive Officer for the Board of Cardiothoracic Surgery.

2.4.10 The Board reviews all training assessments twice a year. The Executive Officer will inform trainees of the due date for the timely submission of assessment forms.
Trainees should submit all relevant forms by this date or within two weeks of the completion of a rotation, which ever is sooner.

2.4.11 The Trainee is responsible for ensuring that completed assessment forms are submitted to the Board by the due date and that a copy is retained for their records.

2.5 **Assessment of Clinical Training Performance**

2.5.1 The assessment of trainees is conducted in accordance with the RACS Assessment of Clinical Training policy.

2.5.2 The assessment of performance by the supervisor is fundamental to continuing satisfactory progression. Each accredited position has an approved surgical supervisor. The supervisor is responsible for the supervision and assessment of the trainee(s) in that position(s).

2.5.3 The main forms of assessment employed are the Summary of Operative Experience (logbook) and Trainee Evaluation (Supervisors Report).

2.5.4 The Board reviews all training assessments twice a year. The Executive Officer will inform trainees of the due date for the timely submission of assessment forms. The trainee is responsible for ensuring that completed assessment forms are submitted to the Board by the due date and that a copy is retained for their records.

2.5.5 The trainee is responsible for ensuring that all assessment forms are completed appropriately, including the signature of the supervisor and trainee. Assessment forms should also contain the signature of other relevant persons where applicable such as consultant surgeons within the unit.

2.5.6 The trainee is responsible for submitting all relevant assessment forms to the Board by the communicated date. Late submission or submission of incomplete assessment forms (including signatures) will lead to the term not being recognised.

2.5.7 The trainee must retain a copy of all assessment documentation for their records.

2.6 **Summary of Operative Experience (Logbook)**

2.6.1 Each trainee must maintain an accurate logbook throughout their period of training.

2.6.2 Assessment of the summary of operative experience is employed at all levels of training.

2.6.3 Each rotation undertaken in SET1 may consist of placements in several posts of no less than 10 weeks.

2.6.4 Each rotation undertaken in SET2 to SET6 will consist of a single six month placement.

2.6.5 For trainees commencing SET2 in 2010 the SET2 year will consist of a year of surgery in general experience. The Board shall, in consultation with the Board in General Surgery secure appropriate positions for trainees.
2.6.6 A trainee who has failed a minimum performance standard may be placed on probation in accordance with the RACS Assessment of Clinical Training policy item section 2.14 of these Regulations.

2.6.7 The requirements pertaining to operative experience are as follows:

**SET 3**

First assistant at 150 cases (coronary/valve/aortic)

Perform the following under supervision:

1. Sternotomy 50
2. Closure of Sternotomy 50
3. Vein harvest 50
4. Radial artery harvest 20
5. IMA harvest 10
6. Cannulation for cardiopulmonary bypass 5

**SET 4**

First assistant at 150 cases (coronary/valve/aortic) and this should include repeat sternotomy (10)

Perform the following under supervision:

1. Cannulation for cardiopulmonary bypass 20
2. Aorto coronary anastomosis 20
3. Sternotomy 50
4. Closure of Sternotomy 50
5. Vein harvest 50
6. Radial artery harvest 30
7. IMA harvests 30

Thoracic Surgery requirements for the SET 3 and SET 4 would be:

1. First assistant at major cases (lobectomy/pneumonectomy) 20
2. First assistant at VATS/open biopsy/pericardial resections 50
3. Perform under supervision the following
   - Thoracotomy 10
   - VATS/open biopsies/pericardial resections 20
4. Bronchoscopy
   - rigid 20
   - flexible fibreoptic 20

**SET 5**

First assistant at 150 cases to include at least 25 aortic valve replacements, 10 mitral valve procedures, 5 aortic procedures and assistance at 10 reoperative sternotomy procedures.

Perform the following under supervision:

1. Aorto coronary anastomoses 50
2. IMA harvest 50
3. Radial artery harvest 20
4. Sternotomy 75
5. Coronary artery bypass graft (assisted) 25
6. Aortic valve replacement (assisted) 5
### SET 6

First assistant at 150 cases to include at least 25 aortic valve replacements, 10 mitral valve procedures and 10 aortic procedures.

Perform the following under supervision:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coronary artery bypass (assisted)</td>
<td>40</td>
</tr>
<tr>
<td>(supervised but supervising surgeon not scrubbed)</td>
<td></td>
</tr>
<tr>
<td>2. Off pump coronary artery bypass (OPCAB) procedures (assistant or surgeon assisted)</td>
<td>20</td>
</tr>
<tr>
<td>3. Aortic valve procedures (assisted)</td>
<td>5</td>
</tr>
<tr>
<td>4. Mitral valve operations (assisted)</td>
<td>5</td>
</tr>
<tr>
<td>5. Repeat sternotomies (assisted)</td>
<td>10</td>
</tr>
<tr>
<td>6. Atrial septal defect closure</td>
<td>10</td>
</tr>
</tbody>
</table>

**Thoracic surgery requirements for SET 5 and SET 6 would be:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Major procedures (30 as first assistant and 20 assisted)</td>
<td>50</td>
</tr>
<tr>
<td>2. Lobectomy/Pneumonectomy (supervised but supervising surgeon not scrubbed)</td>
<td>5</td>
</tr>
<tr>
<td>3. Minor Procedures (30 assisted; 20 supervised but supervising surgeon not scrubbed)</td>
<td>50</td>
</tr>
<tr>
<td>4. Bronchoscopy</td>
<td></td>
</tr>
<tr>
<td>- rigid</td>
<td>20</td>
</tr>
<tr>
<td>- flexible fibreoptic</td>
<td>20</td>
</tr>
<tr>
<td>5. Pacemaker and defibrillator exposure during training</td>
<td>20</td>
</tr>
</tbody>
</table>

### 2.7 In-training Assessment Report (Supervisors Report)

**2.7.1** A trainee's performance should be regularly reviewed by the supervisor. The supervisor should conduct a performance assessment meeting with the trainee halfway through and at the conclusion of each rotation.

**2.7.2** The meeting should reflect a consensus view of the consultant surgeons within the unit. In order to obtain this information it is advised that the supervisor meet with the other surgeons within the unit. The consensus view will also be used to assist the supervisor in completing the in-training assessment report.

**2.7.3** Completion of the in-training assessment report (supervisors report), on the prescribed form, must be undertaken at the conclusion of each rotation during SET1 and each six month rotation during SET2 to SET6.

**2.7.4** Where areas are identified and recorded as being unsatisfactory the supervisor will discuss this with the trainee. An appropriate remedial plan will be developed and agreed to. The supervisor is obliged to inform the Board of any concern regarding a trainee as soon as possible.

**2.7.5** A trainee who does not perform to a satisfactory standard may be placed on probation in accordance with the RACS Assessment of Clinical Training policy and section 2.14 of these Regulations.
2.8 Training Fees

2.8.1 Surgical training fees are approved by the RACS in October each year and published on the website. Invoices are issued prior to the commencement of the training year.

2.8.2 Trainees who fail to pay outstanding monies owed to the RACS may be dismissed in accordance with the Dismissal from Surgical Training policy.

2.9 Leave

2.9.1 Trainees undertaking fulltime training are entitled to a maximum of six weeks’ leave per six month rotation subject to approval by the employing authority. Periods beyond this may result in the rotation being deemed unsatisfactory.

2.9.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer’s leave. Trainees wishing to take more than six weeks leave must apply for interruption of training.

2.10 Deferment, Interruption and Part Time Training

2.10.1 Applications for deferral, interruption or part time training may be approved in a range of circumstances, including ill-health, research and parenting. For further details please refer to the RACS Trainee Registration and Variation Policy.

2.10.2 Application for leave by deferral, interruption or to undertake part time training must be made in accordance with the RACS Trainee Registration and Variation policy. Applications to the Board must be made in writing and outline the reason for the request.

2.11 Experience in surgery in general

2.11.1 From 2011 onwards it will no longer be a requirement for Trainees to undertake two rotations of surgery in general. The Board has revised this requirement as a result of the evolution of the SET program.

2.11.2 Trainees commencing SET1 in 2010 will not be required to undertake a position providing experience in surgery in general. Trainees will instead be expected to satisfactorily complete a further two rotations of cardiothoracic surgery increasing the cardiothoracic years from SET 2 – 6.

2.11.3 Trainees commencing SET2 in 2010 will be expected to satisfactorily complete two rotations of surgery in general. The Board in conjunction with the Board in General Surgery will identify suitable positions for trainees in this category.

2.12 Paediatric Cardiac Surgery

2.12.1 The Board of Cardiothoracic Surgery considers that credentialling in Paediatric Cardiac Surgery can only be achieved after post-fellowship training.

2.12.2 The Board would encourage Trainees wishing to pursue Paediatric Cardiac Surgery to rotate through one of the hospitals offering Paediatric Cardiac Surgery for six months. This would preferably be undertaken in SET4 or SET5.
2.12.3 Should a Trainee spend six months in a Paediatric Cardiac Surgery post, then the criteria for minimal operative experience may be reduced. The reduction will be determined on a case by case basis and at the discretion of the Board.

2.12.4 The Trainee must write to the Board requesting their minimum log book numbers to be reviewed.

2.13 Progression

2.13.1 In each given year the SET Program has minimum performance standards used to assess performance and make a determination on progression and suitability to continue training. Detailed information on the performance standards is provided in the relevant section of these Regulations.

2.13.2 Trainees must satisfactorily complete each performance standard for a given year to progress to the next year in good standing.

2.13.3 Failure to satisfactorily complete one or more performance standard in a given year may lead to a probationary status. Each incident will be assessed on a case by case basis with the decision reflecting the consensus view of the Board.

2.14 Probation

2.14.1 The probationary period is designed to provide trainees with the opportunity to learn from their mistakes and to improve their attitudes, behavior, knowledge and skills where appropriate.

2.14.2 Upon reviewing any assessment resulting in a performance standard being unsatisfactory the Board will formally notify the trainee that a probationary period and probationary status has been applied. A copy of the correspondence is sent to the supervisor and employing institution. Such notification will include

   a. identification of the performance standard(s) assessed as unsatisfactory
   b. request for a remedial plan to be developed with the supervisor
   c. identification of the required performance standard(s) to be achieved
   d. notification of the duration of the probationary period
   e. notification of any additional performance standards or conditions
   f. possible implication if the required standard of performance is not achieved
   g. the probationary form
   h. additional reporting dates

2.14.3 The probationary period set by the Board will usually be no less than three (3) months and no more than six (6) months and will take into account the areas of unsatisfactory performance and pervious performance history.

2.14.4 During the probationary period the trainee’s performance should be regularly reviewed by the supervisor and the trainees should be offered constructive feedback and support.

2.14.5 The supervisor should complete the requisite probationary form and submit this to the Board at monthly intervals.
2.14.6 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.

2.14.7 Failure to satisfactorily complete any performance standard or condition for a probationary period may result in dismissal as per the RACS Dismissal policy.

2.14.8 Trainees with significant or uncorrected deficiencies assessed against performance standards are not benefited by being retained in the SET Program for which their performance or behavior indicates they are not suited and ultimately will not qualify. The Board has an obligation to ensure patient safety and maintain standards by identifying deficient trainees in comparison to performance standards.

3 Compulsory Courses

3.1 RACS Courses
3.1.1 Trainees must complete the ASSET course, CCrISP course and EMST. Trainees are advised to register as soon as is practical after appointment. Registration and delivery of the courses are managed by the RACS.

3.1.2 Trainees must complete the ASSET course and CCrISP course by the end of SET1.

3.1.3 Trainees must complete the EMST course by the end of SET2.

3.1.4 Recognition of Prior Learning for the ASSET course, CCrISP course and EMST course may be considered in accordance with the RACS Recognition of Prior Learning policy.

3.1.5 A trainee who has failed a minimum performance standard will be handled in accordance with item 2.14 of these Regulations.

3.2 Cardiothoracic Course
3.2.2 The annual Cardiothoracic course is compulsory for all trainees in SET3 – SET6.

3.2.3 The Cardiothoracic course will consist of didactic lectures, peer presentations and a wetlab. Trainees will be assigned a presentation topic on a rotational basis.

3.2.4 Trainees must fund the cost of attending the Cardiothoracic course.

4 Academic Investigation

4.1 Publications
4.1.2 The Board encourages all trainees to undertake a period of research whilst in surgical training.

4.1.3 Trainees must author two (2) journal articles for publication. It is expected that this can be completed concurrently with clinical training.
4.2 Thesis

4.2.2 Trainees selected into the SET program in 2008 (commencing SET1 or SET2 in 2009) will be required to complete a thesis by the end of SET 4.

4.2.3 The requirements of the thesis are as follows;

a. An original dissertation of 5,000-10,000 words, including references, created over a two year period (SET 3 and SET 4)
b. The thesis must be submitted by the end of SET 4.
c. The thesis should be able to be published.
d. A pass is mandatory
e. A case report or work written by other people would not be acceptable.
f. Consequence of failure would be for the trainee to re-write the thesis providing the concept was acceptable.
g. The Trainee would not be eligible to present for the Fellowship examination until the thesis is completed to pass level.
h. Trainees should not require time out from their clinical work to write this thesis.
i. The thesis will be marked by a sub-committee, including at least one Board member, as well as members of the Cardiothoracic Surgery Science and Education sub-committee.

4.3 Research

4.3.2 Trainees wishing to pursue research may apply to the Board for a leave of absence.

4.3.3 Application should be made in writing to the Board and include the area of investigation, method, benefit to cardiothoracic surgical discipline, funding, research supervisor and any other relevant details.

4.3.4 Application for a leave of absence must be made by June for the following year. Applications will be considered by the Board at the June/July meeting. Dates for the timely submission of items will be communicated by the Executive Officer.

4.3.5 Up to twelve months of supervised surgical research may be accredited towards a trainee’s surgical education. It is preferable that accredited research is conducted is the earlier years.

4.3.6 Trainees undertaking a period of accredited research must submit a research progress form in lieu of a logbook and supervisors report.

4.3.7 It is preferable that a trainee enrolls in and obtains a higher research degree as part of this experience.

5 Examinations

5.1 All examinations are conducted by RACS. Trainees must register to sit all examinations. All information including closing dates are available on the RACS website.

5.2 Trainees must fund the expenses incurred to sit all examinations.
5.3 It is recommended that trainees complete the Generic Surgical Sciences Examination (GSSE), Cardiothoracic Surgical Sciences Examination (CSSE) and Clinical Examination (CE) in SET1. However, progression from SET1 to SET2 will not be gated on passing the GSSE, CSSE and CE.

5.4 Recognition of prior learning will be considered in accordance with the RACS Recognition of Prior Learning and Credit Transfer policy.

5.5 **Generic Surgical Science Examination (GSSE)**

5.5.2 The emphasis of the GSSE is on the application and understanding of the basic sciences and their application to clinical practice.

5.5.3 Trainees must complete the GSSE in accordance with the RACS Conduct of the Generic Surgical Science Examination policy.

5.6 **Cardiothoracic Specialty Specific Surgical Science Examination (CSSE)**

5.6.2 The emphasis of the CSSE is on the application and understanding of the knowledge specific to the specialty of cardiothoracic surgery.

5.6.3 Trainees must complete the CSSE in accordance with the RACS Conduct of the Specialty Specific Surgical Science Examination policy.

5.7 **Clinical Examination (CE)**

5.7.2 The emphasis of the Clinical Examination is on the application of basic surgical science and clinical skills relevant to surgery.

5.7.3 Trainees must complete the CE in accordance with the RACS Conduct of the SET Clinical Examination policy.

5.8 **Fellowship Examination**

5.8.2 To present for the Fellowship Examination in Cardiothoracic Surgery trainees must be:

a. In SET5 or SET6
b. Acquired at least 75% of the minimum log book numbers
c. Satisfactory completion of all other training requirements
d. The trainee must be, in the opinion of the Chairman of the Board and the supervisor, prepared to present for the Fellowship Examination

5.8.3 Trainees must initially apply to the Board to sit the Fellowship Examination. Trainees must then register with the RACS Examinations Department to sit the Fellowship Examination.

5.8.4 A trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor or the Board.

5.8.5 A trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counseled in accordance with the RACS Fellowship Examination Eligibility, Review and Feedback policy.
6 Admission to Fellowship

6.1 Upon successful completion of all aspects of the SET program Trainees must apply to the Board for approval for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.

6.2 Application for admission to Fellowship must be made by submitting the appropriate form available on the RACS website.

6.3 The Trainee must gain the support of their current supervisor and the Board Chair. The Board Chair shall then recommend to the Censor-In-Chief that the applicable Trainee be awarded Fellowship in Cardiothoracic Surgery in accordance with the RACS Admission to Fellowship by Examination – Article 19 policy.

6.4 Applications for admission to Fellowship are processed on a monthly basis. The closing date for timely submission is the first of each month. Trainees should be aware that the process takes a month to complete.

6.5 Trainees may apply for expedited if they satisfy the criteria as outlined item 5.3 of the RACS Admission to Fellowship by Examination – Article 19 policy.

7 Variations

7.1 The Board may, at any time, make variations to the Regulations or vary the Regulations in response to a specific situation.

7.2 Any variation must have the support of the full Board. Individual Board members can not vary the Regulations without consulting the full Board.

7.3 Any variation must be just and reasonable.

8 Hospital Accreditation

8.1 The Board conducts accreditation in line with RACS Accreditation of Hospitals and Posts for surgical Education and Training policy.

8.2 The Board will assess each unit against the 41 criteria outlined in the RACS Accreditation of Hospitals and Posts for surgical Education and Training policy and the Cardiothoracic Hospital Accreditation Supplement.

8.3 If found to be of a satisfactory standard the Board may accredit a unit for a period of twelve months (12) to five (5) years.

8.4 The Board monitors the performance of units throughout the period of accreditation through trainee assessments.

8.5 The Board may at any time, request to reinspect an accredited unit if there is a matter of concern. Refusal to assist the Board may result in the unit not receiving a trainee or in disaccreditation of the post.
8.6 The following table outlines the accredited hospitals as at October 2009

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Region</th>
<th>Posts</th>
<th>Duration (Years)</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital at Westmead</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Hunter Hospital</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr Peng Seah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liverpool Hospital</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>1</td>
<td>Dr Rebecca Dignan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prince of Wales Hospital</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr Zakir Akhunji</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal North Shore Hospital</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr David Marshman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Prince Alfred Hospital</td>
<td>NSW</td>
<td>1 x SET 1</td>
<td>2*</td>
<td>Mr Michael Vallyley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Cardiac)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Thoracic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St George Hospital</td>
<td>NSW</td>
<td>1 x SET2+</td>
<td>1</td>
<td>Mr Con Manganas</td>
</tr>
<tr>
<td>St Vincent’s Hospital</td>
<td>NSW</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr Paul Jansz</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westmead</td>
<td>NSW</td>
<td>2 x SET1</td>
<td>2</td>
<td>Mr Ian Nicholson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>QLD</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr Paul Jansz</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Prince Charles Hospital</td>
<td>QLD</td>
<td>1 x SET 1</td>
<td>2*</td>
<td>Mr Graham Hart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Cardiac)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Thoracic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Townsville Hospital</td>
<td>QLD</td>
<td>1 x SET1</td>
<td>1</td>
<td>Mr Robert Tam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flinders Medical Centre</td>
<td>SA</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr David Lance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Adelaide Hospital</td>
<td>SA</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr Robert Stuklis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alfred Hospital</td>
<td>VIC</td>
<td>4 x SET1</td>
<td>2</td>
<td>Mr Michael Rowland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Cardiac)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET 2+ (Transplant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austin Hospital</td>
<td>VIC</td>
<td>2 x SET1</td>
<td>2*</td>
<td>Mr Siven Seevanayagam (Cardiac)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Cardiac)</td>
<td></td>
<td>Mr Simon Knight (Thoracic)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Thoracic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geelong Hospital</td>
<td>VIC</td>
<td>1 x SET1</td>
<td>1</td>
<td>Mr Bo Zhang</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monash Medical Centre</td>
<td>VIC</td>
<td>1 x SET1</td>
<td>1</td>
<td>Prof. Julian Smith</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Children’s Hospital</td>
<td>VIC</td>
<td>1 x SET1</td>
<td>1</td>
<td>Mr Yves D’Udekem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Hobart Hospital</td>
<td>VIC</td>
<td>1 x SET1</td>
<td>1</td>
<td>Mr Mark Murton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Melbourne Hospital</td>
<td>VIC</td>
<td>1 x SET1</td>
<td>2</td>
<td>Mr John Goldblatt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>State</td>
<td>Positions</td>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>-----------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>St Vincent’s Hospital</td>
<td>VIC</td>
<td>2 x SET1</td>
<td>Mr Michael Yii</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Cardiac)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x SET2+ (Thoracic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fremantle Hospital</td>
<td>WA</td>
<td>1 x SET1</td>
<td>Mr Ian Gilfillan</td>
<td></td>
</tr>
<tr>
<td>Royal Perth Hospital</td>
<td>WA</td>
<td>1 x SET1</td>
<td>Mr David Andrews</td>
<td></td>
</tr>
<tr>
<td>Sir Charles Gairdner Hospital</td>
<td>WA</td>
<td>3 x SET1</td>
<td>Mr John Alvarez</td>
<td></td>
</tr>
<tr>
<td>Auckland City Hospital</td>
<td>NZ</td>
<td>1 x SET1</td>
<td>Mr Nicholas Kang</td>
<td></td>
</tr>
<tr>
<td>Christchurch Hospital</td>
<td>NZ</td>
<td>1 x SET1</td>
<td>Mr David Shaw</td>
<td></td>
</tr>
<tr>
<td>Dunedin Hospital</td>
<td>NZ</td>
<td>1 x SET1</td>
<td>Mr Ivor Galvin</td>
<td></td>
</tr>
<tr>
<td>Waikato Hospital</td>
<td>NZ</td>
<td>1 x SET1</td>
<td>Mr Nand Kejriwal</td>
<td></td>
</tr>
<tr>
<td>Wellington Hospital</td>
<td>NZ</td>
<td>1 x SET1</td>
<td>Mr John Riordan</td>
<td></td>
</tr>
</tbody>
</table>

* Duration for Thoracic post is one (1) year.

9 Supervisor of Training

9.1 Supervisors are pivotal to the delivery of the SET Program. Each accredited unit must have an approved Supervisor of Training (also referred to as a Supervisor). The Supervisor is the main point of contact for the trainee whilst in the unit and will oversee a Trainee’s learning and development.

9.2 The Supervisor is the main point of contact between the unit and the Board. As such the Supervisor is expected to relay relevant information from the Board to the unit.

9.3 While the Board will correspond directly with the Trainee, the Supervisor will always receive a copy of the correspondence to assist in the training and development of the Trainee.

9.4 The main method of correspondence between the Board and the Supervisor is via email.

9.5 Should the Board have any concerns regarding a Trainee they should signal this in writing to the Board.

9.6 Supervisors are invited to participate in the development of the SET program by attending the annual supervisors meeting.

9.7 Supervisors are kept abreast of Board deliberations through regular email communication.